



Oral Health

STRATEGIC PLAN

2018-2022



A DIVISION OF
HEALTH CARE
SERVICES AGENCY

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Letter from the Director

The San Joaquin County Oral Health Strategic Plan represents an important milestone in our ongoing work to improve the health of County residents. The plan is the result of people from many different sectors in the County working collaboratively toward shared goals of preventing dental problems and improving access to dental services.

Oral health is an integral part of overall health, yet too often is given lower priority or not recognized in strategies to improve health. San Joaquin County faces a number of challenges when it comes to improving oral health: we face a serious shortage of dental providers, with less than 25% of the federally recommended minimum number of dentists per capita; nearly 30% of children age 2-11 have never seen a dentist; and nearly 20% of Kindergarteners have known untreated tooth decay.

The good news is that most oral health problems are preventable, thus our strong focus on prevention and early intervention. Perhaps our strongest asset lies with the San Joaquin Treatment & Education for Everyone on Teeth & Health (SJ TEETH) collaborative, a group of highly dedicated, insightful and committed community partners that are committed to applying their talent and resources to improving oral health for children. Jointly led by First 5 San Joaquin and Public Health Services, this group has committed to expand their reach to include all age groups and communities.

This plan is guided by a set of principles that reflect the values and commitment of our partners. Primarily, this plan is focused on prevention, knowing that preventing oral health problems early in life can improve health for a lifetime. The plan is also committed to the principle of equity by focusing on those who have the greatest need and the least capacity to access dental services. Finally, this plan lifts up the importance of partnerships, finding sustainable solutions, and using evidence-based practices to guide our work.

I am confident that our collaborative efforts will be successful as we move forward in implementing the 2018 - 2022 San Joaquin County Oral Health Strategic Plan.

Sincerely,



Tammy Evans, RN, PHN, MSN, PhD
Public Health Director



Introduction

Across the nation, there is a growing recognition that oral health is essential to maintaining and improving overall health in a community. For too long, oral health care has been viewed as outside of the purview of mainstream healthcare, and together with education and prevention services, have had few resources dedicated to this end.

In California, new opportunities to integrate oral health education, prevention, and treatment services into health practices have been established. Increased coverage and reimbursement for dental services under Medi-Cal, together with new funding generated by the California Healthcare, Research and Prevention Tobacco Tax Act (Prop. 56), support more comprehensive planning, coordination, and delivery of oral health prevention and treatment services to vulnerable and underserved residents.

In response to these opportunities, San Joaquin County Public Health Services (PHS) has joined forces with First 5 San Joaquin and the San Joaquin Treatment & Education for Everyone on Teeth & Health (SJ TEETH) Collaborative to develop and implement a five-year strategic plan that identifies, prioritizes, and addresses some of the County's most pressing oral health challenges. This plan represents the wisdom and guidance of over 40 community and health organizations, including dentists, care coordinators, community clinics, and education and social service providers.

Importance of Oral Health

According to the 2000 United States Surgeon General’s Report, “Oral health means much more than healthy teeth...[it] represents the very essence of our humanity...allows us to speak and smile; sigh and kiss; smell, taste, touch, chew, and swallow; cry out in pain; and convey a world of feelings and emotions through facial expressions.”¹ Investing in health promotion practices accrues over the life span and thus should be implemented as early in life as possible.²

Failure to invest in oral health promotion practices and care often negatively impacts early development and can have lasting effects across the lifespan, impacting basic functions of daily living and quality of life. In very young children, a painful dental infection can lead to failure to thrive.³ Dental problems are a leading cause of school absenteeism in California, where approximately 874,000 school-days are missed per year, contributing to a loss of nearly \$30 million in funding.^{4,5} Most importantly, these absences deprive students of the opportunity to learn and succeed in school. For adults, poor oral health can hinder productivity and may reduce the likelihood of employment.¹ Among older adults, poor oral health is associated with malnutrition and lower Health-Related Quality of Life (HRQoL).⁶

