

Los Angeles County Department of Public Health Oral Health Program

Community Oral Health Improvement Plan Implementation Report



2019–2023





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Letter from the Dental Director

Dear Partners and Stakeholders,

On behalf of the Los Angeles County Department of Public Health, Oral Health Program (OHP), I am pleased to present the Community Oral Health Improvement Plan Implementation Report. This report highlights some of the activities of our community stakeholders who collaborated with us to advance the oral health of all the residents of Los Angeles County.

In 2018, over 100 oral health stakeholders gathered to develop the first-ever LA County Community Oral Health Improvement Plan (COHIP). The COHIP is the first oral health strategic plan for Los Angeles County and provides a road map to improving the oral health of all county residents. It envisions a healthier LA where more residents have a dental home, fewer children experience tooth decay, and more people can access quality care in their communities in a culturally sensitive manner. The COHIP addressed a wide range of issues, from basic awareness about preventive dental care to the need for more services in certain communities, to the broader social determinants of health that impact the welfare of our residents. To address the breadth of these issues, dozens of community partners developed this plan, identified six key objectives, and crafted more than 60 activities for our community to pursue.

The six objectives of the COHIP are:

1. Awareness and Health Literacy
2. Improved Access to Care
3. Coordination of Care
4. Workforce Development and Capacity
5. Policy Leadership
6. Surveillance, Transparency, and Accountability

In July 2019, the OHP contracted with the University of California, Los Angeles (UCLA) to form the Oral Health Collaborative Consortium (OHCC) which provided services through December 2022. Together, OHP and OHCC partnered with local dental clinics, academia, community-based organizations, school districts, insurance providers, and nonprofits across Los Angeles County to advance and implement the COHIP. Members of our stakeholder groups formed six workgroups to support the implementation of the COHIP, with each focusing on a specific objective.

This report details the six objectives and the list of activities that each workgroup identified as Promising Practices toward advancing oral health across Los Angeles County. Each objective addresses a key pillar of COHIP's goal, which is to reduce oral health disparities and increase oral health equity for all. For over three years, these workgroups engaged our community to build partnerships, increase oral health awareness and health literacy, advance care coordination, increase the dental workforce and its capacity to meet the needs of the underserved, promote policy, and enhance surveillance and data collection efforts.

The Oral Health Program values its partners and recognizes that collaboration is an essential component toward improving oral health and advancing oral health equity. Through effective collaboration and with the help of our partners, the Oral Health Program has achieved many of the strategic activities outlined in this report.

This project could not have been developed without the financial support generated by the voters of California when they passed the 2016 tobacco tax (Proposition 56). It included funds for oral health improvement projects like the COHIP. I am also grateful for the support of the Los Angeles County Board of Supervisors; Dr. Barbara Ferrer, Department of Public Health Director; Dr. Jayanth Kumar, California Department of Public Health Dental Director; and the many partners who came together to collaborate and implement this plan.

As the Dental Director for the LA County Department of Public Health Oral Health Program, I am pleased to share the results of these collaborations and look forward to continuing this partnership to advance oral health and health equity for all Angelenos.

Sincerely,



Maritza C. Cabezas, DDS, MPH
Director, Oral Health Program
Los Angeles County, Department of Public Health



Introduction

In 2017, the Los Angeles County (LAC) Department of Public Health (DPH), Oral Health Program (OHP), embarked on a mission to improve the oral health of all Angelenos. Through support made available by the voter-approved California Healthcare, Research, and Prevention Tobacco Tax Act, known as Proposition 56, the OHP received a grant from the California Department of Public Health, Office of Oral Health (CDPH OOH). One requirement of the State funding was the development of a Community Oral Health Improvement Plan (COHIP) to establish a strategic road map for program activities. The OHP worked with community leaders, oral health professionals, public officials, and other experts and stakeholders to produce the COHIP.

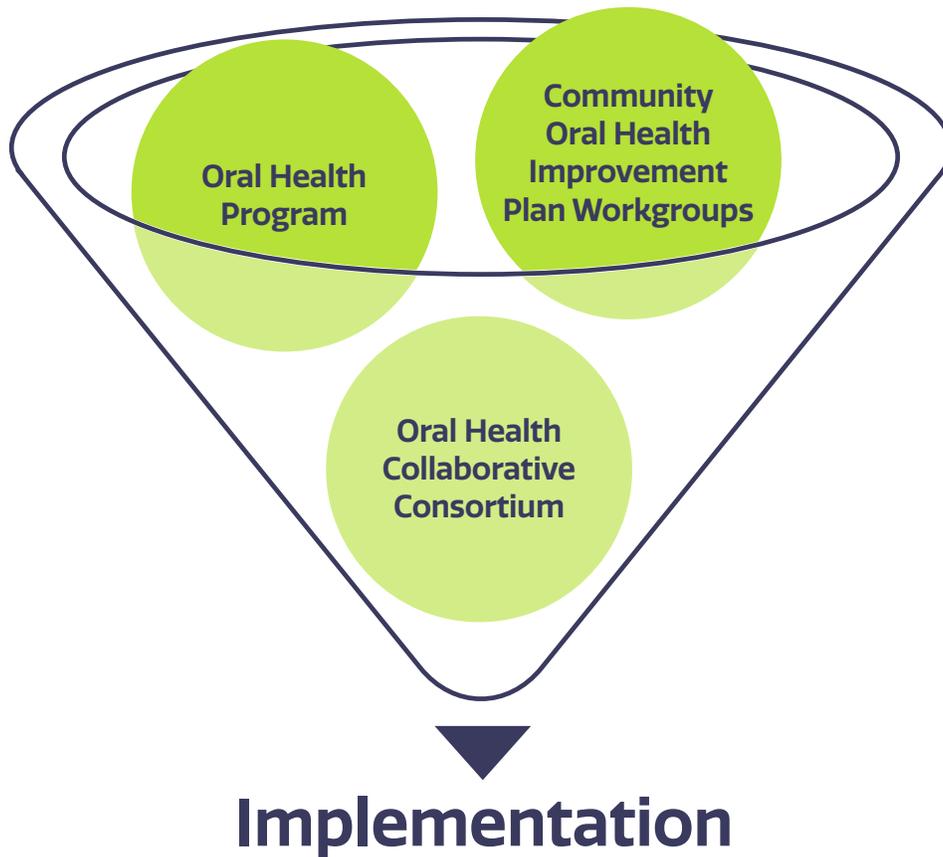
Using a structured process that included detailed research, stakeholder and expert interviews, and focus groups, the OHP identified the key priorities of the county's communities and the evidence-based best practices needed to address these priorities. The six key objectives are:

