



ORAL HEALTH NEEDS ASSESSMENT UPDATE

Monterey County Local Oral Health Program

The report updates selected information in the comprehensive report “Central Coast Oral Health Needs Assessment” produced in April of 2016. The original needs assessment was prepared by Barbara Aved Associates.

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METHODS

Data Retrieval and Analysis

Data on Denti-Cal utilization came from the Department of Health Care Services (DHCS) Medi-Cal Dental program. In addition, we reviewed the DHCS 2016 Dental Transformation Initiative Final Annual Report, population-based utilization data from the California Health Interview Survey and 2017 Monterey County Kindergarten Assessment.

Interviews

Six key informant interviews were conducted as part of the assessment process. The surveys were conducted with local dental providers, key opinion leaders, educators and Monterey County Health Department, Child Health and Disability Prevention Program.

Consent Forms

To prepare for oral health screenings at Sherwood Elementary School, LOHP staff administered consent forms to parents. Consent forms were distributed to approximately 900 parents in spring of 2019 through a backpack distribution; collected by teachers and distributed to office staff.

INTRODUCTION

There have been prior efforts to improve dental care access and oral health in Monterey County. In 1980, Clinica de Salud del Valle de Salinas (CSVs) was founded to ensure that basic healthcare was available to low-income families and those working in the agriculture industry. In 1988, recognizing that low-income families struggled to travel to Salinas for healthcare, CSVs became the first health agency to provide both medical and dental services in South Monterey County. In 2004, CSVs also created the first mobile medical and dental van for the county's homeless population.

From 1981 to 2008, Monterey County operated a Happy Teeth children's dental health program which educated school children and increased access to oral healthcare resources (Medi-Cal/Denti-Cal). Happy Teeth provided services to low-income preschoolers and elementary students throughout Monterey County. Services included fluoride education handouts, classroom demonstrations on proper brushing, and educating teachers and involving families in healthy dental hygiene.

Despite these successes, no established local oral health program (LOHP) had been established in Monterey County. However, numerous efforts to improve the status of oral health continued. Salud Para la Gente now operates three school-based clinics in Monterey County at Alisal High School (in the city of Salinas), North Monterey County High School, and Pajaro Middle School. In addition, in 2014, CSVS, provided 42,899 dental encounters at five clinic sites and one mobile clinic that serves primarily homeless communities (Office of Statewide Health Planning and Development 2014 Annual Utilization Data).

Monterey County's mission is to improve oral health by working collectively with community partners to build capacity to promote oral health and increase access to dental care. Our vision is to reduce the risk of chronic disease factors by reducing dental carriers, increasing access to dental homes and reducing health disparities. The reduction of health disparities is accomplished through a two-pronged approach; improved self-care and preventive behaviors by approaching education in a culturally and linguistically appropriate manner and providing ongoing professional care through evidence-based public health approaches.

An increase in dental homes and professional care that utilize evidence-based approaches, such as dental sealants and fluoride varnish, will reduce dental carriers. These interventions work together to provide a community approach that will influence the community environment having a greater and long-lasting consequence on health outcomes.

These LOHP goals support Monterey County Health Departments (MCHD's) three guiding strategic initiatives: Empower the community to improve health through programs, policies, and activities; Enhance community health and safety by emphasizing prevention; and Ensure access to culturally and linguistically appropriate, customer friendly services.

BACKGROUND

Monterey County is located on the Central Coast of California just south of the San Francisco Bay Area, about 45 miles from San Jose. The county's 3,322 square miles are bounded by Santa Cruz County to the north, San Benito, Fresno, and Kings Counties to the east, San Luis Obispo County to the south, and the Pacific Ocean to the west. Monterey County's 12 incorporated cities comprise approximately 75 percent of the population and 15 percent of the total land area. Five cities are in the Salinas Valley and seven on the Monterey Bay Peninsula.

According to 2016 U.S. Census Data, Monterey County has an overall population of 435,232 people, and although it covers a large geographic area which includes some rural, sparsely populated areas, over 36 percent of its population is concentrated in the City of Salinas (157,218). The City of Salinas has a majority Latino population and one in five of its residents' lives in poverty (US Census Bureau QuickFacts 2016). The economy in Monterey County is based upon tourism in the coastal regions and agriculture in the Salinas Valley.

Monterey County and the City of Salinas face serious problems with dental care services. There are three designated Dental Health Professional Shortage Areas in Monterey County which include Salinas, Carmel Valley and South County (Increasing Access to Dental Services for Children and Adults on the Central Coast, 2016). Vulnerable and underserved populations in Monterey County experience poor oral health. Numerous studies of the oral health of farmworker children and adults consistently show a level of oral health that is worse than what is found in the general population.

Currently, Monterey County has 13 Denti-Cal providers serving the entire County.

A lack of dental insurance, long travel times to dental care, and linguistic barriers are key obstacles to care for this population (Increasing Access to Dental Services for Children and Adults on the Central Coast, 2016 Needs Assessment). According to Monterey County Child Health and Disability Prevention staff, there is less dental care compliance during the summers when parents are working in the agriculture industry.

