

Solano County Oral Health Community Health Improvement Plan

December 2018 (Updated August 2019)



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Solano Oral Health Advisory Committee Vision, Mission & Values

Vision

We envision all Solano County residents will achieve and maintain good oral health which positively impacts their overall health.

Mission

The Solano Oral Health Advisory Committee strives to improve oral health, especially among the most vulnerable, through collaborative efforts in planning, implementation and coordination of public health interventions with community partners.

This mission is achieved by:

- increasing oral health literacy
- increasing access to environments that support healthy foods and beverages
- providing education and prevention information
- advocating for and developing policies that support and encourage or improve oral health
- increasing access to clinical preventive services

Values

With an equity lens Solano Oral Health Advisory Committee values:

- Education
- Prevention
- Evidence-Informed
- Collaboration

Executive Summary

Maintaining good oral health is critical to a person's overall health and well-being. At every stage of life, oral health problems can interfere with daily functioning and quality of life. Dental disease is associated with cardiovascular disease, pneumonia, and diabetes. Among pregnant women, periodontal disease can lead to poor birth outcomes, including prematurity and low birth weight.¹ Given the implications of good oral health for a range of outcomes, it is critical that communities assess and address the oral health needs of their residents.

This *Solano County Oral Health Community Health Improvement Plan (CHIP)* builds upon data obtained in 2018 from our Solano County Oral Health Needs Assessment. Solano County Public Health, in collaboration with Applied Survey Research (ASR) and our Solano County Oral Health Advisory Committee (SOHAC), conducted an Oral Health Needs Assessment to inventory and to describe the oral health status of residents of our County. The findings from the needs assessment and input from stakeholders participating in SOHAC guided the creation of the objectives, strategies and activities described in this CHIP.

Solano's CHIP is organized according to the three local emergent need areas: access to preventive care; system navigation and integration; and oral health and nutrition education/promotion. SOHAC intends to work within these three need areas on five priority SMART objectives as found in the CHIP's action plan matrix and which act in concert with Solano's logic model. Taken together, these objectives, strategies and activities aim to improve oral health outcomes in Solano County, leading to improved physical health, whole body wellness, and improved quality of life among our residents.

The implementation of the five SMART objectives and activities in this CHIP depends on the continued dedication, collaboration, and communication of SOHAC members and additional community partners. Together, the Oral Health Needs Assessment and CHIP will guide the work of Solano's SOHAC and Solano Public Health's Oral Health Program for the next four years, and will be measured by metrics and indicators as found in our action plan matrix as well as in Solano's associated Oral Health Evaluation Plan.

¹ Source: Kane, S. F. (2017). The effects of oral health on systemic health. *General dentistry*.

History and Background

Proposition 56 (Prop. 56), the California Healthcare, Research and Prevention Tobacco Tax Act of 2016, allocated funding for a variety of legislated projects, including dedicated funding for a statewide program to improve the oral health of Californians through local prevention, education, and organized community efforts. The Solano County Public Health, Health Promotion and Community Wellness Bureau was awarded a contract from Prop. 56 to develop Solano County's local oral health program. The Prop. 56 funds can be used for disease prevention, education, surveillance, and linkages to treatment, but not for direct treatment services, including billable dental services. However, stakeholders in Solano County recognized that addressing Solano County's oral health needs may require a broad spectrum of strategies. Therefore, with the approval of the State's Dental Director, the approaches described in this CHIP are not limited to those that can be funded by Prop. 56.

Solano County Oral Health Advisory Committee

To guide the planning for oral health promotion and prevention efforts in Solano County, Solano County Public Health convened the Solano County Oral Health Advisory Committee (SOHAC), a group of local stakeholders from various service sectors in Solano County (see Appendix A for description of the committee's Mission, Vision, and Values). The SOHAC was formed in September 2017 as a subcommittee of Solano's existing VibeSolano Alliance (VSA)² to lend their professional expertise and to provide direction for the new Solano County oral health program. Members of the committee represent a variety of sectors, including dental health, social services, medical, public health, child development, and education. The effectiveness of the SOHAC will be measured via an annual satisfaction survey of members beginning in December 2018. Results from this survey will inform modifications to the group structure, meeting processes, and/or or communication practices to improve the committee's efficiency and effectiveness.

Since January 2018, the SOHAC, Applied Survey Research (ASR), and Solano Public Health, have worked collaboratively with stakeholders to assess the oral health needs and resources in the community and determine a plan of action to address priority needs. Over this 12 month period, the SOHAC met 10 times and engaged in a variety of efforts, described below, that culminated in the development of this CHIP.

Solano County Oral Health Needs Assessment

The SOHAC contributed to the preparation of a comprehensive needs assessment, which involved the collection of oral health data to identify the most pressing oral health needs in the county. The needs assessment involved synthesizing data from a variety of sources, including secondary data on oral health outcomes at the county and state level, key informant interviews and a focus group with community stakeholders, and primary data collected on oral health outcomes for seniors, children in Solano County's Pre-K Academies, pregnant women visiting Women, Infants, and Children centers, and third-graders in Solano County public schools. The primary oral health screening data was collected by a Registered Dental Hygienist and Solano County Health Education Specialist. The eight-month data collection period did not allow sufficient time to finish gathering representative oral health screening data from a robust sample of seniors, pregnant women, and third-graders for the SOHAC to review, but

² It was determined at the October 4, 2017, VSA meeting that SOHAC would be a long-term subcommittee of VSA, which has a history of successful policy, systems, and environmental change work as Solano's existing Chronic Disease Prevention Leadership Team.

Solano County Public Health plans to continue collecting data with these populations and will present findings to the committee as they become available.