Objective One	Awareness and Health Literacy
Objective Two	Improved Access to Care
Objective Three	Coordination of Care
Objective Four	Workforce Development and Capacity
Objective Five	Policy Leadership
Objective Six	Surveillance, Transparency, and Accountability

Each of the six objectives included a set of strategies and activities. To ensure that each objective and their corresponding strategies were addressed, OHP implemented a multi-prong approach, which included projects implemented by the OHP, the six COHIP workgroups, and strategic activities assigned to the Oral Health Collaborative Consortium (OHCC) through a contract with the University of Los Angeles (UCLA), School of Dentistry. OHP representatives provided general oversight and served as co-chairs to the workgroups, while the workgroup members provided subject matter expertise, and assisted in the coordination and implementation of activities. The OHCC provided additional support by implementing additional activities to enhance those of the OHP and the workgroups.

Multi-Prong Implementation Approach

OHP Projects
COHIP Workgroups
Oral Health Collaborative

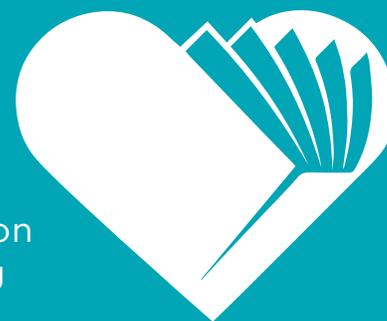


Development of Activities

The following section highlights the promising practices identified by the OHP, OHCC and the COHIP workgroups, considered to be the most successful activities, based on the targeted population and the respective outcomes.

Objective One:

Awareness and Health Literacy



Increase awareness of the importance and contribution of optimal oral health to overall health and well-being across the lifespan.

Strategy 1.A

Implement a broad, multifaceted oral health branding campaign that focuses on outreach to underserved and vulnerable communities.

Promising Practice: Love Your Baby's Teeth

Strategy/Activity: The OHP developed a county-wide media campaign, Love Your Baby's Teeth, focused on preventive oral health for infants, toddlers, and young children. The campaign targeted parents and caregivers of children ages 0-5 and included age specific guidance. The oral health education campaign, posted on www.choosehealthla.com/teeth, was accessible in both English and Spanish. The campaign began in February 2021 and was relaunched in February 2022 to coincide with National Children's Dental Health Month. It reached LA County residents via television, radio, online outreach, social media, grocery stores, plus metro and bus shelter advertising. Messaging on metro and grocery store posters included a custom quick response QR code that provided the community with the 211 call line information—a telephone line that provides operators trained to connect people to health information, including where they could find a dentist. The campaign included oral health promotional resources shared with targeted pediatric offices that aligned with the key messages of the campaign. OHP further marketed the campaign by conducting interviews with local radio stations in both English and Spanish.



Outcome(s): Following 3 months of a coordinated media campaign on Facebook and Instagram, the campaign documented 498,235 impressions¹, 307,235 in English, and 91,154 in Spanish, and 19,161 click-throughs to the **Choose Health LA website**. There was also an increase in 211 dental calls and website visits during the campaign. During the 2021 campaign, 39 million impressions were delivered at no cost to the campaign. During the 2022 campaign, 31 million impressions were delivered at no cost to the campaign due to bonus coverage through public service announcements on TV and radio. During the 3-month campaign, there was a 20% increase in the number of calls per day to the 211 call line for information regarding children's dental health, compared to the period before the campaign started. The videos continue to be accessible and viewed via YouTube. The Love Your Baby's Teeth campaign was an effective and efficient way to deliver key oral health education messages to parents and caregivers of young children.

¹ **Impression:** number of times specific content is displayed on a screen



Strategy 1.B

Increase the amount of high-quality oral health awareness activities provided to students from pre-K to high school in LA County schools.

Promising Practice: Oral Health Education Videos for School-Aged Children

Strategy/Activity: An OHP partner developed a series of oral health instructional videos targeting school children, ages 5–12 years. The videos, titled, *Brushing with Billy*, *Flossing with Billy*, and *Healthy Eating with Billy* were developed in Spanish and English. Each video provided information for children and families on how to brush and floss their teeth, using a puppet dog named “Billy”. Additional videos included instructions on reducing sugary foods and beverages.

During the COVID-19 pandemic, students were unable to physically attend school. To reach students at home, the OHP stakeholder partnered with Los Angeles Unified School District’s (LAUSD) public access television channel to distribute the videos electronically, for virtual viewing and learning. During the pandemic, this channel was the primary mode for virtual instruction for LAUSD students.

Outcome(s): Over 400,000 students had access to the oral health education videos developed by the OHP partner. The video was distributed to 95 elementary schools within LAUSD’s Local District South. One-minute videos were aired over 150 times and viewed more than 1.1 million times via KCLS, a public access television channel. Videos were also distributed to 18 LAC Early Education Centers (EEC’s) serving children ages 0–4 years.



Strategy 1.C

Implement proactive messaging to Medi-Cal recipients and providers in LA County so they are aware of the dental benefits available to Medi-Cal recipients.

Promising Practice: Dissemination of Medi-Cal Dental Program Resources to Federally Qualified Health Center (FQHC) Medical Providers

Strategy/Activity: To raise awareness about the availability of dental benefits for Medi-Cal eligible children and adults, the OHP and its partners disseminated oral health resources developed by Smile, California, the California Department of Health Care Services, and CDPH OOH. Resources included Medi-Cal Covers Dental During Pregnancy and Medi-Cal Covers Dental Care for Seniors. FQHCs providing only medical services were targeted so that Medi-Cal eligible patients would receive information about oral health, as well as information on how and where to access and pay for dental care. OHP and its partners reached out to the California Primary Care Association to obtain a list of local FQHCs that do not have dental services. Oral health resource materials were made available in multiple languages for medical providers to disseminate to patients during primary care visits. Health centers received hard copies of resources and had the opportunity to request additional resources via the Smile, California website.