Oral Health Status in San Joaquin County

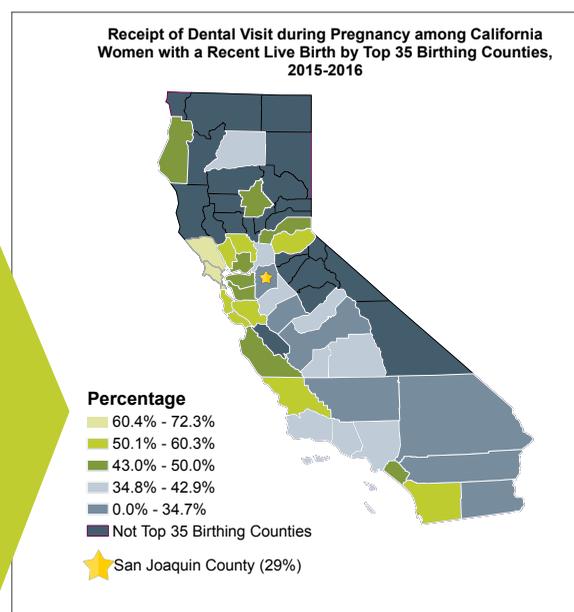
San Joaquin County is home to over 706,000 residents and, as in many parts of California, they represent a diversity of culture, ethnicity, race, language, and socioeconomic status.⁷ For example, one in four residents speaks a language other than English. While this provides a rich culture for the County, it often translates into inequities in oral health status and access to health care, and can be exacerbated by inadequate oral health information, lack of same-language services, cultural differences, and a lack of financial resources, education, and health and/or dental insurance coverage. San Joaquin County has a high proportion of residents at or below the poverty level, where 41% of the population is eligible for the Medi-Cal program and 64% of school-age children qualify for the Free or Reduced Price Meals (FRPM) program.^{7,8}

Although the expansion of Medi-Cal eligibility through the Affordable Care Act (ACA) of 2014 and the 2018 restoration of California’s dental program for adults increased dental care coverage, there was no parallel increase in the capacity of the dental service system to provide that care.^{9,10} Greater pressure has thus been placed on a system that was already lacking the capacity to provide dental services to those who need them most. The complexities involved in reducing this deficit makes investing in prevention even more compelling.¹¹

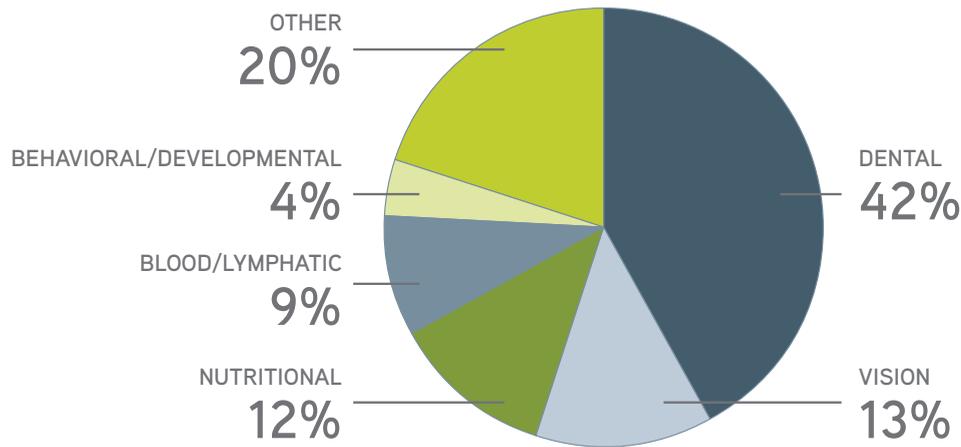
Programmatic and utilization data reveal the urgent need for attention to oral health status and to those services that could enhance the oral health of our population.

San Joaquin County children and pregnant women are significantly less likely to utilize dental services than the state average.

- Three times as many children ages 2-11 years in San Joaquin County (28%) reported not having a dental visit in the last 12 months compared to California (9%).¹²
- Pregnant women in San Joaquin County visit dentists at a lower rate (29%) than the statewide average (43%).¹³



Type of Medical Issues Identified during Well-Child Visits by San Joaquin County Child Health and Disability Program Providers



Dental conditions among young children are a major issue.

- Child Health and Disability Prevention (CHDP) Program providers who have included a dental assessment as part of their well-child visit have identified dental conditions as the most prevalent problem among children 0-5 years old.¹⁵
- Among children entering kindergarten, 18-24% have untreated dental decay.¹⁶

There are not enough dental providers to serve the County’s Medi-Cal population.

