

ORAL HEALTH NEEDS ASSESSMENT AND ORAL HEALTH IMPROVEMENT PLAN

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COUNTY OF SAN LUIS OBISPO
HEALTH AGENCY
PUBLIC HEALTH DEPARTMENT

San Luis Obispo County Public Health Department

Oral Health Program

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INTRODUCTION

In April 2018, Diringier and Associates, a Central California based health consultancy, was retained by the County of San Luis Obispo to assist in the development of a Community Oral Health Improvement Plan. The project consisted of working with County staff to:

- Review the mission, vision, values and structure of the Oral Health Coalition
- Assess available primary and secondary data
- Conduct an oral health needs assessment
- Develop a Community Oral Health Improvement Plan and Logic Model
- Design an evaluation plan

The project team was composed of Joel Diringier, JD, MPH and Kathy Phipps, RDH, MPH, DrPH. Both are experts in oral health, as well as long-time residents of San Luis Obispo County. They have worked, together and individually, on the local, state and national levels to improve oral health for all residents and bring their expertise and local knowledge to the project.

This document combines the Oral Health Needs Assessment and the Community Oral Health Improvement Plan.

The Oral Health Needs Assessment includes information on the following topics:

- County demographics
- The oral health status of SLO County children and adults
- Access to services—preventive and restorative
- Assessment of community prevention
- Stakeholder perceptions
- Inventory of services and programs

This needs assessment has been used by the County Oral Health Program and the Oral Health Coalition in the development of the local Community Oral Health Improvement Plan. The Oral Health Improvement Plan contains San Luis Obispo County's oral health goals, objectives, activities and indicators with measurable outcomes, plus an overall logic model. A separate evaluation plan was developed for the Oral Health Program.

ORAL HEALTH ADVOCACY IN SLO COUNTY—A BRIEF HISTORY



ORAL HEALTH ADVOCACY IN SLO COUNTY—A BRIEF HISTORY

For more than a decade, local children's health advocates in San Luis Obispo (SLO) County have focused on ways to improve oral health outcomes and access to care for the county's youngest and most vulnerable residents. In February 2008, First 5 SLO convened and sponsored the first of four SLO County Children's Oral Health Summits (2010, 2012 and 2014). Dental professionals, medical professionals, public health nurses, educators, policy makers, health educators and family advocates came together to build awareness around the growing problem and needs related to children's oral health. During the 2008 summit, participants collectively identified the following problems areas:

- Lack of countywide prevention programs
- Lack of access to dental care for general and specialized services
- Lack of coordination of oral health activities
- Lack of local data

Acting on the issues addressed at the Summit, First 5 SLO funded a three-person Oral Health Coordination team comprised of a health policy specialist, an oral epidemiologist and a dental hygienist. Together the team tackled three immediate priorities – collection and dissemination of local oral health metrics (e.g., pediatric Medi-Cal enrollee utilization of care and dental caries experience), screenings and referrals among vulnerable child populations (e.g., Head Start and State Preschools) and facilitation of a strategic plan for oral health improvement. The team established an Oral Health Coalition, and, with community partners, developed the Children's Oral Health Strategic Plan which was updated in 2014. The plan served as a map for activities to address children's oral health needs. In 2011, the County hired its first Oral Health Program Manager (OHPM) to maintain the efforts of the original coordination team and to serve as the point person for oral health efforts countywide. The OHPM responsibilities from 2011-2018 included staffing the Coalition, gathering and reporting on data, and performing/coordinating screenings, preventive care, case management and referrals for low income children.

In 2018, SLO County received additional funding from two State sources for the oral health program. The first grant was the Dental Transformation Initiative (DTI) – Local Dental Pilot Projects (LDPP) from the Department of Health Care Services. These pilot projects include 1) implementation of a Virtual Dental Home project; 2) a new family outreach and oral screening partnership with local low-income housing agencies; and 3) a workforce development program to attract and retain more Registered Dental Assistants (RDAs) and Registered Dental Hygienists in Alternate Practice (RDHAPs) in the county.

The second new revenue source for Oral Health came from the voter-approved California Healthcare, Research, and Prevention Tobacco Tax Act (commonly known as Proposition 56) which increased the excise tax rate on cigarettes and tobacco products. Proposition 56 funds created a comprehensive public health infrastructure for an oral health program within the California Department of Public Health (CDPH) and provided backbone support for a State Oral Health Plan. A major component of the State Oral Health Plan is to develop or strengthen Local Oral Health Programs (LOHPs) through required scopes of work, oral health action plans and supporting budgets. The goal of Prop 56 is “to create and expand capacity at the local level to educate, prevent, and provide linkages to treatment programs, including dental disease caused by cigarettes and other tobacco products.”

The initial first year objectives of the LOHP funding are:

- Objective 1: Build capacity and engage community stakeholders to provide qualified professional expertise in dental public health for program direction, coordination, and collaboration.
- Objective 2: Assess and monitor social and other determinants of health, health status, health needs, and health care services available to California communities, with a special focus on underserved areas and vulnerable population groups.
- Objective 3: Identify assets and resources that will help to address the oral health needs of the community with an emphasis on underserved areas and vulnerable population groups within the jurisdiction.
- Objective 4: Develop a Community Health Improvement Plan (CHIP) and an action plan to address oral health needs of underserved areas and vulnerable population groups for the implementation phase to achieve local and state oral health objectives.
- Objective 5: Develop an Evaluation Plan that will be used to monitor and assess the progress and success of the Local Oral Health Program.

The remaining five-year Proposition 56 LOHP objectives are:

- Objective 6: Implement evidence-based programs to achieve California Oral Health Plan objectives such as increasing the number of low-income schools with a school-based or school-linked dental program; increasing the number of children in grades K-6 receiving fluoride supplements; increasing the number of children in grades K-6 receiving dental sealants and increasing or maintaining the percent of the population receiving community fluoridated water.
- Objective 7: Work with partners to promote oral health by developing and implementing prevention and healthcare policies and guidelines for

- programs, health care providers, and institutional settings (e.g., schools) including integration of oral health care and overall health care.
- Objective 8: Address common risk factors for preventable oral and chronic diseases, including tobacco and sugar consumption, and promote protective factors that will reduce disease burden such as increasing the number of dental offices providing tobacco cessation counseling; and/or increasing the number of dental office utilizing Rethink Your Drink materials and resources to guide clients toward drinking water, especially tap water, instead of sugar-sweetened beverages.

SLO COUNTY ORAL HEALTH NEEDS ASSESSMENT



SLO COUNTY ORAL HEALTH NEEDS ASSESSMENT

Population Statistics

General Information

SLO County is located on the Pacific coast, halfway between the metropolitan areas of Los Angeles and San Francisco. SLO County has a land area of approximately 3,300 square miles, includes seven cities plus several unincorporated communities and has a population of over 283,000. While the County's largest employment sector is government, the tourism and agriculture sectors, which rely on low-wage workers, play an important role in the County's economy.

Countywide, the population is 69% non-Hispanic white and 23% Hispanic, compared to 37% and 39% respectively for California. Although the median household income of \$64,014 is slightly higher than the state average, 11% of the population lives below the federal poverty level (FPL). One of the greatest challenges facing SLO County is the high cost of housing. The median value of an owner occupied home in SLO County is \$471,800 and the median gross rent is over \$1,200/month. Refer to Table 1 for additional information on SLO County demographics. Demographics for the cities and census designated areas in SLO County can be found in Appendix 3.

Table 1: Demographics of SLO County compared to California		
Fact (Source: U.S. Census Quick Facts)	SLO County	California
Population estimates (2017)	283,405	39,536,653
Persons under 5	5%	6%
Persons under 18	18%	23%
Persons 65+years	19%	14%
Non-Hispanic white	69%	37%
Hispanic or Latino	23%	39%
Foreign born	10%	27%
Owner-occupied housing rate	59%	54%
Median value of owner-occupied housing	\$471,800	\$409,300
Median gross rent	\$1,257	\$1,297
Language other than English	19%	44%
High school graduate or higher	90%	82%
Bachelor's degree or higher	34%	32%
Persons <65 without health insurance	7%	8%
Median household income	\$64,014	\$63,783

Per capita income in past year	\$32,335	\$31,458
Persons in poverty (< 100% federal poverty level)	11%	14%
Children 0-17 in poverty (< 100% federal poverty level)*	11%	19%

*Source: Small Area Income and Poverty Estimates for 2016,
<https://www.census.gov/data/datasets/2016/demo/saipe/2016-state-and-county.html>

SLO County's Vulnerable Populations

Over the last several decades, significant progress has been made in the prevention, diagnosis, and treatment of oral diseases including tooth decay and gum diseases. Unfortunately, certain segments of the population continue to carry a disproportionate burden of disease with oral diseases remaining among the most common health problems that afflict disadvantaged and underserved communities. Oral health disparities and inequities continue to exist among low-income racial/ethnic minority groups, those residing in medically and dentally underserved rural and urban areas, and those with developmental or acquired disabilities, including frail and functionally dependent older adults.³

Medi-Cal Recipients

Although only 11% of SLO County's population lives below the FPL, a substantial proportion of the County's population lives near poverty or have special circumstances which makes them eligible for Medi-Cal; California's Medicaid program serving low-income individuals, including families, seniors, persons with disabilities, children in foster care, pregnant women, and childless adults with incomes below 138% FPL. In February 2018 there were 59,767 Medi-Cal beneficiaries in SLO County – 21% of the County's population.⁴ Almost half (46%) of SLO County's Medi-Cal beneficiaries are aged 0-21 years, 47% are 22-64 years and 7% are 65+ years. Forty-four percent (44%) of the Medi-Cal beneficiaries live in North County while 24% and 32% live in Central and South County. Among Medi-Cal beneficiaries, preferred language varies by age. Spanish is the preferred language for 31% of the 0-18 year olds while 10% of beneficiaries 19+ years list Spanish as their preferred language.⁵

³ Fischer DJ, O'Hayre M, Kusiak JW, Somerman MJ, Hill CV. Oral Health Disparities: A Perspective from the National Institute of Dental and Craniofacial Research. Am J Public Health 2017;107(Suppl 1):S36-S38.

⁴ California Department of Health Care Services. Medi-Cal Certified Eligibles, Recent Trends. <http://www.dhcs.ca.gov/dataandstats/statistics/Pages/Medi-Cal-Certified-EligiblesRecentTrends.aspx>

⁵ Cen-Cal Health. Member Demographics 2017. <https://www.cencalhealth.org/~media/files/pdfs/members/msmemberdemographicreportall-plans20171201.pdf>

Low-Income Preschool Children

Tooth decay occurring in children 0-5 years of age is referred to as early childhood caries (ECC). ECC is strongly associated with vulnerable subpopulations and is highly prevalent in poor and near-poor preschool children. Although preventable, ECC remains largely untreated in children under 3 years of age. The Association of State and Territorial Dental Directors (ASTDD) recommends that local health departments implement programs and policies to address early prevention, oral disease risk management, access to dental care services and systems of integration and coordination to prevent and control ECC.⁶ One avenue to accomplish this recommendation is to provide services in early childhood education programs that target low-income children such as Early Head Start, Head Start and California State Preschools. The Community Action Partnership of San Luis Obispo County (CAPSLO) operates Early Head Start, Head Start and Migrant/Seasonal Head Start programs throughout SLO County. During 2017-2018, CAPSLO had approximately 470 children enrolled in their SLO County early childhood programs.

In addition to the preschool programs operated by CAPSLO, there are California State Preschools in Atascadero (San Gabriel Elementary), Grover Beach (Grover Beach Elementary), Nipomo (Nipomo High School), Oceano (Oceano Elementary), Paso Robles (Marie Bauer Elementary, Winifred Pifer Elementary, First 5 Early Education Center) and San Miguel (Lillian Larsen). These programs served 189 low-to moderate-income children during the 2017-2018 school year.

Low-Income School Aged Children

During the 2017-2018 school year, there were almost 34,000 K-12th grade children enrolled in SLO County's 67 traditional public schools (Appendix 4). Of these, 44% were eligible for free or reduced price meals through the National School Lunch Program (NSLP). NSLP is a federally assisted meal program operating in public and nonprofit private schools. Children are eligible for the NSLP if their household income is at or below 185% of federal poverty level. The Centers for Disease Control and Prevention (CDC) recommends that oral health programs be targeted to schools where 50% or more of children are eligible for NSLP. In SLO County there are 29 traditional elementary, middle and high schools with $\geq 50\%$ NSLP (Appendix 4). The total enrollment for these 29 schools is 11,100 of which 7,300 are eligible for free or reduced price meals.