Outcome(s): OHP and partners targeted “medical-only” FQHCs in LA County because patients of these health centers do not have direct access to dental care services. By providing information about Medi-Cal dental benefits to these FQHCs, patients of the health centers could gain information and knowledge about the Medi-Cal Dental Program enrollment, where to find a dentist, and what dental services are covered under the program. Eighteen “medical only” FQHCs serving approximately 229,788 patients received the Smile, California, and Medi-Cal dental resources as part of their patient education resources, adapted to include oral health information.

Strategy 1.D

Foster collaborative community partnerships among public, private, and nonprofit organizations to raise the oral health awareness of LA County residents of all ages.

Promising Practice: Engaging Stakeholders to Advance Community Oral Health Initiatives

Strategy/Activity: The OHP engaged community stakeholders to provide expertise in program planning. Four stakeholder summits and one symposium took place during the project period where partner organizations had the opportunity to provide updates on their work and activities related to the COHIP objectives, share lessons learned and challenges, and discuss opportunities to collaborate. Four OHCC liaisons engaged community groups, faith-based organizations, school-health administrators from the Los Angeles County Office of Education and Los Angeles Unified School District, private practice dental providers, dental societies, and other oral health stakeholders quarterly to assist in advancing oral health



initiatives across the county. An example of such an initiative was the dissemination of oral health information through storefronts and faith-based organizations. The liaisons worked closely with OHP administrators, the program evaluator, and other community partners to implement and monitor program strategies and activities.



Outcome(s): The Oral Health Collaborative Consortium was established through a contract with UCLA School of Dentistry, to fulfill a series of deliverables under the first four COHIP objectives. Over 100 volunteer community stakeholders supported the implementation of the COHIP and were able to collaborate with the OHP on activities to improve the oral health of vulnerable populations in LA County. As a result of strategic collaboration with the OHCC and other key stakeholders, OHP was able to successfully implement all strategies and activities outlined in the COHIP.

Strategy 1.E

Increase awareness among other health and social service professionals of the importance of oral health to overall health and the ways they can address the oral health needs of their patients.

Promising Practice: Training for Early Childhood Home Visitation Staff

Strategy/Activity: Partners collaborated with early childhood home visitation programs to develop and disseminate oral health education materials and deliver oral health guidance to disadvantaged families. Materials were created by the OHCC for use by home visitation specialists to assist them during their routine home visits. The materials included oral health education, oral hygiene instructions, and oral health toolkits with information on how to make a dental appointment. Home visitors also received information on how to make dental referrals. Home visitation staff were also trained on integrating oral health content into home visitations.



Outcome(s): Ten early home visitation programs received oral health education resource materials. Three-hundred seventy-two (372) early home visitation staff received training in oral health. Approximately 48,100 individuals were reached and received oral health education materials by the home visitation staff. Collaborating with the county-wide early childhood home visitation programs created an efficient way to reach at risk children and families across the county. OHCC recorded the oral health training presentations for training of new personnel by the early home visitation programs.

Objective Two:

Improved Access to Care

Improve access to oral health care by increasing providers' cultural and technical capacities, fostering trust between patients and providers, and reducing logistical barriers to care.



Strategy 2.A

Increase the number of dental providers prepared to serve people with special care needs.

Promising Practice: Dental and Medical Provider Education and Training Program for Serving People with Intellectual and Developmental Disabilities (I/DD)



Strategy/Activity: OHP and OHCC hosted a 1.5-hour virtual continuing education (CE) course for local dental and medical providers designed to increase knowledge of the oral health needs of people with I/DD, and competency in meeting their oral health needs. The program, Expanding Oral Health to Individuals with Disabilities, was established in response to the 2019 change in the American Dental Association's (ADA) Code of Conduct prohibiting denial of care to individuals with disabilities. Course content included challenges and barriers that people with I/DD face when attempting to access dental care.

Subject matter experts addressed each challenge raised and solutions for providers to assist their patients with I/DD and caregivers in accessing dental care.

Outcome(s): One hundred eight (108) dental and 54 medical providers attended the CE course. Ninety percent (90%) indicated they would recommend the course to their colleagues. One local dental clinic contacted the OHP to learn about expanding their dental clinic to serve more children with special needs. The clinic is actively applying for grants to increase their capacity.

Strategy 2.B

Develop new and innovative oral health service access points to better reach underserved populations.

Promising Practice: Engaging Non-traditional Community Partners to Disseminate Oral Health Information: Storefronts and Faith-based Organizations

Strategy/Activity: OHP partners expanded education efforts into the community by leveraging relationships with non-traditional community partners such as local businesses and faith-based



organizations. Trusted local business owners were selected and recruited to stock and promote the Love Your Baby's Teeth educational materials and information on finding a dental provider through storefront placements across targeted LAC communities. These businesses are places the community frequents such as local supermarkets, pharmacies, and cafes. OHP partners also recruited local leaders of different faith-based organizations to stock and disseminate oral health educational materials to their congregations, parishioners, and program attendees. Oral health materials were distributed, and follow-ups were conducted to confirm distribution of materials and address any emerging needs.

Outcome(s): Partnerships with trusted local entities and collaborations with faith-based organizations can effectively close the gap in communicating oral health messages and is a way to creatively leverage the culture capital that is deeply rooted in the communities.

Twelve non-traditional community partners (storefronts and faith-based organizations) throughout LA County were recruited to share and distribute oral health materials. As a result, approximately 1,900 community members had access to oral health education materials and resources on how to find a dental provider. While no data were collected, community stakeholders reported a favorable response by residents to having the materials on site and readily available.

Strategy 2.C

Design, develop, and promote resources that will assist dental teams to provide care that is culturally and linguistically sensitive and that will promote trust and transparency with the communities they serve.

Promising Practice: Providing Dental Programs with Culturally and Linguistically Sensitive Materials

Strategy/Activity: To better prepare students for treating people from diverse cultures and ethnic backgrounds, OHP partners worked with dental, dental hygiene, and dental assisting programs countywide to create resources and deliver education and training programs focusing on cultural competency. Resources included cultural competency courses for the dental provider offered by the U.S. Department of Health and Human Services and linguistically sensitive materials and content on care for people with I/DD.

