

# Modoc County Local Oral Health Program Community Oral Health Improvement Plan for 2019-2022

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## **1. Executive Summary**

Good oral health is not only essential to good overall health as well as freedom from pain and suffering associated with dental and oral diseases, it also affects self-esteem, quality-of-life, and performance at school and work. Based on Medi-Cal utilization data and data collected from local dental screenings and community surveys, individuals living in Modoc County struggle to achieve and maintain optimal oral health.

The Modoc County Local Oral Health Program (LOHP) was officially established at the beginning of 2018 from funds allocated by Proposition 56: California Healthcare, Research and Prevention Tobacco Tax Act of 2016. Prior to that, Modoc County Health Services-Public Health, had received a mini-grant from First 5 Modoc that allowed for screenings and fluoride varnish applications in the 0-5 population. Building on relationships established through the First 5 grant, the LOHP was able to expand screenings into Kindergarten and 3rd grade classrooms in order to collect local data on untreated decay, caries experience and sealants as part of the community needs assessment process in order to support future work plan activities. It was important to LOHP staff and Advisory Committee members that we had data specific to our community rather than relying on generalizations from state or regional data.

Modoc County is a very small, rural county in the northeastern corner of California, spanning a geographical area of 3917 square miles. The total county population based on US Census Bureau population estimates in 2017 was 8,859 making it the 3rd least populous county in the state. Children ages 0-5 make up approximately 4.5% of the population and adults over age 65 make up approximately 26.5% of the population. 77.9% of the population identifies as white, 14.6% Hispanic/Latino, 4.9% American Indian/Alaskan Native, 1.3% Black or African American, 1.2% Asian, and 0.3% Native Hawaiian/Pacific Islander.

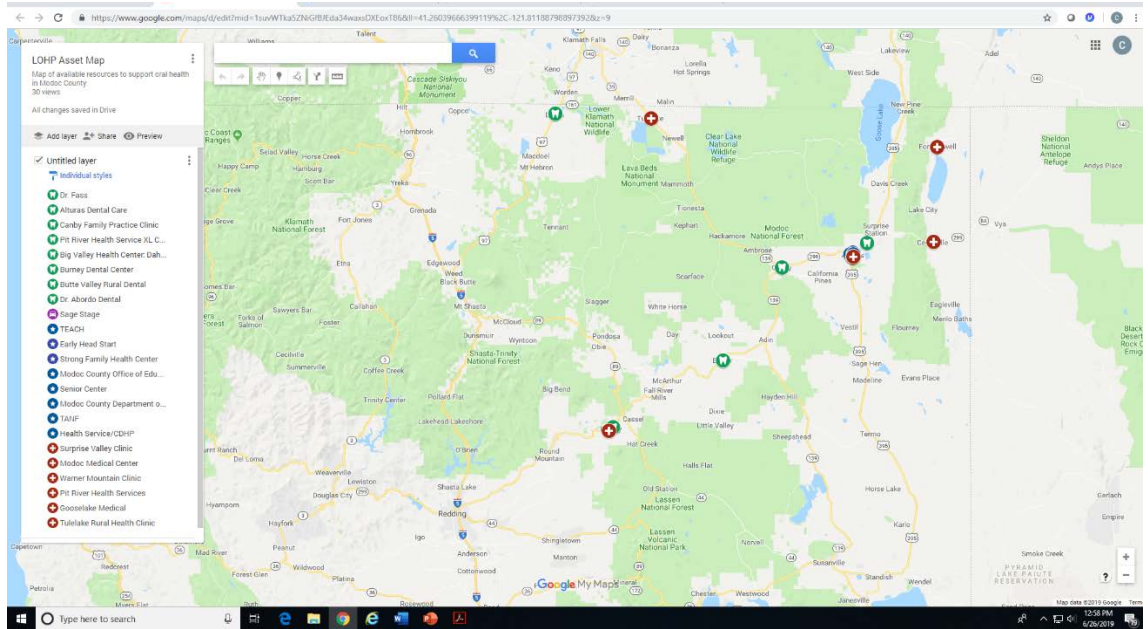


Figure 1. Asset/resource map of medical providers, dental providers and community resources in Modoc County and the surrounding areas (Shasta, Lassen, and Siskiyou Counties).

There is currently only one full-time dental clinic in the county that accepts Medi-Cal for both children and adults. It is located in the unincorporated town of Canby, which is approximately 20-30 minutes from Alturas, the county seat and main population center of Modoc County. There are two full-time private practice dental clinics in the City of Alturas and one additional clinic that accepts Medi-Cal that is open 1-2 days per week. The Pit River satellite clinic on the XL Reservation has dental services available one day per week. Many individuals and families end up travelling out of county or out of state for dental services, especially when specialty services are needed.

Many individuals and families living in Modoc County struggle with transportation to and from dental appointments, a barrier made even more difficult with the long-distance residents must travel to access care. Subsequently, Modoc County residents end up utilizing the local emergency department for dental issues, making Modoc County's emergency department utilization rates one of the highest in the state at 1467/100,000.

With funding from Proposition 56 and the establishment of the LOHP, Modoc County is in a better position to recognize and hopefully address the oral health issues facing the community.

## 2. **Community Health Improvement Plan Process**

Beginning in 2018, LOHP staff facilitated the formation of an Oral Health Advisory Committee comprised of various community agencies and programs. After reviewing available secondary data, the LOHP staff and Advisory

Committee decided it would be beneficial to the program and county to collect primary data as part of the Needs Assessment process. A community survey was developed and a plan for conducting Basic Screening Survey's was formulated.

**a. Individuals/Organizations Involved**

Active members of the Advisory Committee include Early Head Start, Maternal Child Adolescent Health (MCAH), Child Health & Disability Program (CHDP), Modoc County Office of Education (MCOE), Modoc County Tobacco Policy & Education, Modoc County SNAP-Ed, Canby Dental, Modoc County Department of Social Services, Modoc County Board of Supervisors, Modoc County Promotora Program, Warnerview Skilled Nursing, Modoc Medical Center, Strong Family Health Center, and First 5 Modoc. Presentations were also given to the Sunrise Rotary and Alturas Rotary groups and LOHP staff participated in focus groups with Northeastern Health Clinics and Sierra Cascade Family Opportunities.

**b. Vision/Mission Statement**

***Vision:*** *Improve oral health for all individuals living in Modoc County.*

***Mission:*** *The Modoc County LOHP will promote optimal oral health for all people living in Modoc County through collaborative work with community partners and activities such as education, dental/oral disease prevention, linkage to treatment, case management and surveillance.*

**c. Community Needs Assessment**

LOHP Staff and Advisory Committee utilized the Association of State and Territorial Dental Directors (ASTDD) 7 Step Model to conduct the community needs assessment.

- i. **Step 1: Identify partners and form Advisory Committee-**LOHP staff identified community partners and sent invitations to participate on the Advisory Committee. The first Advisory Committee meeting was held on February 1, 2018 and meetings are held monthly. The LOHP continues to recruit new members.
- ii. **Step 2: Conduct Self-Assessment to determine goals and resources-**The Advisory Committee was surveyed to determine initial thoughts on goals for the county and resources available. Initial goals included addressing access to care issues, especially transportation, decrease use of smokeless tobacco among youth, establishing a referral system between medical and dental professionals and increasing awareness of dental benefits for Medi-Cal beneficiaries. Existing resources included having an Extra-

Help Registered Dental Hygienist on LOHP staff, relationship with local schools, Spanish-speaking Promotora in the Newell area, strong community partnerships, transportation benefits through Medi-Cal Managed Care, and active participation on the Advisory Committee from medical and dental providers.

