



**Del Norte County  
Dept. of Health & Human Services  
Public Health Branch  
Oral Health Program**

**Innovative Workplan Proposal**

**06/16/2021**



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# Introduction and Background

The primary purpose of the proposal is for the state Office of Oral Health (OOH) to consider approving an alternate, innovative work plan for Del Norte County Local Oral Health Program (LOHP).

Despite being preventable, early childhood caries are common in Del Norte County. For children entering kindergarten who responded to the First 5 School Readiness Assessment (2017), **nearly half** (45%) of them had at least one cavity. Positively, almost 80% of children entering into kindergarten had a dental exam in the last year. However, only 72% of respondents had a dental home. Currently we do not have KOHA Data as the DN Unified School District doesn't collect the form or require the children to have the Oral Health Assessment for entry into Kindergarten.

Community water fluoridation is one of the most effective ways to deliver the right amount of fluoride to all community members. Despite this, a moratorium on water fluoridation passed with 56% of the vote in 2012 until chemical manufacturers are able to provide toxicological reports to the public. Most residents have homes that utilize well water and it would be cost prohibitive to have them add and monitor fluoride in their holding tanks.

There are not enough dental providers to care for our community. Because of the long wait time to see a dentist, Del Norte County has the highest rate of emergency room visits for preventable dental conditions in California. Tribal members and households are able to receive dental services through United Indian Health Services (UIHS), but most Medi-Cal patients are restricted to one Federally Qualified Health Center (FQHC) who will accept them as dental patients.

Medi-Cal utilization data shows that Del Norte County falls short of state rates for annual dental visits and preventative dental visits for most ages and ethnic groups. Nearly one quarter of the population of Del Norte County lives below the poverty level with the highest rates among children, ethnic communities and individuals without a high school education. Persons living in poverty are two times less likely to have their teeth cleaned professionally in the last year.

## Target Population

The alternate, innovative work plan would focus on infants and children 0-3 years of age, with the intention of establishing appropriate dental habits and care at an early age. Focusing on this population allows the LOHP to move upstream with interventions and improve the health of children early in the life course and layer in education and interventions in later years. This plan will allow the LOHP to increase the amount of oral health assessments completed in 0-3 year old population by reaching out to approximately 250 children. The main goal of targeting this population specifically is that Del Norte County will see a decrease in amount of children entering kindergarten who have dental caries.

## Partners and Stakeholders

The key stakeholders will include:

- Del Norte County LOHP
- United Indian Health Services (UIHS)
- Del Norte Community Health Clinic (FQHC)
- Del Norte Child Care Council
- Head Start and Early Head Start Programs
- Northcoast Children Services
- First 5 Del Norte
- Women Infants Children (WIC)
- Uncharted Shores Academy
- Del Norte County Unified School District (DNUSD)
- Child Health & Disability (CHDP) Program
- Maternal, Child, Adolescent Health (MCAH) Program
- Cal Fresh (SNAP)

# Proposed Innovative Plan

The Del Norte County LOHP proposes modification of the activities in the LOHP Scope of Work (SOW) Objective 6 and 7 to instead focus on the population of children 0-3 years old and the following activities:

## **Ensure oral health assessments are provided to all children zero to three years old in participating programs.**

The LOHP will partner with 0-3 programs, such as preschools, Head Starts and Early Head Start locations, WIC, and child care sites to ensure that all participating children 0-3 years old receive an oral health assessment. LOHP will monitor which children have received an assessment each year and help to coordinate assessments or refer children to dental providers as needed. This could be done in a variety of ways and the LOHP is still exploring a process for this intervention.

UIHS has a program which provides oral health assessment on-site for tribal members enrolled in Head Starts. This program provides assessments and links children who need treatment and follow up to the UIHS dental provider. As the program has developed, they have seen a decrease in dental caries for their cohorts who are receiving services. By providing onsite preventative dental care, the program was able to reduce the amount of visits to a dental clinic and most of the necessary care can be done outside of a dental clinic and the majority of care has moved from treatment to prevention. The LOHP would work with UIHS to continue this program and hopefully expand this program to include non-tribal members.

## **Implement a standardized oral health curriculum in all participating zero to three programs.**

The LOHP will work with 0-3 programs to develop or utilize an evidence-based or evidence-informed oral health curriculum. This curriculum would include modules to demonstrate proper dental habits, such as brushing with fluoridated toothpaste and flossing. These modules would be taught by either an incoming staff member of the LOHP or a staff member of the facility, closely following the curriculum for fidelity. If necessary, trainings can be made available for facility staff in order for them to learn how to teach the program. Multiple techniques will be used including virtual education during the pandemic, return demonstration, and various age-appropriate educational materials.

The curriculum will be taught in participating programs for a total of fourteen days or spaced out during the time the program runs. The curriculum will also include modules on the importance of nutrition and healthy snacks and making healthy eating and drinking

choices. Modules will also focus on the need for regular dental care, especially prevention care and the use of preventive dental agents, such as fluoride and sealants. It will also touch on the importance of not using tobacco and tobacco-cessation.

