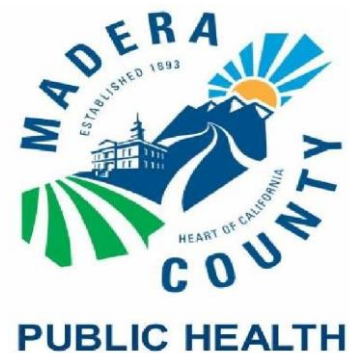


**MADERA COUNTY
STRATEGIC PLAN
AND
COMMUNITY HEALTH
IMPROVEMENT PLAN
2017-2022**

UNIVERSITY OF CALIFORNIA
MERCED



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Funded by the CDPH under Contract #17-10701

ACKNOWLEDGEMENTS

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SUGGESTED CITATION:

Gonzalez et al. 2019. Strategic Plan and Community Health Improvement Plan 2017-2022. Madera County Department of Public Health, Madera, CA.

FUNDING AND CONTRIBUTORS:

Funded by the CDPH under Contract #17-10701

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EXECUTIVE SUMMARY

Oral health is important to overall health and is something that must be maintained across the lifespan. In terms of overall health and wellbeing, it is crucial to understand the oral health status of children and adults. Oral health is multifaceted, and so improving the oral health of a population requires a multi-level approach, changing both individual and environmental factors.

Facilitating positive change in oral health requires not just national and state-level Oral Health Programs, but local level involvement as well. As a result, Healthy People 2020 Objective 10.2 is to “[i]ncrease the proportion of local health departments that have oral health prevention or care programs.¹” In 2018, funded by Proposition 56 monies through the California Oral Health Program, the Madera County Department of Public Health created a Local Oral Health Program (LOHP) to promote good oral health in Madera County.

This program is overseen by an Oral Health Advisory Committee (OHAC), which is comprised of individuals representing various community agencies and community-based organizations who work with families, and who can contribute to the improvement of oral health in Madera County.

In the summer of 2018, the Madera County Department of Public Health (MCDPH) in collaboration with the University of California, Merced (UCM) conducted a Community Health Assessment (CHA) describing the oral health status of the community residing in Madera County. The findings from this CHA and input from stakeholders participating in the Oral Health Advisory Committee (OHAC) guided the creation of the Madera County Oral Health Community Health Improvement Plan (CHIP).



This CHIP provides a common vision for improving oral health in Madera County, as it correlates to the MCDPH vision of promoting healthy behaviors at every age. However, it is not possible for MCDPH to complete this project alone, as this goal will require participation from a broad range of stakeholders and individuals who are dedicated to improving health in Madera County.

¹ Healthy People 2020 [Internet]. Washington, DC: U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Accessed 4/15/2019.

MADERA COUNTY DEPARTMENT OF PUBLIC HEALTH MISSION

MISSION: LEAD. PROTECT. EMPOWER.



Guiding Principles

Culture of Honor · Innovation · Service · Quality Improvement
Partnerships & Collaboration · Equity & Health in All Policies

Integrity Collaboration Accountability Respect Equity

MADERA COUNTY LOCAL ORAL HEALTH PROGRAM

MISSION AND VISION STATEMENT AND OVERARCHING GOALS

Mission Statement

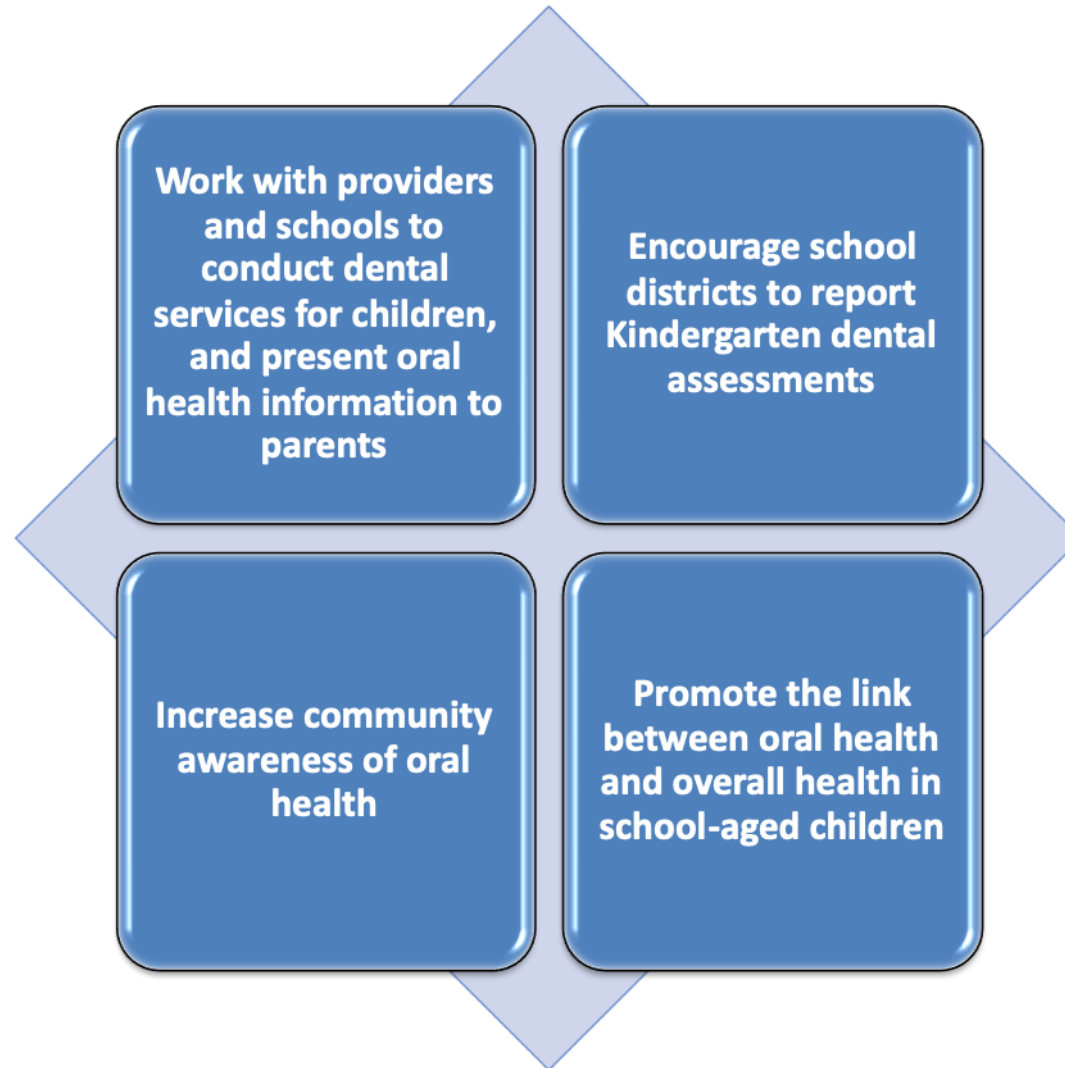
The mission of the Madera County Local Oral Health Program is to engage patients and families in the prevention of oral diseases, promote existing oral health services and advocate for oral health policies.

Vision Statement and Overarching Goals

Oral health is related to the overall health and well-being of all Maderans. We envision a Madera where:

1. There is a reduction in cavity and tooth decay in young children.
2. Oral health is an essential component of primary care.
3. Policy-makers support and adopt oral health policies.
4. Families understand and adopt healthy oral health habits.

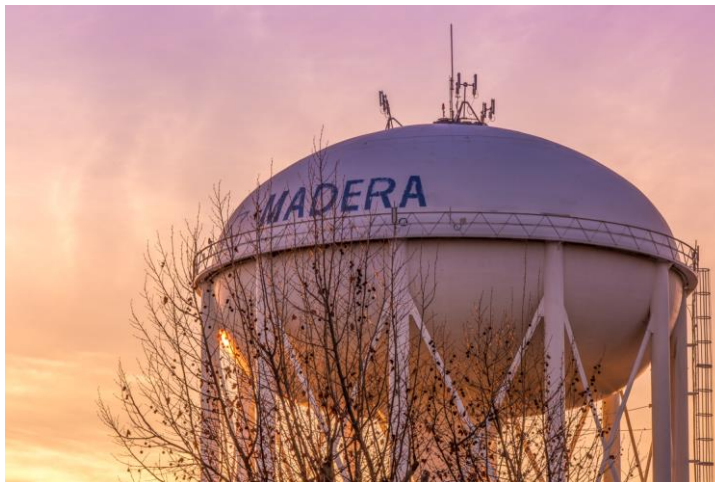
LOCAL ORAL HEALTH PROGRAM FIVE YEAR STRATEGIC GOALS



1. INTRODUCTION

1.1 About this Community Health Improvement Plan

The Madera County Oral Health Community Health Improvement Plan (CHIP) is a strategic plan for the Madera County Department of Public Health (MCDPH) and community partners regarding the implementation of the Local Oral Health Program (LOHP) over the next four years. This CHIP was published in June 2019.



It is important to acknowledge that some of the goals, strategies, and objectives outlined in this CHIP cannot take place until external funding has been obtained by the OHAC and LOHP to complete the outlined objectives.

1.2 The Oral Health Advisory Committee

The Oral Health Advisory Committee (OHAC) serves as the guiding partnership for the creation and implementation of the LOHP. The OHAC oversaw the creation of the CHA and this CHIP. Members of the OHAC together decided on the four goals of this CHIP and created workgroups to identify the strategies and stakeholders involved in implementing the CHIP priority areas. The OHAC is tasked with overseeing the LOHP in the implementation and evaluation of its programs.

The OHAC formulated the following structure and shared values which will guide both the work of the OHAC and the LOHP itself:

Structure & Shared Values

The Oral Health Advisory Committee (OHAC) will meet at least once a year to make important decisions that will guide the work of the Local Oral Health Program (LOHP). The OHAC holds the following SHARED VALUES in working together to improve the oral health of all Maderans.



- *Collaboration*
- *Accountability*
- *Integrity*
- *Health Equity*
- *Diverse Perspectives*

1.3 Oral Health Community Health Improvement Plan at a Glance

Goal 1: Work with providers and schools to conduct dental services for children, and present oral health information to parents

Objective 1.1: By June 30, 2022, the Madera LOHP will facilitate the provision of fluoride supplements to children in K-8th grades in 4 school districts within Madera County by promoting community linkage for dental services (school based mobile unit and local providers).

Objective 1.2: By June 30, 2022, the Madera LOHP will facilitate access to dental sealants to children in K-8th grades in 4 districts within Madera County by promoting community linkage for dental services (e.g. school based mobile unit and local providers).

Objective 1.3: By June 30, 2022, 50% of parents with kindergarten age children who attended an oral health presentation will show an increase in: oral health knowledge, increased awareness of the Medi-Cal dental program, and an intent to adopt healthier habits.

Goal 2: Encourage school districts to report Kindergarten dental assessments

Objective 2: By June 30, 2022, Madera LOHP will facilitate an increase in the number of districts reporting Kindergarten assessments to the System for California Oral Health Reporting (SCOHR) by 1 or more districts.

Goal 3: Increase community awareness of oral health.

Objective 3.1: By June 30, 2022, 10 community health workers, volunteers, and/or LOHP staff will be trained to implement educational sessions in support of an educational campaign on the benefits of fluoride

Objective 3.2: By June 30, 2022, the Madera LOHP will hold 24 educational sessions on the benefits of fluoridation that target residents of Madera County.

Objective 3.3: By June 30, 2022, the Madera LOHP will implement an educational campaign on the benefits of fluoride that includes public service announcements and radio advertisements, as well as other media channel advertisements.

Objective 5: By June 30, 2022, 6 dental offices will be provided with training on how to implement interventions regarding tobacco or sugar sweetened beverages.

Goal 4: Promote the link between oral health and overall health in school-aged children

Objective 4.1: By June 30, 2022, 1 middle school will receive 10 educational sessions on oral health and overall health.