- iii. **Step 3: Plan the needs assessment**-Because of limited available data due to our small population size and geographic isolation, the decision was made to collect primary data utilizing community surveys and the Basic Screening Survey for all Kindergarten and 3<sup>rd</sup> grade students in the county. The group also decided to offer adult and older adult screenings to see if enough data could be collected on that population as well. Available secondary data that was reviewed included Medi-Cal utilization data and data on Emergency Department visits for non-traumatic dental conditions provided by the California Department of Public Health-Office of Oral Health (CDPH-OOH).
- iv. **Step 4: Collect data**-LOHP staff conducted dental screenings of Kindergarten and 3<sup>rd</sup> grade students at all schools served by the Modoc County Office of Education. Those schools include: Alturas Elementary School (AES), Surprise Valley Elementary School (SVES), Tulelake Elementary School (TES) and Stateline. Additional screenings were conducted in the 0-5 population at daycares, Early Head Start, child development centers and preschools. Adult screenings were offered at the Senior Center and community events such as the Children's Fair and Early Head Start.

Community surveys (Appendix A) were distributed via community partners and were available at outreach events such as the county fair, Children's Fair, open house events, and Back to School Night. Surveys were also sent to all county employees, one of the major employers in Modoc County and was posted to social media such as Facebook.

Provider surveys (Appendix B) were sent to all 5 practices in the county. Response rate was poor, with only 1 private provider completing the survey.

Data was also collected from key informant interviews and Advisory Committee input. Those contributing included Environmental Health, Cedarville County Water District, Health Education About

Tobacco Coalition, Modoc County School Nurse, and local medical clinic/skilled nursing facility staff.

- v. **Step 5: Organize and analyze data**-Community survey data was organized and analyzed using Survey Monkey. Screening data was organized and analyzed utilizing Excel spreadsheets. All data was presented to the Advisory Committee for discussion and shared with the county health officer for input.
  - vi. **Step 6: Prioritize issues and report findings**-Based on the data available and the data collected, the Advisory Committee along with LOHP staff felt it was fairly obvious as to what the priorities should be, especially in terms of the prevalence of caries and lack of dental sealants. Members of the group felt that these issues aligned well with the goals and objectives of the state oral health plan. A PowerPoint presentation was created to share findings with community stakeholders and others interested in oral health.
  - vii. **Step 7: Evaluation**-With assistance from Lynn Short, a consultant with the UCSF California Oral Health Technical Assistance Center and input from the Advisory Committee, an Evaluation Plan was created to serve as an ongoing management and learning tool to measure and improve the effectiveness of the Modoc County Local Oral Health Program.
- d. **Selection of Priorities, Goals, Strategies, Objectives**  
Priorities, goals, strategies and objectives were selected with input from the Advisory Committee and taking into consideration the data collected during the needs assessment and secondary data provided from the state, as well as striving to align local objectives with the objectives of the State Oral Health Plan.

### 3. **Priorities**

#### a. **Description of Priority Area**

##### i. **Access to Care**

Through the needs assessment process, it was discovered that Access to Care is a huge issue in Modoc County. Many residents are unaware of the Medi-Cal Dental benefits available to them, and that problem is compounded by the limited number of dental providers that accept Medi-Cal. Utilization for preventive dental visits is low in both the child and adult populations. Transportation is also a huge barrier for many of our residents, especially since the county is so rural and geographically isolated.

**ii. Caries Prevention**

Tooth decay is the most common chronic condition experienced by children, and it is preventable. Based on screening data collected in the Fall of 2018, it was identified that children in Modoc County have high rates of treated and untreated decay and low utilization of preventive services such as sealants. Based on discussions with the county school nurse, it was also determined that many parents opt out of the kindergarten oral health assessment, providing less of an opportunity to offer case management to families and catch issues at a younger age.

**iii. Medical-Dental Integration**

It is well known that children visit the doctor far more frequently than they visit the dentist. Well-child check-ups are a good opportunity for providers to incorporate oral health into their visit and provide fluoride varnish. Based on community input, dental providers are often hesitant to see children at age 1 and tell parents to wait until age 2 or even 3, leading to missed opportunities for oral health education and preventive services such as fluoride varnish. Therefore, by having medical providers trained to perform oral health assessments and apply fluoride varnish, children will have more access to preventive oral health services.

There is also a need for a better referral system between medical and dental providers. Modoc County has one of the highest emergency department utilization rates in the state for non-traumatic dental conditions. Providers have expressed that they try to get patients into the dentist, but access issues and non-compliance lead to several repeat visits for the same conditions.

**iv. Tobacco Use Prevention/Cessation**

Based on community surveys, about 20% of Modoc County residents use some form of tobacco product, but those numbers do not include youth and Advisory Committee members, key informants and stakeholders have expressed concerns over the use of smokeless tobacco products and vaping in the youth population, as young as middle school. In the past, oral cancer screenings were provided in the high school to encourage those using to quit, but that has not been done for quite some time. Smokeless tobacco is very prevalent among high school athletes, as well as adults in this rural, farming community. Modoc County Tobacco Policy & Education is working on policies to prevent youth



access, especially to vaping and flavored tobacco products and by collaborating with Modoc County Tobacco Policy & Education as well as the Health Education About Tobacco (HEAT) Coalition, the LOHP hopes to increase awareness about the risks of all tobacco products and encourage dental providers to provide cessation education and resources during dental visits.

v. **Fluoride Education**

The majority of Modoc County residents receive water from private wells. The community water systems for the City of Alturas, Cedarville, and Tulelake do not have the infrastructure to support water fluoridation at this time. Naturally occurring fluoride levels in this area are <0.2ppm, far below the recommended 0.7ppm. Despite the many benefits of fluoride, many parents opt-out of fluoride varnish applications and not all providers prescribe fluoride supplements. Therefore, more community education is needed so that individuals understand the safety and benefits of fluoride and the role it plays in caries prevention.

vi. **Older Adult Resources & Education**

Older adults make up 26.5% of Modoc County's population and through the needs assessment process it was determined that this was a target population that was difficult to reach. Only about 8% of respondents to the community survey were >65, which is much lower than our actual population of 26.5%. There are 2 skilled nursing facilities (SNFs) in the county, and many older adults remain at home in this agricultural community. Healthcare workers at the SNFs expressed concerns about not having proper training on oral care for older adults and assisting with oral care. Other community members expressed concern over a lack of resources and education for older adults. With no dental benefit in the Medicare program, many older adults are left to pay out of pocket for dental services

**b. Community Needs Assessment Data**

Despite being preventable, early childhood caries is the most common condition in childhood and that is very evident in Modoc County based on screening data collected by the LOHP in Fall of 2018. More than a quarter (27%) of children 0-5 years of age, 50% of Kindergarten students, and 55% of 3rd grade students had untreated decay at the time of the screenings. In addition to untreated decay, just 18% of 3rd graders had sealants on their primary molars. Sealants are 80% effective at preventing dental caries and

the children in our community are at risk because this service is not being utilized.