Outcome(s): Approximately 144 dental hygiene and dental assisting students from 16 programs received trainings on providing culturally and linguistically sensitive oral health care. Participating programs reported a favorable response to the education and training materials further indicating they would continue to include such content in program and course curricula.

Objective Three:

Coordination of Care

Strengthen systems of care by effectively integrating and coordinating oral health care with other health and social services.



Strategy 3.A

Implement best practices to promote collaboration among providers of oral health care and other health and social services to improve the oral health of Angelenos.

Promising Practice: Primary Care Provider (PCP) Training: Integrating Oral Health into Well-Child Visits

Strategy/Activity: Primary prevention of oral diseases is the key to lifelong oral health. Evidence demonstrates that primary prevention may be achieved when risk for oral disease is mitigated through oral health education, daily preventive oral hygiene, and routine professional oral healthcare. Most young children see a primary care medical professional for a well child visit 12 times during the first 24 months of life, yet despite guidelines set forth by the American Academy of Pediatric Dentistry, few visit a dentist even once during this same time-period. To help increase the receipt of primary preventive services among young children, OHP and partners developed a comprehensive oral health education and integration training program for primary care providers, medical assistants, and nurses at 19 LA County FQHC locations. Through these trainings, OHP was able to reinforce the oral-systemic connection and need for routine preventive oral healthcare for young children. The program included strategies to integrate oral health assessments and fluoride varnish application into well-child visits.



Outcome(s): The OHCC conducted oral health trainings at 19 FQHCs while workgroup partners conducted similar trainings at 12 other clinic sites throughout LA County. A total of 857 medical providers and staff (404 by the OHCC and 453 by the workgroups) participated in the oral health trainings. According to the participating FQHC enrollment data, these trainings have the potential to impact an estimated 152,548 children from birth to five years of age. Based on feedback from the FQHC training participants, 90% agreed to make appropriate dental provider referrals and disseminate Medi-Cal Dental resources to parents and caregivers of young children. Medi-Cal Dental resources to parents and caregivers of young children.



Strategy 3.B

Pilot innovative approaches to oral health care coordination and services and expand the use of evidence-based efforts.

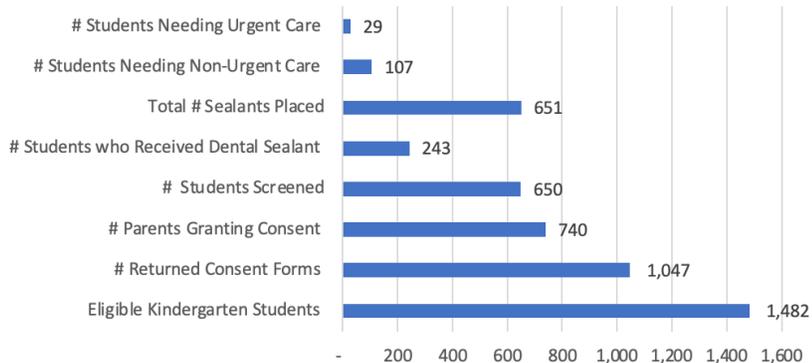
Promising Practice: The School-Based and School-Linked Children's Dental Disease Prevention Program

Strategy/Activity: Dental caries among school-aged children in LA County continues to affect ethnic minority children in low-income households. According to Smile Survey 2020, approximately 2,400 kindergarten children in LA County suffer daily from pain and infection due to dental disease. To combat this, the LA County OHP launched the School-Based and School-Linked Children's Dental Disease Prevention Program. With support from the OHCC, the LA County OHP Children's Dental Disease Prevention Program provided dental screenings to kindergarten children. Under California State law, Kindergarten Oral Health Assessments are mandated. The purpose of the program is to support schools in complying with the mandate to identify kindergarten children with untreated dental disease and refer them to a dental home. In addition, the OHCC targeted 24 schools, where >85% of students come from families whose annual income falls below 130% of the Federal Poverty Level (FPL). In this program, preventive dental sealants were provided by the OHCC to eligible at-risk children.



Outcome(s): Of the 1,482 parental/guardian consent forms that were distributed to kindergarten students across the 24 targeted schools, 1,047 were returned (71%). Of those returned, 740 (50%) parents/guardians granted consent for their child to participate in the program. Of those, 650 students (88%) received a dental screening, and 243 students (33%) received a dental sealant. The chart below depicts the number of eligible kindergarten students and the number that participated.

School-Based and School-Linked Children's Preventive Dental Program



The LA County School-Based and School-Linked Children's Dental Disease Prevention Program not only supported LA County school health efforts to implement the KOHA program, but it also helped to identify and triage kindergarten students with untreated dental disease, especially those needing urgent care, and refer them for necessary dental care services.

Strategy 3.C

Support the development and use of improved oral health referral systems.

Promising Practice: Linking Hospital Emergency Departments to Local Dental Clinics

Strategy/Activity: To reduce the use of hospital emergency departments (ED) for non-traumatic dental conditions, OHP partners established a hospital dental emergency referral program. OHP partners collaborated with administrators from 12 high-volume hospital emergency departments to implement a dental referral program. They provided ED staff information they could use to refer ED patients coming in for non-traumatic dental related concerns to dental offices for immediate emergency dental care. Medi-Cal dental information was also provided so that patients would know how to use their Medi-Cal dental benefit to pay for services. Participating Medi-Cal dental clinics agreed to have their names and contact information included on referral lists. A variety of different models were implemented, ranging from dental provider referral information integrated into electronic health records to having referral coordinators directly contact partnering dental clinics to complete a “warm dental referral hand-off.” Dental clinics included in the referral list agreed to certain requirements, such as accepting patients into a dental home or referring them to another FQHC, if they did not have the capacity.



Outcome(s): A total of 12 hospitals and urgent care centers participated in the ED Dental Referral Program. It is estimated that 278,287 patients were reached by this initiative. By making referral resources available to high-volume hospitals, patients who visit the ED for non-traumatic dental problems receive an immediate referral for dental care, reducing emergency room costs and addressing the oral health concern for the patient.