- The dentist-to-population ratio for dentists who accept Medi-Cal beneficiaries is nearly half the generally accepted benchmark (1 dentist per 3,942 Medi-Cal eligible compared to the recommended benchmark 1 dentist per 2,000 Medi-Cal eligible, respectively).^{17, 18}
- Less than one-third of the dentists who are registered as accepting Medi-Cal are accepting new patients.¹⁷

Adults throughout the County underutilize preventive dental services, indicating significant gaps in care.

- Twenty-two percent (22%) of all adults in San Joaquin County reported not having had a recent dental examination.¹⁹
- In 2016, only 18% of 21-34 year old and 20% of 35-45 year old Medi-Cal beneficiaries utilized dental services, which is slightly below the State average.¹⁴

The water of San Joaquin Valley (including San Joaquin County) is not fluoridated.²⁰

- Non-fluoridated drinking water puts the population (especially those who are medically vulnerable (elderly, poor, and uninsured) and underserved) at a higher risk for dental caries.

Best Practices in Community-Based Oral Health

The following are nationally recognized best practices designed to improve oral health at the community level, and they serve as the basis for our Oral Health Strategic Plan:

- **Focus on prevention, including dental visits by age one, and the application of fluoride varnish and dental sealants.** The latter have been shown to reduce dental decay in school age children.²² This upstream approach means focusing on pregnant women and young children to prevent early dental decay and establish a lifetime of good oral health habits.^{22,23}
- **Co-location of services** in places like Women, Infants, and Children (WIC) sites, schools, and community or senior centers;
- **Systematic linkages to care** through oral health care coordination and other peer educators;
- **Community-wide and individual educational messages, including oral health education and skill building,** that are age suitable, culturally and linguistically appropriate, and delivered through trusted sources.
- **Integration of medical and dental services,** such as the inclusion of dental screening, application of fluoride varnish, oral health education, and referral to a dental practitioner during well-child and Obstetrics (OB) visits;²⁴ and
- **Community-wide policies** that provide access to and the promotion of clean drinking water and policies that limit consumption of sugar-sweetened beverages.

Finally, while community water fluoridation has proven to be an effective community-based strategy to reduce dental caries,²⁵ the cost of installing and maintaining fluoridation systems in the several *thousand* water systems that support San Joaquin County residents hinders making this a priority for implementation.



Oral Health Prevention and Treatment Services in San Joaquin County

Clinical Services and Resources

Throughout the County, 73 dental providers and/or dental groups accept Medi-Cal patients and approximately one third accept new patients.¹⁷ Community Medical Centers (CMC) is San Joaquin County's largest Federally Qualified Health Centers (FQHC) provider, with three dental clinics throughout the area. Through First 5 San Joaquin's Dental Transformation Initiative (DTI)/ Local Dental Pilot Program (LDPP), CMC offers dental services and Dental Patient Service Navigation (oral health care coordination) for children and youth under the age of 20. CMC has expanded oral health screening and preventive dental services at early care and education sites. Their Virtual Dental Home (VDH) program was also expanded to reach children with special needs.

For the Medi-Cal population, Health Plan of San Joaquin (HPSJ) provides an enhanced reimbursement rate to primary care providers who conduct dental screenings for patients up to age 20 and fluoride varnish for patients up to six years of age. HPSJ also provides basic oral health education for community-based organizations (CBO) staff and community members upon request. Additional training and educational opportunities exist for medical and dental providers throughout the County. The Arthur A. Dugoni School of Dentistry at the University of the Pacific provides Continuing Dental Education (CDE) opportunities for dental providers on various oral health topics.

The San Joaquin Dental Society is another important asset within the San Joaquin County. It provides CDE opportunities for dental providers and host an annual Give Kids a Smile event for the community. This event is a one-day free event that offers preventive and restorative services for children up to age 18. The Dental Society also supports the St. Rafael's Dental Clinic, housed within the St. Mary's Dining Room. St. Rafael's is the only free clinic in California that does not receive federal funding. The clinic is supported by volunteers from the Dental Society and offers dental services for those in the community who are uninsured.