Medi-Cal utilization data provided by CDPH-OOH indicates that Modoc County falls short of state rates in regards to utilization of preventive dental services for both children (Figure 2) and adults (Figure 3).

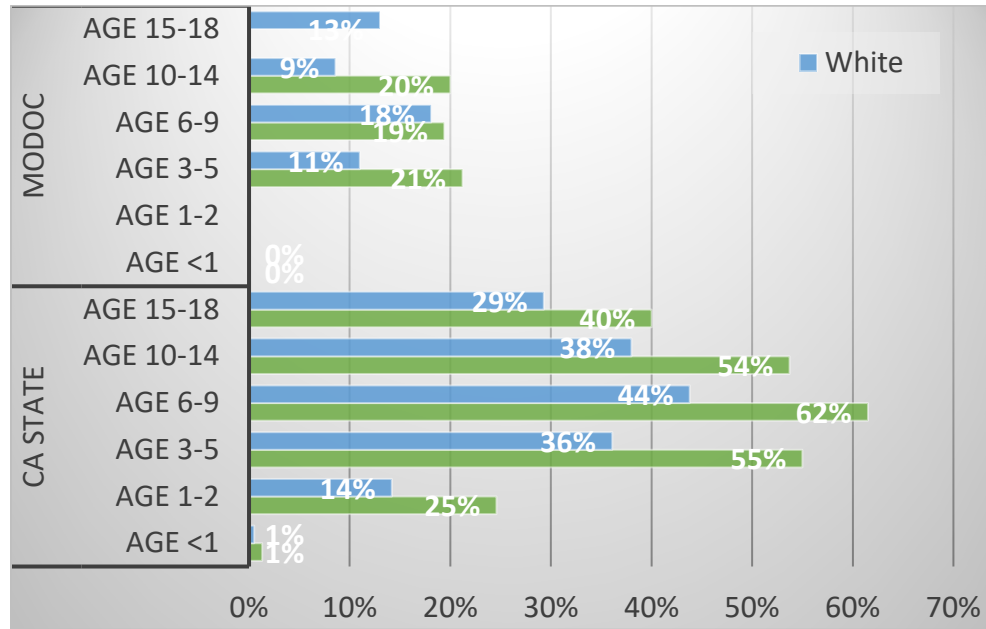


Figure 2. Preventive dental visit 0-18 years

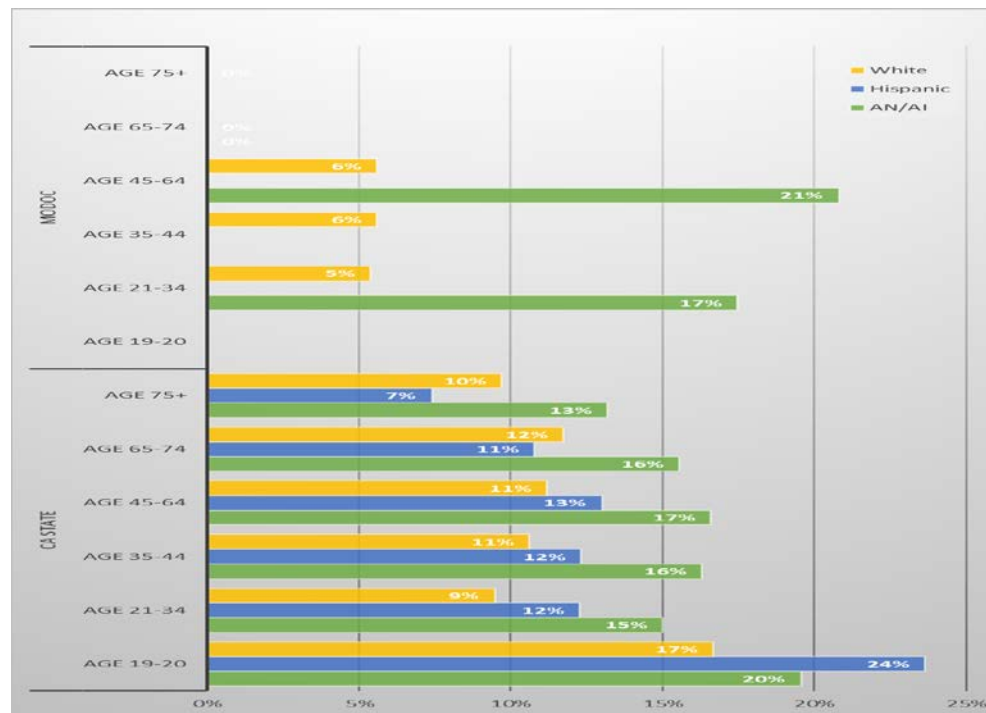


Figure 2. Preventive dental visit >18 years

Modoc County is also over 4 times the state rate for emergency department utilization for non-traumatic dental conditions (Figure 4). This statistic was validated by medical staff at the hospital and local clinic. Staff indicate that they work with the patients to try and get them into a dentist, but often the patient does not follow through and they end up back at the emergency department.