Objective 4.2: By June 30, 2022, 10 high school nurses, teachers, and/or administrators will be provided with training and support materials regarding oral health and its link to overall health in high school age students

2. BACKGROUND

2.1 About Madera County

Madera County is a rural county (Map 1) in the San Joaquin Valley with an estimated population of 156,890 as of July 1, 2017. There are significant disparities in the county.

Madera County has a significantly high poverty rate (see Map 2).

The median income is \$45,742, and the poverty rate is 20.4% (nearly double the poverty rate in the United States). Additionally, only 71.7% of the population has earned a high school degree or higher compared to 82.1% of the population in California.



Madera County is diverse, with 57.4% of the population being Hispanic or Latino, 2.5% Asian and 34.0% of the population non-Hispanic White (Map 3). 21.5% of the population is foreign-born and 45.1% of persons ages 5 or more years report speaking a language other than English at home. Madera County has a young population with 27.4% of residents under the age of 18.

Table 2.1 Characteristics of Madera County, California, and the United States, 2017

Area	Madera County	California	United States
Total Population	156,890	39,536,653	325,719,178
Median Household Income	\$45,742	\$63,782	\$55,322
Percent Medicaid eligible	44.9%	33.4%	19.4%
Percent in Poverty*	20.4%	13.3%	12.3%
Percent Hispanic*	58.0%	39.1%	18.1%
Uninsured (under 65) *	9.7%	8.1%	10.2%
High school graduate or higher (ages 25+)	71.7%	82.1%	87.7%

Source: US Census Bureau Quick Facts

*Estimates are not comparable to other geographic levels due to methodology differences that may exist between different data sources.

The western part of Madera County is designated a dental Health Professional Shortage Area (HPSA), with 17 of its census tracts designated an HPSA due to the number of low-income and migrant farm workers in the area.



See Appendix 1 for Maps of Madera County.

2.2 Oral Health Needs in Madera County

A survey of Madera County was conducted from July to August 2018. The following needs were identified among the population using the results from the survey as well as other secondary data sources:



2.2.1 Prevalence of oral disease

- About 10% of Madera County kindergarten children screened in 2017 showed evidence of untreated dental decay.
- A significant number (20.4%) of caregivers of children ages 0 to 5 who were surveyed reported that their child had previously needed a filling or been diagnosed with caries (tooth decay).
- 24% of Madera County adults who were surveyed rated the health of their teeth and gums as poor, and almost a third of adults reported a cavity that needed filling. 37.2% of adults surveyed reported having lost 1 to 5 teeth.

2.2.2 Protective factors/risk factors

- Madera County residents do not have access to fluoridated drinking water, and 29% of caregivers reported not purchasing fluoridated toothpaste for their children.
- 55.7% of caregivers reported their child sometimes had juice or other sugary drinks in their bottle, and 34.8% reported sometimes putting their child to bed with a bottle, sippy cup and/or pacifier.
- 16.6% of Madera County adults report they currently smoke, which is higher than the state average.

2.2.3 Access to care

- Despite high rates of tooth loss, only 7.8% of adults reported that they had received dentures, which indicates that there are a number of individuals who have lost teeth and do not receive the prosthetics they need to be able to chew and speak properly.
- Almost 4 out of 10 adults (39%) reported having a cavity that needed filling.
- Insurance coverage varies between adults and children. 85.4% of caregivers reported their child was covered by Denti-Cal, Medi-Cal, and/or Medicaid. 56.5% of adults reporting having some form of dental insurance. 33.7% of adults reported that their dental insurance was through Medicaid/Denti-Cal.
- In Madera County, only 16.9% of Denti-Cal Insurance recipients ages 6-9 received a molar sealant in 2016, and 8.4% of Denti-Cal Insurance recipients ages 10-14 received a molar sealant, despite the integral role sealants play in cavity prevention.
- A large number of adults reported that they did not have a dentist or did not have a usual source of care where they could get treatment. Additionally, a large number of adults (34.5%) reported that they needed care but were unable to get care.

2.2.4 Dental services utilization

- The overall rate of non-traumatic dental conditions (NTDC) emergency department visits in Madera County is higher than the California Average. In Madera County there were 421.1 visits for NTDC per 100,000 individuals, compared to 353.3 visits per 100,000 people across the state.
- 2015-16 Denti-Cal data shows that in Madera County, only 24.9% of adult recipients, and 50.8% of child recipients, had an annual dental visit.
- 32.3% of mothers surveyed reported NOT visiting the dentist during their first trimester, and 66.6% of mothers reported visiting the dentist during that time period.
- 45.8% of Madera County adults reported that they had visited the dentist in the last 6 months or less, 34.3% of adults reported they had not visited the dentist in the last year, and 1.8% reported they had never been to the dentist.
- 31.4% of Madera County children 0 to 5 had never been to the dentist according to their caregivers, and 27.3% of caregivers reported taking their child to the dentist for the first time at age 1.



photo courtesy Mariaelena Gonzalez

3. STRATEGIC FRAMEWORK AND PRIORITIES FOR ACTION: THE MAPP PROCESS

This CHIP was created using the strategic framework of the Mobilizing Action through Planning and Partnerships (MAPP) model, which is adapted from the National Association of County and City Health Officials (NACCHO) and the Centers for Disease Control and Prevention (CDC). This strategy involved many stakeholders and communities in the planning process.



The following timeline was used:



3.1 MAPP Phase 1: Organizing for Success and Developing Partnerships

From September 2018 to May 2019 the MCDPH convened the Oral Health Advisory Committee (OHAC) in order to assess the CHA and identify priority areas for the Local Oral Health Program. The Advisory Committee included individuals representing various community agencies and community-based organizations, as it was recognized that a variety of groups and organizations contribute to oral health in Madera County and that improving oral health in Madera County requires a community driven and focused process.

The following individuals representing stakeholders in the community participated in the OHAC:

- Adela Corona, Promotora Coordinator, CalViva Health
- Andrea Fillebrown, Community Health & Wellness Assistant, Madera County Department of Public Health
- Brenda Herrera, Community Outreach Specialist, Camarena Health
- Cesar Lucio, Operations Director, Reading and Beyond
- Janell Cook, Policy Supervisor, Madera County Department of Social Services
- Joanna Orea, Community Health & Wellness Assistant, Madera County Department of Public Health
- Maria Martinez, Promotora, Madera County Department of Social Services
- Mariel Caries, Parent Resource Center Assistant, Sierra Vista Elementary
- Mary Noriega, Dental Educator, Camarena Health
- Maria Barragan, Tobacco Health Education Coordinator, Madera County Department of Public Health
- Sara Rodriguez, WIC Nutritionist, Madera County Department of Public Health
- Yvonne Mercado, Public Health Nurse, Madera County Department of Public Health
- Xochitl M. Villaseñor, Program Manager, First 5 Madera County
- James Richardson, Dental Project Coordinator, Reading and Beyond
- Marcela Zuniga, Program Officer, First 5 Madera County

3.2 MAPP Phase 2: Visioning

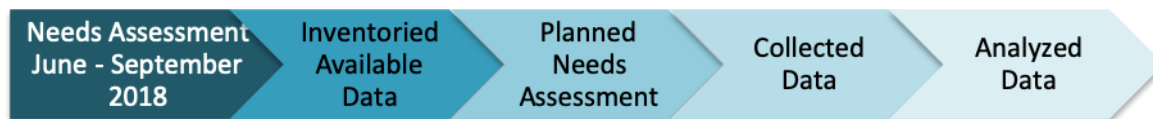
The OHAC met on January 2019 to create a mission and vision statement and agree upon common values. Mission, vision, and values statements help to define the purpose and goals of an organization, define its core beliefs, and provide a framework for action.

The mission and vision were formulated in the following manner: after considering the data from the Needs Assessment, the OHAC discussed values that aligned with and complemented the Madera County Department of Public Health. The language of the OHAC mission statement was work shopped until the Advisory Committee was satisfied with each component. Next, members of the Advisory Committee participated in creating a list of achievable goals. The Advisory Committee then democratically voted on (a) the language of the mission statement and (b) the top four goals that were most pressing and relevant for Madera County. The final mission statement, vision, and shared goals were chosen.

Mission	Vision and Goals
<ul style="list-style-type: none">• The mission of the Madera County Local Oral Health Program is to engage patients and families in the prevention of oral diseases, promote existing oral health services and advocate for oral health policies.	<ul style="list-style-type: none">• Oral health is related to the overall health and well-being of all Maderans. We envision a Madera where:<ol style="list-style-type: none">1. There is a reduction in cavity and tooth decay in young children.2. Oral health is an essential component of primary care.3. Policy-makers support and adopt oral health policies.4. Families understand and adopt healthy oral health habits.

3.3 MAPP Phase 3: Assessment

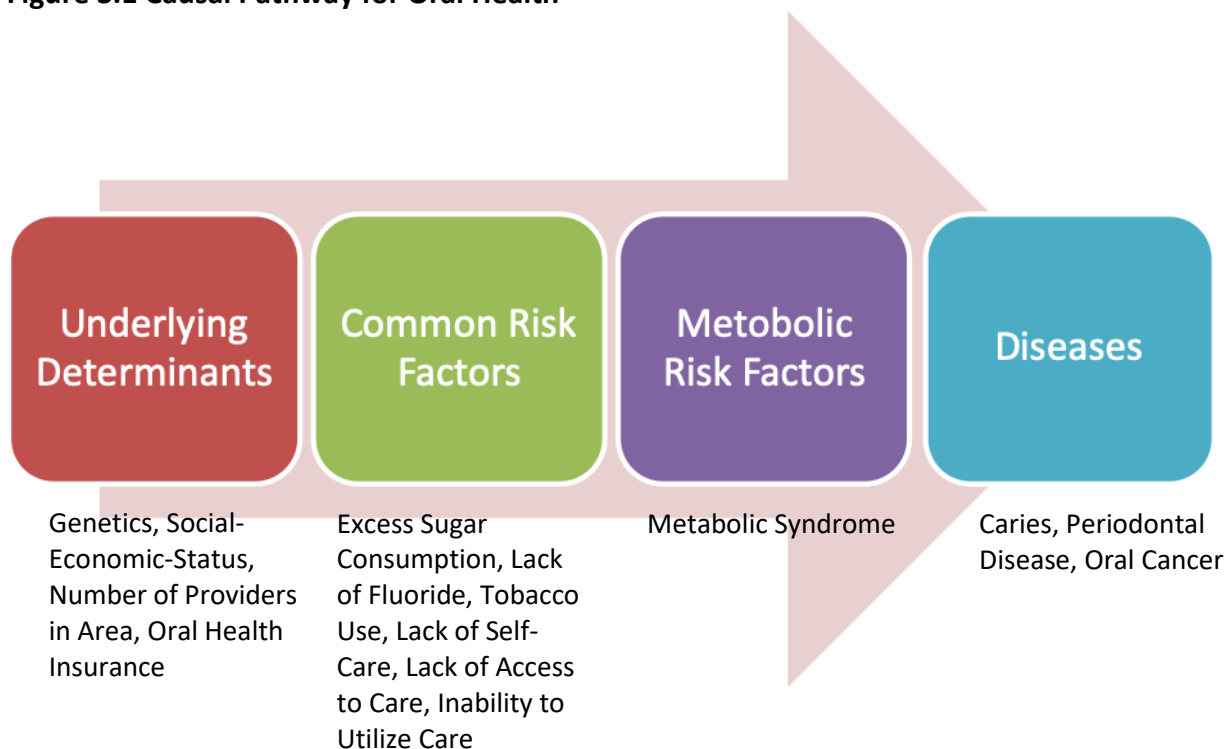
In coordination with local community-based organizations, dental providers, and academic partners, the Madera County Department of Public Health conducted a community health assessment (needs assessment, CHA) beginning in June 2018, in order to determine local priority areas to increase oral health in the county. This process included not only surveying the community regarding oral health needs and practices, but interviewing stakeholders and providers, and mapping oral health gaps and assets in the community.



