

Los Angeles County Department of
Public Health Oral Health Program

Community Oral Health Improvement Plan



2019–2023





Funded by the CDPH under Contract # 17-10698

由CDPH依據合約編號#提供資金 17-10698

Pinopondohan ng CDPH sa ilalim ng Kontrata # 17-10698

Financiado por CDPH en virtud del contrato n.º 17-10698

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Letter from the Dental Director

It is with great pleasure that I introduce Los Angeles County's first Community Oral Health Improvement Plan (COHIP). Over the past year community leaders, dental professionals, public health experts, educators, residents, and a wonderfully diverse group of people from the private, nonprofit, and public sectors have worked together to develop this plan. Built with the goal of fostering "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," the COHIP offers a vision for improving the health of Angelenos across the county.

For many years, oral health has been treated as separate and distinct from other aspects of health and well-being. We know that good oral health leads to better outcomes in terms of heart health, diabetes, pregnancy, and more, as well as better educational and financial outcomes. The plan articulated in these pages outlines the work that we, as a community, need to dedicate ourselves to over the next five years to improve oral health in Los Angeles County. This COHIP recognizes that no single approach to improving oral health is sufficient because there are many problems to solve. The fact is we have to address a whole 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 communities. To address these issues, the dozens of community partners who developed this plan have identified six key objectives. Together, we have crafted more than 60 activities for our community to collectively pursue over the next five years to meet those objectives.

This plan is not simply a plan for government action. Rather, the success of the Community Oral Health Improvement Plan depends on the effort and dedication of many partners both inside and outside of government. We are fortunate in Los Angeles County to have such a vibrant community of people and organizations who care deeply about oral health and who have come together to create and implement this plan. As you read through this plan, you will notice that it often discusses the things "we will do" over the next five years. The "we" includes not only the County's Oral Health Program that I direct, but also includes these diverse and passionate advocates of oral health upon whom our success will rely.

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), which included funds for oral health improvement projects like this 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 have come together to collaborate on developing and implementing this Plan.

As the Dental Director for the Department of Public Health Oral Health Program, I am thrilled by the opportunity we have to make significant and lasting improvements in the health of our community, and I look forward to working with you to achieve these important goals.

Sincerely,



Maritza C. Cabezas, DDS, MPH





Introduction

The health and well-being of any individual depends, in part, on their oral health. Unfortunately, oral health has been isolated from other healthcare specialties, and, notably, it has been excluded from Medicare. Despite its importance to overall health, oral health has not always received the public attention or resources it deserves.

Oral health refers to the health of the entire mouth—teeth, gums, tongue, jaw, throat, and palate—and good oral health means being free of tooth decay and gum disease, chronic oral pain, oral cancer, cleft lip and palate, and other conditions as well. Like other aspects of health, the factors that contribute to poor oral health range from personal actions, such as dental hygiene and tobacco use, to social determinants, such as the impacts of poverty and the environment in which people live. Addressing the range of factors is critical to improving public health.

Tooth decay is the most common chronic condition faced by children. Yet it is a preventable disease. Oral diseases and infections are also linked to diabetes, cardiovascular diseases, and pregnancy-related complications, and can worsen chronic kidney disease. We simply cannot neglect oral health; indeed, we must commit to investing time and resources toward its improvement.

This Community Oral Health Improvement Plan (COHIP)—the first of its kind in Los Angeles County—provides a framework for action over the next five years. It envisions a healthier Los Angeles County in which more residents have a dental home, fewer young children experience tooth decay, and people can access quality care in their communities, in their language, and in a culturally sensitive and competent manner.

The COHIP aims to achieve six objectives, using multiple strategies to tackle each objective, each with their own action plans for implementation. The key objectives include:

- Awareness and Health Literacy
- Improved Access to Care
- Coordination of Care
- Workforce Development and Capacity
- Policy Leadership
- Surveillance, Transparency, and Accountability

These objectives, and the associated strategies and activities, were informed by research and interviews with experts, practitioners, and residents, and crafted by a diverse group of community leaders, public health and oral health professionals, and nonprofit and private sector partners. In the following pages, we provide more background on the issue of oral health, the development of the COHIP, the plan itself, and the metrics by which we will assess its progress.

Most importantly, though, the COHIP serves as a guide for the hundreds of public and private sector partners who will be needed over the next five years in order to achieve its goal of a healthier Los Angeles County.

Background Data

Los Angeles County is the largest county in America with more than 10 million inhabitants spread across 88 cities, representing over a quarter of California's population. **It is also one of America's most diverse counties with at least 185 different languages spoken in residents' homes¹ and immigrants constituting more than a third of the residents.²** Los Angeles County has the highest number of millionaire households (over 268,000),³ the highest number of unsheltered homeless individuals (approximately 37,500),⁴ and the highest number of undocumented immigrants (1.05 million)⁵ of any US county.

Using the most recent data,⁶ **59% of Angelenos saw a dentist in the past year, but that means over three million people did not.** Unfortunately, LA's diversity is also accompanied by inequitable health outcomes. According to County data, while 73% of white Angelenos saw a dentist in the past year, this number drops to 59% for Asians, 54% for African Americans, and 50% for Latinos. The disparities are even more acute when broken down by income. **When looking at lower-income individuals, who are below 200% of the federal poverty level, only 45% saw a dentist in the last year,** compared to 76% for those who are above 300% of the poverty level. Broken down by geography, in Los Angeles County's most affluent Service Planning Area (SPA), West LA, 71% of residents visited a dentist in the past year, compared to only 43% in South LA and 53% in East LA, the two most underserved SPAs.

There are a range of factors driving these disparities. Social determinants, including geography, income, race and ethnicity, as well as diet, health literacy, availability of services, and regional job opportunities play significant roles. Additionally, language and cultural barriers, personal and family stress, and the perceived value of oral health are known to impact oral health outcomes.

Through focus group exchanges with low-income residents from across the county, **cost was the most consistently cited barrier to accessing services,** though transportation,

73% of underserved children in Los Angeles have **untreated caries.**



81% of underserved children in Los Angeles have **need dental care.**



Percentage of Angelenos Who Saw a Dentist in the Past Year



Source: Los Angeles County Health Survey, 2015

Of those who did not see a dentist, over **2 out of 3** came from **lower income households.**



42% of Angelenos do not have tap water that is optimally fluoridated.



dental office hours, difficulty understanding insurance coverage, and availability of appointments were factors as well.⁷ **A lack of trust also arose as a common theme;** some expressed concern that dentists were overcharging them, recommending unnecessary services, or providing sub-optimal care. Residents recounted stories of friends and family members visiting unlicensed “garage” dentists instead of dental clinics in order to get less expensive care or care from a provider who spoke their language. Providers expressed the view that some dentists felt they had to rely on tooth extractions instead of preferred approaches to oral health problems, because patients were unlikely to come back for multi-session treatments. These issues can be exacerbated by the lack of cultural sensitivity of some providers, as well as a broader social and political climate targeting both undocumented immigrants and immigrant communities generally.