TARGET POPULATION

Our strategies and activities are multi-cultural & multi-lingual as our target population is Hispanic Americans living in Monterey County, 43 percent of whom speak Spanish.¹ The prevalence of obesity, diabetes and heart disease among our target population all exceed the state average.² As the recipient of The California Endowment 2017 Arnold X. Perkins Award for Outstanding Health Equity Practice, nationally accredited MCHD is acutely aware of the impact of poverty on obesity, diabetes and heart disease.

These chronic diseases are strongly linked to poverty, as low income is directly associated to co-morbidities that reduce the quality of life & lifespan itself.³ In 2016, more than four times as many Hispanic residents lived below the 300 percent federal poverty level in Monterey County compared to White, non-Hispanic people (82% & 18%, respectively).⁴ When not addressed, community health disparities in a priority population can contribute to an intergenerational cycle of poverty, disease, deprivation, & helplessness. LOHP will expand upon the existing oral health services and structure to bring services to some of the most vulnerable population within Monterey County, our children.

By working closely with our Federally Qualified Health Center partner, CSVS, we will utilize community clinical linkages by providing a referral for preventive services during oral health screenings. The community clinical linkage will be further strengthened by including community health workers (CHW) who are imbedded within the schools. This will expand our capacity for outreach into the priority population by conducting health education workshops to assist parents with community education to improve access to preventive care services.

Community clinical linkages strategies and activities will encourage preventative care, early diagnosis, and early intervention/self-management for oral health through an equity-focused multi-level (individual, community, healthcare) approach that expands the use of CHWs to increase access to care and improve chronic disease outcomes. MCHD will work with key partners from CSVS and community partners to promote and expand the use of appropriate evidence-based programs.

UTILIZATION OF DENTAL SERVICES

Access and utilization of dental services pose major challenges for Monterey County residents. Denti-Cal is the major source of public insurance for the area's low-income children and adults, covering 40 percent of Monterey County's population (DHCS 2018). Data gaps exist for current Medi-Cal and Denti-Cal utilization rates for Monterey County, making it difficult to accurately assess whether Medi-Cal recipients' access Denti-Cal services. This data would be useful in creating performance measures for utilization rates.

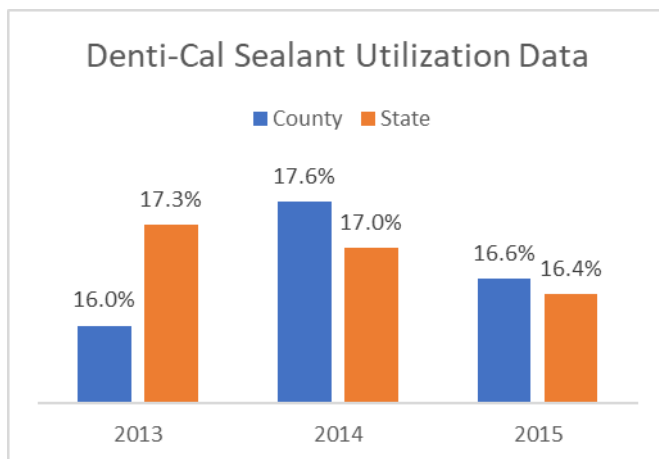


CHILDREN



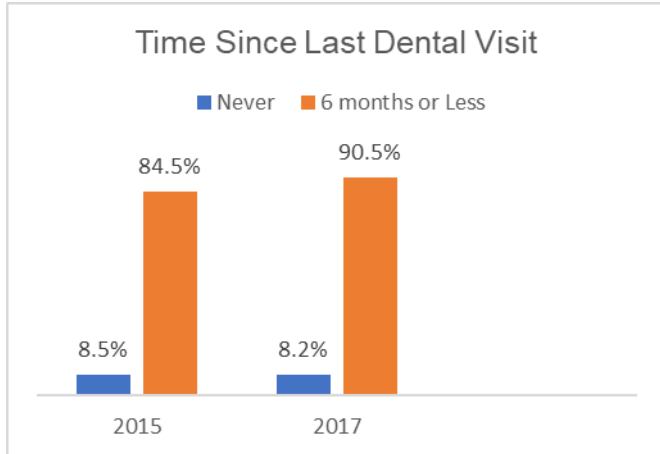
Tooth decay remains one of the most preventable chronic diseases of childhood.

Data from DHCS on annual dental visits in Monterey County from April 2017 shows the child (ages 0-20) utilization rate on a Denti-Cal fee-for-service (FFS) plan was 54.2 percent. This percentage is based on 93,336 eligible children. Monterey County sealant rates for Denti-Cal recipients aged 6-9 years in 2015 was 16.6 percent.