ASR worked with Solano Public Health and members of the SOHAC to collect and analyze the needs assessment data and then presented the findings to the SOHAC in October 2018 for their feedback and interpretation. With facilitation support from ASR and Solano Public Health, the SOHAC used the needs assessment findings to identify and prioritize strategies and activities to improve the oral health of Solano County residents. This prioritization process is described next.

Strategy Prioritization

Based on the results of the needs assessment, the SOHAC decided to address the following need areas in the first few years of the local oral health program:

NEED AREA 1: Access to Preventive Care

NEED AREA 2: System Navigation and Integration

NEED AREA 3: Oral Health and Nutrition Education and Promotion

Stakeholders involved in the needs assessment also generated a list of strategies to address these priority needs. In October 2018, SOHAC members reviewed and prioritized the strategies. The following criteria were used in the prioritization process:

IMPACTABILITY: This strategy will make a direct impact on oral health within the next three years. Within this criteria members considered the following:

- There are adequate resources to create change within 3 years
- This change can be measured
- We can build on existing assets/practices
- We can address through systems change
- We can address with a promising practice
- This will have a significant impact on oral health

GAPS: There are gaps in services for this strategy.

WILD CARD: The strategy is prioritized based on stakeholders' own knowledge, expertise, and/or preference.

For each strategy, members rated its impactability on a scale from 1 = not likely, to 3 = very likely; the presence of Gaps on a scale from 1 = none, to 3 = large; and provided a Wild Card rating on a scale from 1 = low priority, to 3 = high priority. Scores for each strategy were averaged and the strategies were ranked according to their overall score.

The results from this prioritization process are summarized in the table on the following page. After prioritization, the SOHAC chose to address the top 10 strategies. The table lists the strategies that received the highest ranking (see Appendix B for full list of strategies and their rankings), their corresponding need, whether they can be potentially supported by Prop. 56 funding, the overall score they received in the prioritization process, and how they ranked based on that overall score. Highly related strategies were merged, and one strategy that received a relatively low ranking ("Increase system navigation support services for oral health," which was ranked 17th of the 29 strategies) was

included due to its connection to other prioritized strategies and the fact that it received a high impactability score (2.7).

For each prioritized strategy, SOHAC members identified specific activities to include in this CHIP. These activities are predicted to produce a set of outputs that lead to short-term and long-term positive outcomes for oral health in the county. The hypothesized contribution of inputs and strategies to programmatic and communitywide outcomes is illustrated in the logic model that follows the Prioritized Strategies table. Appendix C contains an evaluation plan matrix, which outlines process and outcome indicators that will be measured to track the success of the CHIP.

For each activity, the SOHAC also identified:

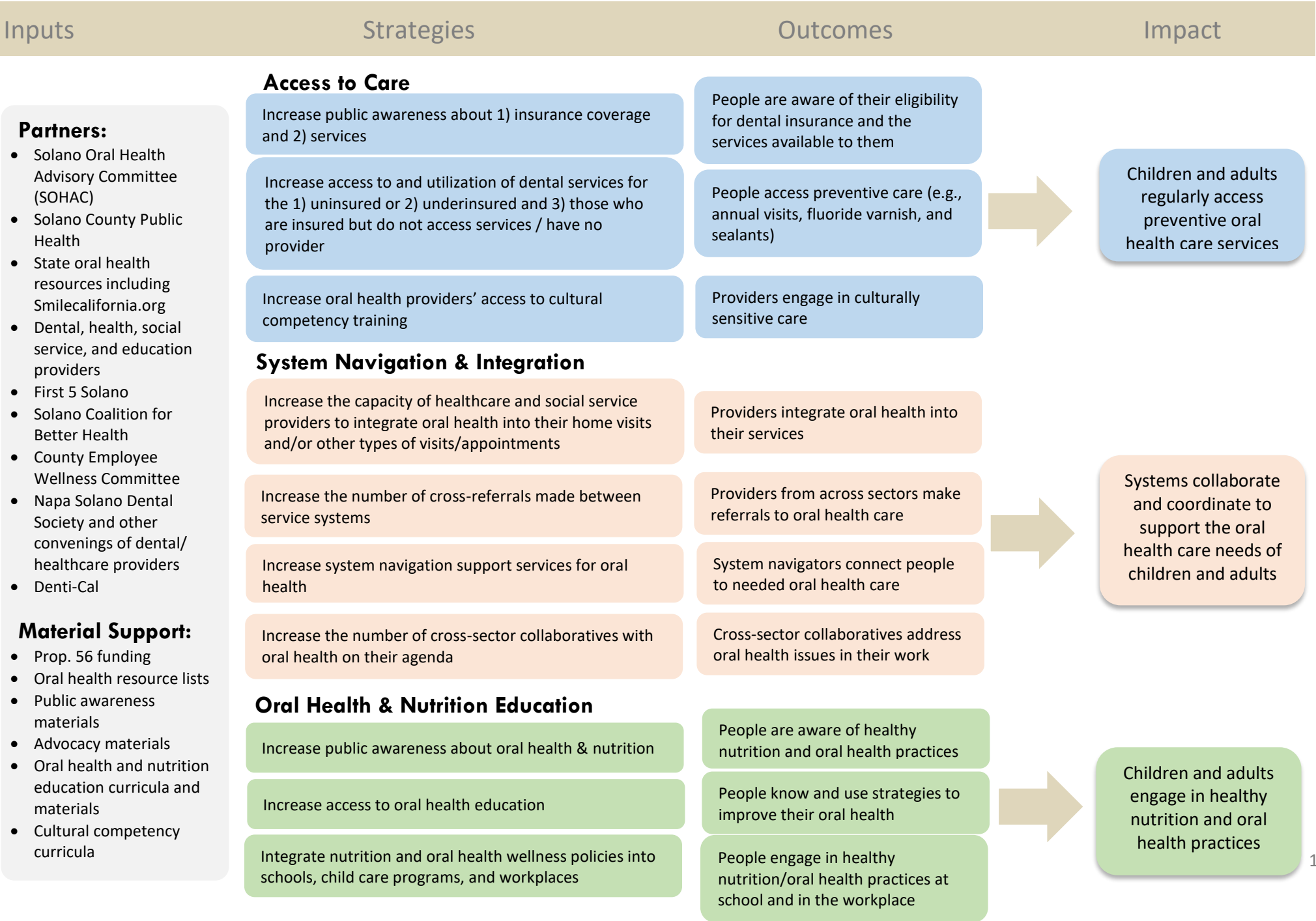
- The partners and resources available in the community that should be leveraged in order to complete the activities
- A draft timeline for their completion
- Persons and organizations who could contribute to the work
- Immediate next steps

