PACIFIC HEALTH CONSULTING GROUP

72 Oak Knoll Avenue
San Anselmo, California 94960

Phone 415-459-7813 • Fax 415-459-1541
bwunsch@pachealth.org

Executive Summary
Final Report
The Sonoma County Task Force on Oral Health
June 1, 2011

Good oral health – healthy mouth, teeth and gums - is essential to overall health. Poor oral health can threaten the health and healthy development of young children and compromise the health and wellbeing of adults. While most children and adults in Sonoma County enjoy good oral health and ready access to high-quality dental care, too many children in our community are unable to eat, sleep or learn because of painful, untreated decay. Many adults are seeking emergency room care for urgent dental conditions that could have been prevented with access to basic dental care. In our community, low-income adults and children suffer disproportionately from untreated dental problems and many lack access to a regular source of preventive care. At particular risk are low-income children, pregnant women, seniors and people with disabilities.

The Sonoma County Task Force on Oral Health was convened in January 2011 by a consortium of health and human service organizations concerned about a worsening crisis in the oral health status of low-income individuals. The conveners – the Sonoma Health Alliance, First 5 Sonoma County, the Redwood Community Health Coalition, and the Sonoma County Department of Health Services – asked the Task Force to develop a set of concrete, local, and relatively short-term recommendations that could significantly improve oral health status. The Task Force, with Dr. Mark Netherda, Deputy Public Health Officer, acting as Chair, brought together leaders from the medical and dental communities, public health officials, and advocates for children, seniors and people with disabilities – to focus on creating a "roadmap" for oral health improvement in Sonoma County.

The Final Report of the Task Force summarizes the Task Force's efforts to define and quantify local oral health problems, identify key requirements of an effective system of prevention and treatment services, and develop a set of focused recommendations to move Sonoma County toward improved oral health. In developing its recommendations, the Task Force focused on concrete, local strategies which:

- Could have significant positive impact on the oral health status of low-income children and adults,
- Could be substantially implemented within a three-year timeframe, and
- Could be implemented with current resources or those likely to be available within the near future.

Some strategies viewed as essential to building an effective oral health system, such as publicly funded dental insurance for low-income adults or fluoridation of the public water supply, were not considered for inclusion because they cannot be accomplished within the targeted timeframe or with local efforts alone. Other approaches were identified as promising strategies and, while not recommended as priorities, are noted in the Final Report. The Task Force believes that the

resulting recommendations outline a set of local initiatives that together have the potential to improve our health care system and the health and wellbeing of thousands of people in Sonoma County.

Task Force Recommendations

Recommendation: Mobilize public-private partnerships to expand access to care in Santa Rosa and other high-need communities by adding new clinical capacity and expanding the cost-effective use of existing community-based facilities (community health centers, Women, Infant, Children (WIC) nutrition programs, private dental offices, Santa Rosa Junior College Dental Hygiene Clinic, mobile dental clinics).

What this means: Creating a sustainable dental care safety net in Sonoma County is possible through leveraging of existing assets and resources and the formation of new, project-based partnerships.

Recommendation: Adopt and implement practice changes, including education for primary care providers and staff, to strengthen oral health assessment, education and preventive care in primary care visits and fully integrate dental professionals within the medical home model.

What this means: Training physicians to include a focus on oral health as part of routine physicals and well-child visits will help to educate patients about oral health and promote the early detection and treatment of dental problems.

Recommendation: Develop and integrate a comprehensive oral health promotion program, to include prevention, assessment, treatment, referral and case management, into the Comprehensive Perinatal Services Program (CPSP) for pregnant women at all CPSP service delivery sites.

What this means: Incorporating a strong oral health focus in pre-natal care visits will help to reduce dental disease among pregnant women and help babies get off to a good start.

Recommendation: Expand the use of Registered Dental Hygienists in Alternative Practice (RDHAP) and other appropriate, trained personnel to deliver cost effective oral health education, assessment and preventive services in primary care, school, and community settings.

What this means: Using more cost-effective personnel to deliver certain basic prevention services, which have traditionally been provided by dentists, will expand the local oral health workforce and make these services more cost-effective and accessible.

Recommendation: Develop and implement an ongoing oral health surveillance program, within the Sonoma County Department of Health Services, to collect, analyze and report data on oral health status, access to prevention and care, and system capacity and identify strategies to promote oral health throughout the community, with emphasis on high-risk populations.

What this means: Collecting, sharing and analyzing accurate and timely information on oral health problems will help our community to identify and to respond to emerging needs and plan for a more effective system of oral health care.