Tooth-brushing kits (Fluoride toothpaste, toothbrush, floss & timer), will be given to participating students to take home with them, along with easy-to-read and culturally appropriate educational materials in the most common languages of Del Norte County, including English, Spanish, and Hmong. Standardizing curriculum across participating programs will allow language and ideas to be standardized throughout the community and will improve health literacy.

### **Prepare families for KOHA process through education and practice.**

The LOHP will adapt the KOHA for ages 0-3 to familiarize families with the process and the paperwork in order to explain and prepare them for the KOHA. For each child attending Head Start, Early Head Start, preschool, and child care sites, the KOHA will be added to the application packet and required to be completed before attendance. By the time the child is entering into kindergarten, the family will be familiar with the KOHA and will be more apt to return it. The LOHP will partner with the Del Norte Unified School District (DNUSD) school nurses to ensure the KOHA is given to families and returned to the LOHP in a timely manner. The LOHP will also set up an account in the System for California Oral Health Reporting (SCOHR) in order to enter in KOHA results.

### **Coordinate with primary care providers to ensure children zero to three years old are afforded fluoride varnish at well-child visits, are prescribed fluoride supplements, and are referring children to dental providers.**

The LOHP will coordinate with primary care providers seeing children 0-3 to educate about the importance of 2 to 3 fluoride varnish applications per year; as well as the importance of prescribing fluoride supplements in a community with non-fluoridated water. The LOHP will also coordinate with primary care providers and dental providers to streamline a process for referring children to dental care, starting at one year of age. The LOHP will also work to create tracking systems for both referrals to dental care and fluoride varnish applications in the PCP offices.

## **Sustainability and Growth**

As we establish appropriate dental care and habits in the 0-3 population, our plan is to continue layering that education and pathways to intervention throughout the lifecourse. By focusing on this population, we will be able to build a foundation for oral health education and care that we can build on as the population ages. We will conduct surveillance for children entering into kindergarten and in the future we will do the same

for children going into third grade. As we follow cohorts as they age, we will be able to identify gaps in education and care and layer in “boosters” throughout their lives. One of these boosters will include sealants in both kindergarten and then later on in third grade.

Our hope is that by going upstream to address oral health disparities, we will be able to improve upon the work we are doing until we have the capacity to encompass all 0-3 and school-age children. This can include having similar programs embedded in the school sites and working with providers to focus on other age groups as we determine what populations need “boosters” in care and education.

By partnering with our stakeholders, we will have built in sustainability for this plan. By working with 0-3 programs, we will have consistent access to the target population. By working with providers, we will be able to improve access to care and streamline the process for entry into care and treatment.

## Alignment with State Oral Health Plan

This innovation plan is in line with the Office of Oral Health plan for California. First, while the plan adjusts the population for Objectives 6 and 7 of the LOHP SOW, it ensures these objectives for the 0-3 population and helps the LOHP build capacity to address these objectives in the larger population of school-aged children in the future.

This plan also improves health literacy of children and families by utilizing a standardized curriculum and the Brush, Book, Bed campaign in all participating 0-3 programs. This plan will also promote and demonstrate proper teeth brushing techniques and oral health habits to 0-3 program participants. Due to the impact of COVID-19 and changes within sites on how they will be educating, we will be utilizing varied techniques to reach out to the children, such as virtual education, until the schools return to in-person education.

This plan addresses the issue of no KOHAs being returned in our school districts by introducing the idea to families at an earlier age and normalizing the requirement of an oral assessment to parents. By the time the children in participating 0-3 programs reach kindergarten, the parents will be familiar with the KOHA and will be able to fill in and return them. The LOHP will also be collaborating with the DNUSD school nurses to develop strategies to increase KOHA participating and reporting. After kindergarten surveillance has been developed and is occurring, the LOHP will also be on developing surveillance for third grade students.

The LOHP will also work with primary care providers to have them focus on applying fluoride varnish during well-child visits. This strategy will first focus on children 0-3 and we will expand the focus as capacity increases to kindergarteners and then again to children in third grade.



The plan will also focus on increasing access of oral health care to children 0-3 years old by either providing onsite dental assessments or care or referring to an FQHC if necessary. Coordinating with the providers will also give the LOHP the opportunity to develop a referral system for primary care providers to refer children to a dental provider starting at one year of age.