Water fluoridation is another important factor affecting Angelenos’ oral health. When drinking water is optimally fluoridated it strengthens the enamel in teeth, helping prevent tooth decay. However, **only 58% of Los Angeles County residents have optimally fluoridated water** coming out of their home faucets, and those without it typically live in underserved neighborhoods.⁸ But the problem runs deeper. Even where the water is fluoridated, other conditions, such as deteriorating household plumbing and water system infrastructure, can make the tap water unsafe to drink.⁹ Additionally, where the water is potable, many households still won’t drink it due to the habits acquired and passed along from living in other countries where the tap water was, in fact, unsafe.¹⁰ These factors, along with others such as the targeted advertising of soda and sports drinks to youth, mean that only 6% of underprivileged children in Los Angeles County primarily drink tap water versus bottled water or other unfluoridated drinks.¹¹

These disparities in oral health hit children from underserved families especially hard, impacting school performance as well their overall health. **Students with toothaches are four times more likely to have low GPAs, and students without access to needed dental care were almost three times as likely to miss school.**¹² The result is poorer academic performance, which in turn becomes its own social determinant of health as these children become adults and have families of their own.

These, and other data, provided a common foundation to the individuals involved in the COHIP planning process.

1 “Census Bureau Reports at Least 350 Languages Spoken in U.S. Homes.” November 3, 2015, Release Number CB15-185, April 9, 2019, www.census.gov/newsroom/press-releases/2015/cb15-185.html

2 “L.A. Speaks: Language Diversity and English Proficiency by Los Angeles County Service Planning Area.” Asian Pacific American Legal Center of Southern California, Cyrus Chung Ying Tang Foundation, April 9, 2019, advancingjustice-la.org/sites/default/files/LASpeaksLanguageDiversity.pdf

3 “Top 10 U.S. Counties with the Most Millionaires.” Real Estate Advisor, April 9, 2019, www.streetdirectory.com/travel_guide/73297/real_estate/top_10_us_counties_with_the_most_millionaires.html

4 Henry, Meghan, et al. “The 2018 Annual Homeless Assessment Report (AHAR) to Congress.” The U.S. Department of Housing and Urban Development, April 9, 2019, www.hudexchange.info/resources/documents/2018-AHAR-Part-1.pdf

5 “Profile of the Unauthorized Population: Los Angeles County, CA.” Migration Policy Institute, April 9, 2019, www.migrationpolicy.org/data/unauthorized-immigrant-population/county/6037

6 “2015 Los Angeles County Health Survey.” Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health, April 9, 2019, publichealth.lacounty.gov/ha/LACHSBackMeth2015.htm

7 Focus Group comprised of members of the L.A. Care Executive Community Advisory Committee, May 5, 2019.

8 “Water Fluoridation Status in Los Angeles County Cities Over a 23-year Period.” 2014, Los Angeles County Department of Public Health, April 9, 2019, www.nationaloralhealthconference.com/docs/presentations/2014/04-29/Maritza%20Cabezas.pdf

9 Family, L., Zheng, G., Cabezas, M., Cloud, J., Hsu, S., Rubin, E., Smity, L. & Kuo, T. (2019). Reasons why low-income people in urban areas do not drink tap water. The Journal of the American Dental Association.

10 Patel, Anisha I., and Laura A. Schmidt. “Water access in the United States: Health disparities abound and solutions are urgently needed.” (2017): 1354-1356.

11 Slavkin, Harold, Evans Jr., Caswell. “The Oral Health Baseline Needs Assessment of Underprivileged Children.” The Children’s Dental Health Project of Los Angeles County, October 2009

12 Seirawan Hazem, et al. “The Impact of Oral Health on the Academic Performance of Disadvantaged Children.” American Journal of Public Health (AJPH), September 2012



COHIP Planning Process

Support for the creation of the Los Angeles County Community Oral Health Improvement Plan (COHIP) came from California's Proposition 56 Tobacco Tax. A portion of the funds generated by Prop 56 was allocated for local oral health improvement efforts, including the creation of county-level community plans. To facilitate the creation of Los Angeles County's COHIP, the Department of Public Health (DPH) Oral Health Program (OHP) retained NPO Solutions, a social sector management consulting firm, to orchestrate a five-phase planning process as described below:



Phase 1: ESTABLISHMENT — Plan and Form the Steering Committee

Phase 2: ENGAGEMENT — Gather Information and Form the Planning Committee

Phase 3: PRIORITIZATION — Identify and Prioritize the Contents of the COHIP

Phase 4: FINALIZATION — Finalize Objectives, Strategies, and Measurable Outcomes of the Plan

Phase 5: DOCUMENT — Document and Distribute Plan

This process began with a commitment to engage a diverse group of stakeholders, including community and non-profit leaders, dental professionals, public health experts, private sector participants, and residents. During the planning process, approximately 150 people provided expertise, insights, and input through interviews, focus groups, working groups, and COHIP committee meetings.

A Steering Committee of 12 oral health experts guided the process at the highest level. This group played a critical role in crafting the overarching vision and guiding principles of the COHIP, as well as ideas for the key objectives within the plan. Early in the process, interviews were conducted with several experts and stakeholders and engaged community members and community health advocates through focus groups. Findings from these efforts were combined with a review of data, oral health research, and relevant academic literature to provide a foundation for the COHIP design process.

The Planning Committee, composed of approximately 70 diverse stakeholders from around the county, reviewed the research and interview findings and began to debate potential strategies and activities that would address the identified objectives and vision of the COHIP. Planning Committee members were invited from local dental clinics, academia, community organizations, local government, insurance providers, school systems, and regional nonprofits. Through three working groups that met over the course of the summer of 2018, the participants crafted the action plans that would become the most granular level of activity prescribed by the COHIP.

The Planning Committee and Steering Committee then reviewed the COHIP draft framework in its entirety before submitting it for final approval by the Department of Public Health Oral Health Program and ultimate publication.

Vision and Guiding Principles

A COHIP should set forth a practical road map for improving the well-being of Los Angeles County residents. It must provide concrete actions to take and clear outcomes to be achieved that help county agencies, nonprofits, and private sector partners make important decisions about how to deploy resources and allocate time over the next five years. But in order to create this detailed roadmap, COHIP planning participants first sought consensus regarding the broadest goals and the rules of the road to be followed in order to get there. To accomplish this, the consultants engaged the Steering and Planning Committees to craft the vision statement and guiding principles.

The resulting vision statement describes Los Angeles County as it will look as a result of the success of this and future COHIPs. The guiding principles lay out the foundational values and goals that helped direct and shape the plan.