Next Steps

The Task Force completed its work on May 13, 2011. With release of the Final Report, the Task Force is poised to begin the work of implementation. Member organizations of the Task Force will now turn their attention to moving forward on the initiatives they have envisioned and advancing their goals of expanding access to prevention and care, creating a more effective oral health system and improving the oral health of vulnerable populations. Key Task Force leaders have stepped forward to act as champions for each of the five recommendations and will begin immediately to inform, engage and mobilize key partners throughout the community. The conveners have agreed to reconvene the Task Force in December 2011 to assess progress on the recommendations, identify the need for additional resources or support and chart a course for continued success.

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Why Oral Health Matters

Good oral health – healthy mouth, teeth and gums - is essential to overall health. Poor oral health can threaten the health and healthy development of young children and compromise the health and wellbeing of adults. It can have devastating effects on the social functioning, self-esteem, productivity and overall quality of life of young and old alike. A growing body of research indicates that poor oral health is directly linked to a number of major health conditions including cancer, diabetes and heart disease/stroke. Untreated dental problems during pregnancy can contribute to poor birth outcomes and neonatal mortality.

Although tooth decay is largely preventable, it is the most prevalent chronic disease of childhood – five times more common than asthma. In a recent assessment, 52% of Sonoma County third-graders had a history of decay, exceeding the state average and falling far short of the Healthy People 2010 goal of under 45%.[1] Untreated tooth decay also affects more than a quarter (28%) of adults aged 35-44 and 18% of those aged 65 or older.[2] The economic and productivity costs of poor oral health are also significant. According to a report from the California Health Care Foundation, there were more than 83,000 visits to California hospital emergency departments in 2007 for preventable dental conditions – with an average visit and hospitalization billing at over $5,000.[3] In 2007, approximately 6% of all California adults between the ages of 21 and 65 missed work and 7% of children missed school due to a dental problem (excluding time for cleaning or routine check-ups).[4]

The positive news is that good oral health is within reach if we can make it a community priority. Safe and effective disease prevention measures exist that everyone can adopt such as daily oral hygiene (brushing and flossing) along with modifying risk behaviors such as tobacco use and excessive alcohol use. Public water fluoridation, the application of fluoride varnishes, and dental sealants have all proven to be effective in preventing dental caries (cavities) and new medicines and technologies are advancing prevention and treatment for other conditions. Yet, in Sonoma County, too many children are unable to eat, sleep or learn because of painful, untreated decay. Many adults are seeking emergency room care for urgent oral health conditions that could have been prevented with access to basic dental care. There is much we must do if our goal is to ensure that everyone – regardless of age, income, ethnicity or life circumstance – can enjoy good oral health.

A Disproportionate Burden

While most children and adults living in Sonoma County do enjoy good oral health and ready access to high-quality dental care, a significant number do not. Low-income adults and children

suffer disproportionately from painful untreated dental problems and many lack access to a regular source of preventive care. At particular risk are low-income children, pregnant women, seniors and people with disabilities. Although only limited data on oral health status of Sonoma County low-income residents are available, findings from both state and local sources highlight a staggering burden of suffering and a growing oral health divide between rich and poor.

- The 2009 Sonoma County Smile survey found that low-income kindergarteners and third-graders had more than twice the level of untreated decay as more affluent children (21% versus 9%) and that 7% of them were assessed to need "urgent dental care."
- In 2010, over 838 low-income Sonoma County children received hospital dentistry services at the PDI Surgery Center, to treat caries that were either so numerous or so severe that they could not be treated without general anesthesia.
- Well over half of publicly insured adults in Californian report "fair or poor" oral health."[5]
- It is estimated that nearly a quarter of California's low-income 65-74 year olds have severe periodontal disease and more than 30% have lost all their teeth.[6]

A complex combination of factors contributes to the disproportionate burden of poor oral health experienced by low-income populations. Most striking are the barriers to care imposed by poverty and ethnicity. In California, Hispanic children are three times more likely to be poor than white children. In Sonoma County where Latinos are the fastest growing demographic group, Hispanic children experience more untreated tooth decay and more urgent need for dental care than any other group. These children, as well as Hispanic adults, are far less likely than their more affluent peers to have dental insurance, access to a regular source of ongoing preventive dental care or access to timely treatment for dental problems. Similarly, seniors with the poorest oral health are also those who are economically disadvantaged, lack insurance, and are members of racial and ethnic minorities.