3.4 MAPP Phase 4: Identify Strategic Issues

The OHAC met in October and November 2019, to review the CHA, and Advisory Committee members were asked to read the results of the assessment to identify the most prominent oral health issues in the county. The following causal pathway was kept in mind by the OHAC when identifying strategic issues.

Figure 3.1 Causal Pathway for Oral Health



During the November 2, 2018 meeting the OHAC was asked to break into groups of 3 to 4 individuals and to identify 3 crucial points from the CHA that they considered to be of highest importance and first priority. Groups were asked to summarize their identified points in 4 words or less.

These items were placed on a Technologies of Participation (ToP) sticky wall, and then grouped into the following clusters: identified issues, possible solutions, advocacy areas, and other stakeholders who need to be engaged in the process.

Identified issues	Possible solutions	Advocacy areas and other stakeholders who need to be engaged in the process
<ul style="list-style-type: none"> • Tooth loss / high tooth loss rates • SSB in bottles • Infant gums • Infant oral health • Lack of fluoridated toothpaste • Unaware of fluoridated toothpaste • The reason for not going to the dentist • Ensure dentists are informed of Medi-Cal dental • Referral protocol 	<ul style="list-style-type: none"> • Education of community members and providers • Education through pediatrician • Education regarding proper self-care • Inform public about dental health 	<ul style="list-style-type: none"> • Fluoridated water • Promote availability of 19 dentists who currently accept Medi-Cal • Engage dentists and MDs to join meeting

Two Priority Areas were identified:

- Children’s oral health
- Promoting the link Between oral health and overall health

During the December 7, 2018 meeting the two priority areas were further refined in order to identify target populations, and possible strategies.

The OHAC then formulated the following four goals that addressed priority areas identified via the CHA:

- Goal 1: Work with providers and schools to conduct dental services for children, and present oral health information to parents
- Goal 2: Encourage school districts to report Kindergarten dental assessments
- Goal 3: Increase community awareness of oral health.
- Goal 4: Promote the link between oral health and overall health in school-aged children.

3.5 MAPP Phase 5: Formulate Goals, Strategies, and Objectives to Address Vulnerable Populations

The OHAC then formulated strategies that would address vulnerable populations in order to meet the 4 goals. Partners were invited to provide input and feedback through workgroups working on each goal, strategy, and objective.

Goal 1: Work with providers and schools to conduct dental services for children and present oral health information to parents.

Strategy 1: Provide oral health services to children in K-8th grade and education to parents of kindergarten age children

Goal 2: Encourage school districts to report Kindergarten dental assessments

Strategy 2: Encourage one or more school districts to report Kindergarten dental assessments.

Goal 3: Increase community awareness of oral health.

Strategy 3: Community oral health education workshops

Strategy 5: Integrate sugar sweetened beverage and tobacco cessation interventions into dental settings

Goal 4: Promote the link between oral health and overall health in school-aged children.

Strategy 4: Direct education of oral health effects to middle/high school students.



photo courtesy Mariaelena Gonzalez

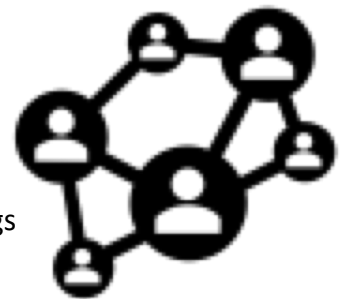
3.6 MAPP Phase 6: Action Cycle

The LOHP Advisory Committee then moved into planning the way in which the identified goals would be implemented and evaluated. To guide the CHIP, the MCDPH assigned program leads for the LOHP. These leads will work in conjunction with stakeholders and community members in order to implement this CHIP. Once a year, MCDPH will report on the progress made on this CHIP.

3.6.1 Flow of Information between Organization, Community, and Other Stakeholders during the Action Cycle

Information will be disseminated during this phase in several ways:

(1) First, in order to identify when course corrections and changes to LOHP activities may be warranted, it is suggested that analysis of implementation data be conducted and reported back to the LOHP director on a regular basis. Rapid feedback reports, highlighting key findings and issues, as well as briefing calls with the LOHP director and key leaders are recommended.



(2) Since the LOHP is guided by the OHAC, it is recommended that a more in-depth, annual, report be completed by LOHP staff and disseminated through the OHAC annual meetings. By providing in-depth information on program activities to the OHAC, this advisory board can guide the implementation of the evaluation recommendations, and advise the MCDPH LOHP, on methods to disseminate the evaluation results and lessons learned.

(3) Other stakeholder organizations may find the evaluation results helpful to their own programming needs. Therefore, it is recommended that key findings from the yearly report to the OHAC be disseminated to stakeholder organizations on an annual basis via infographics, brief reports, LOHP website, and other channels as appropriate.

(4) The MCDPH LOHP are ultimately accountable to the residents of Madera County. In order to ensure that the general public is aware of the evaluation results, it is recommended that the key findings from the yearly report to the OHAC be disseminated to the general public via the LOHP website, MCDPH social media channels, and earned media on an annual basis by MCDPH Public Relations personnel.

3.7 Alignment of Strategic Framework with State and National Goals

By achieving the strategies and objectives outlined by the LOHP, the MCDPH LOHP will be aligned with the following state and national health visions and goals.

3.7.1 State: The following state-level oral health objectives are met:

3.7.2.1 California Oral Health Plan – The California Oral Health Plan is a framework containing 5 goals through which the California Department of Public Health will improve oral health in the state over the next 10 years.

California Oral Health Plan
Goal 1: Improve the oral health of Californians by addressing determinants of health and promoting healthy habits and population-based prevention interventions to attain healthier status in healthy communities.
Objective 1.A: Reduce the proportion of children with dental caries experience and untreated caries.

Strategy 1: Provide oral health services to children in K-8th grades and education to parents of kindergarten aged children.
Objective 1.1: By June 30, 2022, the Madera LOHP will facilitate the provision of fluoride supplements to children in K-8th grade at 4 school districts within Madera County by promoting community linkage for dental services (school based mobile unit and local providers).
Objective 1.2: By June 30, 2022, the Madera LOHP will facilitate access to dental sealants to children in K-8th grades in 4 districts within Madera County by promoting community linkage for dental services (school based mobile unit and local providers).
Objective 1.3: By June 30, 2022, 50% of parents with kindergarten age children who attended an oral health presentation will show an increase in: oral health knowledge, increased awareness of the Medi-Cal dental program, and an intent to adopt healthier habits.

California Oral Health Plan
Goal 2: Align dental health care delivery systems, payment systems, and community programs to support and sustain community-clinical linkages for increasing utilization of dental services.
Objective 2.A: Increase the proportion of children who had a preventive dental visit in the past year and reduce disparities in utilization of preventive dental services.
Objective 2.B: Increase the percentage of Medi-Cal enrolled children ages 1 to 20 who receive a preventive dental service.
Objective 2.E: Increase the number of Medi-Cal beneficiaries under six years of age receiving in any 12-month period a dental disease prevention protocol by primary care medical providers that includes an oral health assessment, fluoride varnish application, and dental referral or assurance the patient has received examination by a dentist in the last 12 months.

Strategy 2: Encourage one or more school districts to report Kindergarten and dental assessments.
Objective 2: By June 30, 2022, Madera LOHP will facilitate an increase in the number of districts reporting Kindergarten assessments to the System for California Oral Health Reporting (SCOHR) by 1 or more districts.

California Oral Health Plan

Goal 4: Implement communication strategies to inform and educate the public, dental care teams, general public and decision makers about oral health information, programs, and policies.

Objective 4.B: Increase the coordination, consistency, and reach of oral health messages targeted to different audiences in multiple languages and various formats.

Strategy 3: Community oral health education workshops.

Objective 3.1: By June 30, 2022, 10 community health workers, volunteers, and/or LOHP staff will be trained to provide educational campaigns on the benefits of fluoride.

Objective 3.2: By June 30, 2022, the Madera LOHP will hold 24 educational sessions on the benefits of fluoridation that target residents of Madera County.

Objective 3.3: By June 30, 2022, implement an educational campaign on the benefits of fluoride that includes public service announcements and radio advertisements, as well as other media channels.

Strategy 4: Direct education on oral health effects to middle/high school students.

Objective 4.1: By June 30, 2022, 1 middle school will receive 10 educational sessions on oral health and overall health.

Objective 4.2: By June 30, 2022, 10 high school nurses, teachers, and/or administrators will be provided with training and support materials regarding oral health and its link to overall health in high school age students.

Strategy 5: Integrate sugar sweetened beverage and tobacco cessation interventions into dental settings

Objective 5: By June 30, 2022, 6 dental offices will be provided with training on how to implement intervention regarding tobacco or sugar sweetened beverages

3.7.2.2 California Wellness Plan – The California Wellness Plan is a roadmap developed by the California Department of Public Health. This CHIP aligns with California Wellness Plan oral health goals in the following way:

California Wellness Plan

1. Increase the percentage of low-income children and adolescents aged 1–20 years enrolled in Medi-Cal for at least 90 continuous days who received any preventive dental service
2. Increase the percentage of low-income children aged 6–9 years enrolled in Medi-Cal for at least 90 continuous days who received a dental sealant on a permanent molar

Strategy 1: Provide oral health services to children in K-8th grades and education to parents of kindergarten aged children.

Objective 1.1: By June 30, 2022, the Madera LOHP will facilitate the provision of fluoride supplements to children in K-8th grade at 4 school districts within Madera County by promoting community linkage for dental services (school based mobile unit and local providers).

Objective 1.2: By June 30, 2022, the Madera LOHP will facilitate access to dental sealants to children in K-8th grades in 4 districts within Madera County by promoting community linkage for dental services (school based mobile unit and local providers).

Objective 1.3: By June 30, 2022, 50% of parents with kindergarten age children who attended an oral health presentation will show an increase in: oral health knowledge, increased awareness of the Medi-Cal dental program, and an intent to adopt healthier habits.

Strategy 2: Encourage one or more school districts to report Kindergarten and dental assessments.

Objective 2: By June 30, 2022, Madera LOHP will facilitate an increase in the number of districts reporting Kindergarten assessments to the System for California Oral Health Reporting (SCOHR) by 1 or more districts.

3.7.3 National Objectives: These strategies and objectives will also help the LOHP meet the following national objectives:

3.7.3.1 Healthy People (HP) 2020 - Healthy People provides national goals and objectives set every decade by the federal government in order to improve health in the United States. The strategies and objectives in this CHIP align with HP2020 oral health objectives in the following ways:

<p><i>HP 2020</i> OH-1 Reduce the proportion of children aged 3 to 5 years with dental caries experience in their primary teeth. OH-1.1 Reduce the proportion of children aged to 3 to 5 years with dental caries experience in their primary teeth. OH-1.2 Reduce the proportion of children aged 6 to 9 years with dental caries experience in their primary or permanent teeth.</p>	<p>Strategy 1: Provide oral health services to children in K-8th grades and education to parents of kindergarten aged children. Objective 1.1: By June 30, 2022, the Madera LOHP will facilitate the provision of fluoride supplements to children in K-8th grade at 4 school districts within Madera County by promoting community linkage for dental services (school based mobile unit and local providers). Objective 1.2: By June 30, 2022, the Madera LOHP will facilitate access to dental sealants to children in K-8th grades in 4 districts within Madera County by promoting community linkage for dental services (school based mobile unit and local providers). Objective 1.3: By June 30, 2022, 50% of parents with kindergarten age children who attended an oral health presentation will show an increase in: oral health knowledge, increased awareness of the Medi-Cal dental program, and an intent to adopt healthier habits.</p>
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HP 2020

OH-2 Reduce the proportion of children and adolescents with untreated dental decay.

OH-2.1 Reduce the proportion of children aged 3 to 5 years with untreated dental decay in their primary teeth.

OH-2.2 Reduce the proportion of children aged 6 to 9 years with untreated dental decay in their primary or permanent teeth.

OH-2.3 Reduce the proportion of adolescents aged 13 to 15 years with untreated dental decay in their permanent teeth.