Vision of the COHIP

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.



Guiding Principles



1. Oral health is integral to overall health and well-being.



2. We prioritize disease prevention through oral health promotion, awareness, and preventive services, while supporting targeted, evidence-based treatment.



3. Social and economic factors that impact the oral health of individuals and the community must be considered.



4. Oral health services and programs must be culturally-, linguistically-, and age-appropriate, accessible to all, and in service of social equity.



5. Collaboration, coordination, and integration across health, social service, and other sectors are essential to improving oral health.



6. Goals and strategies will be informed by community input, research, and needs-based assessments, as well as regularly evaluated, and aligned with the California Oral Health Plan.

Key Objectives

In support of the COHIP’s vision, and aligned with its guiding principles, the COHIP planning participants identified six high-level objectives for the COHIP to prioritize.

Awareness and Health Literacy:

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



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.



Coordination of Care:

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



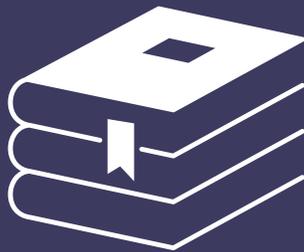
Workforce Development and Capacity:

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



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.



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.



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.

The COHIP's stakeholder engagement process revealed that many Angelenos have misconceptions or a lack of key information about oral health, ranging from the age that children should start seeing a dentist to the dental care covered by Medi-Cal to basic best practices for oral hygiene. Over the next five years, a multifaceted, multilingual, and multicultural public awareness effort will be developed and implemented throughout Los Angeles County. It will include strategic communications using targeted advertising, as well as efforts to focus media attention on oral health. Participating community partners will seek opportunities to increase health literacy through collaboration with schools, community organizations, and the private sector. Partners will also foster more dialogue between dental professionals and other healthcare providers and support efforts to increase awareness of Medi-Cal's dental coverage.



Our Strategies for Success

- A.** Implement a broad, multifaceted oral health branding campaign that focuses on outreach to underserved and vulnerable communities
- B.** Increase the amount of high-quality oral health awareness activities provided to students from pre-K to high school in LA County schools
- 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
- D.** Foster collaborative community partnerships among public, private, and nonprofit organizations to raise the oral health awareness of LA County residents of all ages
- 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

Objective One

Strategy A

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

In order to focus attention on the importance of oral health and hygiene, we want to provide a clear and consistent message to the public through multiple channels. Because the data show significant disparities in oral health outcomes for lower-income, multicultural communities, the COHIP prioritizes outreach to these communities. In the early stages of implementation, various community and state partners will work together to develop effective tools to raise the profile of oral health in Los Angeles County. As this material is developed, COHIP implementation partners will look for opportunities, and additional resources, to communicate this information to residents.

Action Plans

1. Collaborate with state and local partners to create a consistent oral health brand and associated messaging for Los Angeles County, and ensure culturally appropriate, plain language, multi-lingual resources are available for the awareness campaign.
2. Using these branding and messaging materials, conduct an oral health campaign throughout Los Angeles County, with focused outreach efforts for vulnerable and underserved communities.
3. Seek out and take advantage of free media opportunities to promote oral health in multiple languages by writing op-eds, conducting news conferences, and producing social media content.



Students with toothaches are almost **4 times** more likely to have **low GPAs**.



Strategy B

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

Increasing oral health awareness and literacy in Los Angeles County schools provides the most direct way to communicate the importance of oral health to children and their families. Unfortunately, our schools do not have a standard or consistent approach to oral health education. To address this challenge, the COHIP calls for the development of resources for teachers, nurses, administrators, and staff. These tools will provide simple, fun, and engaging ways to incorporate oral health lessons and activities into curricula and other interactions with students and families that present oral health awareness opportunities.

Action Plans

1. Provide a grade-appropriate tool-kit for school staff in LA County that includes oral health awareness and literacy activities.
2. Collaborate with state and local partners, including school districts, to include oral health as a subject in health education curricula for pre-K through 12th grade.
3. Provide resources to LA County school administrators for improving front office and health staff's capacity to promote oral health awareness, provide accurate and effective referrals, and improve reporting, including resources that support implementation of the Kindergarten Oral Health Assessment Mandate (AB 1433).

Kindergarten Assessment Oral Health

In 2005, California lawmakers enacted AB 1433, requiring parents of children entering schools to provide proof that their child had an oral health assessment. Not only does this requirement provide crucial data about dental health, it helps families of young children establish a dental home for their kids, which is linked to improved oral health outcomes.

Unfortunately, about a third of Angeleno parents and guardians either submit a waiver that releases them from this requirement or simply do not submit any document before their child enters school, according to data collected by the California Dental Association. It will be a huge health victory if we can increase the number of kids entering school having had the mandated assessment.

Objective One

Strategy 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.

Despite the fact that most Medi-Cal recipients have dental benefits as part of their Medi-Cal plan, many patients and providers are not aware that these benefits exist. By working with the Smile, California campaign and the Medi-Cal Managed Care Plans, partners throughout LA County will help raise awareness among patients and providers about these often-overlooked dental benefits.

Action Plans

1. Through outreach and material distribution, support Medi-Cal dental program efforts to increase Medi-Cal recipients', Medi-Cal providers', and social service providers' understanding of Medi-Cal's dental coverage and associated benefits.
2. Collaborate with Medi-Cal Managed Care plans and plan partners to educate enrollees and dental and medical providers about the dental benefits available to Medi-Cal recipients.



Source: Smile, California.



Strategy D

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

Over the next several years, we aim to provide organizations, businesses, and public agencies that regularly interact with the residents in their communities with the information and tools they need to actively promote oral health awareness, especially in historically underserved neighborhoods. This strategy stems from the understanding that the most effective messages are the ones that come directly from sources people know and trust. These efforts will support the dissemination of information that directly relates to oral health—such as healthy habits or how to access oral health benefits—as well as other important information that can help improve oral health, including material about added sugars in foods and tobacco cessation.

Action Plans

1. Make dental education, health rights and access, and other oral health literacy materials more widely available at community sites such as churches, libraries, private businesses, daycare centers, and local organizations.
2. Coordinate targeted outreach and awareness events in underserved communities through places of worship, health fairs, festivals, businesses, community meetings, libraries, and other venues.
3. Work with community partners to increase awareness of the overall and oral health effects of sugar sweetened beverages and tobacco use, and the benefits of proper nutrition and drinking fluoridated tap water.

In order to reach people often and in different ways, the COHIP supports the use of awareness efforts to make information available (see Action Plan 1) and more active engagement with residents (Action Plan 2). These activities are all part of the strategic commitment to offering Angelenos helpful oral health information through a variety of trusted channels.

Objective One

Strategy 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.