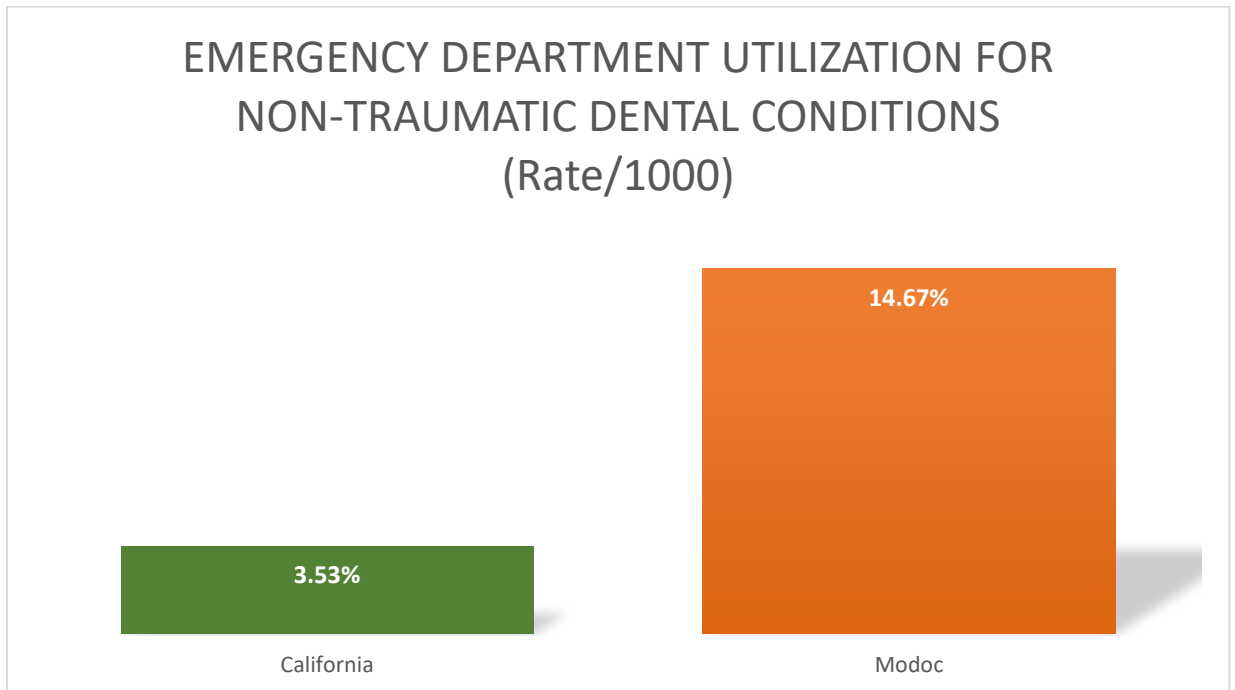


Figure 4. Emergency department utilization for non-traumatic dental conditions

Through a grant from First 5 Modoc, Modoc County Public Health (MCPH) has been offering dental screenings and fluoride varnish to the 0-5 population at daycares, Early Head Start, child development centers, and preschools. Funding through Proposition 56 and the establishment of the LOHP allowed MCPH to expand screenings to kindergarten and 3<sup>rd</sup> grade students in order to assess the prevalence of caries and dental disease in this population. Screenings were conducted at all schools within the jurisdiction of the Modoc County Office of Education. One of these schools, Tulelake Elementary, is actually located in Siskiyou County, but is comprised of students from both Siskiyou and Modoc Counties. 89.7% of kindergarten students and 68.2% of 3<sup>rd</sup> grade students in the county were screened in the Fall of 2018 using ASTDD's Basic Screening Survey. Children were screened for treated decay, untreated decay, and need for urgent care (Figure 5).

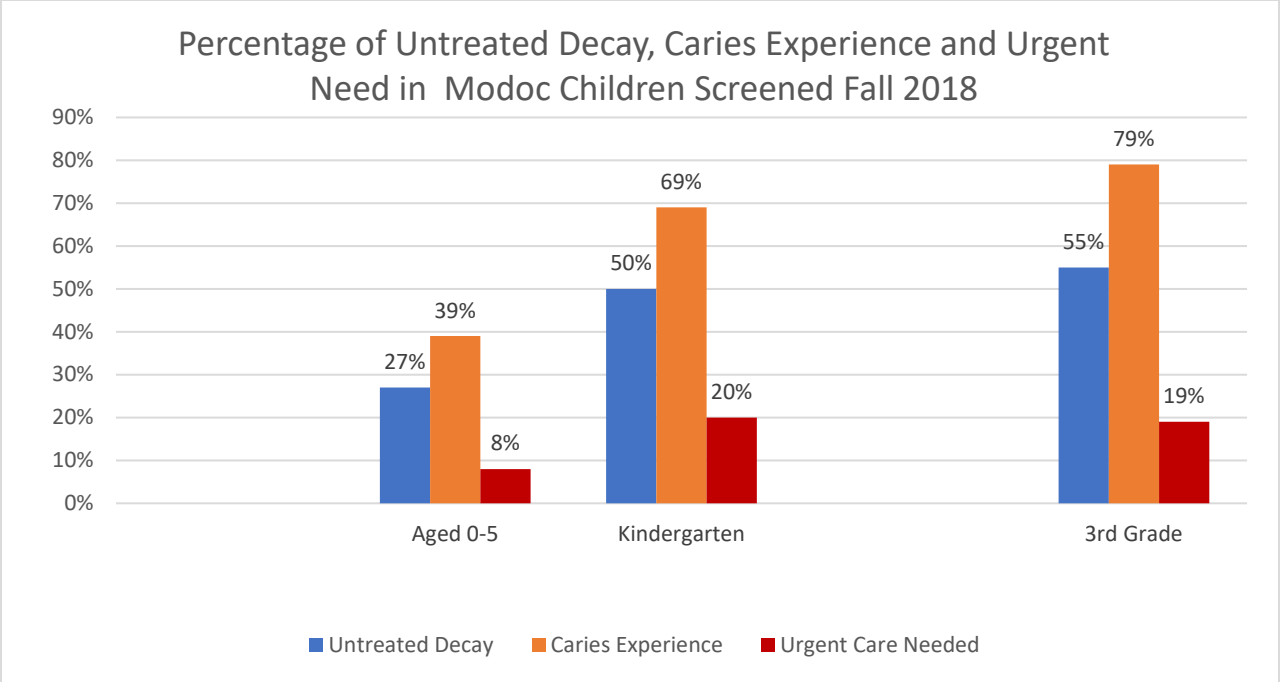


Figure 5. Results from Basic Screening survey of 0-5 population, Kindergarten students and 3<sup>rd</sup> grade students

Results from the screenings were compared to the state baseline and the state target rate (Figures 6 and 7).

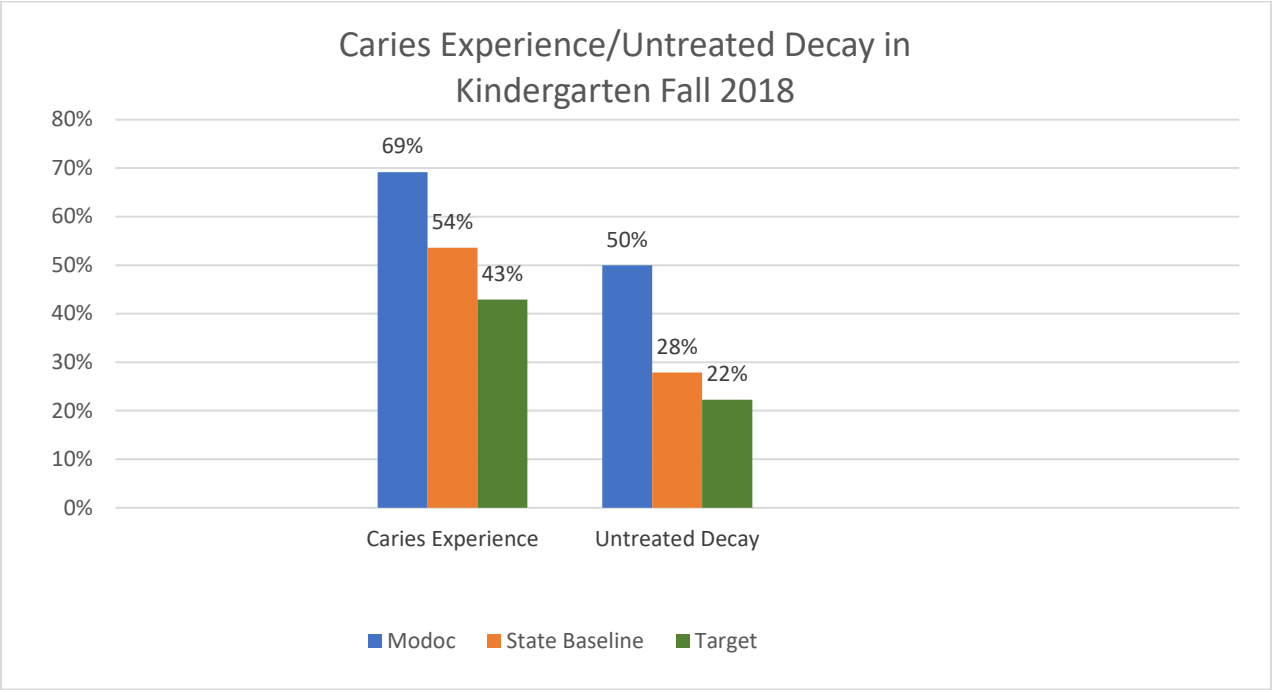


Figure 6. Comparison of Modoc County Kindergarten screening data to the current state baseline and target rate