- Being disabled, homebound, or institutionalized also increases the risk of poor oral health.[7]
- While dental care during pregnancy can help prevent transmission of dental disease from mother to newborn, 79% of California women on Medi-Cal did not receive any dental care during pregnancy.[8]
- An estimated half of all Californians with a significant disability cannot find a source for appropriate and necessary dental care.[9]

Lack of dental insurance is a major barrier for many low-income children and adults. Nationally, for every adult 19 years or older without medical insurance, there are three without dental insurance. While some of Sonoma County's families have access to dental coverage for their children through Denti-Cal (the Medi-Cal dental program) or Healthy Families, many others do not, based on immigration status and or family income. Even with coverage, families often have difficulty finding a dentist who will accept public coverage due on its low reimbursement rates. Many elderly individuals lose their dental insurance when they retire and Medicare does not reimburse for routine dental care. Medicaid covers dental care for the low-income and disabled elderly in some states but in California, with the suspension of adult Denti-Cal in 2010, low-income adults have little access to routine preventive care. Instead, they are seeking treatment, when dental problems have become unbearable, at local hospitals. Unfortunately, while federal

Health Care Reform will ultimately expand access to health insurance for an estimated 45 thousand low-income people in Sonoma County, its provisions do not significantly expand access to dental coverage.

Sonoma County Task Force on Oral Health

In the fall of 2010, concerned about this oral health crisis, a consortium of leading local health organizations joined forces to develop the Sonoma County Task Force on Oral Health. These organizations – the Sonoma Health Alliance, the Redwood Community Health Coalition, First 5 Sonoma and the Sonoma County Department of Health Services – believed that already significant oral health problems were worsening for low-income populations and that without a new, community-wide effort to address them, these problems and their negative health, social and economic impacts would continue to grow.

The conveners had been working for several years, along with other leading organizations, to bring attention to the issue of dental health and to promote enhanced prevention, education, and access to care for both children and adults. While significant progress had been made, the conveners recognized that deteriorating economic conditions, reduced availability of affordable dental insurance, growing workforce deficits, inadequate clinical capacity and other factors had pushed Sonoma County's fragile oral health "system" to the breaking point. The conveners believed that a broadened consensus on a limited set of focused local initiatives could catalyze new partnerships and mobilize critical resources to address this important issue.

The Sonoma County Task Force on Oral Health was convened in January 2011, bringing together 25 leaders from the local medical and dental communities, public health officials, and advocates for children, seniors and people with disabilities – to focus on creating a strategic roadmap for oral health improvement. Dr. Mark Netherda, Deputy Public Health Officer, served as Task Force Chair with the convening organizations acting as a Steering Committee. The Task Force's charter was to develop a set of specific, local, near-term recommendations to improve the oral health status of low-income children and adults in Sonoma County. To accomplish this mission, the Task Force held a series of meetings from January through May 2011 during which members worked together to define and quantify local oral health problems, identify key requirements of an effective system of prevention and treatment services, and develop a set of focused recommendations to move Sonoma County toward improved oral health.

Sonoma County's Oral Health System

The Task Force recognized at the onset that moving toward a more effective oral health system would ultimately benefit all Sonoma County residents, including those living in poverty. The Task Force began its work, therefore, by envisioning an "ideal" system of oral health services and supports and identifying the essential characteristics of that system. That envisioned system would offer:

VISION of an ORAL HEALTH SYSTEM OF CARE

- A comprehensive continuum of affordable oral health education, assessment, prevention, treatment and restorative services;
- A delivery system with adequate capacity and a workforce trained to meet current and future needs;
- Geographically accessible services at convenient-to-reach locations;
- Age-appropriate and culturally competent services designed to meet the unique needs of children, pregnant women, adults, seniors and people with disabilities;
- Oral health services fully integrated within the larger health care system and linked to relevant community supports.

And the system would insure that:

- The public is informed about the importance of oral health and is educated on guidelines for dental hygiene and prevention, and
- Community leaders are committed to improving oral health status.

The Task force also identified expanded access to affordable dental insurance and increased reimbursement rates for prevention, assessment and treatment services as critical to improving oral health overall, but recognized that neither goal could be achieved through solely local efforts in the absence of major changes by private insurers and public policy makers at the state and federal levels.

With the ideal system as a reference point, the Task Force then identified the most *significant gaps or deficiencies* in the current system and used the following findings to shape its strategic approach to oral health improvement.