Because oral health plays a key, but often overlooked, role in overall health, it is crucial that other healthcare providers have the best information available about how they can and should support the oral health of their patients. Under this strategy, COHIP implementation partners will look for opportunities to encourage health care professionals to help their patients achieve optimal oral health. As a key example, most new parents do not know when they should bring their child to a dentist for the first time; therefore, pediatricians and perinatal providers, who see those parents often, are in a great position to promote the “First Year or First Tooth” message.

Action Plans

1. Provide a consistent message for promoting the importance of oral health across the life-span to medical providers and health professionals and what they can do to integrate oral health in their workplaces and practices.
2. Create a speakers panel of oral health professionals who will identify opportunities and make presentations at local medical and health care associations’ meetings and other events attended by health care and social service providers.
3. Support efforts to normalize early dental intervention for young children using the “First Tooth or First Year” message.
4. Support efforts to increase the number of women receiving regular, preventive, and acute dental care during pregnancy.



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.

There can be many barriers that prevent people from accessing high quality dental care—even for individuals and families who recognize the importance of oral health—especially within low-income and immigrant communities. Objective Two focuses on addressing both the logistical challenges related to accessing care and other barriers patients face. The COHIP seeks to encourage more oral health services and service linkages within local communities and increase availability during non-standard hours. The COHIP also emphasizes populations with specialized health care needs, such as seniors and individuals with disabilities, who have historically been underserved as many dental providers are not equipped to meet their needs.

We also recognize that a lack of trust can be a major barrier to accessing care. Many residents face linguistic and cultural barriers to receiving appropriate care, grapple with complex and opaque processes, or have had prior negative experiences. Therefore, the COHIP strives to restore trust by breaking down those barriers and strengthening the relationships between patient and provider throughout the county.



Our Strategies for Success

- A.** Increase the number of dental providers prepared to serve people with special care needs
- B.** Develop new and innovative oral health service access points to better reach underserved populations
- 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

Objective TWO

Strategy A

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

The difficulty in accessing quality care is felt acutely by the thousands of individuals who have specialized health care needs that prevent them from easily receiving treatment in a typical dental office or clinic. These individuals may have chronic diseases that complicate typical treatments, such as diabetes, or physical disabilities that require specialized equipment and assistance. Seniors, young children, people on the autism spectrum, and people with intellectual disabilities may require specialized treatment. Through continuing education and expanding the training provided at regional dental schools, the COHIP will support efforts to provide more care for these underserved populations and alleviate the significant delays in receiving care that these patients often face.

Action Plans

1. Explore opportunities to train oral health providers through continuing education certificate courses on how to care for populations with specialized health care needs, including seniors, and patients with intellectual and physical disabilities.
2. Seek opportunities with dental schools to expose and train students on how to care for people with specialized health care needs, the elderly, and young children.

The Long Wait

At the Rancho Los Amigos National Rehabilitation Center—one of the few specialized providers with a clinic that can treat individuals with chronic illnesses, physical and intellectual disabilities, and other unique challenges—the wait for a dental appointment is typically over 2 years, with 6 month waiting periods for those needing urgent care.



Strategy B

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

For lower-income families, single parents, immigrants, and other underserved populations, it is often a substantial burden to seek oral health care, which means problems are often only addressed once they become an expensive and painful emergency. The COHIP supports the reduction of these incidences by making preventive services and clinic linkages more prevalent in places the community frequents, such as community centers and pharmacies. Advocating for extended after-hours and weekend service will also help working families find times to go to the dentist that do not require them to miss work. Finally, when oral health emergencies do arise, the COHIP encourages hospitals to have dental services available within the emergency department or have an active and effective dental referral system in place.

Action Plans

1. Identify opportunities to increase the availability of preventive oral health services and community clinic linkages in convenient and accessible community locations, such as storefronts and pharmacies.
2. Advocate for dental providers to extend after hours, add weekend services, and accept state-funded dental insurance to make care more accessible for working families.
3. Advocate for hospitals to include dental services within the hospital system, including the emergency department and urgent care, or institute an active dental referral system.



Objective TWO

Strategy 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.

A lack of trust between patient and dental provider can be a significant obstacle to care for many underserved populations. This disconnect can stem from language barriers, cultural differences, and the complex and opaque systems that must be navigated to obtain and pay for care. By bringing together dental societies and schools with community organizations, this strategy will encourage and assist providers to make their services as culturally sensitive and transparent as possible for people from diverse backgrounds.

Action Plans

1. Collaborate with community organizations, dental societies, and dental schools to expand training to address cultural sensitivity in the provision of dental care.
2. Support efforts to share best practices for how to fully and fairly disclose the provisions of insurance plans in readily understood language and in a clearly organized manner, especially for underserved populations, as directed by Senate Bill 1008 (2018).
3. Aid in promoting Department of Health Care Services and other interpreter services to improve patient-provider communication.

Improved Access to Care



Objective Three



Coordination of Care:

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

Oral health care has had a long history of being isolated from the rest of medicine, much to the detriment of patients who require that care and, generally, to the detriment of public health. This has meant that sometimes other medical professionals do not discuss oral health when considering comorbidities, making referrals to other specialists, or educating their patients. It has also led to additional burdens and confusion related to scheduling dental appointments through parallel systems of care and insurance, which prevents many individuals from accessing care, even when they need it.

In order to better coordinate oral health with other systems of care, the COHIP strives for greater implementation of known best practices, creation of innovative pilot programs, improvement of referral systems, and thorough connections with other public service agencies. Through these strategies, the COHIP will aim to make dental care easier to obtain, while also increasing the quality of care through tighter integration with other fields of medicine.



Our Strategies for Success

- 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
- B.** Pilot innovative approaches to oral health care coordination and services and expand the use of evidence-based efforts
- C.** Support the development and use of improved oral health referral systems
- 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

Objective Three

Strategy 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.

There are several best practices for coordinating care that have been demonstrated to improve health outcomes for patients. One area of opportunity is coordination of oral health care with health services for pregnant women, new mothers, and young children. New information regarding the connection between maternal oral health and the health of a child, as well as the need for earlier oral health care in children, makes integrating these fields of care an effective best practice. Additionally, providing oral health-related continuing education for providers and encouraging a broader set of health professionals to provide simple preventive procedures are effective ways to improve oral health. Further, many Medi-Cal recipients are unaware of the care coordination benefits that exist to help them manage their dental and medical coverage, so making both the patients and the care providers aware of these resources can greatly improve outcomes.

Action Plans

1. Promote the integration of oral health assessments, education, preventive, and referral services into well-child exams.
2. Promote efforts to incorporate oral health evaluation and education, including awareness of oral health coverage, into patient visits with perinatal providers.
3. Encourage the use of care coordination benefits available to Medi-Cal patients.



Students without access to needed dental care were almost **3 times more likely to miss school** than students with access.