These details are provided in an action plan matrix for each need area in the sections that follow.

Solano County Oral Health Prioritized Strategies

Needs	Strategy	Potentially funded by Prop. 56?	Score (0-3)	Rank #
Access to Preventive Care	a. Increase public awareness about insurance coverage and services	Yes	2.73	1
	b. Increase access to and utilization of dental services for the uninsured or underinsured and those who are insured but do not access services / have no provider (includes expanding the locations served by mobile dental van, increasing co-location of services, and increasing number of providers who see low income populations and children)	Yes: Advocacy and training No: Direct service	2.63, 2.5 <i>(No provider)</i> 2.57 <i>(Uninsured)</i> 2.43 <i>(Van)</i>	3, 10 <i>(No provider)</i> 6 <i>(Uninsured)</i> 12 <i>(Van)</i>
	c. Increase oral health providers' access to cultural competency training	Yes	2.43	11
System Navigation and Integration	a. Increase the capacity of healthcare and social service providers to integrate oral health into their home visits and/or other types of visits/appointments	Yes	2.73	2
	b. Increase the number of cross-referrals made between service systems	Yes: Advocacy and training	2.53	8
	c. Increase system navigation support services for oral health (including expansion of existing navigation support services)	Yes	2.33	17
	d. Increase the number of cross-sector collaboratives with oral health on their agenda	Yes	2.57	5
Oral Health and Nutrition Education and Promotion	a. Increase public awareness about oral health and nutrition	Yes	2.57	4
	b. Increase access to oral health education	Yes	2.53	7
	c. Integrate nutrition and oral health wellness policies into schools, child care programs, and workplaces	Yes	2.50	9

Solano County Community Health Improvement Plan (CHIP) Logic Model

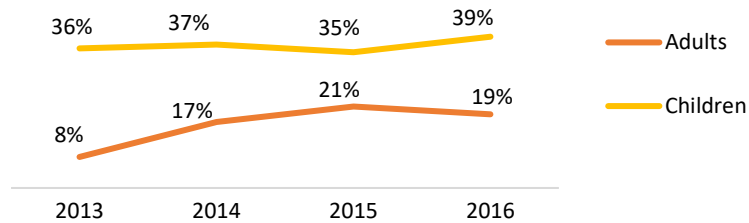


Need Area 1: Access to Preventive Care

Summary of Needs in Solano

Accessing preventive dental care, including cleanings and exams, as well as fluoride varnish and sealants for children, is a high priority need for Solano County. As shown in the chart below, only 39% of children and 19% of adults in Solano County on Medi-Cal had been to the dentist in 2016.

Percent of Children (Ages 0-20) and Adults (Ages 21+) in Solano County on Medi-Cal Who Had an Annual Dental Visit



Source: CA Department of Health Care Services, Medi-Cal Services Division

According to key informants interviewed for the needs assessment, barriers to accessing dental care include a lack of insurance and insurance that has limited coverage; a lack of oral health care providers, particularly those who accept Medi-Cal Dental and who have the training, expertise, and equipment to serve children; a lack of transportation to care; and the limited availability of culturally and linguistically appropriate care. For example, although nearly all children in Solano County (99%) have dental insurance, just 6 in 10 adults have coverage.³ In addition, access to dental care is also hindered by the shortage of dental providers who accept Medi-Cal Dental: although there are 92 dentists per 100,000 residents in Solano County (i.e., approximately 400 dentists), there were only 20 Medi-Cal Dental dentists per 100,000 beneficiaries in Solano County who were accepting new patients as of July 2018 (i.e., 24 dentists and clinics).⁴ Challenges in access to care in Solano County are often exacerbated by a lack of reliable transportation, particularly for residents without a personal vehicle. Finally, key informants said that oral health services are not always offered in the patient's primary language and deemed culturally appropriate.

The strategies selected by the SOHAC to address this need area include increasing public awareness about insurance coverage and available services, improving residents' access to oral health services, and enhancing the capacity of oral health providers to offer culturally sensitive care. The detailed action plan for addressing access to care begins on the next page.

³ Source: California Health Interview Survey.

⁴ According to the US Health Resources and Services Administration, a region is considered a "Health Professional Shortage Area" if it has fewer than 20 dentists per 100,000 residents.