Youth in Foster Care

As of December 2016, 378 children were in foster care in San Luis Obispo County, an increase from 2010 when there were 322 children in foster care.

⁶ Association of State & Territorial Dental Directors. Early Childhood Caries Policy Statement. <https://www.astdd.org/docs/early-childhood-caries-policy-statement-6-5-12.doc>

Pregnant Women

The foundation for good oral health is established early in childhood and the role of the mother is significant. Most women, however, are unaware of the potential consequences neglecting their own oral health could have on them and their baby prior to, during, and after pregnancy. Although dental care during pregnancy is safe and can prevent long-term health problems for the mother and child, many women do not seek dental care during pregnancy. This issue is compounded by the fact that many dentists are reluctant or refuse to see pregnant patients. The National Maternal and Child Oral Health Policy Center has a set of policy recommendations to improve the oral health of pregnant women; the following apply to SLO County.⁷

- Support the California Dental Association's perinatal oral health guidelines.
- Encourage medical and dental providers to work together to ensure that pregnant women have access to accurate information and dental care.
- Support the health and oral health safety-net for pregnant women and families.
- Educate the public about the importance and safety of dental care for women of all ages, including pregnant women.

In 2017, there were 2,547 live births in San Luis Obispo County, with 80% of the women receiving early prenatal care (i.e. began prenatal care in the first trimester of their pregnancy). Forty percent (40%) of births are covered by Medi-Cal.

Approximately 20% of young children receive benefits from the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). There are approximately 2,800 families and 2,990 infants and children enrolled in the WIC program in SLO County.

Other Vulnerable Populations

As previously mentioned, individuals with developmental or acquired disabilities are at higher risk of oral disease. Those with acquired disabilities include frail and functionally dependent adults, homeless populations and substance abusers. Following are SLO County population estimates for these vulnerable groups:

- Tri-counties Regional Center serves 2,388 persons of all ages in San Luis Obispo County.
- On January 30, 2017 there were 1,125 homeless individuals in SLO County.
- There are approximately 950 adults living in licensed intermediate or skilled long-term care facilities (excluding Atascadero State Hospital and the California Men's Colony).

⁷ National Maternal and Child Oral Health Policy Center. Improving the Oral Health of Pregnant Women and Young Children. <https://www.astdd.org/docs/improving-the-oral-health-of-pregnant-and-young-children-aug-2012.pdf>

Oral Health Status of San Luis Obispo County

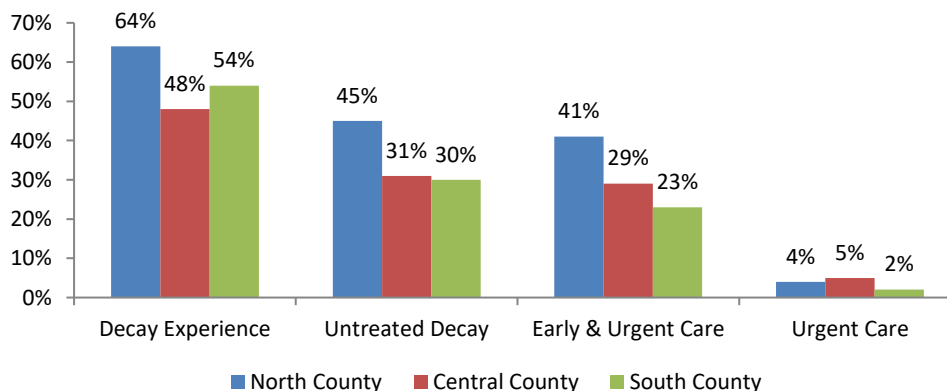
The Oral Health of SLO County Children

Information on the percent of SLO County children with decay experience, untreated tooth decay and need for dental treatment is available from two county-wide oral health surveys. The first survey assessed the oral health of low-income preschool children enrolled in Head Start, Migrant Head Start and California State Preschools during the 2008-2009 school year. The second survey, conducted during the 2010-2011 school year, assessed the oral health of kindergarten and third grade children enrolled in SLO County's public elementary schools.

Oral Health of Low-Income Preschool Children

The preschool survey screened 716 children aged 3-5 years; 328 Head Start, 58 Migrant Head Start and 330 California State Preschool children. Seventy-four percent (74%) of the children screened were Hispanic, 23% were non-Hispanic white, 43% were from North County, 20% were from Central County, and 37% were in South County. Overall, 57% of the children had decay experience – one or more teeth with treated or untreated decay. About one-in-three children (33%) had untreated tooth decay and 4% needed urgent dental care because of obvious pain or infection. When stratified by geographic region, children living in North County had the highest prevalence of decay experience and untreated tooth decay (Figure 1).

Figure 1: Percent of SLO County's **Low-income Preschool Children** with Decay Experience, Untreated Decay and Dental Treatment Needs by Region, 2008-2009



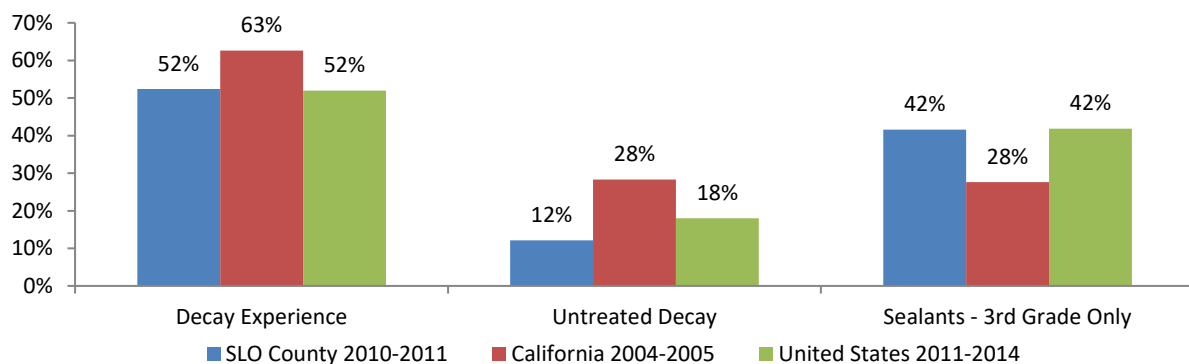
Oral Health of Kindergarten and Third Grade Children

The 2010-2011 elementary school survey screened kindergarten and third grade children at a representative sample of 15 public elementary schools. A total of 1,642 children were screened, 790 kindergarten and 852 third grade children (90% response rate). Overall, 52% of the kindergarten and third grade children had decay

experience and 12% had untreated tooth decay. Among third grade children, 42% had dental sealants on at least one permanent molar.

Figure 2 compares the oral health of SLO County children to averages from California⁸ and the United States.⁹ For all of the indicators, SLO County children have better oral health than their peers in the rest of California. When compared to the U.S. as a whole, SLO County children have a similar prevalence of decay experience and dental sealants but a lower prevalence of untreated tooth decay (18% vs. 12%). This suggests that access to, or utilization of, dental care in SLO County may be better than in the rest of the country.

Figure 2: Percent of Kindergarten & 3rd Grade Children with Decay Experience, Untreated Decay and Sealants, SLO County Compared to California and U.S.



Although SLO County children have better oral health than the rest of the state, SLO County has significant oral health disparities with low-income and minority children carrying the burden of oral disease. In schools where $\geq 58\%$ of children are eligible for the NSLP, 65% of children have decay experience and 17% have untreated decay compared to 39% and 7% respectively in schools where $< 33\%$ of children are eligible for NSLP. Compared to non-Hispanic white children, Hispanic children have a higher prevalence of decay experience (43% vs. 68%) and untreated decay (10% vs. 16%).

Another source of local data comes from the Central Coast Dental Society whose member dentists have been doing free screenings in County elementary schools for more than ten years. During the 2017-2018 school year, dentists screened 10,672 children across all County school districts. Of those screened, 12% required a follow

⁸ Dental Health Foundation. "Mommy, it Hurts to Chew". The California Smile Survey. 2006. <https://centerfororalhealth.org/wp-content/uploads/2018/02/Mommy-It-Hurts-To-Chew.compressed.pdf>

⁹ National Health and Nutrition Examination Survey, 2011-2014. Secondary analysis of publicly available datasets.

up visit with a dentist (e.g., for minor decay or preventive care) while 3% had urgent needs that required an immediate visit to a dentist. It should be noted that participating dentists are not trained or standardized.

The Oral Health of SLO County Adults

Tooth Loss

The Behavioral Risk Factor Surveillance System (BRFSS) is a CDC sponsored telephone survey that collects state data about U.S. residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services. In even numbered years, BRFSS includes two oral health questions, time since last dental visit and number of permanent teeth removed because of oral disease. Because BRFSS is designed to provide annual estimates for states plus large metropolitan areas, annual estimates for SLO County are not available. California BRFSS data for 2014 and 2016 were merged to provide an estimate of tooth loss among SLO County adults. Approximately 41% of SLO County adults 18+ years of age have lost one or more teeth because of dental disease; similar to the state estimate of 40%. For SLO County adults 65+ years of age, about 3% have lost all of their natural teeth compared to a state average of 9%. NOTE: Only 180 adults from SLO County participated in BRFSS in 2014 or 2016.

Oral and Pharyngeal Cancer

Oral and pharyngeal cancer includes cancers of the mouth and the back of the throat. Oral cancers develop on the tongue, the tissue lining the mouth and gums, under the tongue, at the base of the tongue, and the area of the throat at the back of the mouth. Oral cancer accounts for roughly 3% of all cancers diagnosed annually in the United States. Oral cancer most often occurs in people over the age of 40 and affects more than twice as many men as women. Most oral cancers are related to tobacco use, alcohol use (or both), or infection by the human papilloma virus (HPV).

The age-adjusted incidence rate (cases per 100,000 population) for San Luis Obispo County (2011-2015) was 11.1 compared to 10.3 for California. During the five year period from 2011-2015, SLO County had an average of 41 cases per year.¹⁰

¹⁰ National Cancer Institute. State Cancer Profiles.
<https://statecancerprofiles.cancer.gov/incidencerates>

Access to Services

Access to Preventive Dental Services

Community Water Fluoridation

Drinking fluoridated water keeps teeth strong and reduces tooth decay by about 25% in children and adults. By preventing tooth decay, community water fluoridation has been shown to save money for families and for the health care system. The City of San Luis Obispo is the only community in SLO County with fluoridated water which means that fewer than 20% of SLO County residents have access to community water fluoridation compared to about 66% of the overall U.S. population.¹¹

State regulations require the fluoride levels in treated water be maintained within a range of 0.6 - 1.2 parts per million (ppm) with an optimum dose of 0.7 ppm. During 2017, fluoride levels in SLO city water ranged from 0.0-0.7 ppm with an average of only 0.4 ppm.¹²

Other Topical Fluorides

The U.S. Preventive Services Task Force recommends that primary care clinicians apply fluoride varnish to the teeth of all infants and children starting at the age of first tooth eruption (about 6 months of age).¹³ During the period between June 1, 2017 and May 30, 2018, CenCal medical providers applied fluoride varnish to the teeth of 3,519 children in SLO County while 15,828 children in Santa Barbara county received a fluoride varnish from a CenCal medical provider during the same time period. The only CenCal providers in SLO County that applied fluoride varnish were affiliated with either Community Health Centers of the Central Coast (CHC) or San Luis Obispo County Public Health while several private providers in Santa Barbara apply fluoride varnish.

Since the 2000's the SLO County Public Health Department's Oral Health Program has provided fluoride varnish services to children enrolled in WIC and California State Preschool while CHC serves children enrolled in Head Start.

¹¹ Centers for Disease Control and Prevention. Fluoridation Statistics.

<https://www.cdc.gov/fluoridation/statistics/2014stats.htm>

¹² City of San Luis Obispo. 2017 Annual Water Quality Report.

<http://www.slocity.org/home/showdocument?id=19389>

¹³ U.S. Preventive Services Task Force.