Strategy 1: Provide oral health services to children in K-8th grades and education to parents of kindergarten aged children.

Objective 1.1: By June 30, 2022, the Madera LOHP will facilitate the provision of fluoride supplements to children in K-8th grade at 4 school districts within Madera County by promoting community linkage for dental services (school based mobile unit and local providers).

Objective 1.2: By June 30, 2022, the Madera LOHP will facilitate access to dental sealants to children in K-8th grades in 4 districts within Madera County by promoting community linkage for dental services (school based mobile unit and local providers).

Objective 1.3: By June 30, 2022, 50% of parents with kindergarten age children who attended an oral health presentation will show an increase in: oral health knowledge, increased awareness of the Medi-Cal dental program, and an intent to adopt healthier habits.

Strategy 2: Encourage one or more school districts to report Kindergarten and dental assessments.

Objective 2: By June 30, 2022, Madera LOHP will facilitate an increase in the number of districts reporting Kindergarten assessments to the System for California Oral Health Reporting (SCOHR) by 1 or more districts.

HP 2020

OH-7 Increase the proportion of children, adolescents, and adults who used the oral health care system in the past year.

OH-8 Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year.

Strategy 1: Provide oral health services to children in K-8th grades and education to parents of kindergarten aged children.

Objective 1.1: By June 30, 2022, the Madera LOHP will facilitate the provision of fluoride supplements to children in K-8th grade at 4 school districts within Madera County by promoting community linkage for dental services (school based mobile unit and local providers).

Objective 1.2: By June 30, 2022, the Madera LOHP will facilitate access to dental sealants to children in K-8th grades in 4 districts within Madera County by promoting community linkage for dental services (school based mobile unit and local providers).

Objective 1.3: By June 30, 2022, 50% of parents with kindergarten age children who attended an oral health presentation will show an increase in: oral health knowledge, increased awareness of the Medi-Cal dental program, and an intent to adopt healthier habits.

HP2020

OH-12 Increase the proportion of children and adolescents who have received dental sealants on their molar teeth.

OH-12.1 Increase the proportion of children aged 3 to 5 years who have received dental sealants on one or more of their primary molar teeth.

OH-12.2 Increase the proportion of children aged 6 to 9 years who have received dental sealants on one or more of their permanent first molar teeth.

OH-12.3 Increase the proportion of adolescents aged 13 to 15 year who have received dental sealants on one or more of their permanent molar teeth.

Strategy 1: Provide oral health services to children in K-8th grades and education to parents of kindergarten aged children.

Objective 1.1: By June 30, 2022, the Madera LOHP will facilitate the provision of fluoride supplements to children in K-8th grade at 4 school districts within Madera County by promoting community linkage for dental services (school based mobile unit and local providers).

Objective 1.2: By June 30, 2022, the Madera LOHP will facilitate access to dental sealants to children in K-8th grades in 4 districts within Madera County by promoting community linkage for dental services (school based mobile unit and local providers).

Objective 1.3: By June 30, 2022, 50% of parents with kindergarten age children who attended an oral health presentation will show an increase in: oral health knowledge, increased awareness of the Medi-Cal dental program, and an intent to adopt healthier habits.

Strategy 2: Encourage one or more school districts to report Kindergarten and dental assessments.

Objective 2: By June 30, 2022, Madera LOHP will facilitate an increase in the number of districts reporting Kindergarten assessments to the System for California Oral Health Reporting (SCOHR) by 1 or more districts.

Healthy People 2020

OH-14.1: Increase the proportion of adults who received information from a dentist or dental hygienist focusing on reducing tobacco use or on smoking cessation in the past year

Strategy 5: Integrate sugar sweetened beverage and tobacco cessation interventions into dental settings

Objective 5: By June 30, 2022, 6 dental offices will be provided with training on how to implement interventions regarding tobacco or sugar sweetened beverages.



*Healthy People
2020*

OH-10.2:
Increase the
proportion of
local health
departments
that have oral
health
prevention or
care programs

Strategy 1: Provide oral health services to children in K-8th grades and education to parents of kindergarten aged children.

Objective 1.1: By June 30, 2022, the Madera LOHP will facilitate the provision of fluoride supplements to children in K-8th grade at 4 school districts within Madera County by promoting community linkage for dental services (school based mobile unit and local providers).

Objective 1.2: By June 30, 2022, the Madera LOHP will facilitate access to dental sealants to children in K-8th grades in 4 districts within Madera County by promoting community linkage for dental services (school based mobile unit and local providers).

Objective 1.3: By June 30, 2022, 50% of parents with kindergarten age children who attended an oral health presentation will show an increase in: oral health knowledge, increased awareness of the Medi-Cal dental program, and an intent to adopt healthier habits.

Strategy 2: Encourage one or more school districts to report Kindergarten and dental assessments.

Objective 2: By June 30, 2022, Madera LOHP will facilitate an increase in the number of districts reporting Kindergarten assessments to the System for California Oral Health Reporting (SCOHR) by 1 or more districts.

Strategy 3: Community oral health education workshops.

Objective 3.1: By June 30, 2022, 10 community health workers, volunteers, and/or LOHP staff will be trained to provide educational campaigns in support of an educational campaign on the benefits of fluoride.

Objective 3.2: By June 30, 2022, the Madera LOHP will hold 24 educational sessions on the benefits of fluoridation that target residents of Madera County.

Objective 3.3: By June 30, 2022, implement an educational campaign on the benefits of fluoride that includes public service announcements and radio advertisements, as well as other media channel advertisements.

Strategy 4: Direct education on oral health effects to middle/high school students.

Objective 4.1: By June 30, 2022, 1 middle school will receive 10 educational sessions on oral health and overall health.

Objective 4.2: By June 30, 2022, 10 high school nurses, teachers, and/or administrators will be provided with training and support materials regarding oral health and its link to overall health in high school aged students.

Strategy 5: Integrate sugar sweetened beverage and tobacco cessation interventions into dental settings

Objective 5: By June 30, 2022, 6 dental offices will be provided with training on how to implement interventions regarding tobacco or sugar sweetened beverages.

3.7.3.2 Health and Human Services (HHS) Strategic Oral Health Framework – The US Department of HHS has established a framework to eliminate oral health related disparities in the US and to increase knowledge of the way that oral health is crucial to overall health. The strategies and objectives in this CHIP align with HHS goals in the following manner:

Health and Human Services (HHS) Strategic Oral Health Framework

- 2. Prevent disease and promote oral health.
- 3. Increase access to oral health care and eliminate disparities.

Strategy 1: Provide oral health services to children in K-8th grades and education to parents of kindergarten aged children.
Objective 1.1: By June 30, 2022, the Madera LOHP will facilitate the provision of fluoride supplements to children in K-8th grade at 4 school districts within Madera County by promoting community linkage for dental services (school based mobile unit and local providers).
Objective 1.2: By June 30, 2022, the Madera LOHP will facilitate access to dental sealants to children in K-8th grades in 4 districts within Madera County by promoting community linkage for dental services (school based mobile unit and local providers).
Objective 1.3: By June 30, 2022, 50% of parents with kindergarten age children who attended an oral health presentation will show an increase in: oral health knowledge, increased awareness of the Medi-Cal dental program, and an intent to adopt healthier habits.

Strategy 3: Community oral health education workshops.
Objective 3.1: By June 30, 2022, 10 community health workers, volunteers, and/or LOHP staff will be trained to provide educational campaigns in support of an educational campaign on the benefits of fluoride.
Objective 3.2: By June 30, 2022, the Madera LOHP will hold 24 educational sessions on the benefits of fluoridation that target residents of Madera County.
Objective 3.3: By June 30, 2022, implement an educational campaign on the benefits of fluoride that includes public service announcements and radio advertisements, as well as other media channel advertisements. .

Strategy 4: Direct education on oral health effects to middle/high school students.
Objective 4.1: By June 30, 2022, 1 middle school will receive 10 educational sessions on oral health and overall health.
Objective 4.2: By June 30, 2022, 10 high school nurses, teachers, and/or administrators will be provided with training and support materials regarding oral health and its link to overall health in high school aged students.

Health and Human Services (HHS) Strategic Oral Health Framework

4. Increase the dissemination of oral health information and improve health literacy.
C. Improve the oral health literacy of patients and families by developing and promoting clear and consistent oral health messaging to health care providers and the public
D. Assess the health literacy environment of patient care settings

Strategy 3: Community oral health education workshops.
Objective 3.1: By June 30, 2022, 10 community health workers, volunteers, and/or LOHP staff will be trained to provide educational campaigns in support of an educational campaign on the benefits of fluoride.
Objective 3.2: By June 30, 2022, the Madera LOHP will hold 24 educational sessions on the benefits of fluoridation that target residents of Madera County.
Objective 3.3: By June 30, 2022, implement an educational campaign on the benefits of fluoride that includes public service announcements and radio advertisements, as well as other media channel advertisements.

Strategy 4: Direct education on oral health effects to middle/high school students.
Objective 4.1: By June 2022, 1 middle school will receive 10 educational sessions on oral health and overall health.
Objective 4.2: By June 2022, 10 students in 1 high school will receive training on how to conduct educational campaigns regarding oral health and healthy lifestyle choices that affect oral health

Strategy 5: Integrate sugar sweetened beverage and tobacco cessation interventions into dental settings
Objective 5: By June 30, 2022, 6 dental offices will be provided with training on how to implement interventions regarding tobacco or sugar sweetened beverages



3.7.3.3 Association of State and Territorial Dental Director (ASTDD) Guidelines for State and Territorial Program – The ASTDD has identified 10 essential public health services that are needed to promote oral health. The identified strategies and objectives in the CHIP promote these 10 essential services in the following manner:

ASTDD Guidelines for State and Territorial Program

- 3. Assess public perceptions about oral health issues and educate/empower people to achieve and maintain optimal oral health
 - b. Design and implement evidence-based or theory-based health communication and health promotion programs around oral health issues.
 - c. Create and use culturally, linguistically and developmentally appropriate oral health activities and materials for selected populations.
 - d. Deliver oral health communication messages through multiple appropriate channels.
 - g. Evaluate effectiveness and quality of health communication and promotion programs.

Strategy 3: Community oral health education workshops.
Objective 3.1: By June 30, 2022, 10 community health workers, volunteers, and/or LOHP staff will be trained to provide educational campaigns in support of an educational campaign on the benefits of fluoride.
Objective 3.2: By June 30, 2022, the Madera LOHP will hold 24 educational sessions on the benefits of fluoridation that target residents of Madera County.
Objective 3.3: By June 30, 2022, implement an educational campaign on the benefits of fluoride that includes public service announcements and radio advertisements, as well as other media channel advertisements.

Strategy 4: Direct education on oral health effects to middle/high school students.
Objective 4.1: By June 30, 2022, 1 middle school will receive 10 educational sessions on oral health and overall health.
Objective 4.2: By June 30, 2022, 10 high school nurses, teachers, and/or administrators will be provided with training and support materials regarding oral health and its link to overall health in high school aged students.

Strategy 5: Integrate sugar sweetened beverage and tobacco cessation interventions into dental settings
Objective 5: By June 30, 2022, 6 dental offices will be provided with training on how to implement interventions regarding tobacco or sugar sweetened beverages.

ASTDD Guidelines for State and Territorial Program

4. Mobilize community partners to leverage resources and advocate for/act on oral health issues.
- a. Engage communities to build oral health and public health constituencies to address oral health issues.

Strategy 3: Community oral health education workshops.

Objective 3.1: By June 30, 2022, 10 community health workers, volunteers, and/or LOHP staff will be trained to provide educational campaigns in support of an educational campaign on the benefits of fluoride.

Objective 3.2: By June 30, 2022, the Madera LOHP will hold 24 educational sessions on the benefits of fluoridation that target residents of Madera County.