Need Area 1: Access to Care Action Plan Matrix

SMART Objectives***	Strategy	Partners/materials to leverage*	Key activities to include in CHIP*	Timeline	Who could potentially contribute to this work?	Next steps
<p>Objective 1: By June 30, 2022, implement at least two culturally appropriate media campaigns focused on the importance of oral health and prevention directed towards at least one of Solano County’s diverse populations.</p> <p>Objective 2: By June 30, 2022, provide at least one cultural humility training for dental professionals who practice in Solano County.</p> <p>Objective 4: By June 30, 2022, decrease by 2 percent the number of third graders who experience dental caries.</p>	<p>a. Increase public awareness about 1) insurance coverage and 2) services</p>	<ul style="list-style-type: none"> • Big 5 health providers (Kaiser, Sutter, NorthBay Healthcare, Partnership, County) • Child Health and Disability Prevention (CHDP) • County Employment and Eligibility (E&E) • Help Me Grow • Family Resource Centers (FRCs) • Smilecalifornia.org • Medi-Cal Dental representatives • Solano County Oral Health Resource List • Solano Coalition for Better Health (SCBH) • Women, Infants, and Children (WIC) 	<p>1. Coordinate public awareness campaigns with State efforts and augment if needed. Gather existing partner messages and create inclusive, culturally sensitive common messages to include:</p> <ul style="list-style-type: none"> • “If you have Medi-Cal, you have Dental” • How to access care (list of Medi-Cal Dental dentists and schedule/locations of mobile van; locations of insurance enrollment centers) • Oral health services for uninsured (advertise at schools, libraries, exam rooms, emergency rooms) • Public charge information (public charge flyer) 	<p>January 2019-June 2020</p>	<ul style="list-style-type: none"> • Medi-Cal Dental representatives • Solano County Public Health (PH) • SCBH • Child Start • Big 5 health providers • FRCs • OLE Health • La Clinica • School Nurses for distribution of materials • County Office of Education for distribution of materials in packets to parents • First 5 Solano 	<ul style="list-style-type: none"> • Research what approaches Medi-Cal Dental representatives are already using • Solano County PH mass distributes messages • First 5 Solano has purchased Pandora time and oral health messages can be used for this time

SMART Objectives***	Strategy	Partners/materials to leverage*	Key activities to include in CHIP*	Timeline	Who could potentially contribute to this work?	Next steps
	<p>b. Increase access to and utilization of dental services for the 1) uninsured or 2) underinsured and 3) those who are insured but do not access services / have no provider**</p>	<ul style="list-style-type: none"> • Dr. Susan Clift (potential resource for encouraging providers to work with low-income families) • E&E • Help Me Grow • SCBH • La Clinica • OLE Health (resource list) • Solano County Oral Health Resource List • Lists of clinics and dentists accepting Medi-Cal Dental • Smilecalifornia.org • Medi-Cal Dental representatives • Napa/Solano Dental Society 	<p>1. Encourage insurance enrollment centers to engage in culturally sensitive warm hand-offs to dental providers</p>	<p>Ongoing</p>	<ul style="list-style-type: none"> • SCBH • OLE Health • La Clinica • FRCs • Help Me Grow 	<ul style="list-style-type: none"> • Bring partners together to understand current referral practices and create blueprint of common protocol
	<p>2. Maintain updated list of dentists who accept Medi-Cal Dental, including information on:</p> <ul style="list-style-type: none"> • Whether they are accepting new patients • Wait list time • Levels of service provided, including specialized pediatric services 	<p>Ongoing, quarterly check-ins</p>	<ul style="list-style-type: none"> • Solano County PH • SCBH • OLE Health • Medi-Cal Dental 	<ul style="list-style-type: none"> • Combine existing resource lists (Medi-Cal Dental, Public Health and SCBH have resource lists) 		
	<p>c. Increase oral health providers' access to cultural</p>	<ul style="list-style-type: none"> • California Pan-Ethnic Health Network • State of Virginia Oral Health 	<p>1. Train oral health providers, insurance enrollment staff, and others how to engage in trauma informed,</p>	<p>January-June 2019</p>	<ul style="list-style-type: none"> • OLE Health • Solano County PH 	<ul style="list-style-type: none"> • Develop a collaborative strategy with Medi-Cal Dental • OLE Health can present/advocate at Napa/Solano Dental Society
	<p>3. Increase providers' willingness to accept Medi-Cal Dental recipients by addressing concerns:</p> <ul style="list-style-type: none"> • Reimbursement rate • Billing challenges • High rate of no shows 	<p>January-June 2019</p>	<ul style="list-style-type: none"> • Medi-Cal Dental Representatives • OLE Health 	<ul style="list-style-type: none"> • Explore use of National CLAS (Culturally and Linguistically Appropriate Services) Standards and resources from UC Berkeley for training 		

SMART Objectives***	Strategy	Partners/materials to leverage*	Key activities to include in CHIP*	Timeline	Who could potentially contribute to this work?	Next steps
	competency training	Coalition educational curriculum <ul style="list-style-type: none"> • National CLAS (Culturally and Linguistically Appropriate Services) Standards • UC Berkeley (contracting with the State to provide Technical Assistance and training) 	dignified, humanistic care			

*Generated by stakeholders at the October 24, 2018 and November 7, 2018 SOHAC meetings.

**Prop 56 funding can support advocacy and assistance in coordination to increase utilization of services, but cannot fund direct billable services

***Stakeholders and Solano County Public Health identified 5 Smart Objectives between July 23, 2019 to August 7, 2019. SMART objectives can be achieved from the work on multiple Need Areas and Strategies

Need Area 2: System Navigation and Integration

Summary of Needs in Solano

A second high priority need for Solano County identified in the needs assessment is improved system navigation and integration. Stakeholders indicated that residents need help navigating the various service systems within the county, so that residents understand what services they are eligible for, receive assistance them in making appointments, and are followed up with to ensure that they are successfully connected to care. Key informants emphasized the need for system navigators to complete training and possess subject matter expertise to ensure they can provide patients with complete and accurate information (e.g., which dentists are taking Medi-Cal Dental and what's covered by patients' insurance).

Additionally, the assessment highlighted the need for providers from across sectors to coordinate with one another, cross-refer, and integrate oral health into the care they provide. Greater coordination between service systems and increased co-location of services can lead to improved service efficiency and the elimination of barriers to care for families. Conversely, a lack of coordination across services increases the likelihood that residents will not receive all the services they need and “fall through the cracks.” As one key informant said, this “work can't fully be done by one organization or one health care provider. It requires collaboration.”