<https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/dental-carries-in-children-from-birth-through-age-5-years-screening>

Dental Sealants

Dental (pit and fissure) sealants are clear or opaque plastic resinous materials applied to the chewing surfaces of the back teeth to prevent tooth decay. Sealants protect the chewing surfaces from cavities by covering them with a protective shield that blocks out germs and food. According to the CDC, sealants protect against 80% of cavities for two years and continue to protect against 50% of cavities for up to four years. Children aged 6 to 11 years without sealants have almost three times more first molar cavities than children with sealants.¹⁴

Based on data from the 2010-2011 SLO County oral health survey, about 42% of SLO County third grade children have at least one dental sealant; similar to the prevalence for third graders throughout the U.S. (42%). Only a small portion of SLO County children enrolled in Medi-Cal, however, receive protective dental sealants through the Medi-Cal fee for service system. The percent of SLO County Medi-Cal children that received a dental sealant by a **non-Federally Qualified Health Center (FQHC)** dental provider in 2016 was 14% for 6-9 year olds and 6% for 10-14 year olds; lower than the state averages of 17% and 9% respectively.¹⁵ **NOTE:** Prior to 2017, Medi-Cal dental utilization data for services other than an annual dental visit did not include services provided by FQHCs.

Each year, FQHCs report a set of quality of care measures including percent of dental clinic patients aged 6-9 years that received a dental sealant. In 2016, 45% of the 6-9 year old dental clinic patients served by CHC received a dental sealant.¹⁶ It should be noted that CHC has dental clinics in San Luis Obispo and northern Santa Barbara County.

School-based dental sealant programs provide dental sealants to students either onsite at schools (using portable dental equipment) or offsite in dental clinics. These programs usually target schools with a high percentage ($\geq 50\%$) of children eligible for NSLP. Based on strong evidence of effectiveness in preventing tooth decay, the Community Preventive Services Task Force recommends school-based sealant programs.¹⁷ In SLO County there are 21 elementary schools with a NSLP of $\geq 50\%$ (Appendix 4). Unfortunately, none of these schools have school-based dental sealant programs.

¹⁴ Centers for Disease Control and Prevention. Dental Sealants.

https://www.cdc.gov/oralhealth/dental_sealant_program/index.htm

¹⁵ California Department of Health Care Services. Dental Utilization Measures and Sealant Data by County and Age. <https://data.chhs.ca.gov/dataset/test-dhcs-utilization-measures-and-sealant-data-by-county-calendar-year-2013-to-2015>

¹⁶ Health Resources & Services Administration.

<https://bphc.hrsa.gov/uds/datacenter.aspx?q=d&bid=090710&state=CA&year=2016>

¹⁷ The Community Guide. School-Based Dental Sealant Delivery Programs.

<https://www.thecommunityguide.org/findings/dental-carries-cavities-school-based-dental-sealant-delivery-programs>

Access to Dental Care

Percent of Individuals with a Dental Visit in the Past Year

Healthy People 2020 provides a comprehensive set of 10-year, national goals and objectives for improving the health of all Americans. Healthy People 2020 contains more than 1,200 objectives although a smaller set of Healthy People 2020 objectives, called Leading Health Indicators (LHIs), have been selected to communicate high-priority health issues. The LHI for oral health is percent of children, adolescents, and adults who visited the dentist in the past year. The Healthy People goal is to increase the percent aged 2+ years with a dental visit from 45% in 2007 to 49% in 2020.

According to the 2014 California Health Interview Survey (CHIS), 87% of SLO County children aged 2-11 had a dental visit in the last year compared to a statewide average of 92%.¹⁸ Based on 2014 and 2016 BRFSS data, approximately 75% of SLO County adults 18+ years of age had a dental visit in the past year compared to approximately 66% for California. It should be noted that CHIS and BRFSS estimates are based on self-report and are subject to recall and other biases. They also have small sample sizes in the County.

For SLO County residents continuously enrolled in Medi-Cal for at least 3 months the percent with a dental visit in the past year varies by age, ranging from 16% for adults 19-64 years to 57% for children 6-9 years of age (Table 2). When compared to California, SLO County has a higher annual visit rate for children 0-5 years but a lower rate for most other age groups.

Table 2: Percent of Medi-Cal Participants with a Dental Visit in the Past Year, 2016¹⁹		
Population Group	SLO County	California
Medi-Cal enrolled children 0-5 years	44%	34%
Medi-Cal enrolled children 6-9 years	57%	59%
Medi-Cal enrolled children 10-14 years	52%	52%
Medi-Cal enrolled children 15-18 years	38%	42%
Medi-Cal enrolled adults 19-64 years	16%	21%
Medi-Cal enrolled adults 65+ years	21%	22%

Number and Distribution of Dentists

According to the California Department of Consumer Affairs,²⁰ there are 229 dentists (generalists and specialists) in SLO County with an active license. Of these,

¹⁸ California Health Interview Survey, 2014. <http://askchisne.ucla.edu>

¹⁹ California Department of Health Care Services. Dental Utilization Measures and Sealant Data by County and Age CY 2013 to 2016. <https://data.chhs.ca.gov/dataset/test-dhcs-utilization-measures-and-sealant-data-by-county-calendar-year-2013-to-2015>

14 have a reduced fee license while the other 215 have a full fee license. To qualify for a reduced fee license a dentist must have practiced dentistry in California for 20 or more years, have reached retirement age, and customarily provide services free of charge or at a nominal fee. Of the 215 dentists with a full fee license, 64 practice in North County (30%), 97 in Central County (45%), and 54 in South County (25%). The 2016 population to dentist ratio for SLO County was 1,240:1; similar to the population to dentist ratio for California (1,210:1).²¹ For the general population, SLO County has an adequate supply of dentists although there is a geographic mal-distribution.

Enrolled Medi-Cal Dentists

SLO County has three safety-net dental clinics that provide care to low-income individuals including two which provide services to those enrolled in Medi-Cal: Tolosa Children's Dental Center (TCDC), Community Health Centers of the Central Coast (CHC) and the SLO Noor Foundation Dental Clinic (Noor).

TCDC only accepts new patients 0-12 years but will continue to see an established patient until their 18th birthday. TCDC has the equivalent of three full-time dentists (1 full-time pediatric dentist, 4 part-time pediatric dentists and 1 full-time general dentist) and operates five days per week in North County and one day per week in Central County. In 2017, TCDC saw approximately 6,000 children and had approximately 16,500 appointments in its two clinics.

CHC is a federally qualified health center (FQHC) with dental clinics in Nipomo, Oceano and Templeton. All ages are served in each clinic. The following data is from the 2017 clinic report submitted to OSHPD.

Table 3: Dental Services Provided by Community Health Centers of the Central Coast			
CHC Clinic	# dentists	# encounters	Services
Nipomo	6.5	18,492	General/Pedo/Ortho
Oceano	1 day per 2 weeks	1,226	General/Pedo
Templeton	2.0	5,116	General/Pedo

The Noor clinic is staffed by a mix of volunteer and paid dentists. Services are limited to adults 18+ years of age without any type of dental insurance and with a household income at or below 200% of the FPL. The SLO Noor dental clinic is not an enrolled Medi-Cal provider. In 2017, Noor saw 129 new patients and had 1,090 patient visits. In the first half of 2018, Noor nearly equaled its 2017 number of patient visits.

²⁰ California Department of Consumer Affairs License Search, <https://search.dca.ca.gov/results>

²¹ Robert Wood Johnson Foundation. County Rankings.
<http://www.countyhealthrankings.org/app/california/2018/overview>

In addition to TCDC and CHC, there are 11 Medi-Cal enrolled dentists in private practice; five pediatric dentists and six general dentists. It should be noted that two of the 11 have a reduced fee license – one pediatric dentist and one general dentist. At this time information on the number of patients served by each of the private practice dentists is not readily available although AB2207 has mandated future public reporting. Based on anecdotal information, only one of the 11 Medi-Cal enrolled dentists offers a dental home for new pediatric patients with Medi-Cal.

Table 4: Number and Distribution of Medi-Cal Recipients and Medi-Cal Dentists with a Full-Fee License

	North	Central	South	TOTAL
Number of full-scope Medi-Cal recipients (2017) ²²	23,568	13,059	17,063	53,690
Number of private practice Medi-Cal dentists (2018)	2	3	4	9
Number of safety-net Medi-Cal dentists (2017/2018)	5	0	6.5	11.5
Medi-Cal recipient to dentist ratio	3,367:1	4,353:1	1,625:1	2,619:1

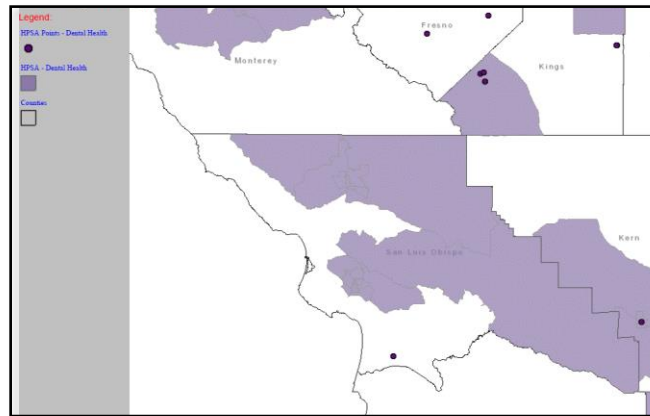
Dental Health Professional Shortage Areas

The federal Health Resources and Services Administration (HRSA) develops shortage designation criteria to determine whether a geographic area, population group or facility is a Health Professional Shortage Area (HPSA) or a Medically Underserved Area/Population (MUA/P). HPSAs may be designated as having a shortage of primary medical care, dental or mental health providers. They may be urban or rural areas, population groups, or medical or other public facilities. MUAs may be a whole county or a group of contiguous counties, a group of counties or civil divisions, or a group of urban census tracts in which residents have a shortage of health services. MUPs may include groups of persons who face economic, cultural or linguistic barriers to health care. Figure 3 shows that the majority of SLO County is designated as a dental-HPSA for the low-income population.²³

²² Cen-Cal Health. Member Demographics 2017.
<https://www.cencalhealth.org/~media/files/pdfs/members/msmemberdemographicreportall-plans20171201.pdf>

²³ Health Resources and Services Administration Data Warehouse.
<https://datawarehouse.hrsa.gov/topics/shortageareas.aspx>

Figure 3: SLO County Dental Health Professional Shortage Areas



Volunteer Efforts

Each spring, for more than a decade, SLO County dentists have volunteered at free dental clinics for children without a source of care through the Give Kids a Smile (GKAS) program organized locally by the Central Coast Dental Society. In 2018, 12 dentists volunteered at numerous GKAS sites throughout the County and provided care to 50 children, amounting to more than \$26,000 of free care. GKAS efforts are linked with the annual elementary school screenings completed by volunteer dentists throughout SLO County. Children identified as needing urgent care are linked with dentists who have agreed to provide care at no-cost to the family.

Dental Home for Head Start Children

Head Start program performance standards require that Head Start staff track the provision of oral health care (i.e., that a child has a dental home and is up to date according to the state's EPSDT schedule) and help parents obtain oral examinations and follow-up care for their child. These activities must take place within 90 days of a child's entry into the program. Information about examination results, plans for follow-up care, treatment completed, and oral disease prevention activities are kept in a child's health record. Each year Head Start grantees are required to submit a Program Information Report (PIR) that provides comprehensive data on the services, staff, children, and families served by their program. According to the 2017 PIR, almost 100% of children enrolled in the CAPSLO Head Start program had a dental home while 88% of the migrant/seasonal Head Start children had a dental home. NOTE: CAPSLO's Head Start programs serve SLO and northern San Diego Counties while their migrant/seasonal Head Start programs serve SLO County plus eight other Counties.

Kindergarten Oral Health Assessment

The kindergarten oral health assessment requirement (AB 1433), enacted in 2006, helps identify children with unmet oral health needs and provides schools with essential information to ensure their students are healthy and ready to learn.

Participating schools distribute oral health education materials and the assessment-waiver form to parents who are registering their child in public school for the first time, in either kindergarten or first grade. Schools collect forms by May 31 of each school year and report collected data by December 31 of that calendar year. In 2016, only five of the 10 school districts in SLO County submitted a report on the oral health assessment requirement (Table 5).