Objective 3.3: By June 30, 2022, implement an educational campaign on the benefits of fluoride that includes public service announcements and radio advertisements, as well as other media channel advertisements.



photo courtesy M Gonzalez

ASTDD Guidelines for State and Territorial Program

7. Reduce barriers to care and assure utilization of personal and population-based oral health services

- a. Promote, provide, arrange, support or administer oral health services and access-enabling services based on needs assessment findings, national guidelines and evidence-based research
- e. Collaborate with partners to identify, coordinate and optimize resources to improve access and use of services.
- f. Promote and support development of culturally competent and linguistically appropriate oral health materials for the public

Strategy 1: Provide oral health services to children in K-8th grades and education to parents of kindergarten aged children.

Objective 1.1: By June 30, 2022, the Madera LOHP will facilitate the provision of fluoride supplements to children in K-8th grade at 4 school districts within Madera County by promoting community linkage for dental services (school based mobile unit and local providers).

Objective 1.2: By June 30, 2022, the Madera LOHP will facilitate access to dental sealants to children in K-8th grades in 4 districts within Madera County by promoting community linkage for dental services (school based mobile unit and local providers).

Objective 1.3: By June 30, 2022, 50% of parents with kindergarten age children who attended an oral health presentation will show an increase in: oral health knowledge, increased awareness of the Medi-Cal dental program, and an intent to adopt healthier habits.

Strategy 3: Community oral health education workshops.

Objective 3.1: By June 30, 2022, 10 community health workers, volunteers, and/or LOHP staff will be trained to provide educational campaigns in support of an educational campaign on the benefits of fluoride.

Objective 3.2: By June 30, 2022, the Madera LOHP will hold 24 educational sessions on the benefits of fluoridation that target residents of Madera County.

Objective 3.3: By June 30, 2022, implement an educational campaign on the benefits of fluoride that includes public service announcements and radio advertisements, as well as other media channel advertisements.

Strategy 4: Direct education on oral health effects to middle/high school students.

Objective 4.1: By June 30, 2022, 1 middle school will receive 10 educational sessions on oral health and overall health.

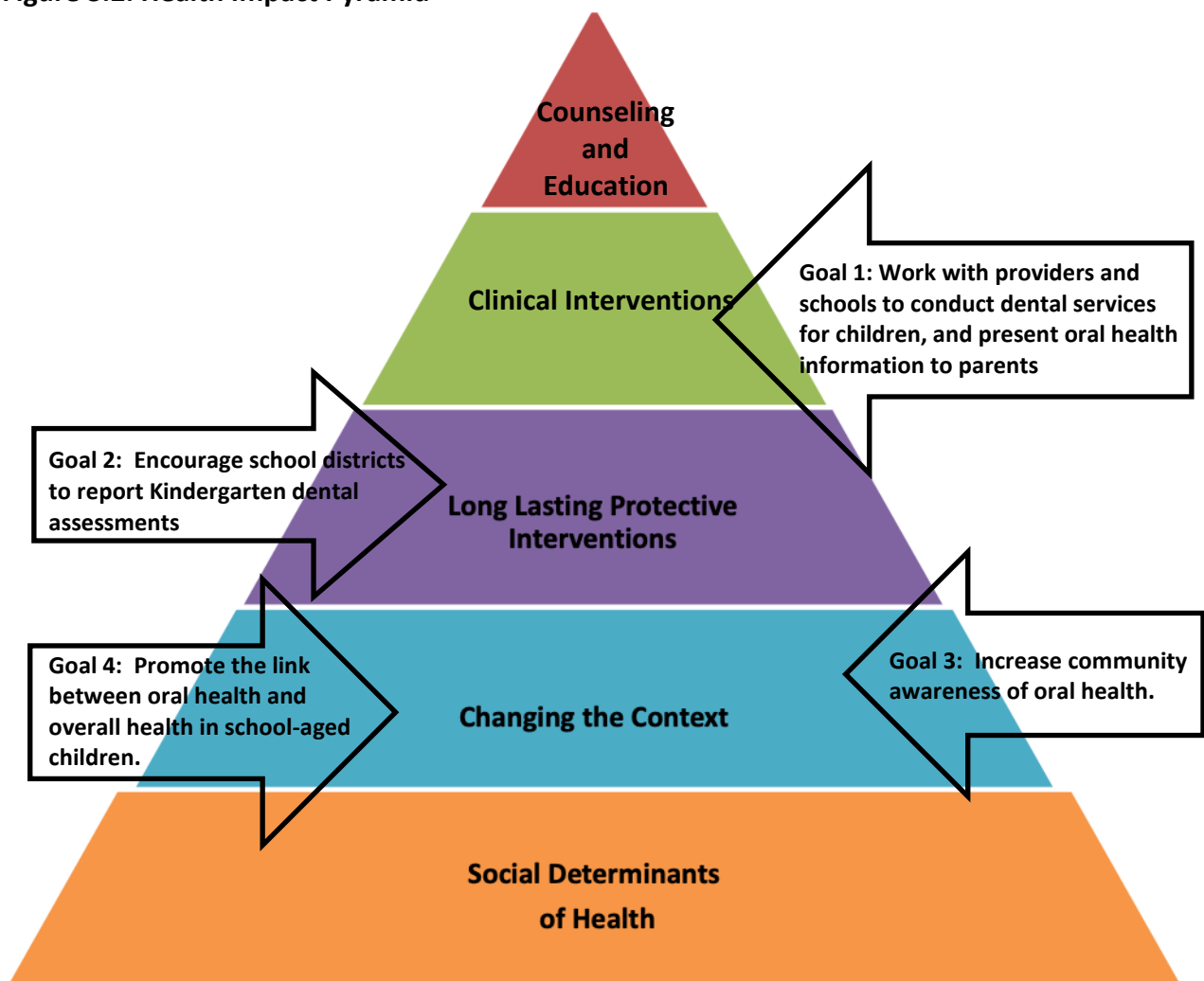
Objective 4.2: By June 30, 2022, 10 high school nurses, teachers, and/or administrators will be provided with training and support materials regarding oral health and its link to overall health in high school aged students.

3.8 Health Impact Pyramid

The public health impact pyramid is a way of mapping the impact of various interventions. Interventions that address the social determinants of health have the greatest population impact, while interventions at the top two layers of the pyramid (clinical interventions, and counseling and education) have a direct impact on individuals. However, long-term and consistent implementation of interventions at each of these levels can have a great impact.

Figure 3.2 shows the level of the public health impact pyramid which each of the goals chosen by the MCDPH will address

Figure 3.2. Health Impact Pyramid



4. STRATEGIC GOALS, FOCUS AREAS, AND ACTION PLAN

4.1 Priorities for Action and Goals

Two Priority Areas were identified:

- Children’s Oral Health
- Promoting the Link Between oral health and overall health

The OHAC then formulated the following four goals that addressed priority areas identified via the CHA:

- Goal 1: Work with providers and schools to conduct dental services for children, and present oral health information to parents
- Goal 2: Encourage school districts to report Kindergarten dental assessments
- Goal 3: Increase community awareness of oral health.
- Goal 4: Promote the link between oral health and overall health in school-aged children.

In order to address these goals, the OHAC workgroups developed the following action plans, which are in alignment with our strategic framework.

4.2 Priorities for Action Timeline

In order to move work forward the OHAC has prioritized actions based on the timelines seen in the Action Plan. All CHIP priorities align with the California Department of Public Health work plan objectives chosen by Madera County (see section 3.7.1.3) and will be implemented simultaneously.

4.3 Goal 1 - Work with providers and schools to conduct dental services for children, and present oral health information to parents

4.3.1 Strategy for Goal 1

Strategy 1: Provide oral health services to children in K-8th grade and education to parents of kindergarten aged children.

Target population: Children in K-8th grade in 4 districts and parents of kindergarten aged children.

4.3.2 Description of the Health Problem for Goal 1

In Madera County there are high rates of caries among both children and adults, a significant number of children do not access dental services, not all child Medicaid recipients receive sealants, and many children do not have access to fluoridated drinking water or fluoridated toothpaste.

- About 10% of Madera County kindergarten children screened in 2017 showed evidence of untreated dental decay.
- A significant number (20.4%) of caregivers of children ages 0 to 5 reported that their child had previously needed a filling or been diagnosed with caries (tooth decay).
- 2015-16 Denti-Cal data shows that in Madera County, only 24.9% of adult recipients, and 50.8% of child recipients, had an annual dental visit.
- 31.4% of Madera County children 0 to 5 had never been to the dentist according to their caregivers, and 27.3% of caregivers reported taking their child to the dentist for the first time at age 1.
- In Madera County, only 16.9% of Denti-Cal Insurance recipients ages 6-9 received a molar sealant in 2016, and 8.4% of Denti-Cal Insurance recipients ages 10-14 received a molar sealant, despite the integral role sealants play in cavity prevention.
- Madera County residents do not have access to fluoridated drinking water, and 29% of caregivers reported not purchasing fluoridated toothpaste for their children.



4.3.3 SMART Objectives for Goal 1

With this in mind, we are working towards a Madera County where:

Objective 1.1: By June 30, 2022, the Madera LOHP will facilitate the provision of fluoride supplements to children in K-8th grade at 4 school districts within Madera County by promoting community linkage for dental services (school based mobile unit and local providers).

Objective 1.2: By June 30, 2022, the Madera LOHP will facilitate access to dental sealants to children in K-8th grades in 4 districts within Madera County by promoting community linkage for dental services (school based mobile unit and local providers).

Objective 1.3: By June 30, 2022, 50% of parents with kindergarten aged children who attended an oral health presentation will show an increase in: oral health knowledge, increased awareness of the Medi-Cal Dental program, and an intent to adopt healthier habits.

4.3.4 Action and Evaluation Plan for Goal 1

In order to ensure that Madera reaches these objectives the OHAC has outlined an action and evaluation plan

Action Plan for Goal 1

Action Steps	Responsible Team Members	Resources Needed	Potential Barriers	Outcomes	Timeline
Identify school districts and school sites interested in participating in the project	<ul style="list-style-type: none"> LOHP staff 	<ul style="list-style-type: none"> Champions 	Cost, school district staff teachers, parents/non-participation	<ol style="list-style-type: none"> Meeting Agendas Informational packets Contact logs MOU agreements between mobile unit providers and school 	June 30, 2019 - June 30, 2021
Identify dental services (school based mobile unit and local providers)	<ul style="list-style-type: none"> LOHP staff 	<ul style="list-style-type: none"> Contacted logs Meeting logs Email correspondence Appropriate contacts 	Lack of providers	<ol style="list-style-type: none"> List of dental services to which referrals will be provided or who will provide on-site services. Informational packets on the services the mobile unit/provider provides. 	June 30, 2019 - June 30, 2021
Create or identify educational material on sealants and fluoride varnish.	<ul style="list-style-type: none"> LOHP staff 	<ul style="list-style-type: none"> Staff with oral health experience LOHP communication Curriculum Educational materials 	No existing curriculum/educational materials with the correct reading level of language capabilities.	<ol style="list-style-type: none"> List of educational materials identified or created 	June 30, 2019 - June 30, 2020
Contact MUSD + MCOE to set up meeting, prepare materials to share with staff.	<ul style="list-style-type: none"> LOHP staff 	<ul style="list-style-type: none"> Materials regarding school absences due to oral health, health consequences 	Cost, school district staff teachers, parents/non-participation	<ol style="list-style-type: none"> Meeting Agendas Informational packets Contact logs Sample MOU agreements with 	June 30, 2019 - December 31, 2020

		<ul style="list-style-type: none"> • Examples of what other county school districts have done. • Champion parents 		districts/schools and dates	
Educational materials and referrals to dental services provided to parents by teachers at selected sites	<ul style="list-style-type: none"> • LOHP staff 	<ul style="list-style-type: none"> • Curriculum • Educational materials / packet • Referrals • Behavioral modification items 	<p>Lack of participation by teachers</p> <p>Lack of participation by parents</p> <p>Failure to collect returned materials regarding parental actions</p>	<ol style="list-style-type: none"> 1. Educational material 2. Consent forms/Referrals follow-up forms 3. Flyers 	December 31, 2019 - ongoing
Educational presentations provided to parents at selected sites	<ul style="list-style-type: none"> • LOHP staff 	<ul style="list-style-type: none"> • Curriculum • Educational materials / packet • Referrals • Behavioral modification items 	<p>Lack of participation by parents</p> <p>Failure to collect returned materials regarding parental actions</p> <p>Failure to complete pre/post survey</p>	<ol style="list-style-type: none"> 1. Meeting dates 2. Materials distributed 3. Pre/post surveys 4. Sign-in sheets 5. Workshop logs 6. Consent forms/Referrals follow-up forms 	December 31, 2019 - ongoing

4.3.5 Communication Objectives for Goal 1

When the action plan for Goal 1 is completed, children will be provided fluoride supplements and dental sealants through a school-based mobile dental unit or a referral provider.