The Oral Health Awareness Society (OHAS) provides oral health preventive services and consultation at schools, health fairs, and other public events. In 2017, OHAS provided over 524 oral screenings to pre-kindergarten children and conducted over 52 classroom events that included dental screening, education and referrals. OHAS offers trainings, case consultation, and support to the First 5 San Joaquin's LDPP care coordinators, and has been actively involved in the planning of oral health activities for the LDPP and the Local Oral Health Program (LOHP).

Finally, Stockton Unified School District (SUSD) has a robust school-based oral health program. This program began in SUSD about 15 years ago with basic dental services and has evolved to provide a full-range of dental services to low-income K-12 students, including screening, exams, referrals to outside services, and preventive and restorative services. Program staff assist with filling out and submitting the Kindergarten Oral Health Assessment (AB1433) form, required by the state of California. The school-based oral health program has expanded to two other school districts within the County. In 2017, oral health services at SUSD, in partnership with CMC, were expanded to include screenings in preschools and to provide services at the Walton Special Center School.

Additional Oral Health Resources

A vital asset within the County is the SJ TEETH Collaborative. SJTEETH is addressing systems change to increase awareness and education, promote access to and delivery of oral health services, and reduce disparities in access to dental services. The SJ TEETH Collaborative consists of community stakeholders who guide and assist the First 5 San Joaquin’s LDPP and PHS’ LOHP. Stakeholders include medical and dental providers, CBOs, FQHCs, government agencies, and representatives from Early Head Start, Head Start, and other early learning and care programs throughout the county. Most of these stakeholders provide some form of oral health service, including five CBOs who offer oral health care coordination for Medi-Cal beneficiaries.

Oral health education and training is offered through PHS and Head Start programs. Public health nurses in the PHS Maternal, Child, and Adolescent Health (MCAH) Unit offer oral health education during appointments and home visitation services. The Child Health and Disability Prevention (CHDP) program engages pediatric providers to conduct the caries risk assessment (CRA) and provide fluoride varnish to children at risk for dental disease. County Head Start programs provide oral health education, dental referrals for bi-annual exams, and fluoride supplements in addition to sending appointment reminders to children and parents.

Through the DTI, the SJ TEETH Collaborative has expanded the reach of oral health education to medical and pediatric offices. This includes incentivizing medical providers who complete the Smiles for Life oral health curriculum online with a small stipend, and supporting CMC to establish oral health screening/cleaning services at various WIC sites for children 0-5 years old. By integrating oral health services and education into the medical setting, providers can better address the oral health needs of their vulnerable and underserved population.



Methodology for Developing the Strategic Plan

This strategic plan was developed through a collaborative effort of county and community agencies. A Steering Committee, composed of oral health and medical providers, health educators, county health officials, school district administrators, and child and adult health advocates, was formed in March 2018 to provide leadership and coordination of the strategic planning process. All Steering Committee members and/or their organizations are also members of the SJ TEETH Collaborative, thus assuring that the Collaborative was integrated into the strategic planning process from the outset and informed its strategies.

The Steering Committee, supported by a team of strategic planning consultants, developed guiding principles for the strategic plan, designed the strategic planning process, conducted a stakeholder retreat, and participated in workgroups. They also ensured that County and community agencies were kept informed throughout the planning process.

Data were collected to inform the needs assessment and analyzed by the consultant team in conjunction with the PHS Epidemiologist. Members of the Steering Committee also provided data for this process. Both secondary data (from state and county data sources) and primary data (in the form of four focus groups and nine key informant interviews) were collected and analyzed from March to June 2018. This information provided the foundation for the strategies developed in the planning process.

A retreat, attended by approximately 50 stakeholders countywide, was held in July 2018. At this retreat, results of the needs assessment were presented to inform the planning process. Optimal oral health in the County was envisioned and strategies and outcomes in six focus areas were drafted (oral health workforce, access to dental services, education & promotion, integration of medical and dental health services, countywide coordination or oral health programs, and evaluation). The Steering Committee further refined these strategies and outcomes and formed workgroups to address these six areas. The SJ TEETH Collaborative met to discuss the Integration of Medical and Dental focus area, and PHS developed the strategies and outcomes for the Evaluation section of the plan. Workgroups for the four other focus areas met twice to refine and revise the goals, strategies, and outcomes. The Steering Committee reviewed and revised these sections a final time at their October meeting. A more detailed Action Plan was developed in November and the full plan was finalized by the Steering Committee in November 2018.