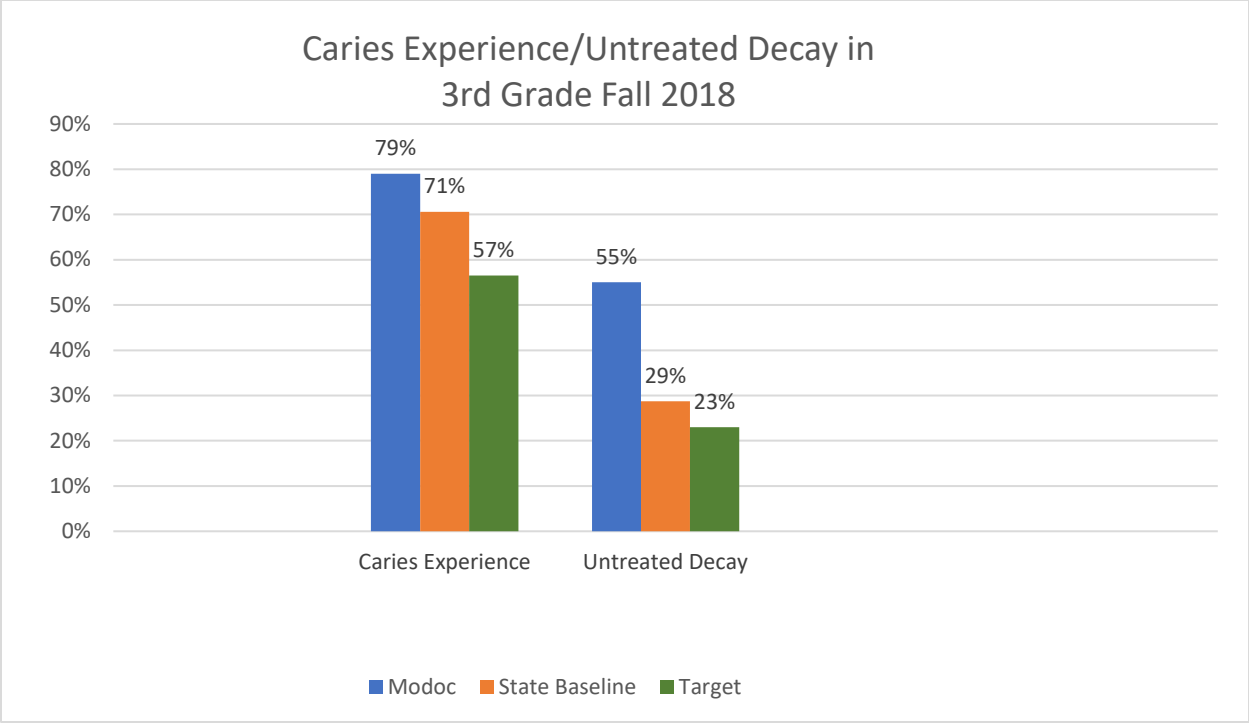


Figure 7. Comparison of Modoc County 3<sup>rd</sup> grade screening data to the current state baseline and target rate

In addition to treated and untreated decay, the presence of dental sealants on permanent molars was also included in the screening for 3<sup>rd</sup> grade students (Figure 8).

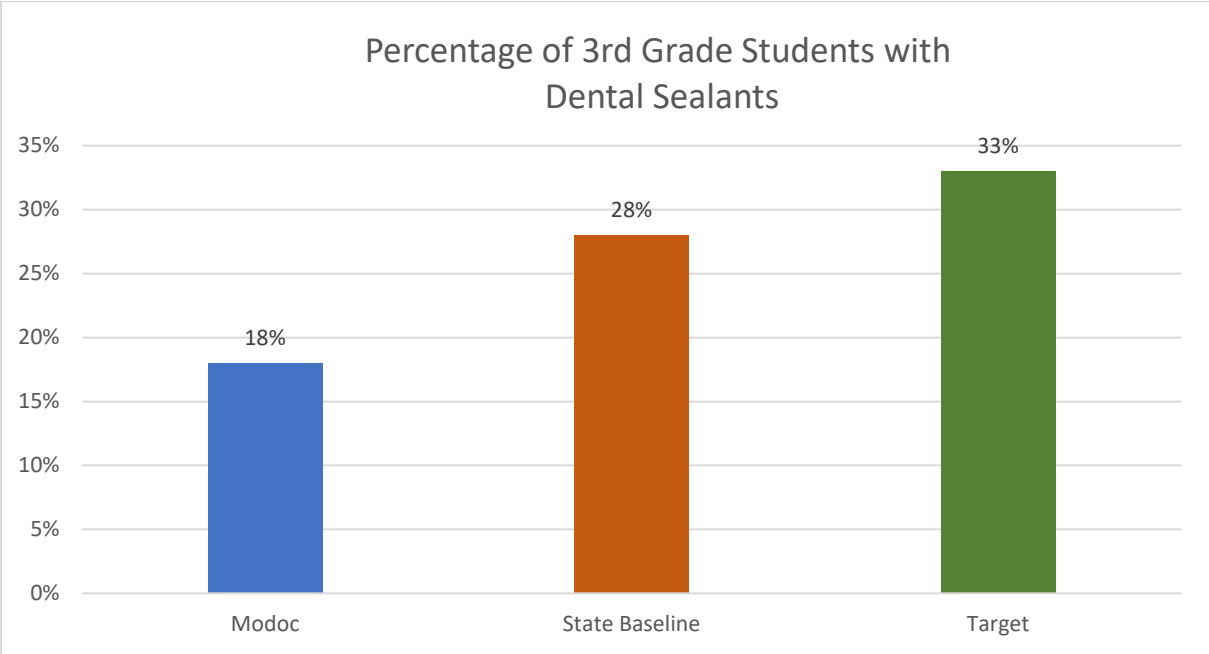


Figure 8. Comparison of Modoc County 3<sup>rd</sup> grade students with sealants to the state baseline and target rate

Environmental Health provided information on the community water systems within the county, including the number of connections (1372-Alturas, 290-Cedarville, 484-Tulelake). The Health Education About Tobacco Coalition provided input on tobacco use within the community and specifically smokeless tobacco use among high school students. The county school nurse provided insight on the Kindergarten Oral Health Assessment and vaping and tobacco use in middle school. Staff from local medical clinics indicated a gap in education and resources for providing oral care to older adults.