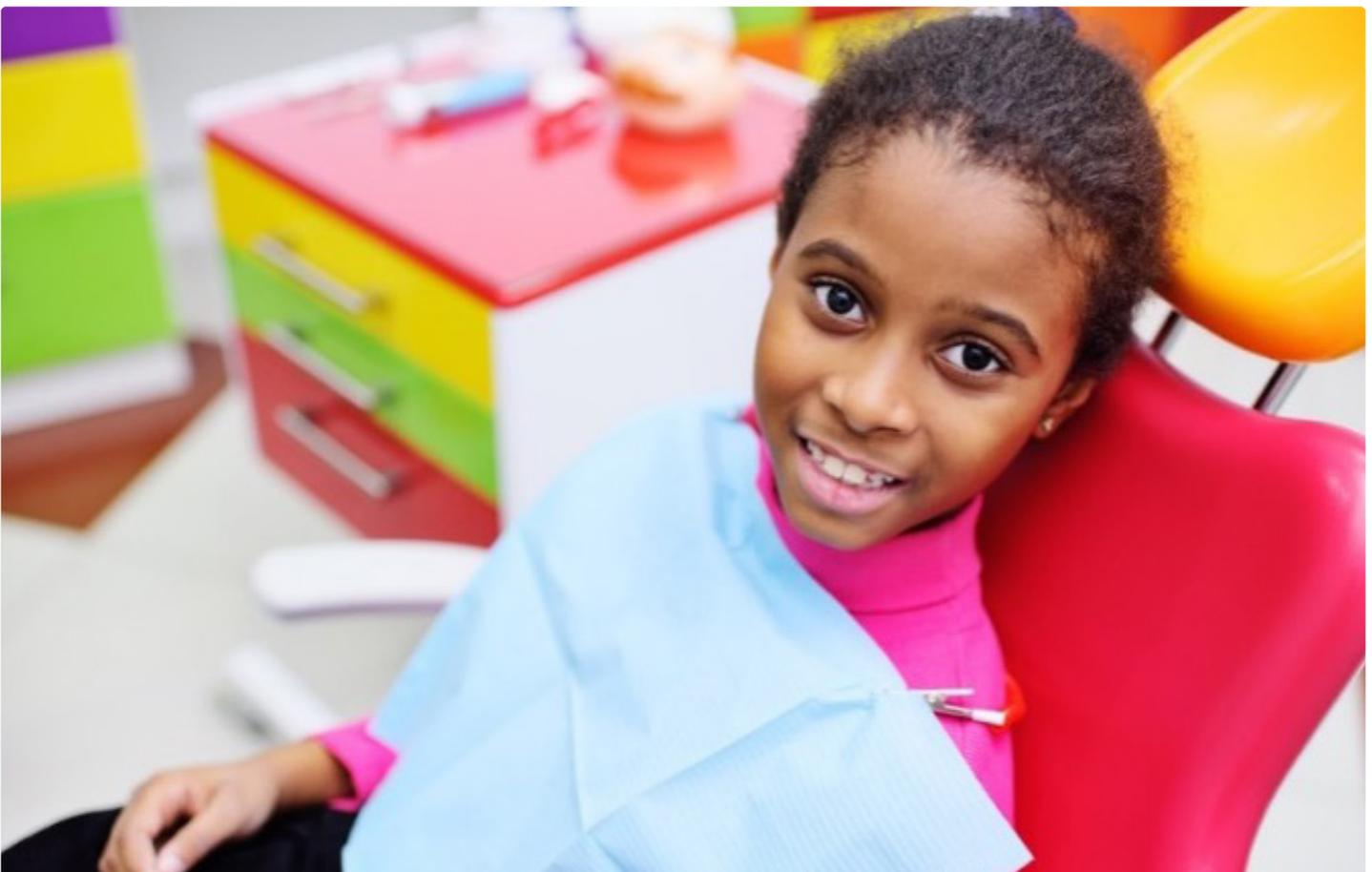
Strategy 3.D

Recommend a “No Wrong Door” approach to addressing oral health among LA County residents presenting with oral health needs in any public service setting.

Promising Practice: Integrating “Warm-Handoff Dental Referrals” within an FQHC Network

Strategy/Activity: OHP’s partner worked collaboratively with a local FQHC to train medical and dental staff on how to better integrate medical and dental healthcare services across their service sites. The local FQHC network is made up of 36 clinic sites with only 7 offering dental services. Prior to the training program, several FQHC managers at the non-dental sites indicated they did not know how to refer their patients to these sites for dental care. Through this partnership, FQHC staff across the network were trained, and an internal referral system between their medical only clinics and those that only offer dental services was developed.

Outcome(s): OHP’s partner held four in-person trainings with over 50 medical staff, on the importance of oral health and a warm hand-off referral system. As a result, a new primary care dental referral system was designed and implemented into the dental scheduling system across the FQHC network. By integrating a dental referral system in the FQHC network, 55,048 patients (based on the number of enrolled patients) may readily access dental services.



Objective Four:

Workforce Development and Capacity



Increase the number of oral health sector workers to meet the needs of LA County's economically and culturally diverse communities.

Strategy 4.A

Support an oral health workforce pipeline that encourages Angelenos from diverse backgrounds to work in the dental profession and promote oral health in affiliated fields.

Promising Practice: High School Dental Professional Mentorship Program



Strategy/Activity: OHP partners collaborated with local high school administrators to develop a dental mentorship program targeting four high schools in LA County. The purpose of the program was to introduce students to the profession of dentistry and encourage them to consider the discipline as a career option. The High School Dental Professional Mentorship Program was open to all students interested in pursuing the health sciences at the selected high schools. Dental mentors offered support and advice on subjects related to oral health, educational pathways toward

pursuing a dental education, information and resources on financial aid, and dentistry as a profession. Students were exposed to all professions within dentistry such as dental assistants, office managers, dental hygienists, and dentists. They were also linked to community-based dental professionals, dental clinic directors, dental school professors, and dental students to gain more awareness and insight of the education process and the profession. A final component of this program consisted of the development of a vision board by each student participant. This allowed each student to start thinking about and planning their futures.

Outcome(s): One hundred twenty (120) students from four high schools participated in the High School Dental Professional Mentorship Program. According to mid-program assessments, 37% of the students stated they were unfamiliar with the dental field prior to the start of the program. By the end of the program, all students indicated they were familiar with dentistry as a viable profession. Additionally, 77% of students stated they were considering a career in dentistry post mentorship. Post-program assessments by student participants revealed that all thoroughly enjoyed the program, learned more about dentistry as a profession, and that they would consider it as a career option. The dental professional mentors also indicated they enjoyed participating in the program and thought it was a worthwhile strategy for engaging young students and steering them toward the dental profession.