Most low-income adults and many children have little or no access to affordable oral health prevention and treatment. As noted, financial barriers – cost and lack of dental insurance – have severely limited access to prevention and treatment for most low-income people. Children and pregnant women with Denti-Cal fare better in obtaining care than low-income adults. However, California's Medi-Cal reimbursement rates for dental providers are among the lowest in the nation and significantly below fees charged by most private dentists. As a result, few private practice dentists accept patients with Denti-Cal. The "dental care safety net," if it can be said to exist, is made up of St Joseph Health System's Dental Clinic, and five federally-supported community health centers (Alexander Valley Regional Medical Center in Cloverdale, Alliance Medical Center in Healdsburg, Petaluma Health Center, West County Health Centers, and the Sonoma Indian Health Project). In 2009, these clinics together provided over 43,000 dental visits to low-income patients and while this number is large, it is dwarfed by the need. Though the larger community has an adequate number of dentists and aligns well with statewide averages – in 2009, one for every 1,247 individuals - the number of dentists, hygienists and other dental caregivers accessible to the low-income uninsured falls far short. According to a 2010 report from the Statewide Office of Health Planning and Development, the safety net providers in Sonoma County employed 15 dentists to serve a low-income patient population of 109,000 - a

ratio of one to 7,266 currently enrolled patients. Community health center directors confirm that existing clinics lack the clinical and staff capacity to meet the needs of individuals seeking care in their immediate areas. Other communities have no oral health care resources at all to offer to underserved populations. While need exceeds capacity throughout the county, it is greatest in areas with larger poverty populations.

Oral health care is not integrated within the larger health care system. Traditional medical education does not prepare physicians to take an active role in promoting good oral health. The medical and dental care communities function as separate spheres within the larger health care delivery system despite a long-standing recognition of the vital role oral health plays in overall health. In health care policy-making and resource allocation, dental care is not seen as a priority. This is not a local problem. In California, this lack of recognition is reflected in the fact that, while a significant percentage of low-income people have some type of health care insurance, far fewer have dental coverage. National health care reform leaves access to dental care largely unaddressed. Most oral health problems are preventable with education, regular assessment and timely referral to appropriate treatment – tasks which, both legally and practically, need not be performed by a dentist or in a dentist's office. In fact, with proper training, these important preventive and early intervention measures can be effectively performed by primary care providers, who are often the single point of contact with the healthcare system for low-income people. Because of their orientation toward prevention and wellness, primary providers (including pediatricians) and their staffs are uniquely positioned to act as oral health champions - to assess for and prevent oral health problems and act as key resources for community-wide oral health promotion. Both the Surgeon General and the American Academy of Pediatrics have consistently recommended greater attention to oral health in primary care and pediatric practices yet these changes are occurring too slowly. Efforts must be made to better integrate oral health promotion within the local medical care system through education, training and changes in practice protocols. Linkages between physicians and dentists must be strengthened, enhancing opportunities to coordinate and improve care across disciplines.

The local oral health workforce lacks capacity to meet both current and future needs. Sonoma County's oral health workforce is currently inadequate in number and in preparation to meet the needs of low-income children, adults, senior and people with disabilities. While the supply of dentists accessible for insured patients is currently adequate for the population, there is a severe shortage of dentists willing to accept Medi-Cal or Healthy Families-eligible children and uninsured low-income adults. Very few pediatric dentists accept Medi-Cal. The oral health workforce lacks diversity, creating barriers of language and culture. Geographic access is limited with too few dentists located in the county's more rural areas. Options for regular dental care for institutionalized frail elderly and people with disabilities, both at increased risk for dental problems, are limited based on a lack of dentists who have the expertise necessary to treat them or are willing to provide care outside office settings. Despite a long-standing recommendation from the American Academy of Pediatrics for a first dental visit by age 1, few private dentists in Sonoma County will see young children under age 5, based on their lack of comfort treating babies and toddlers in their practices. Federally funded community health centers, the backbone of the local oral health safety net, have difficulty in recruiting dentists when forced to compete with private practice salary schedules.

The community lacks awareness of oral health problems. Oral health promotion efforts are fragmented. Most oral health problems are preventable with a healthy diet, good oral hygiene and regular check-ups. Yet, despite their preventable nature, too many people are suffering from debilitating dental conditions because they lack basic information about diet, hygiene and available treatment resources. Health care leaders have been slow to sound the alarm on oral health problems. Despite their efforts, advocates have had difficulty capturing the attention of community leaders and the media. The general public is under-educated about dental health and the burden that oral health problems place on individuals, families and the community at large. While a growing number of organizations are working to improve oral health, local prevention efforts are not well coordinated. Many key stakeholders – dentists and physicians, schools, early childhood educators, senior and disability service providers, to name a few – must be more effectively engaged if these efforts are to be successful. Data on oral health are vital to mobilizing these stakeholders, yet very little local data is routinely collected. There is currently no ongoing effort to assess oral health status in Sonoma County, identify specific risks and deficits, support collaborative planning and track progress over time.