To improve system navigation and integration, the SOHAC selected strategies that aim to increase the capacity of healthcare and social service providers to integrate oral health into their services, increase the number of cross-referrals made between service systems, increase the availability of system navigation support services, and increase the number of cross-sector collaboratives that have oral health on their agenda. The detailed action plan for improving system navigation and integration is below.

Need Area 2: System Navigation/Integration Action Plan Matrix

SMART Objectives***	Strategy	Partners/materials to leverage*	Key activities to include in CHIP*	Timeline	Who could potentially contribute to this work?	Next steps
Objective 3: By June 30, 2022, at least one home visiting program or primary care clinic will adopt a standard or protocol to integrate oral health into their routine practice.	a. Increase the capacity of healthcare and social service providers to integrate oral health into their home visits and/or other types of visits/appointments **	<ul style="list-style-type: none"> • Employment and Eligibility (E&E) • Family Resource Centers (FRCs) • Women, Infants, and Children (WIC) • Child Health and Disability Prevention (CHDP) • Home visiting programs • Smilecalifornia.org • Solano College’s fluoride varnish training procedures 	1. Provide training and information to providers about doing a “Lift the Lip Check” for oral health problems, referring to oral health providers, and applying fluoride varnish during medical visits and public health nursing visits in homes	July 2019- June 2020 – Pilot July 2020- June 2021 – Implement	<ul style="list-style-type: none"> • Registered Dental Hygienists (RDHs) • Solano College Child Development Center • Child Start • Solano County Public Health (PH) 	<ul style="list-style-type: none"> • Solano College nurse developed list of procedures for training others to apply fluoride varnish; will share with local RDH and finalize • Local RDH can do trainings/ demonstrations targeting non-dental providers allowed to apply fluoride varnish (RDA, RDH, Med. Assistants, MDs, Dentists, Dental Assistants, RNs, LVNs, NPs, PAs)
			2. Train healthcare and social service providers to integrate inclusive and culturally sensitive oral health messages and discussions into their programs (including County E&E, Child Welfare, Nurse Family Partnership, Healthy Families America, Black Infant Health, WIC, FRCs)	July 2019- June 2020	<ul style="list-style-type: none"> • Solano County PH • Solano College • Nurse Family Partnership • The Big 5 health providers 	<ul style="list-style-type: none"> • Build upon the Smile, California Campaign messaging • Standardize messages across partners (e.g., Child Start, WIC, Healthy Families America hospital systems)

SMART Objectives***	Strategy	Partners/materials to leverage*	Key activities to include in CHIP*	Timeline	Who could potentially contribute to this work?	Next steps
	b. Increase the number of cross-referrals made between service systems	<ul style="list-style-type: none"> • Help Me Grow • Solano Coalition for Better Health (SCBH) • E&E • Lists of clinics and dentists accepting Medi-Cal Dental (e.g. Smile, California website, etc.) • FRCs • Solano Oral Health Resource List • Smilecalifornia.org • Solano Cares 	3. Encourage and support agencies to: a) use an up-to-date resource list of dentists accepting Medi-Cal Dental; and b) in a culturally sensitive manner, ask callers if they have dental insurance, a dental provider, and if they need a referral	July 2019-June 2020	<ul style="list-style-type: none"> • First 5 Solano: coordination with Help Me Grow • FRCs • WIC • SCBH 	<ul style="list-style-type: none"> • Combine existing resource lists • Gain understanding of E&E referral process
			4. Develop a common protocol for connecting people to dental insurance and oral health services and train providers to implement this protocol	January-June 2019	<ul style="list-style-type: none"> • Solano Oral Health Advisory Committee • Family Health Services Dental • County Office of Education 	<ul style="list-style-type: none"> • Bring partners together to understand current referral practices and create blueprint of common protocol

SMART Objectives***	Strategy	Partners/materials to leverage*	Key activities to include in CHIP*	Timeline	Who could potentially contribute to this work?	Next steps
	c. Increase system navigation support services for oral health (including expansion of existing navigation support services)	<ul style="list-style-type: none"> ● SCBH ● Help Me Grow ● E&E ● FRCs 	2. Train E&E workers to provide culturally sensitive navigation support to their clients, if needed	January-June 2019	<ul style="list-style-type: none"> ● Solano County PH ● CHDP ● Child Start 	<ul style="list-style-type: none"> ● Gain understanding of E&E referral process and current system navigation services
			3. Train front office staff at Medi-Cal Dental providers to offer culturally sensitive navigation support for families	January 2019 -June 2022	<ul style="list-style-type: none"> ● OLE Health 	<ul style="list-style-type: none"> ● TBD
			4. Refer persons needing care to existing system navigation services, if needed	Ongoing	<ul style="list-style-type: none"> ● Service providers ● Help Me Grow ● FRCs 	<ul style="list-style-type: none"> ● Identify current system navigation systems that already exist and that can support all of Solano
	d. Increase the number of cross-sector collaboratives with oral health on their agenda	<ul style="list-style-type: none"> ● Solano Kids Thrive ● Napa Solano Dental Society ● Existing convenings of providers (e.g., Medi-Cal Dental, FQHCs, and/or CHDP) 	5. Convene key oral health and medical providers within Solano County to determine/define roles and increase efficiency in the provision of care	Ongoing	<ul style="list-style-type: none"> ● Solano Oral Health Advisory Committee 	<ul style="list-style-type: none"> ● Attend yearly professional development trainings for doctors ● Connect to Dr. Danzeisen, MD (Site Chief for Kaiser in Fairfield) ● Search for and attend existing meetings
			<ul style="list-style-type: none"> ● Dental Directors Peer Network Clinic Consortium ● Solano County Medical Society ● Private practice providers ● Big 5 health providers ● School Boards 	6. Encourage existing cross-sector collaboratives (e.g., Solano Kids Thrive) to put oral health on their agenda	TBD	TBD

*Generated by stakeholders at the October 24, 2018 and November 7, 2018 SOHAC meetings.