## Data Collection and Sharing

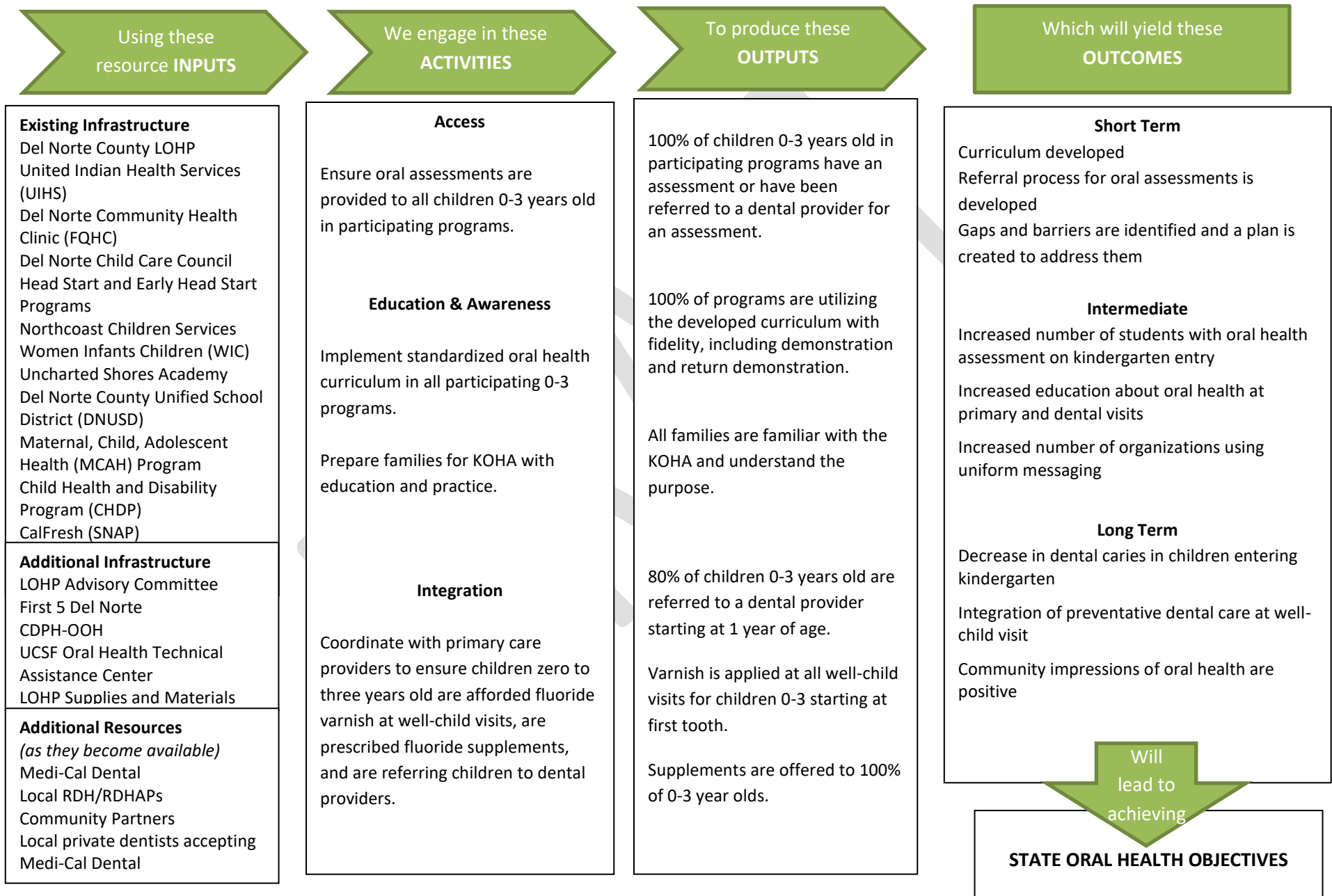
In order to demonstrate the effectiveness of the innovation plan to the community and to the state, the LOHP will be collecting and sharing data during implementation. Some of this data will be shared out to the community in reports and will be available via the LOHP webpage. Several different sets of data will be collected, both quantitative and qualitative. The LOHP will partner with the local FQHC and UIHS to develop mechanisms to track PCP referrals to dental as well as fluoride application in the PCP office. We will also be tracking how many children in participating programs are receiving dental screenings, oral health education, and fluoride supplements. As the school district received KOHAs, the LOHP will enter them in to begin tracking the KOHA return rate and entry into the state system. Participating programs, PCPs, and dental offices, as well as the community will be able to submit “Success Stories” to the LOHP that will be shared out via the webpage as well.

## Budget and Cost Efficiency

Targeting a specific population of children as opposed to blanketing interventions across the school-age population will allow the LOHP and our partners to focus our resources to greater impact. As a small jurisdiction, Del Norte County Public Health has limited resources, including time and personnel, to utilize to improve the oral health of the community. Moving upstream and concentrating the efforts of the community on improving oral health during infancy and early childhood allows our community to gain a foothold on the issue of oral disease. Moving upstream also allows the community time to build capacity to move forward on the issues that would be addressed in Objective 6 and 7 and a foundation on which to build that capacity.

Specifically, improving health literacy, using evidence-based techniques to help children develop healthy dental habits, and improving access to care will help shift the status of oral health in our 0-3 population from mostly treatment-based interventions to mostly prevention-based activities. Del Norte County has the highest rate of emergency room visits for preventable dental conditions in California. Addressing this issue at its root by focusing on the 0-3 population will allow for a shift in social norms in our community.

## Appendix A: Logic Model



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