Sonoma County has a wealth of assets upon which to build a stronger, more effective system of prevention and care. Despite these deficits, the community has a wealth of assets upon which to build a more effective system. Many groups and organizations, with passion and expertise, are currently working to address oral health problems in schools, in clinics, and across the community. The community is fortunate to have forward-thinking and active medical and dental communities and active public health leadership. The Junior College is a training center of excellence in dental hygiene. Voluntary and non-profit organizations are playing a large and effective role in expanding access to dental care for the uninsured and developing new models for prevention. A robust system of federally funded community health centers is working to strengthen the health care safety net for low-income people. And, the community-at-large brings a history of local problem solving, collaboration and cooperation to the challenge of improving oral health.

Priorities for Action: Task Force Recommendations

The Task Force recommendations are a direct and strategic response to the mix of assets and deficits identified in the current oral health system. In addressing these deficits, the Task Force members believe that systems-based approaches will yield the highest returns in terms of both impact and sustainable change. They recognize that achieving an ideal system would require long-term and significant change at many levels – local, state and federal – but they also believe that there is opportunity to develop local, near-term, strategic priorities that can make our system more effective and improve local conditions. They also believe, given the many competing priorities for current resources and the low likelihood of obtaining new resources for major initiatives, that it is important to focus on a limited number of strategic priorities.

Through research on promising practices and local assets, the Task Force developed a preliminary slate of strategies which could have significant positive impact; could be substantially implemented within a three-year timeframe; and could be implemented with current resources or those likely to be available within the near future. Some key strategies viewed by Task Force members as essential to building an effective oral health system, such as publicly

funded dental insurance for low-income adults or fluoridation of the public water supply, were not considered for inclusion in the slate because they could not be accomplished within the targeted timeframe or with local efforts alone.

In May 2011, the Task Force achieved consensus on five recommendations. For each recommendation, key implementation steps were identified. And, while Task Force members were recruited for a time-limited process solely to develop the recommendations, many of them have stepped forward with a pledge to provide leadership during the initial implementation phase. Their ongoing commitment to the goal of improved oral health will be an invaluable asset as this process moves forward.

Recommendation: Mobilize public-private partnerships to expand access to care in Santa Rosa and other high-need communities by adding new clinical capacity and/or expanding the cost-effective use of existing community-based facilities (community health centers, Women, Infant, Children (WIC) nutrition programs, private dental offices, Santa Rosa Junior College Dental Hygiene Clinic, mobile dental clinics).

Expanded access to prevention and treatment services for low-income children and adults is critical. However, given the magnitude of need and current resource environment, achieving this goal will not be easy nor will there be a "silver bullet" solution. Expanding access will require a mix of incremental approaches, each of which must include an emphasis on cost-effective use of existing resources and the creation of new community partnerships. Five approaches were identified:

- **Create public-private partnerships to preserve the safety net**: Several community health centers are actively seeking resources to maintain and expand current capacity or develop new dental clinics. Health centers with existing dental clinics have developed a financially sustainable model to serve children and pregnant women but, with the elimination of adult Denti-Cal, have struggled to maintain adult services except for emergency cases. The PDI Surgery Center, a critical resource for low-income children needing dental surgery, is under-capitalized. The Task Force believes that, given the limitations of state and federal support, especially for capital projects, local sources of funding must be secured to expand capacity. New public-private partnerships – mobilizing government agencies, community and business leaders, philanthropic organizations and the community-at-large – must be created to generate the capital funds needed to maintain and expand treatment capacity. These partnerships must begin immediately, with incremental efforts, to provide the leadership and resources necessary shore up the dental safety net. At the same time, the dental clinics must continue to search out more cost-effective ways to deliver care through the use of mid-level providers, group education and assessment clinics, primary care integration and continued efforts to maximize reimbursements from public sources.
- **Expand Access through Community Health Centers** - With their enhanced reimbursement for Medi-Cal and Healthy Families, community health centers are able to develop a financially sustainable model to serve the prevention and treatment needs of low-income children. Expanding this model could substantially increase access for prevention and treatment for low-income children. While the federal government has recently made additional funds available for clinic expansion, these grants are highly competitive in nature. Given the high cost of building and equipping a dental clinic, expanded local support for enhancing the ability of

health centers to meet the needs of low-income children could prove effective as a long-term strategy to meet the prevention and treatment needs of children.