Vision Statement, Guiding Principles and Priority Populations

Vision Statement

We envision a San Joaquin County where every person enjoys optimal oral health and is free of oral diseases.

San Joaquin County is a place where:

- Every lay person and health professional understands the importance of oral health and its relationship to overall health and wellness; and
- All residents have access to appropriate and affordable oral health promotion, prevention, early intervention, and treatment services.

Guiding Principles

- Improve oral health throughout San Joaquin County by focusing on prevention, not to the exclusion of treatment needs.
- Develop sustainable programs, systems, and policy changes.
- Provide culturally and linguistically appropriate services to the communities served.
- Focus on health equity by addressing social determinants of health, health disparities, and marginalized populations.
- Foster community partnerships through inclusion of stakeholders and local agencies.
- Utilize evidence-based practices when providing oral health education, assessment, and treatment.

Priority Populations

To guide and focus the Oral Health Strategic Plan, the Steering Committee defined priority populations for activities and interventions. As a result, this plan focuses primarily on populations where early-preventive practices will have the greatest impact:



Pregnant Women



Young Children



People With Disabilities



Children In Foster Care



Older Adults

In addition, PHS' LOHP will focus on achieving equity across racial and ethnic groups within each of these priority populations, understanding that some groups experience greater barriers than others to achieving optimal oral health.



Focus Areas & Goals

Overview

Based on the needs assessment results, the Steering Committee identified six areas that emerged as priorities to focus countywide action.



Oral Health Workforce



Education & Promotion



**Access to
Oral Health Services**



**Integration of Medical and
Dental Health Services**



**Countywide Coordination
of Oral Health Programs**



Evaluation



Oral Health Workforce

GOAL

Build capacity of the oral health workforce to better serve priority populations.

RATIONALE

San Joaquin County has a significant shortage of dental service providers who serve vulnerable and under-served populations. Strengthening and building the oral health workforce through targeted recruiting efforts, education and training, incentives, and sharing resources is a key priority for this plan.

OUTCOMES

1. Two additional dental clinics in Federally Qualified Health Centers (FQHCs) are established and the number of dental providers at FQHCs is increased from six to 10 FTE and Registered Dental Hygienists (RDH) and Registered Dental Hygienists in Alternative Practice (RDHAP) from two to 4.5 total FTE.
2. The number of private dentists who accept Medi-Cal is increased by 5%.
3. A minimum of 50 dental providers will receive training to build capacity to serve priority populations.



Education and Promotion

GOAL

Increase awareness of the importance of oral health, how to access services, and how to maintain good oral health.

RATIONALE

Many San Joaquin County residents do not understand the importance of oral health in maintaining overall health, how to maintain good oral health, nor how to access dental care that is covered by Medi-Cal. Integrating oral health education into other health education efforts has been shown to be highly effective. Education efforts will also increase awareness that dental care is included in Medi-Cal benefits, and assist people in accessing these benefits.

OUTCOMES

1. Public awareness campaigns that promote good oral health practices and Medi-Cal coverage of dental care are promoted through media channels and venues popular among Medi-Cal eligible populations for at least four months of the year.
2. At least 30 community-based organizations that serve priority populations have incorporated oral health topics into their educational programs.





Access to Oral Health Services

GOAL

Improve access to dental services through co-location of services, care coordination, and addressing barriers to access.

RATIONALE

Early prevention strategies can significantly reduce dental decay and infections, however, many pregnant women and children face barriers to accessing traditional dental services. Using care coordination, co-locating preventive dental services, and providing oral health education in places where high-risk community members are, can help to reduce access barriers and improve utilization of treatment and early preventive dental services.

OUTCOMES

1. The number of oral health care coordinators is increased from eight to 12 and their scope of work is expanded to serve two additional priority populations (e.g., children in foster care).
2. The number of Women, Infant and Children (WIC) sites that provide oral health education, screening, fluoride varnish, and referral services is increased from six to nine sites.
3. A school-based sealant program is established in three school districts.



Integration of Medical and Dental Health Services

GOAL

Integrate oral health screening, education, preventive services, and dental referrals into medical services.

RATIONALE

Primary care providers often see pregnant women and very young children long before the dentist does. By incorporating oral health core clinical competencies into primary care practice, vulnerable and underserved populations are more likely to receive preventive care, information, and referrals to dental providers.