**Prop 56 funding can support advocacy and assistance in coordination to increase utilization of services, but cannot fund direct billable services

***Stakeholders and Solano County Public Health identified 5 Smart Objectives between July 23, 2019 to August 7, 2019. SMART objectives can be achieved from the work on multiple Need Areas and Strategies

Need Area 3: Oral Health and Nutrition Education and Promotion

Summary of Needs in Solano

A third need area identified in the needs assessment was education and public awareness around the importance of oral health, the connections among oral health, nutrition, and physical health, and oral health prevention practices, like regular brushing and biannual preventive dental visits. Stakeholders interviewed for the needs assessment said that many people don't think about oral health until they have a painful condition that needs treatment and that most do not understand the impact nutrition choices can have on oral health. They also recommended teaching the public about the impact of poor oral health on overall well-being, including education and employment outcomes.

Although education for the broader community is needed, stakeholders emphasized the importance of targeting parents and their children for optimal impact on oral health. For example, pregnant moms and moms with young babies need to know that breastfeeding is better for the health of the mother and child,⁵ but if baby bottles are used, mothers should be instructed to not put juice, tea, or soda in the bottle and to only fill it with water if they allow the baby to sleep with it (likewise, they should be taught to not allow the baby to fall asleep while breastfeeding). Parents may also need instruction on the nutrition contents of commonly consumed foods in order to make informed choices that promote the oral health of their children.

The strategies selected by the SOHAC to address these needs include increasing public awareness about oral health and nutrition, improving access to oral health education, and integrating nutrition and oral health wellness policies into schools, child care programs, and workplaces. The detailed action plan for addressing oral health and nutrition education and promotion is presented next.

⁵ American Academy of Pediatrics. (2012). Breastfeeding and the use of human milk. *Pediatrics*, 129(3), e827–e841.

Need Area 3: Oral Health and Nutrition Education and Promotion Action Plan Matrix

SMART Objectives***	Strategy	Partners/materials to leverage*	Key activities to include in CHIP*	Timeline	Who could potentially contribute to this work?	Next steps
<p>Objective 1: By June 30, 2022, implement at least two culturally appropriate media campaigns focused on the importance of oral health and prevention directed towards at least one of Solano County’s diverse populations.</p> <p>Objective 4: By June 30, 2022, decrease by 2 percent the number of third graders who experience dental caries.</p> <p>Objective 5: By June 30, 2022, increase by 10 percent the number of returned Kindergarten Oral Health Assessments (KOHA) within Solano County.</p>	a. Increase public awareness about oral health and nutrition	<ul style="list-style-type: none"> Hospitals Planned Parenthood Schools/preschools Child Health and Disability Prevention (CHDP) Comprehensive Perinatal Services Program (CPSP) Women, Infants, and Children (WIC) Food pantries Home visiting programs Smilecalifornia.org Solanocares.org Centers for Disease Control (CDC) Child Start (Head Start) curriculum Family Resource Centers (FRCs) County Office of Education 	<p>1. Coordinate public awareness campaigns with State efforts and augment if needed.</p> <ul style="list-style-type: none"> Develop core oral health / nutrition messages “Oral health 101 - top 5 facts”. Test messaging with focus groups; target appropriately (parents, children [by age group], by city) Deliver at school settings: school presentations to parents (back to school night, PTA); presentations to school-age children and preschoolers (Head Start, Quality Rating and Improvement System [QRIS] network); Deliver at medical settings: hospitals (add media to the First 5 Solano New Parent Kit); at Planned Parenthood; at insurance enrollment centers; at doctors’ offices; informative videos in waiting rooms (WIC, health care provider offices, FRCs). 	April 2019-June 2021	<ul style="list-style-type: none"> First 5 Solano WIC Solano County Public Health (PH) School Nurses for distribution of materials 	<ul style="list-style-type: none"> Gather existing handouts, including WIC booklet (“What to do at Home on Oral Health”)
	b. Increase access to oral health education	<ul style="list-style-type: none"> La Clinica oral health education Home visiting programs 	<p>1. Integrate inclusive, culturally sensitive oral health and nutrition education into home visiting programs</p>	July 2020-June 2021	<ul style="list-style-type: none"> Solano County PH Child Start 	TBD

SMART Objectives***	Strategy	Partners/materials to leverage*	Key activities to include in CHIP*	Timeline	Who could potentially contribute to this work?	Next steps
		<ul style="list-style-type: none"> • Child Start (Head Start) curriculum • Smile in Style curriculum • Vallejo School District Nutrition Education and Obesity Prevention (NEOP) materials • County Office of Education & Solano Quality Counts • University of California, San Francisco (UCSF) Technical Assistance (e.g., UCSF instructor guidebook for teaching about oral health) 	<p>2. Embed inclusive, culturally sensitive oral health and nutrition curriculum into child care settings, preschools, and early elementary grades (e.g., 1 hr per semester; offer curriculum similar to Head Start or Smile in Style; use Nutrition Education and Obesity Prevention [NEOP] design or something similar and insert oral health education component at other school districts; incorporate disclosure tabs into oral health education for children)</p>	<p>July 2020-June 2021</p>	<ul style="list-style-type: none"> • Maternal Child and Adolescent Health (MCAH) • Nurse Family Partnership • Solano County PH • Child Start • County Office of Education • First 5 Solano • Solano Community College (Early Childhood Curriculum) 	<ul style="list-style-type: none"> • Inquire about integrating oral health component into curriculum for students at Solano College studying Early Childhood Education (ECE) • ECE providers will coordinate with one another to incorporate oral health education into ECE classrooms • Work with UCSF to identify existing evidence-based curricula • Work with County Office of Education to implement education program in each district • Work with First 5 Solano to potentially include an oral health component in Pre-K Academies for