- **Expand the use of mobile clinic resources:** The St. Joseph Health System has long operated a mobile dental clinic to serve low-income residents in Sonoma County. Expansion of this valuable program and development of other mobile clinics could significantly impact treatment need in underserved neighborhoods. This approach could be especially effective as a short-term strategy to meet treatment needs in areas where more permanent capacity is under development.
- **Develop contracts with private dentists:** Federal law authorizes federally-funded dental clinics to contract with private dentists to provide treatment, making their services to children and pregnant women enrolled in Medicaid programs (Medi-Cal) reimbursable at a higher rate than they would normally be able to obtain. This allows for additional capacity without the need to create new, costly clinical facilities. While California has not yet issued guidelines to allow such contracts, health centers and other health leaders should advocate for the option to pilot dental contracting programs locally.
- **Partner with the Santa Rosa Junior College Dental Hygiene Clinic**: The SRJC Dental Hygiene clinic in Santa Rosa currently has six dental treatment chairs and 12 chairs equipped for preventive dentistry. The clinic is used for teaching purposes most weekdays but is not utilized on evenings, weekends or during school break periods. It represents a significant opportunity to expand access. Two models exist for doing this, both of which have been used successfully in other communities. In one, a federally funded dental clinic could expand its operations to the SRJC site, tapping into federal reimbursement for children's treatment and adult emergency services. In the other model, private dentists could, with financial support for administration, volunteer to provide no and low-cost treatment at the SRJC site during down times. The Redwood Empire Dental Society and Rotary have recently initiated a pilot of this approach, which if successful, should be expanded.
- **Expand the WIC Dental Days model:** The federally funded Women, Infants and Children (WIC) child nutrition and education program is currently piloting a Dental Days program at sites in Santa Rosa and Sonoma. Through the program, low-income children receive dental assessments and protective fluoride varnish and their families receive group oral health education along with standard WIC services (food vouchers, breast feeding support and nutrition education). Dental services are provided by Registered Dental Hygienists in Alternative Practice who bill Medi-Cal directly. The Dental Days program should be replicated at all WIC sites and opportunities to modify the program to create sustainable Dental Days models for schools and community health centers should be explored.

Task Force leadership for implementation planning on this recommendation will be provided by: Pedro Toledo, RCHC/Healthy Kids; Susan Cooper, SCOHAC; Jennie Tasheff, First 5 Oral Health Committee

Recommendation: Adopt and implement practice changes, including education for primary care providers and staff, to strengthen oral health assessment, education and preventive care in primary care visits and fully integrate dental professionals within the medical home model.

Because most dental problems are preventable and because access to dentists is limited for many low-income people, changes in primary care practice are key to improving oral health in Sonoma

County. Progressive medical leaders in the county's largest health care systems agree and recognize the need to enlist primary care providers in building a fully integrated approach to oral health promotion. Some preliminary work toward this goal is already underway in the Kaiser Permanente and community health center systems but more physician leaders must be recruited. To accomplish this goal, more primary care providers, pediatricians and their staffs must be educated about their vital role in oral health and stimulated to make changes in their practices. Providers need training on how to deliver age-appropriate and culturally competent prevention education, assessment, preventive services, and referral. Medical Grand Rounds, continuing medical education and other outreach, with support from the Sonoma County Medical Association and the expertise of the Sonoma County Foundation for Excellence in Medicine, could be used to educate providers and support them in developing new skills. The Family Practice Residency Program in Santa Rosa is well positioned to prepare new practitioners to deliver oral health prevention services and should be engaged in this effort.

Standardized protocols for oral health assessment and education (reflecting recommendations from the American Academy of Pediatrics etc.) must be developed and supported with quality improvement systems and electronic health records. The Redwood Community Health Coalition, leading local efforts to adopt electronic medical records (EMR) in primary care settings, can assist by adapting EMR software to reflect oral health goals. Oral health integration should be identified as a goal in the primary care "medical home" model being developed under the leadership of Health Action. Dental practitioners must also be engaged in this transformation process, to provide consultation, training and expertise to medical providers and to inform efforts to create a more integrated system.

Task Force leadership for implementation planning on this recommendation will be provided by: Dr. Francisco Trilla, Medical Director, Santa Rosa Community Health Centers and Dr. Kirk Pappas, Physician-in-Chief, Kaiser Permanente Medical Group, Santa Rosa and Andy McCormick DDS, private practice.

Recommendation: Develop and integrate a comprehensive oral health promotion program, to include prevention, assessment, treatment, referral and case management, into the Comprehensive Perinatal Services Program (CPSP) for pregnant women at all CPSP service delivery sites.