Strategy 4.B

Promote expanding the volume and variety of oral health services provided by non-dentist professionals in accordance with their credentials.

Promising Practice: Webinar Training and Guide Promoting the Expansion of the Dental Hygiene Workforce to Serve in Underserved Communities

Strategy/Activity: The LAC COHIP workgroup members held a continuing education training to promote the expansion of the dental hygiene workforce toward serving underserved population groups. The training, titled Navigating the Hygiene World—Practice Management and Different Avenues to Support Communities Most in Need targeted registered dental hygienists (RDHs) and registered dental hygienists in alternative practice (RDHAPs). The course was hosted by Western University of Health Sciences, College of Dental Medicine, and included content on billing practices, and how dental hygiene providers can meet the needs of special populations in LA County. A resource guide was also developed and disseminated to offer guidance to RDHs and RDHAPs on licensure and supervision requirements in California, collaborating with a dentist, practicing in alternative practice settings, working in senior care and skilled nursing facilities, building relationships with schools, and working with FQHCs and hospitals.

Outcome(s): Seventy-seven dental hygienists participated in the training session, and all participants completed the evaluation. A high percentage of participants scored that the session was useful and relevant, that they would be able to identify and define special populations that can be legally served by RDHAPs, and that they would be able to identify the Medi-Cal Dental forms needed to become an RDHAP Medi-Cal Dental provider; These factors were the main objectives of the CE.

In the evaluation summary, attendees commented that the CE course was effective in providing insight into RDHAP practice in California as well as applying specific sections of the law to the roles and scopes of practice. The CE course sparked additional interest from the audience interested in learning more about the practice management side and business of RDHAPs beyond Medi-Cal, with topics such as software information and inventory efficiency.



Strategy 4.C

Support and expand a system to connect providers with volunteer service opportunities in underserved communities.

Promising Practice: COHIP Partners Implemented Strategies Demonstrating Advocacy for Change in the Assembly Bill 936 Policy

Strategy/Activity: COHIP partner, Western University of Health Sciences sponsored a legislative bill with support from additional COHIP partners and local oral health stakeholders, to replace Assembly Bill 880 which would expand the volunteer capacity of the dental workforce. Assembly Bill 936 updates AB 880 by defining a “dental student” as a person who has begun clinical training at a dental school approved by the Dental Board of California (DBC) allowing more dental students to provide supervised care at free healthcare and dental clinics. AB 880 currently allows only dental students in their final year of dental school, under the supervision of a licensed dentist, to provide dental treatment at a sponsored event. The skills of a dental student can be provided appropriately under direct faculty supervision, expanding the capacity to provide care to the most vulnerable communities that are at highest risk of dental disease. This activity differs from those presented throughout this report as this activity is still in process; there are remaining steps to get this bill into legislature for approval.

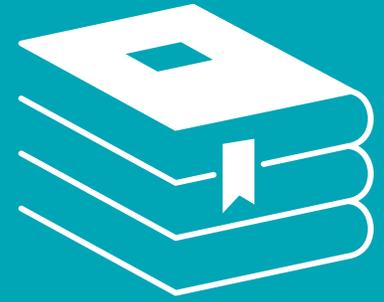
Outcome(s): There have been initial steps in moving AB 936 forward, which include organizing letters of support for the bill. Assembly member Dr. Jim Wood is carrying the language into their respective chambers to push through relevant committees such as the Business and Professions Committee, Health Committee, and the Finance Committee. If AB 936 passes, there is the potential for increased participation in events such as the American Dental Association’s Give Kids a Smile, Care Harbor, California CareForce, Special Olympics, and Healing California events, which would expand preventive services for populations across the lifespan. These populations include children with oral health needs, persons with intellectual and/or developmental disabilities, persons experiencing homelessness, and additional populations from medically underserved communities. This bill has the support of all seven California dental school deans, and if passed, dental students could provide services under the supervision of licensed dental faculty at Los Angeles County dental events resulting in a higher number of participants receiving onsite dental services. The goal of AB 936 is to increase the dental workforce providing needed dental services to underserved communities that attend dental events. Not only will this increase the volunteer workforce, but it will also expose dental students to working with populations in most need of dental care. As of the writing of this report, the Los Angeles County Board of Supervisors had not yet taken a position on this bill.



Objective Five:

Policy Leadership

Develop and influence federal, state, and local policies that will promote equitable access to oral health services and opportunities needed for optimal health and well-being.



Strategy 5.A

Create a Los Angeles Oral Health Policy Leadership Network to identify, discuss, and promote public policy-related improvements to oral health and overall health.

Strategy 5.B

Provide policy leadership to support a more outcome—and data-driven approach to dental insurance programs, including Medi-Cal and private insurance.

Promising Practice: Advancing Medi-Cal Policy to Support the KOHA

Strategy/Activity: OHP convened the COHIP Policy Workgroup to explore solutions related to the insufficient reporting of KOHA data across the County. The group identified lack of funding as a potential barrier to data collection and reporting, as school health administrators reportedly do not have the time nor resources to support this effort. To address this, Policy Workgroup members identified a potential State Medicaid funding source—the California School-Based Medi-Cal Administrative Activities (SMAA) program. The SMAA program is a state-based Medicaid program, administered in cooperation with the Centers for Medicare and Medicaid Services (CMS). The purpose of the program is to support Local Education Consortia in promoting access to care for Medi-Cal eligible students. Because the KOHA Program seeks to identify kindergarten students with dental disease and triage them into care, funding to support the administrative processes through the SMAA program is considered appropriate. To learn more about the use of SMAA funding, several Policy Workgroup members reached out and held a series of meetings with Department of Health Care Services (DHCS) and Department of Education (DOE) administrators. During the meeting, the groups discussed the feasibility of using SMAA funding to pay for the administrative services related to KOHA recording and state report submission. Through these calls, Policy Workgroup members learned that while no district had previously used the SMAA program to support KOHA data collection, it was permissible under the law. Policy Workgroup members also met with school health administrators to discuss the proposed idea. Through this interaction, the group learned that some schools using SMAA to cover other administrative services were subject to DHCS audits; and that such audits discouraged them from tapping into the funding source for the KOHA.