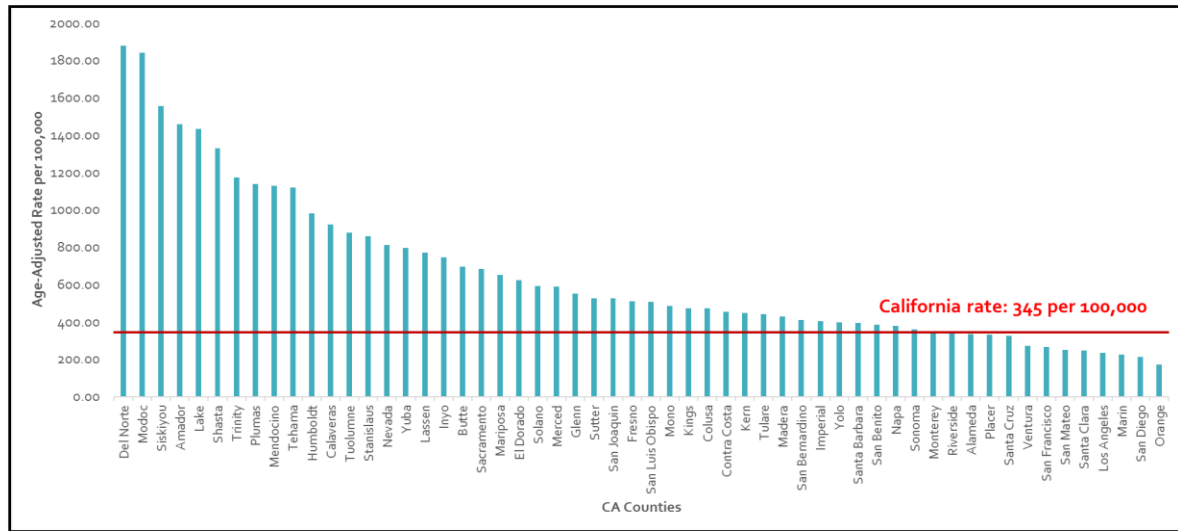
Table 5: Status of Kindergarten Oral Health Assessment Reporting by School District, 2016²⁴							
District	Total Eligible	Proof of Assessment	Untreated Decay	Waived Financial Burden	Waived Lack of Access	Waived No Consent	Not Returned
Atascadero Unified	327	156	29	4	4	38	96
Cayucos Elementary	23	17	1	0	0	0	6
Coast Unified	41	7	0	2	0	0	31
Lucia Mar Unified							
Paso Robles Joint Unified							
Pleasant Valley Joint Union							
San Luis Coastal Unified	696	566	115	14	9	10	24
San Miguel Joint Union							
Shandon Joint Unified							
Templeton Unified	147	113	11	0	0	12	20
San Luis Obispo Total	1,234	859	156	20	13	60	177

Emergency Department Visits for Non-Traumatic Dental Conditions

Use of the Emergency Department (ED) for non-traumatic dental conditions (NTDC) has increased over the past decade even though EDs are ill-equipped to provide definitive dental care such as dental restorations or tooth extractions. Management of NTDCs in the ED generally consists of temporary pain and infection control through prescriptions for analgesics and antibiotics. The rate of ED visits for NTDCs for SLO County during 2012-2016 was 532 per 100,000 population compared to 345 per 100,000 for California. Refer to Figure 4.

²⁴ California Dental Association. AB1433 Reported Data. <https://www.cda.org/public-resources/community-resources/kindergarten-oral-health-requirement/ab1433-results>

Figure 4: Age Adjusted Rate of Emergency Department Visits for Non-Traumatic Dental Conditions, 2012-2016



Stakeholder Perceptions of Oral Health Needs

During Spring 2018, the oral health consultants conducted over 20 stakeholder interviews to determine stakeholder perceptions on current and future oral health needs, programming and infrastructure. Stakeholders were provided a draft of the county's oral health strategic plan and were asked to comment on:

- Their involvement with oral health efforts in the County,
- What they see as the greatest oral health needs, barriers and solutions,
- Their opinions on an updated draft of the Oral Health Strategic Plan,
- How the broader community can be involved in improving oral health, and
- What roles the County Public Health Department oral health program should undertake.

Their feedback, summarized below, was incorporated into the Community Oral Health Implementation Plan which was shared with the Oral Health Coalition at a subsequent meeting. The stakeholder feedback is presented in Appendix 2.

The interviews

- Showed a high level of involvement with oral health efforts in SLO County as providers, navigators and members of the Oral Health Coalition,
- Identified a high level of access issues for Medi-Cal recipients and vulnerable populations, strong fluoride varnish programs, limited use of sealants and moderate levels of surveillance,
- Familiarized the stakeholders with the updated draft of the Oral Health Strategic Plan and elicited additional programs and populations of focus,

- Saw a need for broader oral health education of parents and health providers, and increased school involvement,
- Endorsed the County Oral Health Program as the home of a county-wide effort to improve oral health.

SAN LUIS OBISPO COUNTY ORAL HEALTH IMPROVEMENT PLAN



SAN LUIS OBISPO COUNTY ORAL HEALTH IMPROVEMENT PLAN

Oral Health Objectives for 2018-2022

1. Increase the number of children receiving topical fluoride varnish through community programs in schools, early childhood centers, WIC and low-income housing projects by 10% by the end of 2019, and 5% more annually over the next three years.
2. Increase the number of children receiving fluoride varnish from a non-dental health provider by 10% by the end of 2019, and 5% more annually over the next three years.
3. Establish school-based or school-linked dental sealant programs in at least three schools by September 2019, with an additional one school annually for the following three years.
4. Increase the number of public health programs and health professionals providing anticipatory guidance and education on oral health to children and their parents.
5. Increase the percentage of SLO County residents who live in areas with fluoridated water by 10% by June 2022.
6. Increase the number of dentists who are willing to see pregnant women by 20% by June 2022.
7. Increase the percentage of children on Denti-Cal who visit a dentist at least once annually by 10% by June 2022.
8. Increase the number of general and pediatric dentists in SLO County accepting new Denti-Cal patients by two per year, for the next three years.
9. Maximize availability of services through increasing services by non-dentist auxiliary practitioners through dental assistant and hygienist scholarship and support programs.
10. Reduce the percentage of 3rd grade children, Head Start and California State Preschool children with untreated tooth decay by 10% by June 2022.

11. Increase the percentage of children on Denti-Cal aged 1-2 years who visit a dentist by 10% by June 2022.
12. Support improved capacity to provide comprehensive oral health care for children and adults with special needs (physical, developmental, social/emotional, and mental).
13. Develop and implement an oral health surveillance system (disease prevention, coverage, utilization and outcomes) and report data regularly.
14. Maintain a fully staffed county oral health program and an Oral Health Coalition in San Luis Obispo County.

Visions, Goals, Objectives, and Strategies

VISION 1 – PREVENTION

All families in SLO County will have the resources they need to prevent oral disease.

Goal 1: Implement evidence-based age, culturally and needs-appropriate oral disease prevention services in a variety of community settings including topical fluoride programs and school-based dental sealant programs.

Objective 1: Increase the number of children receiving topical fluorides through community programs in schools, early childhood centers, WIC and low-income housing projects by 10% by the end of 2019, and 5% more annually over the next three years.

1.1: Expand the provision of fluoride varnish treatments at WIC, low-income housing projects, Early Head Start, Head Start and California State Preschools.

1.2: Work with early childhood centers to encourage daily tooth brushing with a fluoride containing toothpaste.

Objective 2: Increase the number of children receiving fluoride varnish from a health professional by 10% by the end of 2019, and 5% more annually over the next three years.

2.1: Conduct continuing medical education programs for pediatricians and their staff on fluoride varnish in collaboration with CenCal, SLO Medical Education Research Foundation and CHDP reaching at least 10 providers by June 2019.

Objective 3: Establish school-based or school-linked dental sealant programs in at least three schools by September 2019, with an additional one school annually for the following three years.

3.1: Plan for school-based or school-linked dental sealant programs in schools with high risk students by meeting with school district representatives from schools with more than 50% free/reduced price lunch enrollment by March 2019.

Goal 2: Provide parents/caregivers and their children with recurring oral health education and anticipatory guidance to prevent tooth decay that is developmentally, age, culturally and needs appropriate.

Objective 4: Increase the number of public health programs and health professionals providing anticipatory guidance and education on oral health to children and their parents.

4.1: Coordinate multi-sector engagement in countywide public awareness and education efforts on evidence-based prevention of tooth decay (including perinatal, pediatric and oral health care professionals; social service and public health providers; and educators).

4.2: Develop consistent messaging among child serving organizations (e.g. WIC, CHDP, OHP, CHC, Tolosa, schools) on oral health promotion and publish materials by June 2019. (State objective 4.B.)

4.3: Train and provide resources for Promotores Collaborative to engage in community outreach and education on oral health promotion by September 2019 with annual trainings. (State strategy 3.4)

4.4: Develop social, print and public media strategies for promoting oral health by December 2019. (State strategy 4.3)

4.5: Engage Cal Poly interns to develop messaging and communications strategies by September 2019.

4.6: Conduct two continuing education classes annually for dental and medical providers on oral health promotion and anticipatory guidance beginning in September 2019. (State strategy 4.4)

4.7: Integrate oral health with other local community health initiatives such as obesity prevention, nutrition, tobacco use prevention (State strategy 2.6). Develop coordinated strategy for messaging and outreach with County obesity, tobacco and diabetes prevention programs by March 2019.

Goal 3: Enhance community water fluoridation as a means of oral disease prevention and ensure compliance with fluoride standards in fluoridated communities (SLO).

Objective 5: Increase the percentage of SLO County residents who live in areas with fluoridated water by 10 percent by June 2022.

- 5.1: Encourage communities and/or water districts in SLO County to implement community water fluoridation. (State strategy 1.3)
- 5.2: Inventory opportunities for expansion of fluoride in non-fluoridated communities and develop strategies with the Oral Health Coalition by March 2019.
- 5.3: Develop strategies for educating policy makers and expanding community water fluoridation by June 2019.
- 5.4: Conduct outreach to City of SLO Utilities Department concerning fluoridation levels by December 2018 and review fluoride levels quarterly.

Goal 4: Target pregnant women to receive appropriate dental care and education to optimize oral and overall health for themselves and their children.

Objective 6: Increase the number of dentists who are willing to see pregnant women by 20% by June 2022.

- 6.1: Promote awareness regarding the link between a women's oral health and her children's health and importance of care through provider education and community outreach. (State Objective 2.D. and Strategy 2.4)
- 6.2: Develop and implement an education campaign for dental providers, ob/gyns, WIC, and CHDP on importance and safety of maternal dental care by June 2019.
- 6.3: Conduct continuing dental education training on oral health care for pregnant women in collaboration with dental society by June 2019 reaching at least 10 providers.
- 6.4: Develop educational material and implement programs for pregnant women and parents of young children on importance of maternal oral health in collaboration with CHDP and WIC by June 2019.

VISION 2 – ACCESS TO DENTAL CARE

All children and vulnerable adults in SLO County will have a dental home that provides both preventive and comprehensive restorative care.

Goal 5: Improve access to affordable dental care in order to increase use of dental services and reduce untreated decay among vulnerable populations.

Objective 7: Increase the percentage of children on Denti-Cal with an annual dental visit by 10% by June 2022.

- 7.1: Provide families and professionals working with children with up-to-date information and guidance regarding dental insurance coverage options. (State strategy 3.5)

- 7.2: Develop and maintain up-to-date information for families and advocates on dental coverage available through Medi-Cal, Covered California and local programs by June 2019.
- 7.3: Maintain and publish lists of dental providers that are accepting new Denti-Cal patients.
- 7.4: Pilot innovative community based screening and referral programs such as virtual dental homes and low-income housing outreach. (State Strategy 2.2 g and 2.9)
- 7.5: Implement and evaluate virtual dental home program in South County in three schools and collaborate with Tolosa Children's Virtual Dental Home by December 2018.
- 7.6: Implement and evaluate dental screening and referral programs in low-income housing sites by December 2018.

Objective 8: Increase the number of general and pediatric dentists in SLO County accepting new Denti-Cal patients by two per year, for the next three years.