SMART Objectives***	Strategy	Partners/materials to leverage*	Key activities to include in CHIP*	Timeline	Who could potentially contribute to this work?	Next steps
						the 2021-22 fiscal year
			3. Research school wellness policies to determine where there is or could be a policy about providing oral health education	March 2019-July 2019	<ul style="list-style-type: none"> • Solano County PH • County Office of Education • First 5 Solano 	<ul style="list-style-type: none"> • Research each school district’s wellness policy and plan of reach (including County Office of Education’s policy)
			4. Develop train-the-trainer programs to provide inclusive, culturally sensitive oral health education in a variety of organizations that have community contact	July 2020-June 2022	<ul style="list-style-type: none"> • Solano County PH • County Office of Education 	<ul style="list-style-type: none"> • Explore offering a training program or workshop at County Office of Education
	c. Integrate nutrition and oral health wellness policies into schools, child care programs, and workplaces	<ul style="list-style-type: none"> • Chamber of Commerce • County Employee Wellness Committee • Dental Society • Board of Trustees • Board of Supervisors • School Board 	1. Encourage and support universal participation in the Kindergarten Oral Health Assessment (KOHA) <ul style="list-style-type: none"> • Explore the feasibility of oral health providers volunteering at underresourced schools to conduct on-site exams to complete the KOHAs • Partner with superintendents to stress the importance of KOHAs 	July 2019-June 2021	<ul style="list-style-type: none"> • OLE Health • Local Registered Dental Hygienist (RDH) • Solano County PH • California Department of Education • California Department of Public Health 	<ul style="list-style-type: none"> • OLE Health reached out to Dr. Kumar about strategies other jurisdictions have used to improve the completion rate of the KOHA • OLE Health and local RDH will work on recruiting volunteers to complete KOHA (may require fingerprinting) • Announce importance of KOHA via superintendents meetings (some districts July 2019-

SMART Objectives***	Strategy	Partners/materials to leverage*	Key activities to include in CHIP*	Timeline	Who could potentially contribute to this work?	Next steps
						June 2020 and the remaining districts July 2020-June 2021) <ul style="list-style-type: none"> Connect with Vallejo SD to assess their strategy for 100% completion of the KOHA
			2. Research school wellness policies to determine where there is or could be a policy that improves oral health	March 2019-July 2019	<ul style="list-style-type: none"> Solano County PH County Office of Education 	<ul style="list-style-type: none"> Research each school district’s wellness policy and plan of reach (including County Office of Education’s policy)
			3. Encourage employers to <ul style="list-style-type: none"> Offer healthy foods in the workplace Educate employees about oral health, insurance, and services during open enrollment (e.g., at open enrollment fairs) 	TBD	<ul style="list-style-type: none"> Solano County PH 	<ul style="list-style-type: none"> Connect with the County Employee Wellness Committee (Oral Health Project Director is a member)

*Generated by stakeholders at the October 24, 2018 and November 7, 2018 SOHAC meetings.

***Stakeholders and Solano County Public Health identified 5 Smart Objectives between July 23, 2019 to August 7, 2019. SMART objectives can be achieved from the work on multiple Need Areas and Strategies

Appendix A: Draft Solano Oral Health Advisory Committee Description

<i>History</i>	<i>Purpose</i>	<i>Vision and Mission</i>
<i>Guiding Values</i>	<i>SOHAC Membership</i>	<i>Satisfaction Survey</i>
<i>Co-Chairs</i>		

History

The Health Promotion and Community Wellness Bureau of SCHSS was awarded a contract for Oral Health from Proposition 56 funding to Solano County. Proposition 56, the California Healthcare, Research and Prevention Tobacco Tax Act of 2016, has allocated funding for a statewide project to improve the oral health of Californians through local prevention, education, and organized community efforts. These funds can only be used for prevention and evaluation and cannot be used for any treatment services including billable dental services. Furthermore, the first step was to convene an advisory committee to guide decisions, to assist with the oral health needs assessment and the Community Health Improvement Plan (CHIP).

The Solano Oral Health Advisory Committee (SOHAC) is a subcommittee of Solano’s existing VibeSolano Alliance (VSA). It was determined at the October 4, 2017 VSA meeting that SOHAC would be a long-term subcommittee of VSA. This was due to VSA’s history as Solano’s existing Chronic Disease Prevention Leadership Team with a history of successful policy, systems, and environmental change work.

Purpose

The purpose of this group is to guide and advise Solano County Public Health and partners, regarding planning, implementation, and evaluation of local Oral Health strategies, including Prop. 56 funded strategies. Furthermore, SOHAC creates a space to work together on system level changes to improve oral health outcomes for all residents with a special emphasis on those most vulnerable.

Vision and Mission

The vision and mission were developed by the SOHAC through a collaborative process of brainstorming, online voting (which allows an opportunity for input by members who couldn’t attend), and then was presented for a final discussion.

Vision

We envision all Solano County residents will achieve and maintain good oral health which positively impacts their overall health.

Mission

The Solano Oral Health Advisory Committee strives to improve oral health, especially among the most vulnerable, through collaborative efforts in planning, implementation and coordination of public health interventions with community partners.

This mission is achieved by:

- increasing oral health literacy
- increasing access to environments that support healthy foods and beverages
- providing education and prevention information
- advocating for and developing policies that support and encourage or improve oral health
- increasing access to clinical preventive services

Guiding Values

Solano Oral Health Advisory Committee values serve as a reference point for the community and for the members of this subcommittee to better understand the committee's beliefs and principles. In addition, the values remind the committee of its focus while improving Oral Health in Solano County.