4. Encourage more health care professionals to provide easily administered preventive procedures, such as fluoride varnishes and oral assessments.
5. Expand and promote oral health-related accredited Continuing Medical Education courses for physicians, nurse practitioners, nurses, midwives, and other health care providers to promote the linkage between oral health and overall health.



Objective Three

Strategy B

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

While enacting established best practices is an important part of coordinating care, the COHIP also aspires to pilot new approaches that appear promising, and, if they demonstrate success, become best practices themselves. Coordinating with Women, Infants, and Children (WIC) programs, home visitation programs, foster youth programs, probationary youth programs, and LA schools could expand services for children and youth, particularly in populations that are often underserved. The recent expansion of resources to support homeless individuals in Los Angeles County is also an opportunity for trying to find effective means of caring for this often hard-to-reach population. Finally, promoting the cultural norm of drinking fluoridated tap water and expanding its availability is a critical step to improving oral health for the millions of Angelenos who do not get enough tooth-strengthening fluoride in their diets.





Action Plans

1. Encourage and train providers of early childhood home visitation programs and other services for disadvantaged families such as WIC to provide oral health education and referrals.
2. Provide training and technical support for individuals and organizations working with children and youth in foster care (such as school nurses, PSA counselors, public health nurses, and social workers) to identify oral health needs and connect these children and youth to oral health care.
3. Promote awareness of oral health resources and rights among public and private agencies working with transient and homeless Angelenos.
4. Collaborate with probationary youth facilities, such as Juvenile Court Health Services, to increase the number of probationary youth accessing dental care after returning to their communities.
5. Develop a sealant program to be piloted in LA County area schools identified as having low sealant prevalence among students.
6. Explore increasing the availability of clean, cold, and fluoridated water bottle fillers and fountains at schools and public and private sites throughout the County.



Only 6% of underprivileged children primarily drink tap water, compared to 72% who drink bottled water.

Objective Three

Strategy C

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

One persistent challenge of coordinating oral health care has been creating and maintaining effective referral systems for connecting patients with providers who can meet their needs in an efficient manner. Some dentists, for example, do not provide specialty services, while others may not be accepting new Denti-Cal patients. This means patients, or those helping them, must make several trial and error phone calls to find a provider who matches their care needs, insurance plan, language, and geography. Too often that logistical burden causes people to give up on seeking care, especially if they live in an area with few dental providers, which makes the challenge even greater. The COHIP recognizes this challenge as a key issue and supports efforts to create more effective, unified referral systems.

Action Plans

1. Support use of an inter-professional region-wide oral health referral system.
2. Support Department of Health Care Services' and dental managed care plans' efforts to distribute and regularly update a list of Medi-Cal dental program with providers who accept new patients.
3. Promote the countywide health hotline (211) and online resources that include oral health referrals and encourage their timely and accurate upkeep.



Strategy 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.

Given the current challenge of connecting underserved populations to oral health resources, the COHIP proposes a “No Wrong Door” approach that prepares other public sector services and agencies to connect people with oral health care resources. Based on a similar idea for homeless services in Los Angeles County, this strategy would develop and share recommendations for other social service and public health agencies to follow. The recommendation would then inform service providers on how to connect individuals and families in need with the oral health resources available to them, such as helping them understand the dental benefits that are available through Medi-Cal. The ultimate goal is for our public services to mutually reinforce and work together to promote better oral health outcomes for LA County residents.

Action Plans

1. Develop an oral health “No Wrong Door” strategy that can be adopted by social service and public health agencies throughout Los Angeles County.
2. Make available information and training to social service and public health agencies about how to implement the oral health “No Wrong Door” recommendation.



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.

Los Angeles County has several dental deserts—areas of the county where there is a shortage of dental service providers—and, not surprisingly, these areas correspond to the parts of Los Angeles County with the lowest dental utilization. This, along with the cost of care and language barriers, also drive some residents to turn to “garage dentists,” that is, a person providing dental services without a license. Such unregulated practices can endanger patient safety and cannot replace a true dental home.

This COHIP provides strategies for increasing the number of local providers and, in turn, more oral healthcare options in underserved parts of Los Angeles County. COHIP implementation partners will encourage the creation of new opportunities for young people to learn about and prepare for a career in the dental profession; encourage increased use of non-dentist professionals, to the full extent their credentials allow, in locations outside of dental clinics; and ramp up efforts to place more dentists in vulnerable and underserved communities.



Our Strategies for Success

- 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
- B.** Promote expanding the volume and variety of oral health services provided by non-dentist professionals in accordance with their credentials
- C.** Encourage and facilitate increased participation of dental professionals in dental deserts and other community-oriented settings

Objective Four

Strategy 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.

Not enough young Angelenos—in middle school, high school, or local colleges—are aware of the career opportunities available in the dental profession. To address this, the COHIP proposes raising awareness about the field and creating pathways for community members to work in oral health, including dentists, hygienists and dental assistants. By developing a local dental workforce, not only will this strategy address regional shortages, but it will encourage placing professionals in the communities in which they were raised. That means the future workforce will likely be more equipped, culturally and linguistically, to serve the residents of historically underserved neighborhoods.

Action Plans

1. Work with regional workforce development agencies to explore the expansion of programs focused on the dental profession.
2. Foster mentorship programs with middle, high school and community college students from communities across the county to increase interest in becoming future oral health professionals.
3. Work with local colleges and universities to incorporate oral health topics into public health courses and programs.

A call for oral health experts in the Public Health field.

While many public-spirited graduate students go on to do important work in public health, there are not enough courses or training opportunities teaching dental public health. We need to develop new approaches to strengthen the dental public health workforce.



Strategy B

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

While awareness efforts will bring new focus on the importance of oral health, we must also increase the availability of oral health services, including dental care and care coordination. With this strategy, we are taking advantage of the fact that a significant improvement in oral health outcomes can be accomplished with the services provided by dental hygienists and the assistance offered by healthcare-oriented community workers. By engaging partners in a variety of community and clinical settings, we will increase the likelihood that Angelenos will know how and where to get the dental care they need in a timely manner.

Action Plans

1. Support an increase in community health workers, promotoras, and community dental health coordinators who are trained in providing oral health education, preventive services and referrals in LA County, and explore other opportunities to expand an alternative dental workforce.
2. Expand and promote the use of dental hygienists in settings such as senior facilities, adult day care centers, and early education settings.

Did you know?

A Registered Dental Hygienist in Alternative Practice (RDHAP) can provide a range of oral health services outside of dental offices, including:

- Senior care facilities
- Schools
- Skilled nursing facilities
- Public, rural, and community health centers
- Hospitals
- Private homes

Objective Four

Strategy C

Encourage and facilitate increased participation of dental professionals in dental deserts and other community-oriented settings.