- 8.1: Encourage local dentists to increase participation in Denti-Cal through education, support, incentives and advocacy for parity in reimbursement for Denti-Cal services. (Strategy 2.2)
- 8.2: Implement and evaluate incentive payment program for dental providers agreeing to accept new children with Denti-Cal coverage by December 2018.
- 8.3: Develop and evaluate programs to assist dentists in billing and receiving payments from Denti-Cal by December 2018.
- 8.4: Sponsor continuing dental education programs for dentists on Denti-Cal services and billing in collaboration with Denti-Cal and dental society reaching at least 10 providers by December 2019.
- 8.5: Develop presentations for Health Commission and Board of Supervisors on the impact of disparities in reimbursements for Denti-Cal and private coverage to encourage legislative advocacy by December 2019.
- 8.6: Support the development of pediatric and general dentistry residency programs in SLO County.

Objective 9: Maximize availability of services through increasing services by non-dentist auxiliary practitioners through dental assistant and hygienist scholarship and support programs. (State strategy 3.3)

- 9.1: Implement scholarship and support programs to encourage professional advancement for dental assistants and hygienists in collaboration with Community Foundation San Luis Obispo County by December 2018.

Objective 10 (Outcome Measure): Reduce the percentage of 3rd grade children, Head Start and State Preschool children with untreated tooth decay by 10% by June 2022.

Goal 6: Link vulnerable families with a dental home for comprehensive oral health care early in life and throughout the lifespan through the pediatric, public health, social service and education sectors.

Objective 11: Increase the percentage of children on Denti-Cal aged 1-2 years who visit a dentist by 10% by June 2022.

11.1: Encourage medical providers, public health and education programs to include early and periodic dental assessments, and referral to a dental home as part of the comprehensive services provided to all children and vulnerable adults.

(State strategy 2.4)

11.2: Conduct annual health provider trainings to encourage early dental assessments and referral in conjunction with First 5, CHDP, CHC and Central Coast Dental Society beginning in December 2019, in coordination with Objective 2 (fluoride varnish).

Goal 7: Ensure that SLO County's most vulnerable children and adults have access to high quality basic and specialty dental services.

Objective 12: Support improved capacity to provide comprehensive oral health care for children and adults with special needs (physical, developmental, social/emotional, and mental). (State strategy 2.8 and 3.2)

12.1: Meet with agencies supporting persons with special needs on a quarterly basis to assess unmet needs and develop strategies for meeting those needs beginning January 2019.

12.2: Convene stakeholders and develop plan for increasing access to oral health care for vulnerable adolescents by November 2019.

12.3: Continue to meet with Oral Health Coalition to implement this strategic plan, assess treatment gaps, report findings and refine strategies to meet the needs with updated strategies by November 2019.

VISION 3 – INFRASTRUCTURE

SLO County has a coordinated infrastructure to promote oral health as an essential component of overall health.

Goal 8: Sustain Oral Health Coalition and other oral health partnerships, coalitions and initiatives to achieve the goals of this Community Plan.

Objective 13: Develop and implement an oral health surveillance system (disease prevention, coverage, utilization and outcomes) and report data regularly. (State Goal 5)

13.1: Incorporate updated oral health data into SLOHealthCounts data site by March 2019.

- 13.2: Update data prepared for the Oral Health Strategic Plan annually by March of every year and present it to the Oral Health Coalition, Health Commission and Board of Supervisors.
- 13.3: Establish regular oral health screenings in schools and community settings. (State strategy 2.2)
 - 13.3.1: Partner with dental society in conducting 3rd grade screenings with standardized protocols in a probability sample of schools every five years.
 - 13.3.2: Partner with First 5 to conduct screenings with standardized protocols of children in Head Start and State pre-schools every five years.
 - 13.3.3: Review and publish results of Kindergarten oral health requirement annually.
- 13.4: Publish oral health surveillance and utilization data on a regular basis.

Goal 9: Decision-makers are committed to supporting access to dental care and prevention services for children and vulnerable adults as a public policy priority.

Objective 14: Maintain a fully staffed county oral health program and Oral Health Coalition in San Luis Obispo County.

- 14.1: Ensure the continued role of the SLO County Public Health Department as the home for oral health infrastructure and leadership.
- 14.2: Continue staffing the Oral Health Coalition and meet on a bi-monthly basis.
- 14.3: Participate in local, regional and state-level advocacy on behalf of oral health.
 - 14.3.1: Maintain memberships in regional, state and national oral health advocacy organizations.
 - 14.3.2: Attend regional, state and national oral health policy conferences.
 - 14.3.3: Participate in policy advocacy with regional, state and national organizations to improve oral health for all County residents.
 - 14.3.4: Establish regular collaboration schedule with Santa Barbara County oral health program by December 2019, and meet annually with regional oral health programs from Monterey and Ventura Counties.
- 14.4: Include Oral Health in SLO County legislative platform.
 - 14.4.1: In coordination with the Oral Health Coalition and Health Commission make annual recommendations to Board of Supervisors and First 5 Commission for oral health items in legislative and advocacy agendas.

MEASURABLE ORAL HEALTH INDICATORS FOR SLO

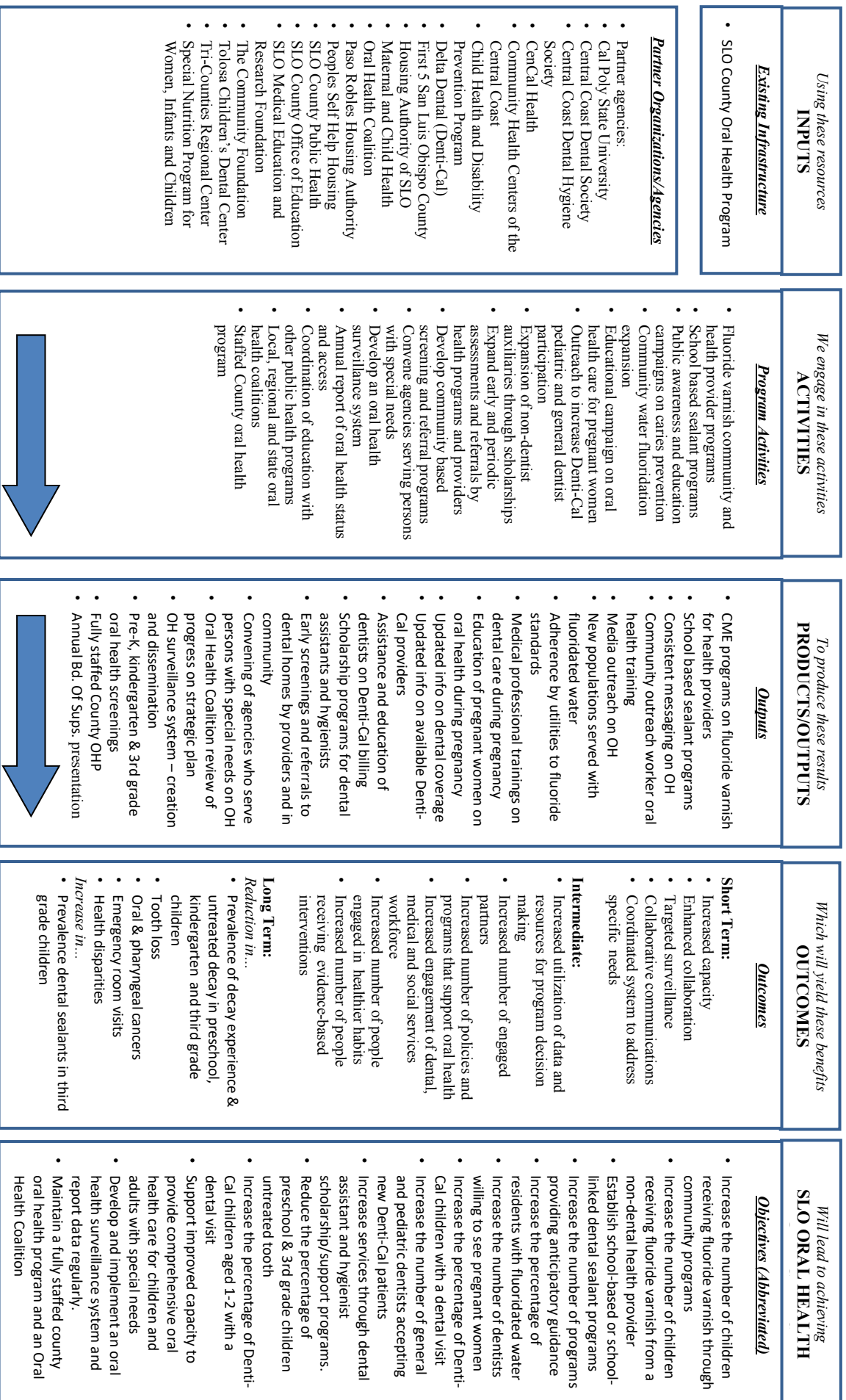
COUNTY HEALTH PROGRAM (2018-2022)

Indicator	Baseline (year)	Target (date)	Data Source
1. Percent of children with decay experience Head Start & California State Preschool Kindergarten & Third Grade	57% (2008-2009) 52% (2010-2011)	51% (2021-2022) 47% (2021-2022)	County Oral Health Survey
2. Percent of children with untreated decay Head Start & California State Preschool Kindergarten & Third Grade	33% (2008-2009) 12% (2010-2011)	30% (2021-2022) 10% (2021-2022)	County Oral Health Survey
3. Percent of third grade children with dental sealants	42% (2010-2011)	46% (2021-2022)	County Oral Health Survey
4. Number of schools with a dental sealant program	0 (2017-2018)	3 (2019-2020) 6 (2021-2022)	School Inventory
5. Percent of Medi-Cal children with a dental visit <div> <div><1 year</div> <div>1-2 years</div> <div>3-5 years</div> <div>6-9 years</div> <div>10-14 years</div> <div>15-18 years</div> </div>	<div> <div>6% (2016)</div> <div>43% (2016)</div> <div>54% (2016)</div> <div>57% (2016)</div> <div>52% (2016)</div> <div>38% (2016)</div> </div>	<div> <div>7% (2022)</div> <div>47% (2022)</div> <div>59% (2022)</div> <div>63% (2022)</div> <div>57% (2022)</div> <div>42% (2022)</div> </div>	Medi-Cal Dental Data Reports
6. Number of children receiving a fluoride varnish through the SLO County Oral Health Program	933 (August 2017-July 2018) Children 0-5 years	1,026 (2022)	County Oral Health Program
7. Number of children receiving 3 or more fluoride varnish applications per year through the SLO County Oral Health Program	101 (August 2017-July 2018) Children 0-5 years	111 (2022)	County Oral Health Program

8. Number of Medi-Cal children receiving a fluoride varnish by a Cencal health professional	3,519 (2017-2018)	3,871 (2022)	CenCal Data Report
9. Number of SLO County private practice pediatric and general dentists with a full-fee license enrolled in Medi-Cal	9 (2017)	15 (2022)	Delta Dental & CA Board of Dentistry
10. Number of SLO County private practice pediatric and general dentists with a full-fee license enrolled in Medi-Cal taking new patients	1 (2017)	7 (2022)	Delta Dental & CA Board of Dentistry
11. Number of dental assistants receiving RDA training through a SLO County sponsored program	0 (2017)	20 (2018-2020)	County Oral Health Program
12. Number of hygienists receiving RDHAP training through a SLO County sponsored program	0 (2017)	6 (2018-2020)	County Oral Health Program
13. Number of SLO County residents with fluoridated water	47,541 (2017)	52,295 (2022)	Census population data

SAN LUIS OBISPO COUNTY ORAL HEALTH PROGRAMS

LOGIC MODEL



APPENDIX 1: SLO COUNTY ORAL HEALTH PLAN—GOALS AND OBJECTIVES WITH AGENCIES AND TIMELINE

Visions, Goals, Strategies and Objectives		Agencies (Lead, others)	Timeline	Indicators
VISION 1 - PREVENTION: ALL FAMILIES IN SLO COUNTY WILL HAVE THE RESOURCES THEY NEED TO PREVENT ORAL DISEASE.				
Goal 1: Implement evidence-based age, culturally and needs-appropriate oral disease prevention services in a variety of community settings.				
Objective 1: Increase the number of children receiving topical fluorides through community programs in schools, early childhood centers, WIC and low-income housing projects by 10% by the end of 2019, and 5% more annually over the next three years.		OHP , CAPSLO, SLOCOE, CHDP, WIC, foster families, school districts, HASLO, PRHA, PSHH	End of 2019	# of children receiving fluoride varnish through community programs
1.1: Expand the provision of fluoride varnish treatments at WIC, low-income housing projects, Early Head Start, Head Start and California State Preschools.		OHP , CAPSLO, SLOCOE, CHC	End of 2019	# of children receiving fluoride varnish
1.2: Work with early childhood centers to encourage daily tooth brushing with a fluoride containing toothpaste.		OHP , CAPSLO, SLOCOE	End of 2019	# of centers with tooth brushing programs
Objective 2: Increase the number of children receiving fluoride varnish from a <u>health professional</u> by 10% by the end of 2019, and 5% more annually over the next three years.		OHP , CenCal, CHC	End of 2019	# of children receiving fluoride varnish from a health professional
2.1: Conduct continuing medical education programs for pediatricians and their staff on fluoride varnish in collaboration with CenCal, SLO Medical Education Research Foundation and CHDP reaching at least 10 providers by June 2019.		OHP , CenCal, SLOMERF, CHDP	June 2019	# of CME attendees