4.3.6 SWOT Analysis for Goal 1

The following strengths, weaknesses, opportunities and threats (SWOT) were identified. It is important that individuals implementing the above action plan ensure that they take advantage of the strengths and opportunities identified, guard against weaknesses, and reduce the likelihood of threats:

S STRENGTHS	W WEAKNESSES	O OPPORTUNITIES	T THREATS
<ul style="list-style-type: none"> • SNAP-Ed staff have school contacts • Staff is 100% Full-time employed • School-based providers has been identified for Madera County Behavioral modification items can be purchased for parent participation 	<ul style="list-style-type: none"> • Staff capacity • Staff changes • School staff not knowing the LOHP staff • Staff language barriers (translation needed) • Training and curriculum required for parent oral health education presentations 	<ul style="list-style-type: none"> • Schools have a call system to promote presentations • Madera County LOHP identified a school-based mobile dental health provider, which can provide MOUs • School-based mobile dental provider already provides services in other Madera County schools (this can help promote participation from other schools) 	<ul style="list-style-type: none"> • The schools in districts have preconceived ideas about amount of time to have program in school or schools not wanting to participate in program • Teacher not having enough time • Parent survey return rate low • School administrators not interested • Having no meeting space available • Low turnout

4.3.7 Stakeholders Involved in Achieving Goal 1

The following individuals and organizations will be involved in achieving Goal 1 and Objectives 1.1, 1.2, and 1.3:

MCDPH LOHP staff; MCDPH staff with oral health experience or expertise; the OHAC; Madera County CalFresh Healthy Living Program; Madera County schools and school districts; Madera County Office of Education (MCOE); Individual teachers in Madera County Schools.

4.4 Goal 2 – Encourage school districts to report kindergarten dental assessments.

4.4.1 Strategy for Goal 2

Strategy 2: Encourage one or more school districts to report kindergarten dental assessments.

Target population: School districts in Madera County not currently reporting Kindergarten dental assessments to the System for California Oral Health Reporting (SCOHR).



4.4.2 Description of the Health Problem for Goal 2

In Madera County, there is a particularly high rate of caries experienced and untreated caries among children. State law AB1433 requires that every entering kindergartener receive an oral health assessment as part of their school readiness activities. This data allows us to see how widespread caries are among the general child population. The prevalence of children's caries may be unreliable due to limited reporting of Kindergarten dental assessments from Madera County school districts.

- 31.4% of Madera County children 0 to 5 had never been to the dentist according to their caregivers, and 27.3% of caregivers reported taking their child to the dentist for the first time at age 1.
- Reported by their caregivers, 31.4% of children had never been to the dentist.
- In terms of insurance coverage, 85.4% of caregivers reported their child was covered by Denti-Cal, Medi-Cal, and/or Medicaid.
- In 2017, only 65.9% of all kindergarteners in Madera County received an oral health assessment, though this varied by school district and ranged from 0% returned to 80% returned.
- Of these 65.9% of students, 10.1% of them had experienced decay. The percentage of kindergarteners with caries ranged by school district from 0% to 28.9%.

4.4.3 SMART Objectives for Goal 2

Considering this, we are working towards a Madera County where:

Objective 2: By June 30, 2022, Madera LOHP will facilitate an increase in the number of districts reporting Kindergarten assessments to the System for California Oral Health Reporting (SCOHR) by 1 or more districts.

4.4.4 Action and Evaluation Plan for Goal 2

In order to ensure that Madera reaches these objectives the OHAC has outlined an action and evaluation plan

Action Plan for Goal 2

Action Steps	Responsible Team Members	Resources Needed	Potential Barriers	Outcomes	Timeline
Contact Madera County school districts to set up meetings regarding Kindergarten dental assessments	<ul style="list-style-type: none"> LOHP staff 	<ul style="list-style-type: none"> Materials regarding school absences due to oral health, health consequences Examples of what other county school districts have done. Importance of reporting Kindergarten dental assessments to SCOHR 	Non-participation by school districts	<ol style="list-style-type: none"> Contact logs Meeting Agendas Informational packets 	June 30, 2019 - December 31, 2021
Assist school districts with dental resources to be distributed to parents of Kindergarten students	<ul style="list-style-type: none"> LOHP staff Madera County School district staff 	<ul style="list-style-type: none"> Guidance or technical assistance for reporting of oral health assessments to SCOHR Behavioral modification items 	Non-participation by parents	<ol style="list-style-type: none"> Increase in number of schools reporting kindergarten assessments to SCOHR Number of new supporting policies/resolutions passed by school boards to promote reporting of assessments to SCOHR Existence of success stories 	June 30, 2019 - ongoing

4.4.5 Communication Objectives for Goal 2

When the action plan for Goal 2 is completed, the administration in at least 1 or more school districts will be aware of the importance of reporting Kindergarten dental assessments to the System for California Oral Health Reporting (SCOHR), school districts will have better estimates of Kindergarten children with dental issues, and there should be evidence of increased utilization of dental services among young children in Madera County.

4.4.6 SWOT Analysis for Goal 2

The following strengths, weaknesses, opportunities and threats (SWOT) were identified by the sub-committee charged with evaluating Goal 2. It is important that individuals implementing the above action plan ensure that they take advantage of the strengths and opportunities identified, guard against weaknesses, and reduce the likelihood of threats:

S STRENGTHS	W WEAKNESSES	O OPPORTUNITIES	T THREATS
<ul style="list-style-type: none"> MCDPH shows support for increased reporting of dental assessments 	<ul style="list-style-type: none"> Training for new staff needed Barriers for parents to access dental services for their child 	<ul style="list-style-type: none"> The information and data made available if the majority of Madera County children reported Kindergarten dental assessments Other schools have participated in reporting to SCOHR 	<ul style="list-style-type: none"> The schools in districts have preconceived ideas about difficulties in reporting Kindergarten dental assessments Barriers for parents and children accessing dental services to receive screening Limited dentists in Madera County who participate in Medi-Cal dental insurance

4.4.7 Stakeholders Involved in Achieving Goal 2

The following individuals and organizations will be involved in achieving Goal 2 and Objectives 2.1-2.3: MCDPH LOHP staff; MCDPH staff with oral health experience or expertise; the OHAC; Madera County schools and school districts; Madera County Office of Education (MCOE)

4.5 Goal 3 – Increase community awareness of oral health.

4.5.1 Strategy for Goal 3

Strategy 3: Community oral health education workshops

Target population: Community health workers, volunteers, and general population of Madera County

Strategy 5: Integrate sugar sweetened beverage and tobacco cessation interventions into dental settings

Target Populations: dental offices

4.5.2 Description of the Health Problem for Goal 3:

There is a need for oral health education, particularly about fluoride and molar sealant use, and increased oral health literacy in Madera County.

- Madera County residents do not have access to fluoridated drinking water, and 29% of caregivers reported not purchasing fluoridated toothpaste for their children.
- In Madera County, 16.9% of Denti-Cal recipients ages 6-9 received a molar sealant in 2016, and 8.4% of Denti-Cal recipients ages 10-14 received a molar sealant in 2016
- 55.7% of caregivers reported their child sometimes had juice or other sugary drinks in their bottle, and 34.8% reported sometimes putting their child to bed with a bottle, sippy cup and/or pacifier.
- 16.6% of Madera County adults, higher than the state average, report they currently smoke.
- 24.7% of respondents stated that they were sometimes confident filling out forms and 3.5% of respondents noted they were never confident filling out forms.

4.5.3 SMART Objectives for Goal 3

To increase oral health awareness in the community, we want Madera County where:

Objective 3.1: By June 30, 2022, 10 Community Health Workers, volunteers, and/or LOHP staff will be trained to implement educational sessions in support of an educational campaign on the benefits of fluoride.

Objective 3.2: By June 30, 2022, the Madera LOHP will hold 24 educational sessions on the benefits of fluoridation that target residents of Madera County.

Objective 3.3: By June 30, 2022, implement an educational campaign on the benefits of fluoride that includes public service announcements and radio advertisements, as well as other media channel advertisements.

Objective 5: By June 30, 2022, 6 dental offices will be provided with training on how to implement interventions regarding tobacco or sugar sweetened beverages.

4.5.4 Action and Evaluation Plan for Goal 3

In order to ensure that Madera reaches these objectives the OHAC has outlined an action and evaluation plan

Action Plan for Goal 3, Objective 3

Action Steps	Responsible Team Members	Resources Needed	Potential Barriers	Outcomes	Timeline
Create outreach plan to be implemented by educators	<ul style="list-style-type: none"> • LOHP staff • CHW leads 	<ul style="list-style-type: none"> • Examples of what other counties have done 	Cost, lack of locations for presentations	<ol style="list-style-type: none"> 1. Assignment sheets 2. Surveys 3. Emails/communication list 4. List of materials to be distributed 	December 31, 2019 -December 31, 2020
Identify culturally tailored curriculum	<ul style="list-style-type: none"> • LOHP staff • CHW leads 	<ul style="list-style-type: none"> • List of culturally appropriate oral health materials 	Needing to translate presentations into other languages Poor promotion Poor turnout	<ol style="list-style-type: none"> 1. List of culturally appropriate oral health materials 	June 30, 2019 - June 30, 2021
Identify and train individuals who will be educators	<ul style="list-style-type: none"> • LOHP staff or other organization 	<ul style="list-style-type: none"> • Educational materials • Food • Behavioral modification tools 	Interest from parent groups	<ol style="list-style-type: none"> 1. List of organizations and individuals 	June 30, 2019 - June 30, 2021
Conduct educational sessions for general publics	<ul style="list-style-type: none"> • LOHP staff 	<ul style="list-style-type: none"> • PowerPoint materials • Food • Behavioral modification items 	<ul style="list-style-type: none"> • Poor promotion • Poor turnout 	<ol style="list-style-type: none"> 1. Meeting dates 2. Materials distributed 3. Pre/post surveys 4. Sign-in sheets 5. Workshop logs 	December 31, 2019 - ongoing
Identify which media channels and sources to target	<ul style="list-style-type: none"> • LOHP staff 	<ul style="list-style-type: none"> • List of available public service announcement slots • Types of media channels available to use • List of individual 	<ul style="list-style-type: none"> • Lack of available public service announcement slots • Lack of radio advertisement 	<ol style="list-style-type: none"> 1. list of media channels to target 2. list of individual media sources to target 	June 30, 2019 - June 30, 2020

Action Steps	Responsible Team Members	Resources Needed	Potential Barriers	Outcomes	Timeline
		media/information sources	slots		
Identify culturally tailored oral health messages	<ul style="list-style-type: none"> • LOHP staff 	<ul style="list-style-type: none"> • List of possible messages 	<ul style="list-style-type: none"> • Lack of translators 	<ol style="list-style-type: none"> 1. list of culturally tailored public service announcements 2. list of culturally tailored radio advertisements 3. list of other media messages 	June 30, 2019 - June 30, 2020
Deploy media campaign	<ul style="list-style-type: none"> • LOHP staff 	<ul style="list-style-type: none"> • Public service announcement slots • Radio advertising slots • Other media channels • 	<ul style="list-style-type: none"> • Lack of media interest 	<ol style="list-style-type: none"> 1. number of public service announcements run 2. number of radio advertising slots run 3. schedule of advertising 4. information/public service announcements run on other media channels 	June 30, 2019 - June 30, 2021

4.5.5 Communication Objectives for Goal 3, Objective 3

When the action plan for Goal 3 is completed, 10 oral health educators should conduct 24 oral health educational sessions. Additionally, a culturally appropriate media campaign promoting fluoride uptake will have been implemented.