OUTCOMES

1. The number of Medi-Cal primary care providers that incorporate oral health education and fluoride varnish into their primary care practice is increased by 20%.
2. Twenty (20) prenatal medical providers are annually trained on various oral health topics, including how to bill for these services and refer clients to dental providers.





Countywide Coordination of Oral Health Programs

GOAL

Establish countywide infrastructure and policies to support the implementation of this strategic plan.

RATIONALE

While the current authority for the Oral Health Strategic Plan rests with San Joaquin County PHS, the successful implementation of the plan will depend on the coordination and support of many of the organizations that are members of the SJ TEETH Collaborative. By developing a Strategic Task Force within the SJ TEETH Collaborative, key organizations can more efficiently plan, make decisions, and seek broader input when necessary to carry out the strategies in this plan. Establishing an infrastructure within SJ TEETH and promoting oral health policies throughout the County will ensure that the Strategic Plan activities are implemented, sustainable, and institutionalized.

OUTCOMES

1. A Strategic Task Force is established within the SJ TEETH Collaborative that is representative of the six Oral Health Strategic Plan focus areas and is accountable for monitoring the implementation of the Oral Health Strategic Plan.
2. Oral health education and services are integrated into PHS programs that interact with pregnant women (e.g., Maternal, Child & Adolescent Health Programs: Black Infant Health, Cal-Learn, Comprehensive Perinatal Services Program, and Nurse Home Visiting Program).
3. Participation in the SJ TEETH Collaborative is increased by two agencies per year.



Evaluation

GOAL

Develop a surveillance and evaluation plan to assess the impact of planned activities and inform the modification of the Strategic Plan's strategies.

RATIONALE

Like many counties throughout California, San Joaquin County's oral health data is unrepresentative, inconsistent, and lacking key information. By developing a surveillance plan with continuous monitoring and reporting, stakeholders and community partners can identify how to best allocate resources.

OUTCOMES

1. A subcommittee within the SJ TEETH Collaborative is established for data collection, analysis, and dissemination.
2. Oral health status indicators are assessed, data metrics are utilized, frequency of data collection is established, and priority populations are identified for implementation of the Strategic Plan.
3. Efforts are coordinated to identify and obtain the resources needed for ongoing programmatic and countywide data collection and analysis, including kindergarten and 3rd grade caries experience and untreated decay.





Measuring Progress in Oral Health – Key Indicators

For this strategic plan, six indicators were selected to measure the overall progress of the LOHP. In some cases (caries experience and untreated dental decay), systems within the County will need to be developed or refined to collect this data, while others will be collected from state data sources. Target goals for San Joaquin County are based on currently available Statewide and County data, and guidelines provided by the California Office of Oral Health.



Caries experience – K and 3rd grade (6-9 years)

	Baseline		5 Year Goal
	California	San Joaquin County*	
Kindergarteners	54%	N/A	Decrease by 8%
3rd Grade (6-9 yrs)	71%	N/A	Decrease by 10%

**Baseline to be established by 2020*

Untreated dental decay – K and 3rd grade (6-9 years)

	Baseline		5 Year Goal
	California	San Joaquin County*	
Kindergarteners	28%	N/A	Decrease by 8%
3rd Grade (6-9 yrs)	29%	N/A	Decrease by 8%

**Baseline to be established by 2020*

Children with dental sealant on a molar (6-9 years)

Baseline		5 Year Goal
California	San Joaquin County	
17%	15%	Increase to 18% or more

Preventive dental visit among children (0-20 years)