Visions, Goals, Strategies and Objectives		Agencies (Lead, others)	Timeline	Indicators
Objective 3: Establish school-based or school-linked dental sealant programs in at least three schools by September 2019, with an additional one school annually for the following three years.		OHP , School districts, VDH programs	September 2019	# of school sealant programs
3.1: Plan for school-based or school-linked dental sealant programs in schools with high risk students by meeting with school district representatives from schools with more than 50% free/reduced price lunch enrollment by March 2019.		OHP , School districts, VDH programs	March 2019	Plan for school sealant program
Goal 2: Provide parents/caregivers and their children with recurring oral health education and anticipatory guidance to prevent tooth decay that is developmentally, age, culturally and needs appropriate.				
Objective 4: Increase the number of public health programs and health professionals providing anticipatory guidance and education on oral health to children and their parents.		OHP , WIC, CHDP, PHD, CHC	June 2019	Increase over baseline established by OHP
4.1: Coordinate multi-sector engagement in countywide <u>public awareness and education</u> efforts on evidence-based prevention of tooth decay (including perinatal, pediatric and oral health care professionals; social service and public health providers; and educators).		OHP	June 2019	
4.2: Develop consistent messaging among child serving organizations (e.g. WIC, CHDP, OHP, CHC, Tolosa, schools) on oral health promotion and publish materials by June 2019. (State objective 4.B.)		OHP , WIC, CHDP, CHC, Tolosa, school nurses	June 2019	Oral health promotion materials
4.3: Train and provide resources for Promotores Collaborative to engage in community outreach and education on oral health promotion by September 2019 with annual trainings. (State strategy 3.4)		OHP , Promotores Collaborative	September 2019	Training curriculum and sign-in sheet
4.4: Develop social, print and public media strategies for promoting oral health by December 2019. (State strategy 4.3)		OHP , OHC,	December 2019	Media strategy plan
4.5: Engage Cal Poly interns to develop messaging and		OHP , Cal Poly,	September	Cal Poly interns

Visions, Goals, Strategies and Objectives	Agencies (Lead, others)	Timeline	Indicators
communications strategies by September 2019.		2019	onboard
4.6: Conduct two continuing education classes annually for dental and medical providers on oral health promotion and anticipatory guidance beginning in September 2019. (State strategy 4.4)	OHP , Cencal, CC Dental Society, CC Hygiene Society,	September 2019	CME/CDE curriculum and sign-in sheets
4.7: Integrate oral health with other local community health initiatives such as obesity prevention, nutrition, tobacco use prevention (State strategy 2.6). Develop coordinated strategy for messaging and outreach with County obesity, tobacco and diabetes prevention programs by March 2019.	OHP , PHD	March 2019	# of products with combined messaging
Goal 3: Enhance community water fluoridation as a means of oral disease prevention and ensure compliance with fluoride standards in fluoridated communities (SLO).			
Objective 5: Increase the percentage of SLO County residents who live in areas with fluoridated water by 10% by June 2022.	OHP , local water districts, municipalities	June 2022	# of residents with fluoridated water
5.1: Encourage communities and/or water districts in SLO County to implement <u>community water fluoridation</u> . (State strategy 1.3)	OHP , water districts, municipalities	June 2022	# of communities and/or water districts contacted
5.2: Inventory opportunities for expansion of fluoride in non-fluoridated communities and develop strategies with the Oral Health Coalition by March 2019.	OHP	March 2019	Inventory of fluoride opportunities
5.3: Develop strategies for educating policy makers and expanding community water fluoridation by June 2019.	OHP , city councils, water districts	June 2019	Fluoride strategic plan
5.4: Conduct outreach to City of SLO Utilities Department concerning fluoridation levels by December 2018 and review fluoride levels quarterly.	OHP	December 2018	Meeting notes
Goal 4: Target pregnant women to receive appropriate dental care and education to optimize oral and overall health for			

Visions, Goals, Strategies and Objectives	Agencies (Lead, others)	Timeline	Indicators
themselves and their children.			
Objective 6: Increase the number of dentists who are willing to see pregnant women by 20% by June 2022.	OHP , PHD, CC Dental Society	June 2022	Increase over OHP established baseline for 2018
6.1: Promote awareness regarding the <u>link between a women's oral health and her children's health</u> and importance of care through provider education and community outreach. (State Objective 2.D. and Strategy 2.4)	OHP	June 2022	Education campaign material
6.2: Develop and implement an education campaign for dental providers, ob/gyns, WIC, and CHDP on importance and safety of maternal dental care by June 2019.	OHP , WIC, MCH, CenCal, Women and Infant Mobile Health	June 2019	Education campaign material
6.3: Conduct continuing dental education training on oral health care for pregnant women in collaboration with dental society by June 2019 reaching at least 10 providers.	OHP , CC Dental, PHD	June 2019	CDE curriculum and sign-in sheet
6.4: Develop educational material and implement programs for pregnant women and parents of young children on importance of maternal oral health in collaboration with PHD and WIC by June 2019.	OHP , WIC, PHD, CenCal, First 5, MCH	June 2019	Education material and campaign plan
VISION 2 - ACCESS TO DENTAL CARE: ALL CHILDREN AND VULNERABLE ADULTS IN SLO COUNTY WILL HAVE A DENTAL HOME THAT PROVIDES BOTH PREVENTIVE AND COMPREHENSIVE RESTORATIVE CARE.			
Goal 5: Improve access to <u>affordable</u> dental care in order to increase use of dental services and reduce untreated decay among vulnerable populations. Vulnerable populations include limited/non-English speaking families, persons with special needs, pregnant women, adolescents, low income children/adults/seniors, persons in residential care facilities, persons in recovery and persons with diabetes.			
Objective 7: Increase the percentage of children on Denti-Cal with an annual dental visit by 10% by June 2022.	OHP , CC Dental Society, Tolosa, CHC	June 2022	% of children on Denti-Cal with a dental visit

Visions, Goals, Strategies and Objectives	Agencies (Lead, others)	Timeline	Indicators
7.1: Provide families and professionals working with children with up-to-date information and guidance regarding <u>dental insurance coverage</u> options. (State strategy 3.5)			
7.2: Develop and maintain up-to-date information for families and advocates on dental coverage available through Medi-Cal, Covered California and local programs by June 2019.	OHP , Delta Dental	June 2019	Information sheets
7.3: Maintain and publish lists of dental providers that are accepting new Denti-Cal patients.	OHP , CHDP, Delta Dental	January 2019	Denti-Cal provider lists
7.4: Pilot innovative <u>community based screening and referral programs</u> such as virtual dental homes and low-income housing outreach. (State Strategy 2.2 g and 2.9)	OHP		
7.5: Implement and evaluate virtual dental home program in three schools and collaborate with Tolosa Children's Virtual Dental Home by December 2018.	OHP , Tolosa	December 2018	Operational VDH programs
7.6: Implement and evaluate dental screening and referral programs in low-income housing sites by December 2018.	OHP , PSHH, HASLO, PRHA	December 2018	# screening days, # screened
Objective 8: Increase the number of general and pediatric dentists in SLO County accepting new Denti-Cal patients by two per year, for the next three years.	OHP, Delta Dental	December 2022	# of Denti-Cal providers
8.1: Encourage local dentists to <u>increase participation</u> in Denti-Cal through education, support, incentives and advocacy for parity in reimbursement for Denti-Cal services. (Strategy 2.2)			
8.2: Implement and evaluate incentive payment program for dental providers agreeing to accept new children with Denti-Cal coverage by December 2018.	OHP , CC Dental	December 2018	Incentive payment program
8.3: Develop and evaluate programs to assist dentists in billing and receiving payments from Denti-Cal by December 2018.	OHP , Delta Dental	December 2018	Billing assistance program
8.4: Sponsor continuing dental education programs for dentists	OHP , Delta	December	CDE curriculum and

Visions, Goals, Strategies and Objectives		Agencies (Lead, others)	Timeline	Indicators
on Denti-Cal services and billing in collaboration with Denti-Cal and dental society reaching at least 10 providers by December 2019.		Dental, CC Dental	2019	sign-in sheet
8.5: Develop presentations for Health Commission and Board of Supervisors on the impact of disparities in reimbursements for Denti-Cal and private coverage to encourage legislative advocacy by December 2019.		OHP , OHC, Health Commission	December 2019	Presentations
8.6: Support the development of pediatric and general dentistry residency programs in SLO County.		OHP, CHC , Tolosa	January 2022	
Objective 9: Maximize availability of services through increasing services by <u>non-dentist auxiliary practitioners</u> through dental assistant and hygienist scholarship and support programs. (State strategy 3.3)				
9.1: Implement scholarship and support programs to encourage professional advancement for dental assistants and hygienists in collaboration with Community Foundation San Luis Obispo County by December 2018.		OHP , CC Hygiene Society, Community Foundation, Workforce Dev. Board	December 2018	Scholarship and support programs
Objective 10 (Outcome Measure): Reduce the percentage of 3 rd grade children, Head Start and State Preschool children with untreated tooth decay by 10% by June 2022.		OHP	June 2022	Results of oral health survey
Goal 6: Link vulnerable families with a dental home for comprehensive oral health care early in life and throughout the lifespan through the pediatric, public health, social service and education sectors.				
Objective 11: Increase the percentage of children on Denti-Cal aged 1-2 years who visit a dentist by June 2022.		OHP , OHC partners	June 2022	% of 1-2 year olds on Denti-Cal with a visit
11.1: Encourage medical providers, public health and education		OHP	December	

Visions, Goals, Strategies and Objectives	Agencies (Lead, others)	Timeline	Indicators
programs to include <u>early</u> and <u>periodic</u> dental assessments, and referral to a dental home as part of the comprehensive services provided to all children and vulnerable adults. (State strategy 2.4)		2019	
11.2: Conduct annual health provider trainings to encourage early dental assessments and referral in conjunction with First 5, CHDP, CHC and Central Coast Dental Society beginning in December 2019, in coordination with Objective 2 (fluoride varnish).	OHP , CenCal, CHDP, First 5, CHC, CC Dental Society	December 2019	CME curriculum and sign-in sheets
Goal 7: Ensure that SLO County's most vulnerable children and adults have access to high quality basic and specialty dental services.			
Objective 12: Support improved capacity to provide comprehensive oral health care for <u>children</u> and <u>adults</u> with <u>special needs</u> (physical, developmental, social/emotional, and mental). (State strategy 2.8 and 3.2)			
12.1: Meet with agencies supporting persons with special needs on a quarterly basis to assess unmet needs and develop strategies for meeting those needs beginning January 2019.	OHP , Tri-Counties, CC Dental, Dr. Forester and ped. specialists	January 2019	Meeting agendas
12.2: Convene stakeholders and develop plan for increasing access to oral health care for vulnerable adolescents by November 2019.	OHP , CHDP, school nurses, CHC, Foster Care	November 2019	Access plan
12.3: Continue to meet with Oral Health Coalition to implement this strategic plan, assess treatment gaps, report findings and refine strategies to meet the needs with updated strategies by November 2019.	OHP , OHC partners	November 2019	Updated strategic plan
VISION 3 – INFRASTRUCTURE: SLO COUNTY HAS A COORDINATED INFRASTRUCTURE TO PROMOTE ORAL HEALTH AS AN			