4.5.6 SWOT Analysis for Goal 3, Objective 3

The following strengths, weaknesses, opportunities and threats (SWOT) were identified by the sub-committee charged with evaluating Goal 3. It is important that individuals implementing the above action plan ensure that they take advantage of the strengths and opportunities identified, guard against weaknesses, and reduce the likelihood of threats:

S STRENGTHS	W WEAKNESSES	O OPPORTUNITIES	T THREATS
<ul style="list-style-type: none">• Full-time employee• Meeting space available	<ul style="list-style-type: none">• Need behavioral modification tools for volunteers• Translation needed	<ul style="list-style-type: none">• Promotoras support• Identified community member groups	<ul style="list-style-type: none">• Lack of volunteer and community health worker facilitation• Community members not following up for post-survey• Misinformation about fluoride

4.5.7 Stakeholders Involved in Achieving Goal 3, Objective 3

The following individuals and organizations will be involved in achieving Goal 3 and Objectives 3.1 and 3.2: MCDPH LOHP staff; MCDPH staff with oral health experience or expertise; the OHAC; Community Health Worker Leads; 10 Community Health Workers, volunteers, and/or LOHP staff

4.5.8 Action and Evaluation Plan for Goal 3, Objective 5

In order to ensure that Madera reaches these objectives the OHAC has outlined an action and evaluation plan

Action Plan for Goal 3, Objective 5

Action Steps	Responsible Team Members	Resources Needed	Potential Barriers	Outcomes	Timeline
Identify dental providers to be trained	<ul style="list-style-type: none"> • LOHP staff 	<ul style="list-style-type: none"> • Community connections with dentists 	Dentists not interested	<ol style="list-style-type: none"> 1. List of dentists in Madera County 2. Contact logs 3. Number of dentists identified 	June 30, 2019 - June 30, 2020
Identify training/ curriculum	<ul style="list-style-type: none"> • LOHP staff • Tobacco Control staff • Madera County Tobacco Coalition 	<ul style="list-style-type: none"> • Curriculum on tobacco and SSB • Materials 	No existing curriculum	<ol style="list-style-type: none"> 1. List of trainers 2. Training dates 	June 30, 2019 - June 30, 2020
Conduct training	<ul style="list-style-type: none"> • LOHP staff 	<ul style="list-style-type: none"> • Behavioral modification materials 	Dentist participation Time constraints	<ol style="list-style-type: none"> 1. Number of dentists trained 2. Sign-in sheets 	June 30, 2019 - December 31, 2021
Assess offices to determine if interventions provided	<ul style="list-style-type: none"> • LOHP staff 	<ul style="list-style-type: none"> • Access to dental offices and staff 	Dental staff participation Time constraints	<ol style="list-style-type: none"> 1. Number of dental offices providing interventions 	December 31, 2019 - ongoing

4.5.9 Communication Objectives for Goal 3, Objective 5

When Objective 5 is completed, 6 dental offices should have been provided information, resources, and training on how to implement tobacco and sugar sweetened beverage interventions.

4.5.10 SWOT Analysis for Goal 3, Objective 5

The following strengths, weaknesses, opportunities and threats (SWOT) were identified. It is important that individuals implementing the above action plan ensure that they take advantage of the strengths and opportunities identified, guard against weaknesses, and reduce the likelihood of threats:

S STRENGTHS	W WEAKNESSES	O OPPORTUNITIES	T THREATS
<ul style="list-style-type: none">• Connections to organizations with dental provider contacts• Behavioral modification items for dentists	<ul style="list-style-type: none">• Dentist time constraints for training• Dentist time constraints with patients	<ul style="list-style-type: none">• More patients learn about the tobacco, sugar sweetened beverage, and oral health connection	<ul style="list-style-type: none">• No resources for dental provider training

4.5.11 Stakeholders Involved in Achieving Goal 3, Objectives 5

The following individuals and organizations will be involved in achieving Goal 3, Objective 5: MCDPH LOHP staff; MCDPH Tobacco Control Program staff; MCDPH staff with oral health experience or expertise; the OHAC; Fresno-Madera Dental Society, and 6 dental providers in Madera County.

4.6 Goal 4 – Promote the link between oral health and overall health in school-aged children

4.6.1 Strategies for Goal 4

Strategy 4: Direct education on oral health effects to middle/high school students.

Target population: middle-school and high school students

4.6.2 Description of the Health Problem for Goal 4

In Madera County there are high rates of caries among children, a significant number of children consume sugar-sweetened beverages (SSBs), smoking rates in Madera County are high, and a number of individuals were worried about the effects of the use of tobacco and other drugs, as well as the long-term impacts of poor nutrition, on the oral health of children.



- A large number (20.4%) of caregivers of children ages 0 to 5 reported that their child had previously needed a filling or been diagnosed with caries (tooth decay).
- Key informants reported high numbers of adolescents drinking sugar-sweetened beverages and were worried about the effects of the use of candy to reward young children on oral health, as well as the effects of long-term nutrition on oral health.
- Key informants reported tobacco and other drug use as a serious oral health issue in Madera County. Vaping was identified as a behavior that needed to be tracked by oral health providers.
- About 10% of Madera County kindergarten children screened in 2017 showed evidence of untreated dental decay.
- 16.6% of Madera County adults report they currently smoke (CA average: 11.9%).
- 24% of Madera County adults rated the health of their teeth and gums as poor, and almost a third of adults reported a cavity that need filling. 37.2% of adults surveyed reported having lost 1 to 5 teeth.

4.6.3 SMART Objectives for Goal 4

With this in mind, we are working towards a Madera County where:

Objective 4.1: By June 2022, 1 middle school will receive 10 educational sessions on oral health and overall health.

Objective 4.2: By June 2022, 10 high school nurses, teachers, and/or administrators will be provided with training and support materials regarding oral health and its link to overall health in high school aged students.

4.6.4 Action and Evaluation Plan for Goal 4

In order to ensure that Madera reaches these objectives the OHAC has outlined an action and evaluation plan

Action Plan for Goal 4

Action Steps	Responsible Team Members	Resources Needed	Potential Barriers	Outcomes	Timeline
Identify schools/ curriculum	<ul style="list-style-type: none"> • LOHP staff • Tobacco Control staff • Madera County Tobacco Coalition 	<ul style="list-style-type: none"> • Age-appropriate curriculum on oral health • Examples of what other county school districts have done 	<ul style="list-style-type: none"> • Schools not interested • Students not interested 	<ol style="list-style-type: none"> 1. List of schools 2. Sample curriculum 3. MOU agreements with school 	June 30, 2019 - June 30, 2021
Meet with MUSD (assistant superintendent)	<ul style="list-style-type: none"> • LOHP staff • Tobacco Control staff • Madera County Tobacco Coalition 	<ul style="list-style-type: none"> • Curriculum • Educational material 	<ul style="list-style-type: none"> • Staff time • Parents – fear of learning about drugs/ tobacco 	<ol style="list-style-type: none"> 1. Corresponding emails 2. MOUs/ written agreement 	June 30, 2019 - June 30, 2021
Contact schools (Principals)	<ul style="list-style-type: none"> • LOHP staff 	<ul style="list-style-type: none"> • Oral Health curriculum 	<ul style="list-style-type: none"> • School staff not interested 	<ol style="list-style-type: none"> 1. Meeting logs 2. Contact logs 3. List of schools interested/ agreed to incorporate oral health education 4. Meeting minutes 5. Sign-in sheets 6. Class roster sheet 	December 31, 2019 - December 31, 2021
Conduct workshops	<ul style="list-style-type: none"> • LOHP staff • CHWs 	<ul style="list-style-type: none"> • Curriculum education materials • Supplies • Food 	<ul style="list-style-type: none"> • Teacher and student interest 	<ol style="list-style-type: none"> 1. Number of classes and students reached 2. Sign-in sheets 3. Schedule 4. Class Roster sheet (de-identified) 5. Pre-/post-test 	December 31, 2019 - ongoing

4.6.5 Communication Objectives for Goal 4

When the action plan for Goal 4 is completed, students at 1 middle school and high school nurses, teachers, and/or administrators at 1 high school will have an increase in knowledge of the importance of oral health to overall health, and knowledge on healthy lifestyle choices that affect oral health.

4.6.6 SWOT Analysis for Goal 4

The following strengths, weaknesses, opportunities and threats (SWOT) were identified by the sub-committee charged with evaluating Goal 4. It is important that individuals implementing the above action plan ensure that they take advantage of the strengths and opportunities identified, guard against weaknesses, and reduce the likelihood of threats:

S STRENGTHS	W WEAKNESSES	O OPPORTUNITIES	T THREATS
<ul style="list-style-type: none"> • Tobacco program with education • Behavioral modification items for students 	<ul style="list-style-type: none"> • New staff • Training for new staff needed 	<ul style="list-style-type: none"> • City Police Department/Sheriff partnership • Good relationship with Madera Unified School District • Resources to identify curriculum 	<ul style="list-style-type: none"> • Timing of staff conducting direct education to schools • No resources for tobacco cessation for youth

4.6.7 Stakeholders Involved in Achieving Goal 4

The following individuals and organizations will be involved in achieving Goal 4 and Objectives 4.1, 4.1.1, and 4.1.2: MCDPH LOHP staff; MCDPH Tobacco Control Program staff; MCDPH staff with oral health experience or expertise; the OHAC; Madera County CalFresh Healthy Living Program; Madera County schools and school districts; Madera County Office of Education (MCOE); Individual Teachers at identified Madera County Schools.

5. SUMMARY AND NEXT STEPS

5.1 Summary

This CHIP outlines the MCDPH LOHP priority areas and targeted populations, and the strategies that the MCDPH LOHP will use to improve oral health in Madera County. By June 30, 2022 the LOHP hopes to accomplish the following:

- Presentations at 10 locations to parents of kindergarten aged children, with 50% of these parents showing increased knowledge of oral health and oral health resources.
- Facilitate the addition of 4 school districts, to a school based Dental Health Unit.
- Facilitate the training of 10 community health workers and conduct 24 oral health community workshops as part of an awareness.
- Implement a public education campaign promoting the benefits of fluoride.
- Provide 6 dental offices with training on how to implement interventions regarding tobacco or sugar sweetened beverages.
- Select 1 middle school and 1 high school, and ensure that at least 10 middle schools are provided with oral health and overall health and that 10 high school nurses, teachers, and/or administrators will be provided with training and support materials regarding the link between oral health and overall health, as well as knowledge of the link between healthy lifestyle choices and oral health.

5.2 Sustainability of Oral Health Programming After the Funding Period Ends

Since the Madera County Oral Health CHIP focuses on facilitating training and implementing programs within local organizations (and not the county public health department), the MCDPH LOHP anticipates that the programs set up during the implementation of Objectives 1-5 will be sustainable after the funding period.

This CHIP focuses on the implementation of sustainable programs within local organizations in two ways:

- (a) By focusing on facilitating the implementation of programs within schools and school districts to provide referrals to dental practitioners, this program will ensure that there are set channels through which fluoride supplements and dental sealants will be provided to children in K-8th grade on an annual basis after the funding period has ended. In particular, the MOUs set between the districts, schools, and providers, will ensure that the providers can routinely provide preventive care to children.
- (b) Similarly, the focus on facilitating an increase in SCOHR reporting by school districts through education at the district administrators' level will ensure that there is buy-in to the program, and that the district will impress upon schools the importance of reporting SCOHR data. Because districts are responsible for reporting the data to the state, it is particularly important that district buy-in be obtained, and that districts are convinced of the long-term benefits of reporting the data and of the importance of setting up in-house procedures to ensure SCOHR data is reported.