Pregnancy represents a key opportunity to promote the oral health of both mothers and children in Sonoma County. Untreated dental disease during the perinatal period can result in poor birth outcomes for both mother and child and can have long-lasting impacts on child health. Children whose mothers have poor oral health are five times more likely to have oral health problems than children whose mothers have good oral health.[10] The CPSP program is a voluntary benefit open to all pregnant Medi-Cal recipients that, along with traditional maternity services, provides a package of additional services to promote maternal and child health including nutrition, psychosocial, and health education services, and case coordination. The program is currently offered at 12 sites (clinics, hospitals etc.) located throughout the county. In 2010, 45% of the county's 5,383 births were Medi-cal funded and CPSP eligible. While the CPSP program does not currently include a comprehensive oral health component, program and reimbursement guidelines would allow services to be modified to offer oral health assessment, prevention education and referral for treatment.

With leadership from the County Health Services' Maternal, Child and Adolescent Health Program and participation from CPSP provider organizations, CPSP could be expanded, at minimal cost, to provide a targeted oral health promotion program for more than 2400 low-income women annually. In order to improve treatment rates, the CPSP program would provide technical assistance to community dental providers on securing Medi-Cal reimbursement (while Denti-Cal no longer funds non-emergency treatment for most adults, pregnancy-related dental services are exempt from these cuts). Once these linkages are developed, low-income women with treatment needs could be assessed through CPSP and prioritized for timely treatment.

Task Force leadership for implementation planning on this recommendation will be provided by Elisabeth Chicoine FNP, Maternal Child Adolescent Health Director, Sonoma County Department of Health Services; Susan Cooper, DDS, Sonoma County Oral Health Access Coalition (Community Action Partnership).

Recommendation: Expand the use of Registered Dental Hygienists in Alternative Practice (RDHAP) and other appropriate, trained personnel to deliver cost effective oral health education, assessment and preventive services in primary care, school, and community settings.

It is widely recognized that the oral health workforce must be expanded to meet both current and future needs. For this reason, in 1998 California has established a new professional class - the Registered Dental Hygienist in Alternative Practice (RDHAP) - to improve access to dental care for under-served populations. RDHAP's represent a promising, cost-effective strategy to expand the local workforce. As preventive health specialists, they are trained to work with children, the elderly, disabled and other underserved populations to provide preventative dental services such as screening, cleaning, fluoride varnish, and dental sealants. RDHAP's are licensed to practice outside traditional office settings - in schools, clinics, care facilities, residential settings and other areas where populations are not able to access dental services due to physical, mental, and or economic conditions. Because RDHAP's are recognized as bona fide dental providers by both public and private insurers and are able to bill insurers directly for their services, they represent a cost-effective strategy for expanding access in existing dental clinics or launching oral health education and prevention programs in community settings serving low-income people.

The number of RDHAP's practicing in Sonoma County is small at present. Efforts to recruit and train interested hygienists should be increased. To obtain licensure, an RDHAP must be a practicing dental hygienist holding a Bachelors degree and a graduate of an approved RDHAP program. RDHAP training is available online through University of the Pacific (and other approved RDHAP trainers) at a reasonable cost. Financial support (loan forgiveness, grants etc.) for training will become available through health care reform and state workforce programs.

Task Force leadership for implementation planning on this recommendation will be provided by Deborah Chigazola RDHAP, Faculty, Santa Rosa Junior College Dental Hygiene Program and Kathy Kane RDHAP, On the Go Dental Hygiene, Redwood Dental Hygienists' Society.

Recommendation: Develop and implement an ongoing oral health surveillance program, within the Sonoma County Department of Health Services, to collect, analyze and report data on oral health status, access to prevention and care, and system capacity and identify strategies to promote oral health throughout the community, with emphasis on high-risk populations.

The Task Force believes that oral health improvement efforts must be supported with accurate local data, comprehensive planning and high-level commitment among health and community leaders. Local data is necessary to drive both public perception and public policy. Currently, local data on oral health is largely limited to episodic surveys of school populations. Very little information is available on the oral health status of adults, the volume of unmet need for treatment across age groups or the capacity of the oral health care system. Oral health problems have been all but invisible on the local "radar screen" because the volume of suffering and its health and social costs have been so difficult to capture and to portray. Public health departments at all levels are charged, as a core function, with responsibility for disease surveillance and population health assessment. While oral health has not traditionally been included in this function, this is changing at the local, state and national levels. Health care reform includes mandates for both national and state-level public health agencies to "improve oral health infrastructure through leadership and program guidance, data collection and interpretation of risk, delivery system improvements, and science based population level programs." The rapidly growing use of both the electronic health record and community data-sharing systems should help to facilitate this work at all levels. The Task Force recommends that the Sonoma County Department of Health Services enhance its focus on oral health surveillance and continue its role as a convener to engage health care partners and other stakeholders in an ongoing process to assess, monitor and improve both the oral health delivery system and oral health status, with emphasis on low-income populations.