Visions, Goals, Strategies and Objectives		Agencies (Lead, others)	Timeline	Indicators
ESSENTIAL COMPONENT OF OVERALL HEALTH.				
Goal 8: Sustain Oral Health Coalition and other oral health partnerships, coalitions and initiatives to achieve the goals of this Community Plan.				
Objective 13: Develop and implement an oral health surveillance system (disease prevention, coverage, utilization and outcomes) and report data regularly. (State Goal 5)	OHP	December 2019	Surveillance plan	
13.1: Incorporate updated oral health data into SLOHealthCounts data site by December 2018.	PHD, OHP	December 2018	Updated data	
13.2: Update data prepared for the Oral Health Strategic Plan annually by March of every year and present it to the Oral Health Coalition, Health Commission and Board of Supervisors.	OHP	March 2019	Updated data	
13.3: Establish regular oral health screenings in schools and community settings. (State strategy 2.2)				
13.3.1: Partner with dental society in conducting 3 rd grade screenings with standardized protocols in a probability sample of schools every five years.	OHP, CC Dental Society	February 2019	# of schools and children screened	
13.3.2: Partner with First 5 to conduct screenings with standardized protocols of children in Head Start and State pre-schools every five years.	OHP, First 5, Head Start, State Pre-school	February 2020	# of schools and children screened	
13.3.3: Review and publish results of Kindergarten oral health requirement annually.	OHP, SLOCOE	February 2020	Publication of results	
13.4: Publish oral health surveillance and utilization data on a regular basis.	OHP	February 2019	Data report	
Goal 9: Decision-makers are committed to supporting access to dental care and prevention services for children and vulnerable adults as a public policy priority.				
Objective 14: Maintain a fully staffed county oral health program and Oral Health Coalition in San Luis Obispo County.				
14.1: Ensure the continued role of the SLO County Public Health	OHP, PHD	March 2019	Coordinated	

Visions, Goals, Strategies and Objectives	Agencies (Lead, others)	Timeline	Indicators
Department as the home for oral health infrastructure and leadership.			messaging and outreach strategy
14.2: Continue staffing the Oral Health Coalition and meet on a bi-monthly basis.	OHP		Meeting minutes
14.3: Participate in local, regional and state-level advocacy on behalf of oral health.	OHP	June 2022	Meetings attended
14.3.1: Maintain memberships in regional, state and national oral health advocacy organizations.	OHP, OHC	June 2022	Membership
14.3.2: Attend regional, state and national oral health policy conferences.	OHP, OHC	June 2022	Meeting agendas
14.3.3: Participate in policy advocacy with regional, state and national organizations to improve oral health for all County residents.	OHP	December 2019	Meeting agendas
14.3.4: Establish regular collaboration schedule with Santa Barbara County oral health program by December 2019, and meet annually with regional oral health programs from Monterey and Ventura Counties.	OHP	December 2019	Meeting agendas
14.4: Include Oral Health in SLO County legislative agenda.			
14.4.1: In coordination with the Oral Health Coalition and Health Commission make annual recommendations to Board of Supervisors and First 5 Commission for oral health items in legislative and advocacy agendas.	OHP, PHD		

Abbreviations used in Appendix 1:

Cal Poly – Cal Poly State University
 CC Dental – Central Coast Dental Society
 CC Hygiene Society – Central Coast Dental Hygiene Society
 CenCal – CenCal Health
 CHC – Community Health Centers of the Central Coast

CHDP - Child Health and Disability Prevention Program (Public Health)
First 5 - First 5 San Luis Obispo County
HASLO - Housing Authority of San Luis Obispo
MCH - Maternal and Child Health (Public Health)
OHC - Oral Health Coalition
OHP - County Public Health Oral Health Program
PHD - San Luis Obispo County Public Health Department

PRHA - Paso Robles Housing Authority
PSHH - Peoples Self Help Housing
SLOCOE -- San Luis Obispo County Office of Education
SLOWERF - San Luis Obispo Medical Education and Research Foundation
TCFSLOC - The Community Foundation San Luis Obispo County
Tolosa - Tolosa Children's Dental Center
Tri-Counties - Tri-Counties Regional Center
WIC - Special Nutrition Program for Women, Infants and Children

APPENDIX 2: SLO ORAL HEALTH—KEY INFORMANT INTERVIEWS

Interviewee	Role/organization	Access issues	Education/prevention	Providers/Denti-Cal
Public Health				
1. WIC	OH classes 1/x yr. OH educ as part of curriculum – no special First 5 funding FV with County OHPM Referrals to Tolosa, CHC, Tran, SM	Need more DCal dentists for kids and adults Also scheduling flexibility, case mgmt. Re- scheduling practices?	Need consistent messaging on WIC brochures, CHDP, Head Start, Promotores; flip charts; handouts	Billing for DCal good idea
2. CHDP	CHDP director GKAS, OH Coalition Grant program with CFS FV training for providers Foster care access assistance List of DCal providers	Gap in id'ing needs from exams (no PM160 anymore) Care coordination is by CenCal – no dental Adolescents	FV by peds – CHC 1/x yr. None at Central Coast peds Outreach events, media campaigns, brochures	Long wait times Limited specialists – endo, perio, pedo Limited gen dentists
3. School nurses	Feb screenings; GKAS	No timely access – rely on Dr. Tran 12 – 22 year olds – no sedation available except Tri-Cos. Clients Younger avail at Tolosa – transport issues No CHC follow-up from Brush, Brush, Brush VDH will need f/u	Rethink Your Drink Cal Poly student BBB – 2-3 grade No OH in classroom curriculum	

Interviewee	Role/organization	Access issues	Education/prevention	Providers/Denti-Cal
		Orthodontia and oral surgery Adolescents – more dental disease		
4. Fluoride advocate	Retired physician Fluoride advocate	HIEs do not include dental	Can do CME for FV through SLOWERF Not much happening on community fluoridation	
5. Foster Care PHN	350 foster children in County Health passport – exam required w/in 30 days of placement All on Medi-Cal Arranges referrals	Highrates of decay Need Court auth for some treatment Adolescent access General anesthesia access Endo, oral surgery – send to Bako Hard to schedule at CHC Barriers: change of placements, paperwork, Ct orders, providers		
6. Delta Dental/ Denti-Cal Clinical Providers	Denti-Cal			40% rate increase Pre-auth need provider educ Lab fees not reimbursed Providers can “upsell” to non-covered services CE on DCal billing E-bill – 10 day turnaround

Interviewee	Role/organization	Access issues	Education/prevention	Providers/Denti-Cal
7. Tolosa Children's Dental Center	Medi-Cal dental clinic for kids	OR privileges (need proctor for Tenet) Tolosa does not access CHDP \$\$ Need SLO site for expansion	Need to work with Promotores – has interested Mixtec mother Considering VDH with patient navigator	Intermediary billing training avail. Considering ped dental residency No pediatric anesthesiologist at CHC
8. Community Health Centers	Dental director – CHC Opening 14 operator unit in Templeton in 2019 Going too fast? Recruiting 5 gen dentists Working with consultant on waiting time – hope for 2-3 wks in 2-3 years May limit pts to CHC pts – “closed system” PCMH ref by provider + emergencies	Adolescents 14+ Dev. Disabled – Tri-Counties pop. Recovering addicts Hospital access? CHC shut down surgery center – hard to recruit anesthesiologist – Referring to SM Plaza Surgery Center		Gen practice residency program with USC, Western, AT Stills Still recruiting ped dentist Hard recruiting RDAs (Cuesta program?)
9. SLO Noor Foundation	Noor clinic director; retired private dentist Free care to uninsured adults (4x/week)	Un/underinsured adults Elderly, pregnant women Can MISP nurse help with dental access for uninsured?	Support educ interventions – clinical and PR Fluoride – topical and water	Dcal provider billing Referrals to dentists to take a few pts in their office Dcal does allow for quality
10. Private Denti-Cal provider	General dentist 95% D-Cal Triple/quadruple books	Sedation – in office and hospital Ped dentist		Rate increase and DTI payments very helpful. Need help for dentists

Interviewee	Role/organization	Access issues	Education/prevention	Providers/Denti-Cal
	No DCal prior auth services Quadrant dentistry Recall – 6 month	Root canals, dentures – send to Western Dental Case management needed Disabled adults Judge's order for foster care No local DCal oral surgeon – Welsh and Merrill in Lompoc		to become DCal provider and bill Used to be better under HF
11. Pediatric dentist	Private pediatric dentist and at Tolosa Dental Society – community liaison committee 5-6 CE classes/yr.	Hospital access – Sierra and French – 1 day/week Disabled/special needs adults Adolescents – Tolosa should keep Tolosa wants to expand to SLO		Third party billing good – make it easy Case mgmt. Share the load Pediatric residency program – possible on regional basis (Monterey – Dr. Stewart; CHC?)
12. Central Coast Dental Society	No. SB and SLO dental society Provide CE courses Referrals to dentists Meets with CHDP, RDH and school nurses	Preg women – educ and prevention Opioid screening (Dr. Noah Hawthorne and Emily Rank, DDS) Homeless – dental at Prado HSC? Hospital dentistry – OR time UVS has some orthodontia funds		No Endo at CHC
Other entities				

Interviewee	Role/organization	Access issues	Education/prevention	Providers/Denti-Cal
13. First 5	Programs for 0-5 No longer funding OH ed at WIC	Children with special needs Kids <1 Adolescents	SSB education Fluoridation – alternate sources Healthy Choice initiative	Need dental residency program RDA/RDH training Private sector RDA school
14. Promotores Collaborative	Promotores coordinator Community educators/navigators At Food Bank sites	Rural areas – Shandon Children with disabilities Adolescents – parental abdication Immigration issues/fears Uninsured adults CHC waiting times Many travel to Mexico for care	Promotores need ed sessions Commun needs educ about benefits and prevention Social media; radio; visuals – flip charts School sealant programs	
15. Center for Family Strengthening	Center for Family Strengthening Administers CHDP fund Promotores program LINK - 800 families (ALPHA – 500 families) no OH Family advocates	Sedation – need funds Transportation – specialists in SM Pregnant women	Dental is not a priority for families Need Promotores training Funding for preventive education	
16. CAPSLO Head Start	Asst dir – HS and Early HS	Need dental exam at enrollment – 5% need intensive followup – difficult to find providers CHC doesn't necessarily follow up after screening,	CHC van screens 2x/yr. 375 kids; also home- based sites; but parents are not involved OH is part of HS	Pediatric specialists difficult to access Few DCal providers – supports outreach and billing assistance

Interviewee	Role/organization	Access issues	Education/prevention	Providers/Denti-Cal
17. Tri-Counties Reg. Ctr.	Developmentally disabled persons Tri-Counties has funds Hiring RDH as dental coordinator	Procedures requiring anesthesia Oral surgeons charging "admin fee" for Medi-Cal 1 SM dentist. Hospital privilege issue Transportation to care Residential homes – disabled need more frequent services	program Community events/health fairs	Ped dentists: Stout, Vik, Forester, Tran Denti-Cal intermediary billing good
18. Transitions-Mental Health Association	223 resid units in SLO Nutrition counseling, SSB, smoking, life skills	Free dental for homeless clients – Drs. Lara and Nelson Jan 17 – May 18 26 clients, 48 visits, \$9,670 for outside fees Solicited clients internally 2x. Now on case by case basis. Many clients use Western Dental SLOHIP include dental?		
19. Oral Health Coalition members	Retired hygienist Chair, OH coalition Likes regional approach with neighboring	Seniors – meds cause dry mouth, other OH issues Disabled adults Nursing home pts – little	Promotores Outreach – classes, kid outreach, link with PE Public outreach – PSAs,	

Interviewee	Role/organization	Access issues	Education/prevention	Providers/Denti-Cal
	counties	prevention Adolescents – SSB Preg women – provider ed needed	newspapers, radio, Spanish radio	
20. Oral Health Coalition member	OHC member Retired RDH	Adolescents – need school messaging, e.g. League Women Voters Assisted living – dental directors not supportive of prevention Disabled adults in ind living	Seems to have fallen off Need public outreach re: baby teeth, diet, nutrition, 1 yr. visit, checkups Align with SSB/hydration stations	
21. CenCal Health	Medi-Cal health plan New Quality Team – unsure if includes dental CHC/CHDP FV training in Santa Barbara – can do in SLO	Very little FV use Anesthesia paid only if medically necessary and authorized		

APPENDIX 3: DEMOGRAPHICS OF CITIES AND CENSUS DESIGNATED PLACES (CDP) IN SAN LUIS OBISPO COUNTY COMPARED TO SLO COUNTY AND CALIFORNIA