This CHIP also focuses on implementing a “train the trainer” model when educating community health workers, dentists, and high school teachers. This will ensure that

- (a) Community health workers will be able to (1) integrate oral health education into their usual community health work, and (2) train other community health workers on how to integrate oral health information into their interactions with community members, and (3) that the importance of fluoride intake is continually promoted among Madera County residents.
- (b) Dental practices will (1) implement interventions on tobacco and sugar sweetened beverages into various interactions with patients, and (2) will be able to recommend these interventions to other practitioners and give them information on how to implement these interventions.
- (c) By training high school teachers, nurses, and/or administrators on how to educate individuals on oral health and its link to overall health during the funding period, they will be able to use this information years after funding has ended. They will use the curriculum and knowledge gained to teach high school students about the importance of oral health and will make it possible for trained staff to be able to train future incoming teachers, nurses, and/or administrators with the materials provided.

5.3 Strategy for Obtaining Needed Resources

Because the MCDPH LOHP is focusing on facilitating the implementation of internal programs within organizations, rather than the direct provision of clinical services, and on a train-the-trainer educational model, the MCDPH LOHP will focus on providing linkages to needed resources rather than the direct provision of services. As a result, the significant resources which the MCDPH LOHP needs are manpower, linkages to other programs and organizations, and culturally tailored educational curriculum and marketing campaigns.

5.3.1 Manpower

The MCDPH LOHP employs 1 full time staff member. However, the focus on implementing a train-the-trainer model (outlined in section 5.2) will ensure that the educational objectives outlined in this CHIP are met. Additionally, collaboration with the MCDPH tobacco control unit and nutrition education & obesity prevention programs will also provide additional manpower when training dental offices on how to implement tobacco and beverage related interventions.

5.3.2 Linkages to Other Organizations/Programs

Several objectives of this CHIP are to facilitate the implementation of oral health related referral, reporting, and educational programs within the schools and districts in Madera County, and the implementation of an educational campaign that targets dental offices. The MCDPH LOHP will seek linkages to these organizations through the development of program champions. Because the MCDPH LOHP is working closely with the Madera County CalFresh Healthy Living program, CalFresh Health Living will facilitate the identification of champions who will help the MCDPH LOHP implement programs within schools to provide preventive care

to children, and who will help implement SCOHR reporting within school districts. The MCDPH LOHP has also identified a possible champion for implementing tobacco and beverage related interventions within dental offices in Madera County.

5.3.3 Culturally Tailored Educational and Marketing Campaign Materials

In this CHIP the MCDPH LOHP proposes to implement multiple educational sessions and an educational campaign. Educational materials and campaign material on oral health are widely available from the Center for Disease Control and Prevention, the American Dental Association, the California Dental Association, and other related groups, however, these materials are not always culturally tailored. The MCDPH LOHP has developed a close relationship with Camarena Health (a federally qualified health center), which has developed a *Promotoras* program, and several of the *promotoras* serve on the OHAC. Through these linkages, the MCDPH LOHP plans on ensuring that educational materials and campaigns are culturally appropriate for the region.

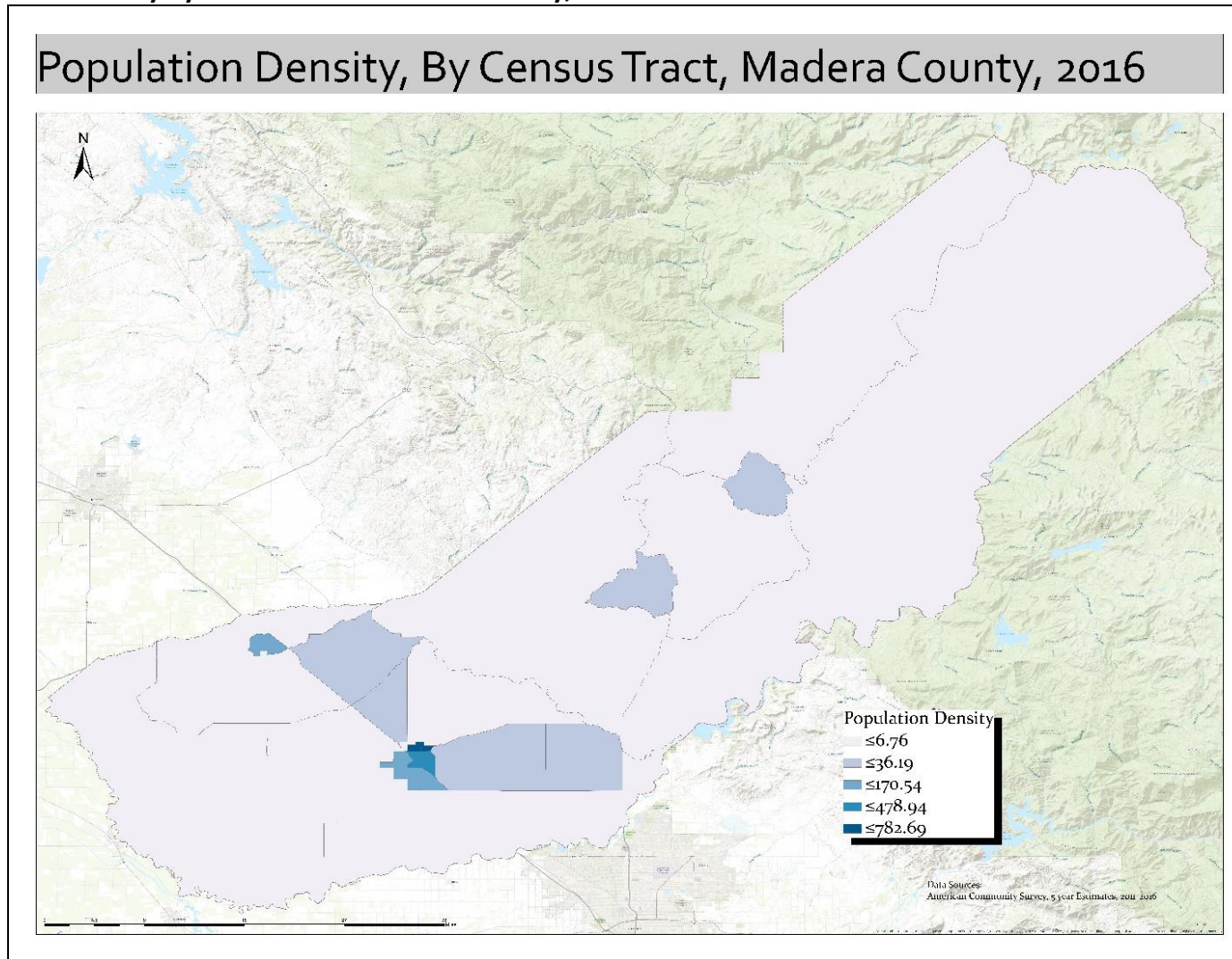
5.4 Next Steps

The MCDPH LOHP has successfully completed Phases 1-5 of the MAPP process and is moving into Phase 6, the Action Cycle, where the MCDPH LOHP will engage in planning how to (a) complete objectives 1.1 - 5, (b) implement these objectives the objectives in the state workplan, and (c) evaluate progress made in achieving objectives 1.1 – 5 and the state workplan.

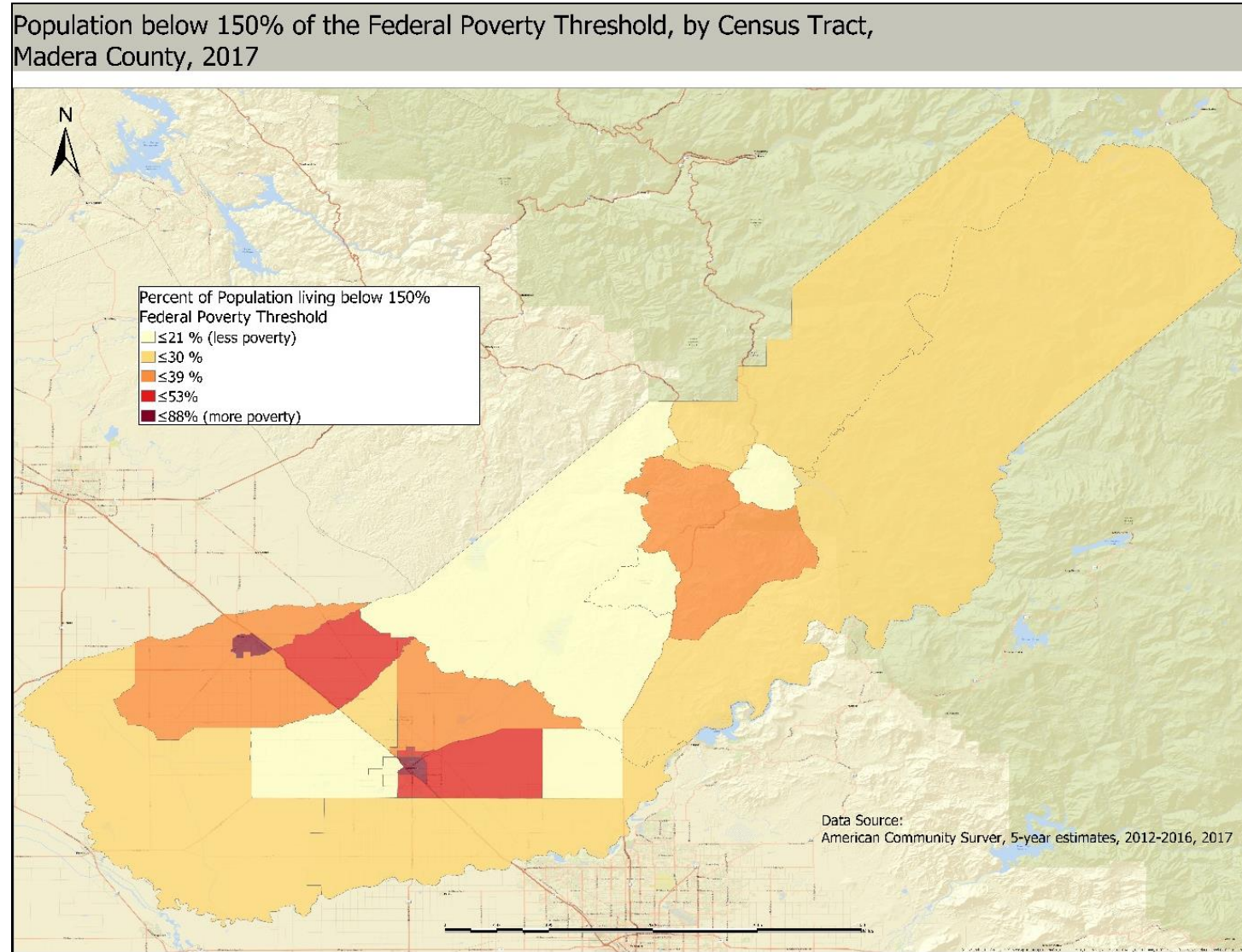
The OHAC will serve as an oversight committee for the MCDPH LOHP's planning, implementation, and evaluation of this CHIP and the state workplan, and will annually review LOHP program activities and evaluation plan results. During the planning phase, the MCDPH LOHP will select which CHIP and state workplan objectives to prioritize and create a more detailed timeline of activities, which they will then follow when implementing this CHIP and the state workplan. The MCDPH LOHP will partner with stakeholders and identify areas of possible collaboration or program growth. Evaluation results, best practices, and lessons learned will be disseminated to stakeholders and the general public.

APPENDIX 1 MAPS OF MADERA COUNTY

Map 1 Population density by census tract in Madera County, 2016



Map 2 The breakdown of Madera County population who live 150% below the federal poverty threshold. American Community Survey 5-year estimates, 2012-2017.



Map 3 Racial distribution in Madera County. American Community Survey, 2010-2016.