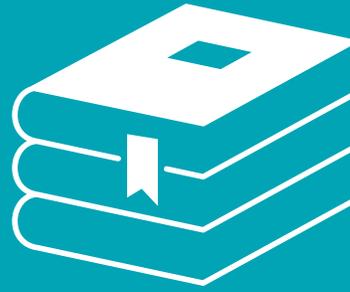
This strategy encourages more dental professionals to work in the historically underserved communities of Los Angeles County. By creating more opportunities and incentives to serve in these dental deserts—as a student, as a volunteer, and, critically, as part of a practice—this COHIP aims to eventually eradicate dental deserts in Los Angeles County. No matter where in the county someone lives, there should be clinics and Denti-Cal providers available to meet the oral health needs of all Angelenos.

Action Plans

1. Work to expand loan repayment programs through increased funding for service in underserved communities and in the field of dental public health.
2. Support and expand a system to connect providers with volunteer service opportunities in underserved communities.
3. Encourage dental professional training programs to increase rotations working with underserved communities and special needs populations.
4. Encourage community dental clinics and existing Denti-Cal providers to expand the oral health services they provide and/or increase their capacity.



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.

Public health and community well-being do not improve or decline in a vacuum, and the COHIP will not be nearly as effective or sustainable if public policy does not reflect a strong interest in improved oral health. The community leaders, health professionals, non-profits, and other stakeholders involved in crafting this plan identified a need to coordinate ongoing engagement around the myriad public policy decisions that impact oral health in Los Angeles County. By encouraging a public policy orientation, the COHIP serves to remind all of the people involved in its implementation that we must be prepared to assist decision makers in government, philanthropy, and business as they try to navigate and address the oral health needs of the community.

The COHIP planning participants crafted an overarching strategic orientation toward developing and supporting oral health public policies around which a consensus can be found. This is detailed in Strategy A. Additionally, the planning participants wanted to specifically highlight some critical issues that deserve attention and need policy leadership over the next several years, and those are contained in Strategies B, C, and D.



Our Strategies for Success

- 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
- B.** Provide policy leadership to support a more outcome- and data-driven approach to dental insurance programs, including Medi-Cal and private insurance
- C.** Serve as a voice for health equity in Los Angeles County
- D.** Advocate for optimally fluoridated, safe drinking water for all Angelenos

Objective Five

Strategy 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.

Among the many partners involved in the creation and implementation of this COHIP, there is an extraordinary amount of expertise and passion about community oral health. In this regard, this strategy aims to harness those strengths to identify and advocate for public policy that will enhance public oral health in Los Angeles County and beyond. While there are many perspectives, sometimes competing, on how to best address oral health policy, we believe that open and regular dialogue about public health issues will lead to more consensus and better public policies. The COHIP's approach also encourages action and advocacy, especially where consensus can be found, to ensure that oral health receives the attention it needs when and where key decisions are made.

Action Plans

1. Convene a regularly scheduled oral health policy leadership network comprised of public health experts, community leaders, providers, advocates, and other private and public sector stakeholders to promote dialogue, identify consensus policies, and advocate for public oral health improvements.
2. Collaborate with advocacy groups to identify "Oral Health Public Policy" priorities consensus.
3. Support an oral health policy action day to promote consensus policies and increase understanding of oral health issues among policymakers.
4. Identify, engage, educate, and recognize potential oral health policy champions who are in positions to affect legislation, regulations, and resource allocation.
5. Participate in the ongoing action planning aimed at implementing the California Oral Health Plan 2018-2028.

What is an "Oral Health Champion"?

When lawmakers debate issues, we want to ensure that there are people with influence—such as elected leaders and administrative officials—who will be informed about and speak out in favor of improving oral health. These "champions" of oral health will play a critical role in protecting and improving oral health policy and voicing an oral health perspective when key decisions are being made.



Strategy B

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

In order to advocate for changes to dental programs, we need to start with outcome measurements. Over the next five years, through data collection, research, and consensus-building, the Policy Leadership Network will work with state leadership, Medi-Cal, insurers, dental associations, and community partners toward the goal of optimizing the various dental coverage systems through which Angelenos receive care.

Action Plans

1. Develop a list of performance measures that will be needed for useful analysis of coverage system outcomes.
2. Mobilize community partners to voice the oral health impacts at stake in public policy debates that directly or indirectly affect dental coverage.



Objective Five

Strategy C

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

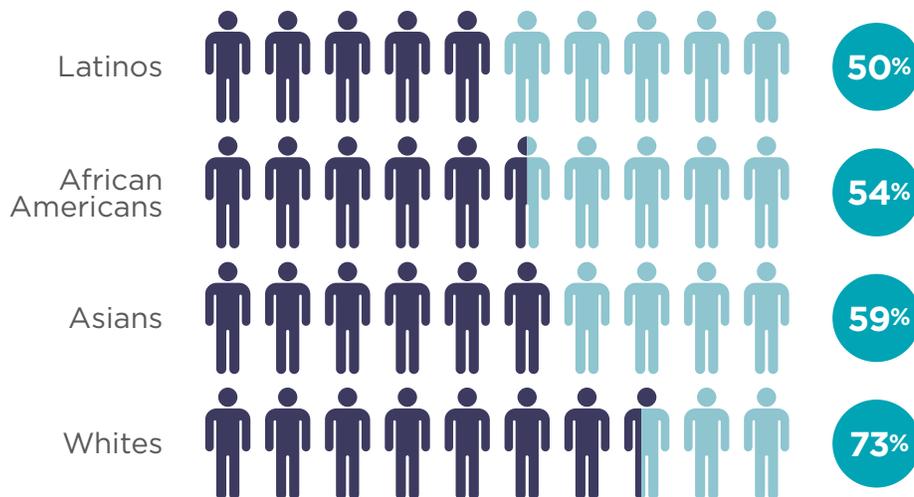
Social equity is a guiding principal for this COHIP and, with this strategy, we commit to standing up, speaking out, and working toward achieving health equity. All Angelenos should be able to safely access high quality oral health care. Whether as a result of poverty, geography, or inflammatory rhetoric in public debates, utilization of oral health services is uneven in Los Angeles County. Residents of lower-income neighborhoods and communities of color have less access to care and therefore experience worse outcomes than we should expect. Just as the COHIP will be guided by the recognition of these facts, so should our public policy.

Action Plans

1. Engage in, and lend an oral health-specific perspective to, efforts to address health inequities in LA County.
2. Engage in, and lend an oral health-specific perspective to, existing efforts to respond to anti-immigrant rhetoric and policies.
3. Explore and advocate for policies that will improve oral health outcomes for residents who do not have dental coverage.