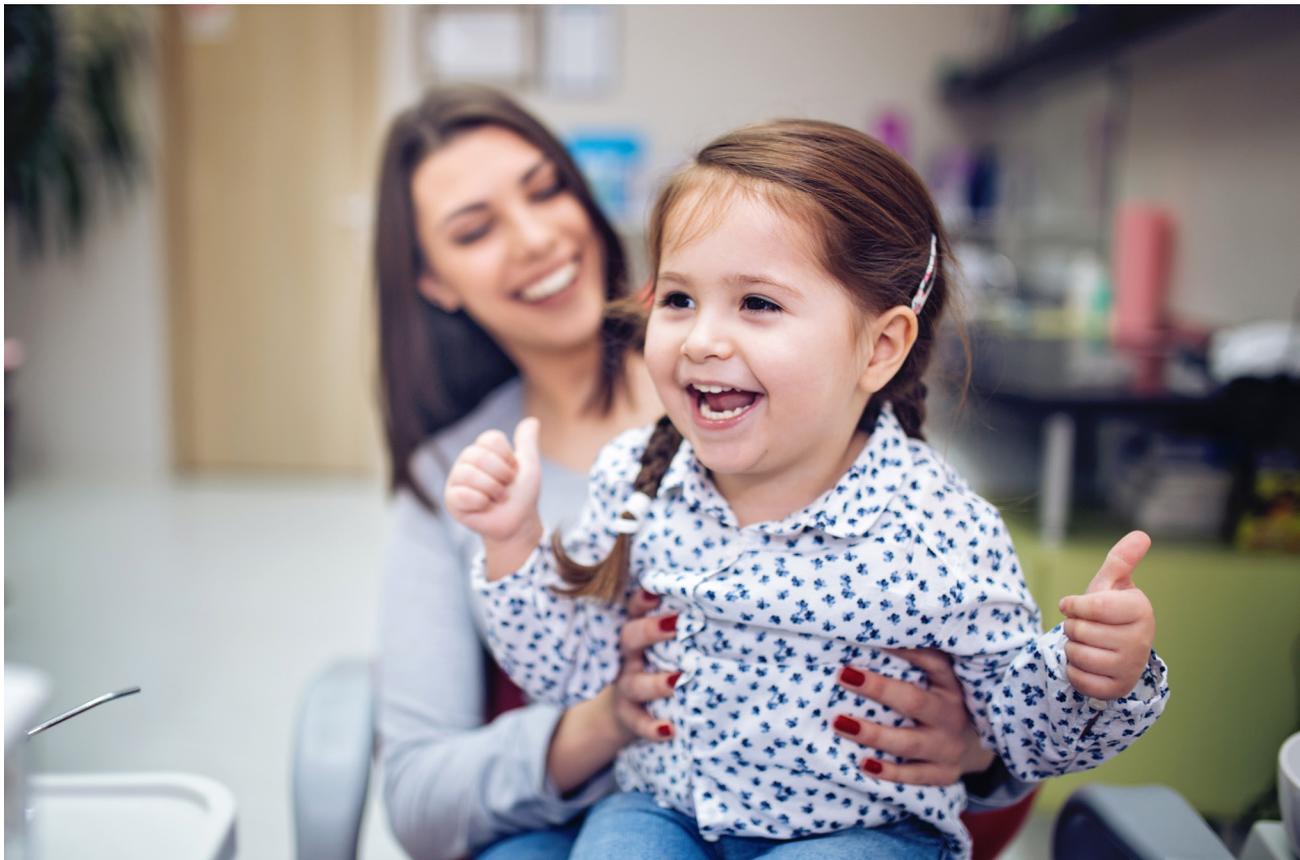
Baseline		5 Year Goal
California	San Joaquin County	
41%	34%	Increase to 43% or more

Preventive dental visit among older adults (+65 years)

Baseline		5 Year Goal
California	San Joaquin County	
11%	7%	Increase to 8% or more

Pregnant women with dental visit during pregnancy

Baseline		5 Year Goal
California	San Joaquin County	
43%	29%	Increase to 40% or more



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Glossary of Terms

Affordable Care Act (ACA): Legislation, including the Patient Protection and Affordable Care Act (P.L. 111-148) and the Health Care and Education Reconciliation Act of 2010 (P.L.111-152), that expands Medicaid coverage to millions of low-income Americans and makes numerous improvements to both Medicaid and the Children’s Health Insurance Program (CHIP).

Best Practice: The best clinical or administrative approach at the moment, given the situation, the patient’s or community’s needs and desires, the evidence about what works for this situation/need/desire, and the resources available.

Caries (tooth decay or cavities): A multi-factorial infectious disease that results in the destruction of the tooth structure by demineralization and ultimately cavitation of the tooth surface if left untreated. It is the most common childhood disease, and yet highly preventable.

Caries Experience: Any current or past evidence of having dental caries as defined by having at least one decayed, extracted/missing or filled tooth due to caries.

Case Management: A collaborative process of assessment, planning, facilitation, care coordination, evaluation, and advocacy for options and services to meet an individual’s and family’s comprehensive health needs through communication and available resources to promote quality, cost-effective outcomes.