Local data was also collected via a community survey. The LOHP collected 162 responses from adults 18 years and older. The responses were fairly representative of the population in Modoc County aside from responses from the older adult population which were a little low. A majority of adults surveyed (65%) have visited the dentist within the past year. 15% have seen a dentist within the last 2 years, 9% within the last 5 years, and for 8% it has been over 5 years. Reasons for not visiting the dentist within the last year include: cost (27%), fear, apprehension, pain, dislike going (18%), no reason to go (10%), do not have or know a dentist (9%) and cannot get to the office/clinic (8%). For those respondents with children, 53% reported that their child(ren) had been to the dentist within the last 6 months. 16% reported it had been less than a year, 9% within the last 3 years, 2% over 3 years and 9% reported their child(ren) had never been to the dentist (some were too young, but many comments also stated the dentist refused to see the child until they were 2 or 3 years old). 26% of parents felt there was a time during the last 12 months when they wanted dental care for their child, but were not able to get it. The main reasons for not being able to access dental care include: cost (16%), no insurance or dentist doesn't accept Medi-Cal (12%), difficulty getting an appointment (9%), hours were not convenient (9%), no dentist available or didn't know where to go (8%), no way to get there (7%), dental problems not serious enough (5%) and don't like, trust, or believe in dentists (1%).

Surveys were also sent to the 5 local dental practices. Response was poor and only 1 provider responded. The provider that responded was a general dentist that does not accept Medi-Cal. Reasons for not accepting Medi-Cal included low reimbursement rates and not wanting to participate through dental managed care plans. The provider indicated they would consider accepting patients if reimbursement rates were higher. The providers were also asked about tobacco cessation counseling. The provider responded that they do not currently provide tobacco cessation counseling due to a lack of resources and staff skill level. General comments from the provider showed an interest in community water fluoridation and increased access to silver diamine fluoride.

**c. Goals, Strategies, Objectives**

**i. Access to Care:**

**TARGET:** By June 2022, increase utilization of preventive dental services by children and adults by 50%:

**RATIONAL:** 2016 Medi-Cal utilization data for preventive dental services shows that on average, only about 16% of children under 18 and 11% of adults are receiving a preventive dental visit at least once per year.

**ACTIVITIES:**

- The LOHP plans to purchase portable dental equipment to help mitigate access issues such as transportation barriers and bring services to the population in need through school and community-based events.
- The LOHP will utilize the Smile, California campaign to increase member awareness of Medi-Cal Dental benefits and encourage providers to consider enrolling as Medi-Cal Dental providers.
- The LOHP will also facilitate and support at least one local RDH to complete Registered Dental Hygienist in Alternative Practice (RDHAP) training to increase workforce capacity and increase the number of providers able to provide preventive services to the Medi-Cal population.
- The LOHP will provide case management to assist families in accessing dental services by collaborating with Partnership, the Medi-Cal Managed Care provider, to secure transportation to and from appointments.

**ii. Caries Prevention:**

**TARGET:** By June 2022, increase percentage of 3<sup>rd</sup> graders with sealants by 50%:

**RATIONAL:** Data collected during the oral health screenings demonstrated that only 18% of 73 3<sup>rd</sup> graders screened in Modoc County had sealants on their primary molars. It was identified that many parents are unaware of the purpose and benefits of sealants.

**ACTIVITIES:**

- The LOHP will provide education to parents and encourage them to advocate for sealants at their dental appointments.

- The LOHP also strives to build a sustainable school-based sealant program implemented by the RDHAP using portable dental equipment.

**TARGET:** By June 2022, increase number of Kindergarten students receiving oral health assessment prior to Kindergarten entry and number of schools reporting to the System for California Oral Health Reporting (SCOHR) by 50%:

**RATIONAL:** Discussions with MCOE staff indicate that many parents “opt-out” of the Kindergarten Oral Health Assessment (KOHA) and MCOE is unsure what data, if any, is put into SCOHR.

**ACTIVITIES:**

- The LOHP in collaboration with the Modoc County school nurse will educate school staff and parents on the importance of KOHA and accurate reporting.
- The LOHP will offer a community-based KOHA screening event and provide follow-up case management for children needing further care.

**TARGET:** By June 2022, reduce the proportion of children with untreated decay and dental caries experience by 25%:

**RATIONAL:** Strong evidence demonstrates that children with untreated decay have trouble concentrating and miss school due to dental pain and having to visit the dentist to receive care. The goal of the LOHP is to improve every school-aged child’s ability to learn and mitigate missed school hours due to dental disease. Dental screenings conducted in 2018 showed that 27% of children under 5, 50% of Kindergarten students and 55% of 3<sup>rd</sup> grade students had untreated decay at the time of the screening.

**ACTIVITIES:**

- The LOHP will provide education to healthcare professionals and the general public regarding the recommended age of a first dental visit
- The LOHP will promote education on sugar-sweetened beverages and caries risk.
- The LOHP will purchase and/or develop an oral health curriculum to distribute to local home visiting programs such as Perinatal Outreach and Education, Early Head Start, and Healthy Beginnings.



**iii. Medical-Dental Integration:**

**TARGET:** By June 2022, decrease the rate of emergency department visits for non-traumatic dental conditions by 50%:

**RATIONAL:** The LOHP will collaborate with local emergency departments (Modoc Medical Center and Surprise Valley Hospital) to identify the most common dental conditions upon admission. The most recent data for Modoc County showed a rate of 1467/100,000 which is 4 times greater than the rate for the state of California.

**ACTIVITIES:**

- The LOHP will assist in establishing a referral system to reduce repeat visits.
- The LOHP will provide community education on Medi-Cal Dental benefits and the appropriate use of emergency departments in addition to oral hygiene education.

**TARGET:** By June 2022, reduce the proportion of children with untreated decay and dental caries experience by 25%:

**RATIONAL:** In the first three years of life, children see their pediatrician at least eight times for routine well-child visits. These visits offer an opportunity for the medical provider to focus on incorporate oral health prevention strategies into the medical visit and identify any dental/oral problems early.

**ACTIVITIES:**

- The LOHP will provide education/training to primary care providers and medical staff on fluoride varnish application and caries risk assessment.
- The LOHP will also encourage primary care providers and home visiting programs to recommend the first dental visit at first tooth or by 1 year of age.
- The LOPH will provide education on the importance of prescribing systemic fluoride tablets for children living in non-fluoridated communities.
- The LOHP will collaborate with medical and dental providers to provide education regarding sugar-sweetened beverages and caries risk.

**TARGET:** By June 2021, increase community awareness about importance of oral health and the relationship to overall health by 25%:

**RATIONAL:** Research clearly demonstrates the relationship between poor oral health and general health including cardiovascular disease, stroke, diabetes, pneumonia and pre-term births/low-birth weight babies.

**ACTIVITIES:**

- The LOHP will facilitate continuing education opportunities for medical and dental providers on topics relevant to both professions
- The LOHP will submit articles to the local newspaper and provider newsletters focusing on the importance of optimal oral health for general health and wellness.
- In collaboration with SNAP-Ed, the LOHP will provide community education focused on sugar-sweetened beverages and the risk for dental disease, obesity/heart disease/diabetes.

**iv. Tobacco Use Prevention/Cessation:**

**TARGET:** By June 2021, increase community education and awareness of risks associated with smokeless tobacco and vaping by 25%:

**RATIONAL:** The use of tobacco products continues to be the cause of high morbidity and mortality rates with more than 40 million adults smoking cigarettes. It is estimated that 53,000 cases of oral and pharyngeal cancer will be diagnosed in the US in 2019. While much has been done to educate about the risk factors of using tobacco products, close to 4,000 youth begin smoking each day and 4.7 million middle and high school students use at least one tobacco product including e-cigarettes (CDC, 2018).