Values

With an equity lens Solano Oral Health Advisory Committee values:

- Education
- Prevention
- Evidence-Informed
- Collaboration

SOHAC Membership

Membership on this committee is voluntary. Currently SOHAC is a working group where meeting time is used to strategize together.

Key Partners currently include:

- Oral Health experts - Dental Clinic Dentists and Directors, Private Dentists, Registered Dental Hygienists
- Education Programs - Solano County Office of Education (SCOE), Child Start Inc., Solano Community College Early Childhood Education
- County Public Health Programs - Nutrition Education and Obesity Prevention, Nutrition Services (WIC), Health Promotion and Community Wellness (HPCW), Child Health and Disability Prevention (CHDP),
- First 5 Solano
- Solano School Nurses
- Local Coalitions - Solano Coalition for Better Health
- Association - Napa Solano Dental Society
- Community Based Organizations (CBOs) - Federally Qualified Health Centers (FQHC)
- Higher Education - Solano Community College, Touro University California
- Insurers – Medi-Cal Dental Representatives

- Partnerships – UCSF

Satisfaction Survey

An annual satisfaction survey will be administered to gauge the status of the committee’s work, satisfaction with the committee process, and overall progress. The results will be shared with the group so informed decisions can be made.

Co-Chairs

Solano Oral Health Advisory Committee will be governed by two co-chairs and will be supported by staff support. The Co-chairs shall be elected by the SOHAC in January and shall serve a one-year term beginning February or until successors are elected. Any vacancy occurring among the officers of the Organization may be filled for the unexpired term by the SOHAC.

- Preventive Co-Chair
- Clinical Co-Chair
- Staff Support
 - Will provide logistical support to SOHAC (identify meeting locations and times, agendas, meeting minutes, email, etc.)

Appendix B: Strategy Prioritization Results

Needs	Strategy	Impact.	Gaps	Wild card	Overall average	Rank
Access care: Insurance coverage	Increase public awareness about insurance coverage and services	2.9	2.7	2.6	2.73	1
System navigation/integration	Increase the number of healthcare and social service providers who integrate oral health into their home visits and/or other types of visits/appointments	2.8	2.6	2.8	2.73	2
Access care: Supply of providers	Increase access to and utilization of dental services for those without a dental provider	2.8	2.6	2.4	2.60	3
Oral health educ/promotion	Increase public awareness about oral health	2.6	2.4	2.7	2.57	4
System navigation/integration	Increase the number of cross-sector collaboratives with oral health on their agenda	2.7	2.6	2.4	2.57	5
Access care: Insurance coverage	Increase access to and utilization of dental services for the uninsured or underinsured	2.8	2.8	2.1	2.57	6
Oral health educ/promotion	Increase access to oral health education	2.7	2.4	2.5	2.53	7
System navigation/integration	Increase the number of cross-referrals made between service systems	2.6	2.4	2.6	2.53	8
Oral health educ/promotion	Integrate nutrition and oral health wellness policies into schools, child care programs, and workplaces	2.7	2.3	2.5	2.50	9
Access care: Supply of providers	Increase the number of dentists who serve low income populations	2.4	2.8	2.3	2.50	10
Access care: Cultural/linguistic barriers	Increase oral health providers' access to cultural competency training	2.5	2.4	2.4	2.43	11
Access care: Transportation	Increase the number of locations served by the mobile dental van	2.8	2.4	2.1	2.43	12
Access care: Cultural/linguistic barriers	Recruit community health workers, Promotora, cultural or religious leaders, as well as health equity advocates to improve the dental visit experience of communities of color	2.6	2.3	2.3	2.40	13
Access care: Supply of providers	Increase the number of dentists who see children	2.2	2.7	2.2	2.37	14
Access care: Transportation	Increase co-location of services	2.3	2.8	2	2.37	15
Nutrition educ/access to healthy food	Increase public awareness about nutrition	2.3	2.5	2.2	2.33	16
System navigation/integration	Increase system navigation support services for oral health (including expansion of existing navigation support services)	2.7	2.2	2.1	2.33	17

Needs	Strategy	Impact.	Gaps	Wild card	Overall average	Rank
Access care: Insurance coverage	Increase the number of people with dental insurance and number of services covered by insurance plans	2.4	2.5	2	2.30	18
Nutrition educ/access to healthy food	Increase access to healthy food/drinks	2.2	2.3	2.1	2.20	19
Access care: Cultural/linguistic barriers	Increase the number of dental clinics and offices with translation and interpretation services	2.4	2.2	2	2.20	20
Nutrition educ/access to healthy food	Increase access to nutrition education	2.4	2	2	2.13	21
Community water fluoridation	Increase knowledge and awareness of residents and policymakers about the benefits of water fluoridation	2.1	2.2	2.1	2.13	22
Access care: Transportation	Increase navigation support for accessing medical and dental transportation services	2	2.6	1.5	2.03	23
Tobacco use	Decrease access to tobacco products	2.1	1.9	2.1	2.03	24
Access care: Cultural/linguistic barriers	Track disparities in access to services and outcomes and support providers to address such disparities	2.2	2.2	1.6	2.00	25
Tobacco use	Increase access to tobacco cessation services	2.3	1.9	1.8	2.00	26
Access care: Transportation	Increase alternatives to public transit (e.g., taxi vouchers) to help people access dental care	2	2.4	1.3	1.90	27
System navigation/integration	Develop a web-based resource for oral health services	2.3	1.8	1.6	1.90	28
Nutrition educ/access to healthy food	Decrease access to unhealthy foods/drinks	1.8	2.1	1.7	1.87	29