Task Force leadership for implementation planning on this recommendation will be provided by Dr. Mark Netherda, Deputy Health Officer, Sonoma County Department of Health Services and Andrea Michelsen, Community Benefit/Community Health Manager, Kaiser Permanente - Santa Rosa.

The Task Force considered a wide variety of strategies to advance oral health. While not selected as priorities, several of these should be considered for future work. These include: developing train-the trainer programs to integrate oral health promotion into services reaching parents, grandparents, early childhood educators and others serving children; developing similar training for staff in nursing homes, senior centers and in-home support programs serving seniors and disabled individuals; launching a communitywide media campaign to emphasize oral health promotion in early childhood and; training for dentists on early childhood assessment protocols.

Next Steps

The Task Force completed its work on May 13, 2011. With release of the Final Report, the Task Force is poised to begin the work of implementation. Member organizations of the Task Force will now turn their attention to moving forward on the initiatives they have envisioned and advancing their goals of expanding access to prevention and care, creating a more effective oral health system and improving the oral health of vulnerable populations. Key Task Force leaders have stepped forward to act as champions for each of the five recommendations and will begin immediately to inform, engage and mobilize key partners throughout the community. The conveners will reconvene the Task Force in December 2011 to assess progress on the recommendations, identify the need for additional resources or support and chart a course for continued success.

Sonoma County Task Force on Oral Health

Mark Netherda, MD, Deputy Public Health Officer, Sonoma County Department of Health Services (Chair)

Pam Chanter, Vice President, Vantreo Insurance Brokerage (Vice Chair)

Stephen Chadwick, **DDS,** West County Health Centers

Elisabeth Chicoine, FNP, Maternal Child Adolescent Health Director, Sonoma County Department of Health Services

Deborah Chigazola, RDH, Santa Rosa Junior College

Susan Cooper, DDS, Dental Director, Community Action Partnership Sonoma

Daymon Doss, Chief Executive Officer, Petaluma Health Care District (retired)

Katherine Foster, MD, First 5 Sonoma County and American Academy of Pediatrics, Northern California Chapter Dental Committee

Naomi Fuchs, Executive Director, Santa Rosa Community Health Centers

Michael Humphrey, Manager IHSS Public Authority, Sonoma County Human Services Department

Kathy Kane, RDHAP, On the Go Dental Hygiene

Doug Lewis, DDS, Dental Director, Mendocino Community Health Clinics, California Oral Health Access Coalition

Mary Maddux-Gonzalez, MD, MPH, Public Health Officer (retired)

Andy McCormick, DDS

Andrea Michelsen, Community Benefit/Community Health Manager, Kaiser Permanente, Santa Rosa

Kirk Pappas, MD, Physician-in-Chief, Kaiser-Permanente Medical Group, Santa Rosa

Viveka Rydell, CEO, PDI Surgery Center

Jo Sandersfeld, Vice President, Mission Integration, St. Joseph's Health System

Stacey Stirling, Dental Operations Manager, St. Joseph Dental Clinic

Jennie Tasheff, Executive Director, First 5 Sonoma County

Pedro Toledo, Director of Government and Community Relations, Redwood Community Health Coalition

Francisco Trilla, MD, Chief Medical Officer, Santa Rosa Community Health Centers

Penny Vanderwolk, Fund Development and Community Relations Manager, Sutter Medical Center of Santa Rosa

Elizabeth Van Tassell, DDS

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Notes:

[1] Source: Sonoma County Smile Survey, 2009.

[2] Source: Oral Histories, Lake Research Partners, Kaiser Commission on Medicaid and the Uninsured, Kaiser Family Foundation, 2009.

[3] Source: California Health Care Almanac, Denti-Cal Facts and Figures, May 2010, California Healthcare Foundation.

[4] Source: California Health Care Almanac, Denti-Cal Facts and Figures, May 2010, California Healthcare Foundation.

[5] Source: Oral Health Snapshot, Sonoma County Department of Health Services, 2011.

[6] Source: Oral Health Snapshot, Sonoma County Department of Health Services, 2011.

[7] Source: www.cdc.gov/nccdphp/publications/factsheets/Prevention/oh.htm. Department of Health and Human Services, Centers for Disease Control and Prevention.

[8] Source: Oral Health Snapshot, Sonoma County Department of Health Services, 2011.

[9] Source: Oral Health Snapshot, Sonoma County Department of Health Services, 2011.

[10] Source: 2008 Policy Brief by the National Maternal and Child Oral Health Resource Center.