**ACTIVITIES:**

- In collaboration with Modoc County Tobacco Policy & Education, the LOHP will work with local high schools and middle schools to provide education regarding the risks of tobacco use, specifically smokeless tobacco and vaping, which can lead to cigarette use.
- The LOHP will conduct dental/oral cancer screenings in local high schools.

**TARGET:** By June 2021, increase number of licensed dental providers providing tobacco prevention/cessation resources and counseling to Modoc County residents by 20%:

**RATIONAL:** Licensed dental providers offering tobacco cessation counseling is not mandated by the rules and

regulations for the practice of dentistry and is therefore inconsistently carried out within dental settings. According to the CDC, the majority of tobacco users say they want to quit and nearly half try each year. With advice and resources from trusted dental providers, tobacco users are more likely to successfully quit.

**ACTIVITIES:**

- The LOHP will partner with Modoc County Tobacco Policy & Education to facilitate trainings and acquire educational resources for licensed dental providers and other personnel.

**v. Fluoride/Fluoridation Education:**

**TARGET:** By June 2021, educate and increase community awareness about benefits of fluoride in non-fluoridated communities by 25%:

**RATIONAL:** Topical and systemic fluoride is the foundation for better oral health. Each is safe and cost-effective for preventing tooth decay across the lifespan. Even in non-fluoridated communities, fluoride in toothpaste, varnish and supplements as well as consuming foods and drinks prepared in fluoridated communities are beneficial for preventing tooth decay.

**ACTIVITIES:**

- Utilize community events as outreach opportunities to provide education regarding fluoride toothpaste and brushing twice a day, fluoride supplements, and fluoride varnish.
- Submit articles to the local newspaper and community/non-profit newsletter focused on the benefits of fluoride and community water fluoridation.

**vi. Older Adult Resources/Education:**

**TARGET:** By June 2022, increase oral health resources, services and education for older adults in the community by 50%:

**RATIONAL:** No longer are older adults aging into dentures. A focus on prevention including regular dental visits, oral cancer screenings, restorative care and education and imperative for them to keep their teeth healthy to support good nutrition, communication, self-esteem and quality-of-life. Even older adults with full and/or partial dentures need

regular dental examinations to assure appropriate fit as well as to maintain the health of their gingiva and other oral structures.

**ACTIVITIES:**

- Provide outreach and educational presentations to Senior Center and skilled nursing facilities (SNFs).
- The LOHP will utilize trained RDHAP and portable equipment to provide services at SNF
- The LOHP will assist in developing a training and education program on oral care for older adults that may be utilized as part of the onboarding for CNA's/caregivers.

**d. Individuals/Organizations Involved in Achieving Goals & Objectives**

- LOHP Staff: Public Health Nurse, Registered Dental Hygienist, Health Specialist
- Modoc County Office of Education
- Modoc Joint Unified School District
- Surprise Valley Joint Unified School District
- Tulelake Basin Joint Unified School District
- SNAP-Ed
- Modoc County Tobacco Policy & Education
- MCAH-Healthy Beginnings (Home Visiting Nurse)
- MCAH-Perinatal Outreach & Education (Home Visiting Nurse)
- Early Head Start (Home Visitors)
- First 5 Modoc
- Modoc County Board of Supervisors
- CHDP

**4. Summary & Next Steps**

The needs assessment process identified successes and resources, but also identified many gaps and areas for improvement. Many were well aware of the barriers individuals face in accessing dental care, but still shocked by the high rates of untreated decay in our youth and lack of utilization of preventive services such as sealants. In alignment with workplan objectives, the LOHP will work towards establishing a sustainable school-based sealant program along with other community-based preventive service programs. The LOHP will also continue dental screenings to monitor trends and progress towards achieving goals of reducing caries prevalence.

The LOHP had a difficult time reaching the older adult population which makes up over a quarter of the population in Modoc County. Moving forward, the LOHP plans on doing more targeted outreach to this population to build a stronger relationship and gain data and knowledge on the services they need. More data also needs to be collected on the prevalence of oropharyngeal cancers and any connections to tobacco use.

The LOHP would also like to build stronger relationships with both the medical and dental providers in the community and offer continuing education courses that would be applicable to both professions. Working with the Smile, California campaign, the LOHP hopes to encourage additional providers to become Medi-Cal Dental providers, as well as partner with social services to raise awareness about Medi-Cal Dental benefits.

Lastly, the LOHP plans to do continuous evaluation to monitor, measure and improve the effectiveness of the program and activities.

## 5. Appendices

### a. Appendix A-Community Survey

\*Please complete this survey only once. Names are collected to ensure we do not have duplicate responses but will not be shared or included when reporting data.

#### Modoc County Local Oral Health Program Oral Health Survey

Name\*: \_\_\_\_\_ Age: \_\_\_\_\_ Zip Code: \_\_\_\_\_

In which county do you reside?    Modoc    Siskiyou    Lassen    Other

Income: \$0-10,000    \$10,001-25,000    \$25,001-50,000    \$50,001-75,000    \$75,001+

Race/Ethnicity: \_\_\_\_\_

Are you pregnant?    Yes    No

If yes, have you had a dental visit during your pregnancy or do you have one scheduled?    Yes    No

Have you been diagnosed with diabetes?    Yes    No

Do you use tobacco products?    Yes    No    If yes, please list type: \_\_\_\_\_

**1. Do you have any kind of insurance coverage that pays for some or all of your routine dental care?**

- a. Private Insurance
- b. Medicaid/Medi-Cal/Denti-Cal
- c. Medicare
- d. No insurance
- e. VA
- f. Indian Health Services
- g. Don't know/Not sure

**2. How long has it been since you last visited the dentist?**

- a. Within the past year (0-12 months)
- b. Within the past 2 years
- c. Within the past 5 years
- d. 5 or more years ago
- e. Don't know/Not sure
- f. Never

**3. If it has been longer than 1 year, what is the main reason you have not visited the dentist in the last year?**

- a. Fear, apprehension, nervousness, pain, dislike going
- b. Cost
- c. Do not have/know a dentist
- d. Cannot get to the office/clinic (too far away, no transportation, no appointment available)
- e. No reason to go (no problems, no teeth)
- f. Other
- g. Don't know/not sure

**4. How many of your permanent teeth have been removed because of tooth decay or gum disease? Do not include teeth lost for other reasons such as injury or orthodontics.**

- a. None
- b. 5 or fewer
- c. 6 or more, but not all
- d. All
- e. Don't know/Not sure

**5. How many cavities have you had in permanent teeth?**

- a. 0
- b. 1
- c. 2 to 3
- d. 4 to 5
- e. 6 or more
- f. Not sure
- g. I don't know or I have never gone to the dentist

**6. About how often do you usually visit the dentist for routine dental care?**

- a. Every 6 months
- b. Once a year
- c. Every two years
- d. Less often than every two years
- e. Only when you have a problem
- f. You don't visit the dentist because you have no teeth/dentures