Fact	Arroyo Grande	Atascadero	Cambridge CDP	Grover Beach	Los Osos CDP	Morro Bay	Nipomo CDP	Ocean CDP	Paso Robles	Pismo Beach	SL County	Templeton CDP	SLO County	California
Population estimates (2017)	18,123	30,418	NA	13,628	NA	10,635	NA	NA	31,918	8,237	47,541	NA	283,405	39,536,653
Persons under 5	6%	6%	3%	7%	5%	3%	5%	5%	7%	4%	4%	5%	5%	6%
Persons under 18	21%	22%	13%	21%	17%	15%	22%	24%	26%	12%	13%	25%	18%	23%
Persons 65+years	22%	16%	41%	14%	21%	27%	15%	17%	14%	29%	12%	19%	19%	14%
Hispanic or Latino	16%	17%	21%	28%	12%	14%	39%	63%	39%	7%	17%	14%	23%	39%
Non-Hispanic white	74%	77%	75%	58%	79%	80%	55%	33%	56%	87%	73%	81%	69%	37%
Foreign born	11%	6%	13%	13%	8%	11%	13%	23%	18%	6%	9%	9%	10%	27%
Owner-occupied housing rate	69%	61%	73%	43%	65%	54%	72%	53%	58%	58%	37%	74%	59%	54%
Median value of owner-occupied housing	\$472,400	\$397,400	\$613,500	\$430,200	\$435,400	\$495,900	\$403,000	\$316,700	\$388,800	\$633,300	\$567,600	\$434,300	\$471,800	\$409,300
Median gross rent	\$1,126	\$1,216	\$1,325	\$1,200	\$1,366	\$1,337	\$1,366	\$1,077	\$1,131	\$1,431	\$1,323	\$985	\$1,257	\$1,297

Language other than English	15%	12%	19%	23%	10%	15%	29%	50%	30%	10%	17%	11%	19%	44%
High school graduate or higher	93%	93%	92%	87%	93%	92%	85%	66%	85%	96%	93%	94%	90%	82%
Bachelor's degree or higher	37%	32%	44%	27%	41%	38%	25%	14%	24%	42%	49%	34%	34%	32%
Persons <65 without health insurance	8%	10%	15%	16%	12%	17%	13%	29%	18%	10%	9%	13%	7%	8%
Median household income	\$64,261	\$69,587	\$59,657	\$58,895	\$69,056	\$53,348	\$70,226	\$52,259	\$61,682	\$75,978	\$47,777	\$65,865	\$64,014	\$63,783
Per capita income in past year	\$35,275	\$33,655	\$36,521	\$30,493	\$37,041	\$33,352	\$31,166	\$22,121	\$29,456	\$47,330	\$27,823	\$32,432	\$32,335	\$31,458
Number of Medi-Cal beneficiaries (December 2017)	4,950	6,170	1,208	3,390	2,588	2,416	5,244	2,560	11,321	777	7,886	1,541	53,690	NA

NA: Not Available

CDP: Census designated places

Sources: U.S. Census Quick Facts, <https://www.census.gov/quickfacts/>

Cen-Cal Health Member Demographics 2017,

<https://www.cenecalhealth.org/~media/files/pdfs/members/msmemberdemographicreportall-plans20171201.pdf>

California Department of Health Care Services Medi-Cal Monthly Enrollment Fast Facts,

http://www.dhcs.ca.gov/dataandstats/statistics/Documents/Fast_Facts_Dec2017_ADA.pdf

APPENDIX 4: NUMBER AND PERCENT OF CHILDREN ELIGIBLE FOR FREE AND FREE/REDUCED PRICE MEALS BY SCHOOL (2017-2018)

District Name	School Name	Charter School	Low Grade	High Grade	Total Enrollment	Free Meal Count	Percent Eligible Free Meals	Free & Reduced Meal Count	Percent Eligible Free & Reduced Meals
Atascadero Unified	Atascadero High	No	9	12	1328	388	29.2%	445	33.5%
Atascadero Unified	Atascadero Middle	No	6	8	914	341	37.3%	403	44.1%
Atascadero Unified	Carrisa Plains Elementary	No	K	5	27	18	66.7%	22	81.5%
Atascadero Unified	Creston Elementary	No	K	5	86	36	41.9%	41	47.7%
Atascadero Unified	Fine Arts Academy	No	4	8	259	65	25.1%	80	30.9%
Atascadero Unified	Monterey Road Elementary	No	K	5	358	104	29.1%	125	34.9%
Atascadero Unified	San Benito Elementary	No	K	5	477	174	36.5%	201	42.1%
Atascadero Unified	San Gabriel Elementary	No	P	5	442	133	30.1%	157	35.5%
Atascadero Unified	Santa Margarita Elementary	No	K	5	267	57	21.3%	74	27.7%
Atascadero Unified	Santa Rosa Road Academic Academy	No	P	5	347	179	51.6%	205	59.1%
Cayucos Elementary	Cayucos Elementary	No	K	8	191	84	44.0%	86	45.0%
Coast Unified	Cambria Grammar	No	K	5	259	187	72.2%	211	81.5%
Coast Unified	Coast Union High	No	9	12	191	105	55.0%	120	62.8%
Coast Unified	Santa Lucia Middle	No	6	8	141	84	59.6%	96	68.1%

District Name	School Name	Charter School	Low Grade	High Grade	Total Enrollment	Free Meal Count	Percent Eligible Free Meals	Free & Reduced Meal Count	Percent Eligible Free & Reduced Meals
Lucia Mar Unified	Arroyo Grande High	No	8	12	2071	668	32.3%	755	36.5%
Lucia Mar Unified	Branch Elementary	No	K	6	321	67	20.9%	75	23.4%
Lucia Mar Unified	Central Coast New Tech High	No	9	12	313	88	28.1%	103	32.9%
Lucia Mar Unified	Dana Elementary	No	K	6	599	348	58.1%	399	66.6%
Lucia Mar Unified	Fairgrove Elementary	No	K	6	498	282	56.6%	322	64.7%
Lucia Mar Unified	Grover Beach Elementary	No	P	6	494	313	63.4%	359	72.7%
Lucia Mar Unified	Grover Heights Elementary	No	K	6	426	179	42.0%	200	46.9%
Lucia Mar Unified	Harloe Elementary	No	K	6	653	259	39.7%	294	45.0%
Lucia Mar Unified	Judkins Middle	No	7	8	489	234	47.9%	278	56.9%
Lucia Mar Unified	Lange (Dorothea) Elementary	No	K	6	563	275	48.8%	314	55.8%
Lucia Mar Unified	Mesa Middle	No	6	9	554	311	56.1%	358	64.6%
Lucia Mar Unified	Nipomo Elementary	No	K	6	420	270	64.3%	299	71.2%
Lucia Mar Unified	Nipomo High	No	8	12	920	528	57.4%	609	66.2%
Lucia Mar Unified	Ocean View Elementary	No	K	6	634	98	15.5%	118	18.6%
Lucia Mar Unified	Oceano Elementary	No	K	8	438	324	74.0%	359	82.0%
Lucia Mar Unified	Pauding Middle	No	7	8	608	199	32.7%	227	37.3%
Lucia Mar Unified	Shell Beach Elementary	No	K	6	430	104	24.2%	114	26.5%
Paso Robles Joint Unified	Arts Academy at Bauer Speck	No	P	5	480	345	71.9%	389	81.0%
Paso Robles Joint Unified	Daniel Lewis Middle	No	6	8	799	315	39.4%	334	41.8%

District Name	School Name	Charter School	Low Grade	High Grade	Total Enrollment	Free Meal Count	Percent Eligible Free Meals	Free & Reduced Meal Count	Percent Eligible Free & Reduced Meals
Paso Robles Joint Unified	George H. Flamson Middle	No	6	8	714	381	53.4%	404	56.6%
Paso Robles Joint Unified	Georgia Brown Dual Immersion Magnet	No	K	5	609	335	55.0%	377	61.9%
Paso Robles Joint Unified	Kermit King Elementary	No	K	5	463	118	25.5%	133	28.7%
Paso Robles Joint Unified	Paso Robles High	No	9	12	2143	828	38.6%	898	41.9%
Paso Robles Joint Unified	Pat Butler Elementary	No	K	5	465	181	38.9%	201	43.2%
Paso Robles Joint Unified	Virginia Peterson Elementary	No	K	5	440	259	58.9%	303	68.9%
Paso Robles Joint Unified	Winifred Pifer Elementary	No	P	5	488	271	55.5%	292	59.8%
Pleasant Valley Joint Union Elementary	Pleasant Valley Elementary	No	K	8	83	41	49.4%	42	50.6%
San Luis Coastal Unified	Baywood Elementary	No	K	5	305	133	43.6%	158	51.8%
San Luis Coastal Unified	Bellevue-Santa Fe Charter	Yes	K	6	160	17	10.6%	17	10.6%
San Luis Coastal Unified	Bishop's Peak Elementary	No	K	6	468	114	24.4%	119	25.4%
San Luis Coastal Unified	Del Mar Elementary	No	K	5	375	184	49.1%	219	58.4%
San Luis Coastal	Hawthorne Elementary	No	K	6	372	221	59.4%	244	65.6%

District Name	School Name	Charter School	Low Grade	High Grade	Total Enrollment	Free Meal Count	Percent Eligible Free Meals	Free & Reduced Meal Count	Percent Eligible Free & Reduced Meals
Unified									
San Luis Coastal Unified	Laguna Middle	No	7	8	817	239	29.3%	270	33.0%
San Luis Coastal Unified	Los Osos Middle	No	6	8	599	238	39.7%	291	48.6%
San Luis Coastal Unified	Los Ranchos Elementary	No	K	6	457	75	16.4%	86	18.8%
San Luis Coastal Unified	Monarch Grove Elementary	No	K	5	347	133	38.3%	142	40.9%
San Luis Coastal Unified	Morro Bay High	No	9	12	821	268	32.6%	318	38.7%
San Luis Coastal Unified	Pacheco Elementary	No	K	6	551	221	40.1%	252	45.7%
San Luis Coastal Unified	San Luis Obispo High	No	9	12	1526	405	26.5%	441	28.9%
San Luis Coastal Unified	Sinsheimer Elementary	No	K	6	376	97	25.8%	112	29.8%
San Luis Coastal Unified	Smith (C. L.) Elementary	No	K	6	367	196	53.4%	212	57.8%
San Luis Coastal Unified	Teach Elementary	No	4	6	158	21	13.3%	24	15.2%
San Luis Obispo County Office of Education	Grizzly Challenge Charter	Yes	10	12	240	184	76.7%	199	82.9%
San Miguel Joint	Almond Acres Charter	Yes	K	8	304	73	24.0%	85	28.0%

District Name	School Name	Charter School	Low Grade	High Grade	Total Enrollment	Free Meal Count	Percent Eligible Free Meals	Free & Reduced Meal Count	Percent Eligible Free & Reduced Meals
Union	Academy								
San Miguel Joint Union	Cappy Culver Elementary	No	P	8	225	91	40.4%	94	41.8%
San Miguel Joint Union	Lillian Larsen Elementary	No	K	8	372	246	66.1%	250	67.2%
Shandon Joint Unified	Parkfield Elementary	No	K	6	9	3	33.3%	5	55.6%
Shandon Joint Unified	Shandon Elementary	No	K	8	225	157	69.8%	178	79.1%
Shandon Joint Unified	Shandon High	No	9	12	87	58	66.7%	68	78.2%
Templeton Unified	Templeton Elementary	No	P	2	493	85	17.2%	99	20.1%
Templeton Unified	Templeton High	No	9	12	741	89	12.0%	102	13.8%
Templeton Unified	Templeton Middle	No	6	8	519	96	18.5%	112	21.6%
Templeton Unified	Vineyard Elementary	No	3	5	514	105	20.4%	125	24.3%

NOTE: Continuation, special education, juvenile court, and alternative schools of choice have been excluded

Source: California Department of Education. Student Poverty FRPM Data. <https://www.cde.ca.gov/ds/sd/sd/filessp.asp>

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If you would like to learn more or share comments on this plan, please contact the Public Health Department's Oral Health Program at 805-781-5564 or www.slocounty.ca.gov/dental.



COUNTY OF SAN LUIS OBISPO
HEALTH AGENCY
PUBLIC HEALTH DEPARTMENT