Data reveal disparities in utilization of dental services

Percentage of population who visited a dentist for any reason in 2015



Source: Los Angeles County Health Survey, 2015



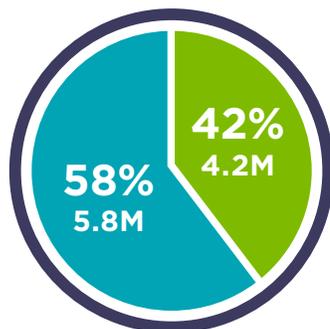
Strategy D

Advocate for optimally fluoridated, safe drinking water for all Angelenos.

Data clearly show that oral health outcomes improve when people drink optimally fluoridated water. But some residents have safety concerns with the water flowing out of their taps, leading them to avoid drinking tap water and thereby losing the benefits of fluoride. Additionally, residents in more than 50 cities in Los Angeles County get their tap water from systems that are not optimally fluoridated, such that they too miss out on the benefits of fluoride even if they are drinking tap water. These communities, mostly in the eastern and southeastern parts of the county, often have fewer resources and have larger immigrant populations than the communities with optimally fluoridated water systems. Over the next five years, we will work toward increasing the usage of tap water and increasing the number of residents with access to optimally fluoridated water.

Action Plans

1. Engage in, and lend an oral health-specific perspective to, local efforts aimed at providing safe and optimally fluoridated drinking water for all of LA County.
2. Advocate for water fluoridation in LA County water systems that do not currently provide it by engaging with policymakers, local community organizations, and residents about the benefits of fluoride.



Many Angelenos lack access to optimally fluoridated water

- Access
- No Access

Source: Fluoridation Status of L.A. County Cities 2014, Los Angeles County Department of Public Health

Objective Six



Surveillance, Transparency, and Accountability:

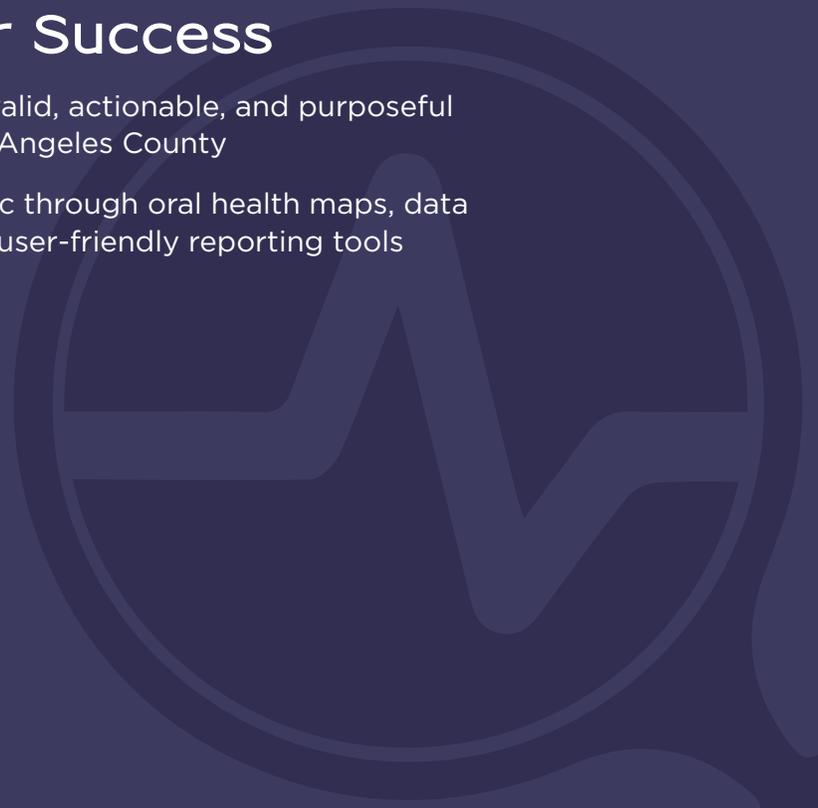
Track oral health determinants and outcomes in Los Angeles County. Data collected will be made available for research and analysis, policy development and implementation, and public dissemination.

In order to understand the scope of oral health needs and determine the efficacy of oral health programs, Los Angeles County must have a reliable and transparent system for oral health surveillance. The data generated will be essential for conducting research, informing policy, supporting the work of numerous organizations, and fostering transparent government systems. Once these data are collected and analyzed, the COHIP lays out steps for publishing reports and online materials that will make the findings both useful for technical experts and easily accessible to the broader public.



Our Strategies for Success

- A.** Collect, report, and disseminate valid, actionable, and purposeful data regarding oral health in Los Angeles County
- B.** Make data accessible to the public through oral health maps, data dashboards, outreach, and other user-friendly reporting tools



Objective Six

Strategy A

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

The COHIP provides LA County with the opportunity to coordinate many separate sources of data under a single umbrella. This includes information from the State of California, public schools, academic institutions, the County Department of Public Health, and many others. Taking inventory of these data also provides a chance to see what gaps may exist in the County's surveillance system, allowing the COHIP to identify new data collection needs and methods. The COHIP also recognizes the importance of monitoring its own efforts so that those implementing it can adapt as needed during the five-year plan, and also be as informed as possible when it comes time to create the next COHIP in 2023.

Action Plans

1. Coordinate with state and local data work groups to ensure LA County data are collected and disseminated and that data can be reported by city, zip code, demographics, and other variables when possible.
2. Develop a list of key oral health determinants and indicators, including quantitative and qualitative data, to monitor population health within LA County.
3. Encourage increased use of school system oral health data to better identify needs, increase access to dental services, and improve health outcomes in Los Angeles County.
4. Monitor implementation of the COHIP based on available data.
5. Conduct a countywide Children's Oral Health Needs Assessment every five years.



Strategy B

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

Data alone do not help the residents of LA County. It is only when the data are interpreted, contextualized, and presented in an accessible form that they become shared knowledge capable of informing and guiding the community. Under the COHIP, the analysis and dissemination of information will be critical for driving change. Be it to the public online, to community organizations through engagement, or to the participants at a countywide Oral Health Summit, the information distributed under the COHIP will always be shared with the aim of improving the community's health and well-being.

Action Plans

1. Make oral health data easily accessible to the community via the internet.
2. Perform outreach to community organizations, stakeholders, and the media to inform them of the information available to them regarding their communities' oral health.
3. Hold an annual Oral Health Summit for community stakeholders presenting the key findings from surveillance efforts, COHIP implementation, and related oral health issues.

Equality



Equity



Outcomes

The following outcomes were developed as a means of measuring the positive impact of the Community Oral Health Improvement Plan (COHIP). Effective surveillance and transparency are major goals of the COHIP, including tracking the success of this plan. Each outcome captures the combined impact of multiple related objectives, as indicated in the columns below. The outcomes were designed to reflect progress related to the six objectives, while also taking into account what data are available for analysis. As a result, some of the efforts of the COHIP may be measured indirectly. Where appropriate, the outcomes were also coordinated with the California Oral Health Plan to align with meeting statewide targets.