**7. What was the purpose of your last dental visit?**

- a. Routine, scheduled visit for check-up/cleaning
- b. To fix cavities
- c. Emergency-for pain
- d. Gum treatment
- e. Extraction
- f. Other, specify: \_\_\_\_\_
- g. Don't know

**Do you have children? If yes, please complete the following questions:**

**1. What are the ages of your child(ren)?**

**2. How long has it been since your child(ren) last visited a dentist or dental clinic for any reason? Include all types of dentists such as orthodontics, oral surgeons, and all other dental specialists, oral surgeons, and all other dental specialists, as well as dental hygienists.**

- a. 6 months or less
- b. More than 6 months, but not more than 1 year
- c. More than 1 year ago, but not more than 3 years ago
- d. More than 3 years ago
- e. Never have been
- f. Don't know/Don't remember

**3. What is the main reason your child(ren) last visited the dentist?**

- a. Check-up, examination or cleaning
- b. Something was wrong, bothering child, or hurting
- c. Went for treatment of condition that dentist discovered at an earlier check-up
- d. Other, specify: \_\_\_\_\_

**4. During the past 12 months, was there a time when you wanted dental care for your child(ren), but could not get it?**

- a. Yes
- b. No
- c. Don't know/Don't remember

**5. What was the main reason your child(ren) could not get the dental care you wanted for him/her?**

- a. Cost
- b. No insurance/Dentist did not accept Medi-Cal or insurance
- c. No way to get there
- d. Dental problems not serious enough
- e. Difficulty getting an appointment
- f. No dentist available/Didn't know where to go
- g. Hours were not convenient
- h. Speak a different language
- i. Don't like/trust/believe in dentists
- j. Other, specify: \_\_\_\_\_

**6. During the past 6 months, did your child(ren) have a toothache more than once or complain of pain when biting or chewing?**

- a. Yes
- b. No
- c. Don't know

**Do you have additional comments, questions, or concerns about the oral health needs or issues in Modoc County?**

## b. Appendix B-Provider Survey



### Modoc County Dentist Survey

Dear Dentist,

Thank you for taking 4-5 minutes to respond to this brief survey. Your feedback is very important and will be useful to the Modoc County Oral Health Needs Assessment for improving care for low-income children and adults in our community. It is also your opportunity to express opinions about Denti-Cal. **This survey is for all dentists who see patients from Modoc County whether or not you see Denti-Cal patients.** Please respond by December 15, 2018- and encourage your colleagues to respond as well. Thank you.

Q1 Please describe your main type of practice: (check only 1)

- a)  General dentist, private practice
- b)  Pediatric dentist, private practice
- c)  Other dental specialist, private practice
- d)  Community Dental Clinic Practice
- e)  Other (please specify)

Q2 City/town where this practice (your main practice) is located:

Q3 Type of patients in this practice: (check only 1)

- a)  Children only
- b)  Adults only [please skip to question 7]
- c)  Children and adults

Q4 At what age do you first start seeing children in this practice?

- a)  age 1 or first tooth
- b)  age 2
- c)  age 3
- d)  age 4 or older

Q5 Do all eligible patients in your practice, under the age of 14, receive dental sealants?

- a)  Yes
- b)  No

If no, what are the barriers to providing sealants to all eligible patients under the age of 14? (check all that apply)

- a)  Cost
- b)  Time in schedule
- c)  Patient cooperation
- d)  Parental consent
- e)  Staff competency
- f)  Competing priorities
- g)  Other (please comment)

Q6 Do you provide fluoride varnish as part of this practice?

- a)  Yes
- b)  No

Q7 How does this practice relate to the community dental clinics in your area?

- a)  No relationship
- b)  We accept their referrals
- c)  We sometimes refer patients to them
- d)  Non-applicable (we are a community dental clinic)



Q8 Do you provide dental care to pregnant patients (routine teeth cleanings, dental X-rays, local anesthesia, etc.)?

- a)  Yes
- b)  Yes, but only in certain trimesters
- c)  No

Q9 How often do you consult with a pregnant patient's prenatal care provider about a dental treatment plan?

- a)  Frequently
- b)  Rarely
- c)  Only when I'm aware of or concerned about a problem

Q10 Do you provide tobacco cessation counseling to all patients who use tobacco products?

- a)  Yes
- b)  No

If no, what are the barriers to providing tobacco cessation counseling to patient who use tobacco products? (check all that apply)

- a)  Time in schedule
- b)  Lack of resources
- c)  Staff skill level
- d)  Other (comment please)

Q11 In this practice, do you currently see patients covered by the Medi-Cal dental program (Denti-Cal/Partnership)?

- a)  Yes
- b)  No

Q12 Did you ever used to take patients with Denti-Cal in this practice?

- a)  No
  - a. What were your main reasons for not taking Denti-Cal patients? (Check all that apply)
    - i.  Reimbursement rates too low
    - ii.  Patient behavior (no-shows, patient management issues)
    - iii.  Administrative concerns (provider enrollment, payment turnaround, prior auths)
    - iv.  Did not want to participate through dental managed care plans
    - v.  Other (please describe)
- b)  Yes
  - a. Why did you stop? (Check all that apply)
    - i.  Reimbursement rates too low
    - ii.  Patient behavior (no-shows, patient management issues)
    - iii.  Administrative concerns (provider enrollments, payment turnaround, pre-auths)
    - iv.  Not enough patients assigned to me
    - v.  Did not want to participate in a dental managed care system
    - vi.  Other (please describe)

Q13 Would you consider accepting Denti-Cal patients in the future if your concerns were answered?

- a)  Yes, if rates were higher
- b)  Yes, if payment turnaround was better
- c)  Yes, if more patients were assigned to me
- d)  Never

***If you do NOT currently accept Denti-Cal, please skip Q14-18, go to Q19 and complete the survey***

Q14 What were the main factors that influenced your decision to be a Denti-Cal provider? (Check all that apply)

- a)  It's a helpful source of revenue
- b)  The rates were generally acceptable
- c)  I want to provide a service to these patients/to the community
- d)  The payment process is generally no more difficult than with a commercial insurance company
- e)  Other (please describe)

Q15 What limitations do you place on seeing Denti-Cal patients in this practice? (check all that apply)

- a)  None, we appoint them just the same as with all patients
- b)  We limit to X number of appointments per day or per week
- c)  No more than 2 siblings (children) are given appointments on the same day
- d)  We accept them only if the person was previously an insured patient
- e)  Other (please describe)

Q16 How far out are appointments booked for Denti-Cal patients for a routine, non-urgent visit?

- a) CHILD \_\_\_\_\_ weeks
- b) ADULTS \_\_\_\_\_ weeks

Q17 How far out are appointments booked for private pay/ commercially insured patients for a routine, non-urgent visit?

- a) CHILD \_\_\_\_\_ Weeks
- b) ADULTS \_\_\_\_\_ Weeks

Q18 Do you have current capacity to see more Denti-Cal patients in this practice?

- a)  Yes, no limit on capacity
- b)  Yes, but only a few more
- c)  No, we have about as many as we want

Q19 What is one thing you would change in Modoc County if you could to improve the oral health of children and adults?

<p>For Children:</p>  <p>For Adults:</p>
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Q20 Additional comments that could add insight to the county oral health needs assessment?

**THANK YOU!**