Child Health and Disability Prevention Program (CHDP): CHDP provides complete health assessments for the early detection and prevention of disease and disabilities for low-income children and youth. A health assessment consists of a health history, physical examination, developmental assessment, nutritional assessment, dental assessment, vision and hearing tests, a tuberculin test, laboratory tests, immunizations, health education/anticipatory guidance,

and referral for any needed diagnosis and treatment. The CHDP Program oversees the screening and follow-up components of the federally mandated Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program for Medi-Cal eligible children and youth. The California law requires that a child is referred to a dentist beginning at age one for routine dental care.

Dental Transformation Initiative (DTI):^{26,27} The Dental Transformation Initiative (DTI) is a component of the Medi-Cal 2020 waiver that aims to improve dental health for Medi-Cal children by focusing on high-value care, improved access, and utilization of performance measures to drive delivery system reform. More specifically, this strategy aims to increase the use of preventive dental services for children, prevent and treat early childhood caries, and increase continuity of care for children. Given the importance of oral health to the overall health of an individual, California views improvements in dental care as critical to achieving overall better health outcomes for Medi-Cal beneficiaries, particularly children.

Early Head Start: A federally funded program for low-income pregnant women, infants, and toddlers that promotes school readiness through education, health, nutrition, and social services. (www.acf.hhs.gov/programs/ohs/)

Federally Qualified Health Centers (FQHCs): All organizations receiving grants under Section 330 of the Public Health Service Act (PHS). FQHCs qualify for enhanced reimbursement from Medicare and Medicaid, as well as other benefits. FQHCs must serve an underserved service area or population, offer a sliding fee scale, provide comprehensive service, have

an ongoing quality assurance program, and have a governing board of directors.

Fluoride Varnish (FV): A thin coating of fluoride that is applied to tooth surfaces in order to prevent or stop decay. It has been proven effective in infants and children at high risk of decay.

Head Start: A federally funded pre-school program for low-income families that promotes school readiness through education, health, nutrition and social services. (www.acf.hhs.gov/programs/ohs/)

Indicator: A quantitative or qualitative expression of a program or policy that offers a consistent way to measure progress toward the stated targets and goals. The data we will measure to determine if we have achieved our result.

Kindergarten Oral Health Assessment (AB1433): California state legislation requiring that children have a dental checkup by May 31 of their first year in public school, at kindergarten or first grade. (www.cda.org/public-resources/kindergarten-oral-health-requirement)

Obstetrics (OB): OB for obstetrics or for an obstetrician, a physician who delivers babies.

Outcomes: The results of implementing the plan, as experienced by the population.

Registered Dental Hygienist (RDH): A licensed dental professional who works independently or alongside a dentist. They have training and education to assess oral health and offer specific preventive and educational services with a focus on periodontal health.

Registered Dental Hygienist in Alternative Practice (RDHAP): A licensed dental hygienist with specialized training to permit the RDHAP to practice in settings which may include schools, skilled nursing facilities, hospitals, private homes and in some cases RDHAP offices.

San Joaquin Treatment & Education for Everyone on Teeth & Health (SJ TEETH) Collaborative: A group of stakeholders who work collaboratively to address oral health issues and improve outcomes for San Joaquin County Residents. The Collaborative

was created with the mission to prevent and treat oral diseases, increase awareness of the importance of dental health to overall health, and increase access to dental services. Their vision is to eliminate dental disease in children and promote a lifetime of dental health.

Sealants: A resin material applied to the chewing surfaces of molar and premolar teeth to prevent caries.

Virtual Dental Home: The Virtual Dental Home (VDH) is a community-based system of dental care that provides all the essential ingredients of a “dental home” in community settings. VDH uses geographically distributed telehealth-connected teams to bring needed preventive and restorative services to people who might not otherwise see a dentist. It emphasizes prevention and early intervention services in those settings and links and expands the involvement of dental offices and clinics to those groups and settings.

Women, Infants and Children (WIC): The Special Supplemental Nutrition Program for Woman, Infants and Children provides Federal grants to states for supplemental foods, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age five who are found to be at nutritional risk.

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Produced by San Joaquin TEETH and Public
Health Services. Funded by the CDPH under
Contract #17-10720.