Outcome(s): After several discussions with key state DHCS and local DOE administrators, the OHP learned that SMAA funding is available and may be used to support KOHA administrative tasks; but that in doing so, those districts may be subject to DHCS audits. At the writing of this report, no district has submitted invoices to DHCS through the SMAA for coverage of administrative services. The group proposed collaborating with a small district to conduct a pilot. This program offers a possible solution for schools as it provides a mechanism for sustainability. Grounded in existing Medi-Cal policy, once the program is established, these available financial resources may help to reduce the economic burden many schools experience.



Strategy 5.C

Serve as a voice for health equity in Los Angeles County.

Promising Practice: Hosting an Oral Health Summit: Addressing Oral Health Inequities in LA County

Strategy/Activity: OHP's data and data analyses illustrated gaps in dental services and service utilization. To raise the awareness of oral health disparity and take steps to address the disproportionalities, the OHP hosted a virtual conference, 4th Annual Oral Health Summit: Addressing Oral Health Inequities in LA County in September 2021. Members of the public health, medical, and dental communities and other community stakeholders participated. The summit provided a platform to hear community voices, share challenges, and inform strategies to address disparities and inequities in oral health outcome. The summit also provided key information regarding the targeted COHIP objectives and highlighted promising practices implemented across the County.

Outcome(s): The summit provided the opportunity for key stakeholders to convene, learn, and share ideas. One hundred eighty-two (182) professionals from a variety of disciplines participated in the virtual event. Among the 91 attendees who completed the post-summit evaluation, approximately 73% reported that they were satisfied with the learning experience and would be able to use the oral health information provided.



Strategy 5.D

Advocate for Optimally Fluoridated, Safe Drinking Water for all Angelenos.

Promising Practice: Using Geo-Mapping to Advance Community Water Fluoridation

Strategy/Activity: Using LA County geo-mapping, the OHP conducted an environmental scan to chart and monitor areas across LA County where community water supplies are optimally fluoridated. The geo-mapping also depicts areas that are sub-optimally fluoridated and are unable to be optimally fluoridated due to the origin of the water supply. In these communities some of the water is sourced from adjacent community water supplies. This creates a technical challenge for meeting optimal fluoride measures, as fluoride levels vary by source. In 2022, the fluoridation status map (Figure 1) was updated to demonstrate the areas of LA County that are optimally fluoridated and those that are sub-optimally fluoridated by water system. From this information, OHP may then determine which areas overlap with areas where many disadvantaged Angelenos reside. These data and information provide an excellent resource for planning future fluoridation efforts, identifying a fluoridation community champion, trainings, prevention, and other community-based oral health intervention efforts.



Outcome(s): In 2022, 62% of LA County residents lived in areas that were optimally fluoridated. Geo-mapping fluoridation status is a useful strategy for monitoring community-based fluoridation as it visually demonstrates which communities lack fluoridation and may be targeted for future fluoridation efforts.



Fluoridation Status of Community Water Systems with 10,000+ Service Connections

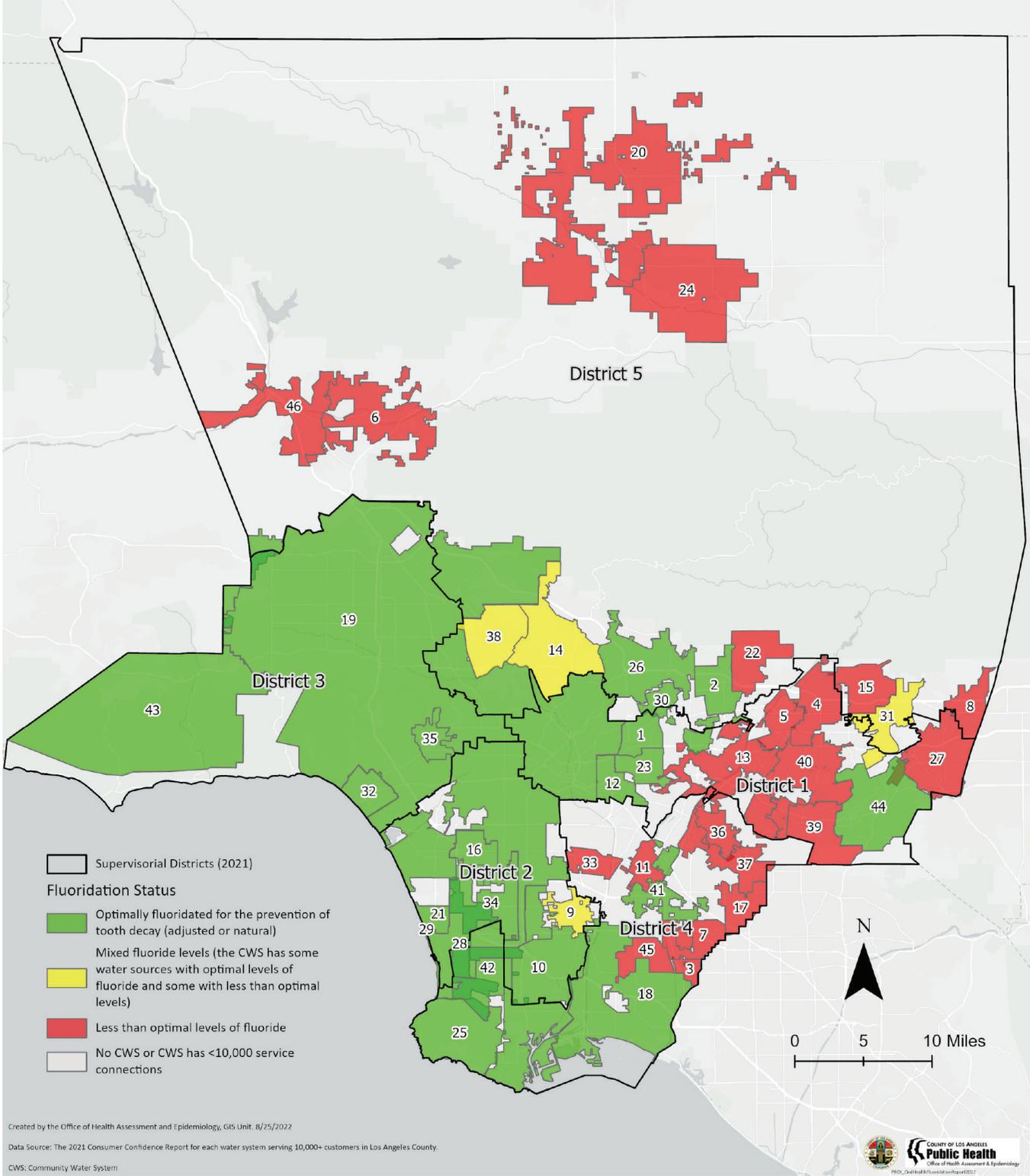


Figure 1. Fluoridation Status of Community Water Systems, 2022

Objective Six:

Surveillance, Transparency, and Accountability



Track oral health determinants and outcomes in Los Angeles County. Data collected will be made available for research and analysis, policy development and implementation, and public dissemination.

Strategy 6.A

Collect, report, and disseminate valid, actionable, and purposeful data regarding oral health in Los Angeles County.

Strategy 6.B

Make data accessible to the public through oral health maps, data dashboards, outreach, and other user-friendly reporting tools.

Promising Practice: Oral Health Surveillance, Data Collection, Transparency and Accountability

Strategy/Activity: The LA County OHP recognizes the importance of ongoing oral health surveillance, data collection, and program evaluation as the means for program planning, implementation, and continuous quality improvement. With support from the OHP epidemiologist, the OHP established an oral health surveillance system. Through ongoing data collection and analysis OHP administrators may assess the oral health status of residents across the county, identify disease disparities among at-risk population groups, detect inequities in access to community-based prevention and oral healthcare, and plan for oral health improvement. In addition, with support from the OHP evaluator, the OHP established an evaluation plan to support quality improvement efforts and ensure accountability.

Outcome(s): In 2021, the OHP published the LA County Oral Health Chartbook which catalogs oral health surveillance data on the LAC OHP website. This chartbook is continuously updated (last update was July 2022) to ensure the most relevant and updated information is readily available to the public. It also provides OHP and stakeholders current data for continuous quality program improvement and evaluation, as well as assists policy makers in targeted program developments to reduce disparities and improve oral health equity. To increase stakeholder engagement, transparency, and accountability, the OHP held annual summits in 2020, 2021, 2022 to share oral health indicator data, and gain stakeholder input.

Discussion and Conclusion

Since the inception of the COHIP, tremendous progress has been made on several fronts to advance oral health and oral healthcare equity for all LA County residents. LA County OHP successfully engaged and partnered with key stakeholders to support and implement the COHIP. Among the six key objectives outlined in the COHIP, strategies and activities were implemented and monitored regularly. As demonstrated in this report, several promising practices were identified. A program evaluation with outcome measures was submitted to the California Department of Public Health, Office of Oral Health in July 2022.

Despite the overall success of the program, several challenges were noted. First and foremost, there was COVID-19—a deadly viral outbreak that, in early 2020, shuttered schools and businesses, overwhelmed hospitals, and tested public health officials. Shortages in healthcare supplies such as masks and gloves limited the delivery of healthcare services, and due to the aerosol transmission of the virus, dental providers were only permitted to render essential dental care. These challenges significantly altered the OHP’s original COHIP implementation strategy, prohibiting access to schools, hospitals, businesses, and the community at large. However, thoughtful, ongoing, and strategic planning permitted the partners to redirect many in-person efforts to virtual, thereby securing the success of the program. The LA County Oral Health Summits, provider trainings, and school education efforts all efficiently and effectively shifted to a virtual platform. Later in 2021, partners were able to reconvene in-person services and programs. While the dental sealant program was initially delayed, the partners were able to implement the program successfully in the final year. A final challenge worth noting is the vast size of LA County as well as the number of languages spoken. Because of these two critical factors, additional time was needed for planning and implementation of many activities.

OHP will be using these effective strategies from the COHIP during the 2022-2027 grant cycle. Ongoing monitoring through the oral health surveillance system and program evaluation will ensure continued progress toward achieving oral health equity for all.

COHIP Workgroup Members

211 LA

Access Dental Plan
Alta Med
Angel City Dental Society
API Forward Movement
Asian American Advancing Justice LA
Asian Pacific Health Center Venture
Black Women for Wellness
California Community Foundation
California Dental Association
California Dental Hygienists Association
California Department of Health
Care Services
California Department of Public Health
California Pan-Ethnic Health Network
California Society of Pediatric Dentistry
California State University,
Los Angeles
Center for Oral Health
Children Now
Children’s Hospital Los Angeles
Children’s Hospital-USC
Community Clinic Association
of LA County
Delta Dental
Dental Hygiene Direct

Eisner Health

First 5 LA
Justice in Aging
Kids Community Dental Clinic
Korean American Dental Association
LA Association of Emergency
Room Doctors
LA Best Babies Network
LA Care
LA Christian Health Center
LA County Board of Supervisors
LA County Correctional Facilities
LA County Department of
Health Services
LA County Department of Public
Health
LA County Office of Child Protection
LA County Office of Education
LA County Workforce Development,
Aging and Community Services
Lanterman Regional Center
Liberty Dental Plan
Los Angeles Department
of Water and Power
Los Angeles Public Library
Los Angeles Unified School District
Maternal and Children Health Access

Mend Poverty

Northeast Valley Health Corporation
Ostrow School of Dentistry of USC
Parktree Community Health Center
Pasadena LOHP
Patterson Dental
QueensCare Health Centers
Saban Community Clinic
San Fernando Community
Health Center
Scope LA
South Bay Children’s Health Center
Southside Coalition
St. John’s Well Child
The Achievable Foundation
The Children’s Partnership
The L.A. Trust for Children’s Health
UCLA Dentistry
UCSF
UMMA Community Clinic
Unite HERE Health Dental Center
Valley Care Community Consortium
Vision y Compromiso
Wesley Health Center-JWCH
Western University
Women, Infants, Children
Young and Healthy

Los Angeles County

Community Oral Health Improvement Plan Implementation Report

Vision for Los Angeles County: A community where oral health is recognized as essential for overall health, and where everyone has the opportunity to achieve optimal health and well-being.



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