Outcomes	Baseline	Target	Related Objectives					
			1	2	3	4	5	6
Outcome I: By 2023, reduce the prevalence of tooth decay in kindergarten and third grade children by 5%	Kindergarten: 58.5% 3rd Grade: 76.5%¹³	Kindergarten: 55.6% 3rd Grade: 72.7%	✓	✓	✓	✓		
Outcome II: By 2023, reduce the percentage of kindergarteners and third grade children with untreated tooth decay by 5%	Kindergarten: 26.6% 3rd Grade: 28.2%¹⁴	Kindergarten: 25.3% 3rd Grade: 26.8%	✓	✓	✓	✓		
Outcome III: By 2023, increase the percentage of 3 rd grade children with sealants by 5%	21.6%¹⁵	22.7%	✓	✓	✓	✓		

¹³ Source: California Smile Survey (2006) for kindergarten and 3rd grade children. Raw data provided for the oral health of the 8,000+ children screened in Los Angeles County in 2005.

¹⁴ Ibid.

¹⁵ Ibid.

Outcomes	Baseline	Target	Related Objectives					
			1	2	3	4	5	6
<p>Outcome IV: By 2023, increase the percentage of children who provide proof of a dental assessment in accordance with California’s Kindergarten Dental Check-up requirement by 15%</p>	66% ^{16, 17}	76%	✓	✓	✓	✓		
<p>Outcome V: By 2023, increase the percentage of low- and moderate-income adults (<300% of the Federal Poverty Level) who reported seeing a dental provider for any reason in the past year by 10%</p>	48.4% ¹⁸	53.2%	✓	✓	✓	✓		
<p>Outcome VI: By 2023, increase the percentage of children enrolled in Medi-Cal who see a dentist at two years old or younger by 10%</p>	22.4% ¹⁹	24.6%	✓	✓	✓	✓		
<p>Outcome VII: By 2023, increase the percentage of Medi-Cal beneficiaries who use their dental benefits by 10%</p>	33.3% ²⁰	36.7%	✓	✓	✓	✓		

16 Source: AB 1433 data for Los Angeles County (2017) reported by California Dental Association, retrieved on April 25, 2019 from <https://www.cda.org/PublicResources/CommunityResources/KindergartenOralHealthRequirement/AB1433Results/tabid/253/u1074q/4C6F7320416E67656C6573/Default.aspx>

17 Note: This data set represents less than half of the Los Angeles County kindergarten population and does not include most LAUSD schools. As LAUSD data become available, the COHIP baseline will be adjusted if appropriate.

18 Source: “Saw Dentist or Visited Dental Clinic in the Past Year” (2015). Los Angeles County Health Survey. Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health

19 Source: Dental Utilization Measures and Sealant Data by County and Age Calendar Year 2013 to 2017. California Department of Healthcare Services. Baseline represents Calendar Year 2017, Annual Dental Visit, Los Angeles County, Age Filter = Age <1 and Age 1-2. Retrieved from URL: <https://data.chhs.ca.gov/dataset/242e5248-686f-4fdb-8c85-dc970de43d8f/resource/cbc262-5877-422e-8d2a-bd1459a90950/download/mdsd-sealants-data-by-countyage-cy-2013-to-2017-jan19.csv>

20 Ibid. Baseline represents Calendar Year 2017, Annual Dental Visit, Los Angeles County, all ages

Outcomes	Baseline	Target	Related Objectives					
			1	2	3	4	5	6
<p>Outcome VIII: By 2023, reduce the rate of non-traumatic dental visits to emergency departments by 10%</p>	240 per 100,000 ²¹	216 per 100,000	✓	✓	✓	✓		
<p>Outcome IX: By 2023, the number of medical and/or dental Federally Qualified Health Centers offering nutrition and tobacco cessation education services will increase by 10%</p>	50 FQHCs ²²	55 FQHCs	✓		✓			
<p>Outcome X: By 2023, increase the number of LA County residents receiving optimally fluoridated water by 200,000 people</p>	5.8 million residents	6.0 million residents			✓		✓	
<p>Outcome XI: By 2021, publish the Los Angeles County Children’s Oral Health Needs Assessment (LA Smile Survey) and a Los Angeles County Burden of Oral Disease Report</p>	—	—	✓					✓
<p>Outcome XII: By 2023, publish a COHIP Implementation Report that reflects on the successes, challenges, and ongoing activities of the COHIP</p>	—	—	✓					✓

²¹ Source: Calculation conducted by the Los Angeles County Department of Public Health Oral Health Program. Prepared by the California Department of Public Health—Oral Health Program, from the Office of Statewide Health Planning and Development (OSHPD) 2012-2016 Emergency Department files. Population estimates for each county came from the California Department of Finance. The rate of non-traumatic dental conditions (NTDC) do not exclude visits from the same person coming multiple times. These rates are not age-adjusted.

²² Source: Los Angeles County FQHCs providing community nutrition services. California Office of Statewide Health Planning and Development. Retrieved from <https://data.chhs.ca.gov/dataset/primary-care-clinic-annual-utilization-data>

Achieving Outcomes:

Implementation of the Community Oral Health Improvement Plan

The publication of the COHIP marks the beginning of this five-year project. The finish line will be the successful implementation of this plan, the achievement of the outcomes presented in the prior pages, and the resulting improvement in the health and well-being of individuals and families throughout Los Angeles County.

The COHIP is, first and foremost, a community plan and collective effort. Such a plan is different than an organizational strategic plan, where a team of staff members each have jobs to do to carry out the priorities of a Department. Our COHIP requires long-term engagement and participation by many diverse stakeholders, most of whom do not work for the County of Los Angeles, but all of whom are deeply dedicated to improving the oral health and well-being of county residents.

To achieve our key objectives and produce the outcomes presented in this plan, the County's Oral Health Program staff will work with the numerous oral health and community leaders who were involved in the crafting of the COHIP and many others who share a common stake in its success. This joint effort will be spurred along by working groups responsible for each of the COHIP's six objectives. The five-year plan will be overseen by an Implementation Leadership Group that will be responsible for identifying critical needs—including resources and additional partners—and assist in addressing those needs to improve the COHIP implementation process.

The working and leadership groups will develop annual Action Plans that identify the operational priorities and performance targets for the year ahead. This will help all the involved stakeholders focus on critical activities and targets each year to propel the joint effort toward the longer-term outcomes of the COHIP.

The Community Oral Health Improvement Plan provides a roadmap toward significant improvements in public health in LA County. We recognize that in adopting a plan as sweeping and far-reaching as this, success is only possible if the many partners involved in developing it continue to carry the responsibility of its success on their shoulders. The power of people and organizations joining together to create LA County's first COHIP shows the potential of this broad coalition to dramatically transform and improve the oral and overall health of LA residents.



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Community Oral Health Improvement Plan

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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