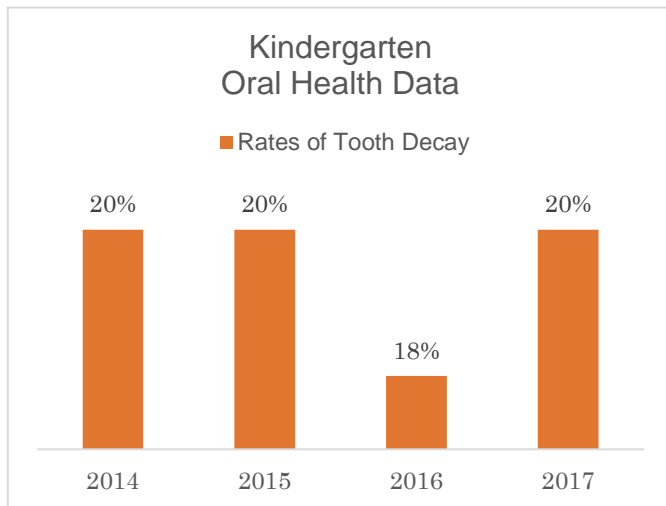
The sealant rate does not differ significantly compared to the state rate of 16.4 percent for the same age group. The sealant rate did not show a significant change when compared over a three-year period and maintains similar patterns to the state rate.

The proportion of all children in Monterey County visiting the dentist shows a slight improvement. According to California Health Interview Survey (CHIS), 90.5 percent of respondents reported taking their child age 1-11* to a dentist within the past six months. The proportion of children who had never visited the dentist showed no improvement.



*For this measure, the CHIS question asks parents to include "any child up to age 11 with teeth so it is possible the age group contains some children <1." Note: some data statistically unstable due to small sample size.

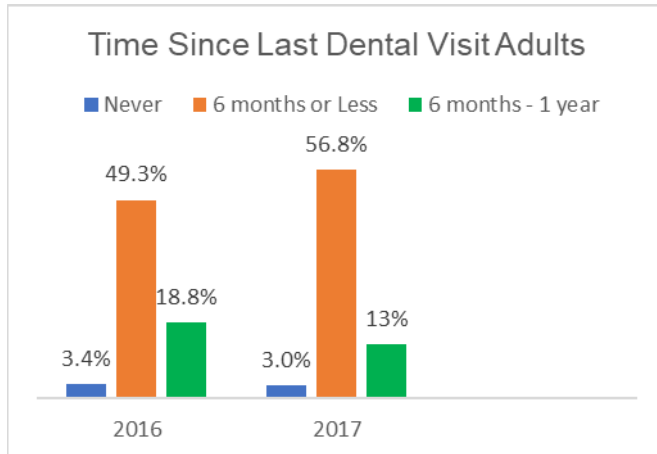
According to 2017 kindergarten oral health data, 20 percent of students had untreated tooth decay. This percentage is based on a Monterey County total of 845 students who reported having untreated tooth decay among the 4,160 students who participated in a kindergarten oral health screening. It is important to note that among the 4,160 students who participated, a total of 6,235 were eligible to participate in kindergarten oral health screenings.



When 2017 data is compared to the past three years; the decay rate of 20 percent stays constant.

ADULTS

Data from DHCS on annual dental visits in Monterey County from April 2017 shows the adult (ages 21+) utilization rate on a Denti-Cal FFS plan was 18.7 percent. This percentage is based on 74,035 eligible adults. According to CHIS, over half (56.8%) of Monterey County adults in 2017 reported making a dental visit within the past six months, a six percent improvement when compared to 2016.



Note: some data statistically unstable due to small sample size.

COMMUNITY ENGAGEMENT



To prepare for oral health screenings at Sherwood Elementary School, LOHP staff administered consent forms to parents. Consent forms were distributed to approximately 900 parents in spring of 2019 through a backpack distribution; collected by teachers and distributed to office staff. LOHP received 455 consents that have been tabulated into excel spreadsheets and analyzed systematically through a content analysis to identify common themes. Data will be used as a baseline during the 2019-2020 school year to determine if responses were accurate; data collected from the 67 respondents of sixth grade will be discarded as they will have graduated to middle school.

K-6 th Grade	N = 455		
	Yes	No	No Response
Visited dentist within past six months	421	9	25
Dental insurance	368	12	75
Medi-Cal insurance	277	24	154
Existing medical condition	34	398	23

As part of the LOHP community assessment process, six key informant interviews (KII) were conducted during the fall of 2018 to gain insight on several oral health issues affecting Monterey County. The surveys were administered with local dental providers, key opinion leaders, educators and Monterey County Health Department, Child Health and Disability Prevention Program. Surveys provided process evaluation data to inform LOHP staff on effective and efficient program delivery and how to best reach our identified priority population. Questions included: barriers to care, gaps in dental services and vulnerable populations. Qualitative data was analyzed systematically through a content analysis to identify common themes.

KII SURVEYS IDENTIFIED THE FOLLOWING THEMES

Oral health concerns for Monterey County residents	
• Parent education	• Dental homes
• Child education	• Nutrition education
• Adults 65+	• Undocumented receiving care
• Children 0-5	• Baby teeth unimportant

Vulnerable population groups within Monterey County	
• Economic disadvantage groups	• Low income families
• Head Start population	• Families in South County
• Parent in crisis	• Children
• Recent immigrant families with different cultural backgrounds	• Patients with extensive tooth decay
• Elderly	

Resources available to support underserved areas	
• Federally Qualified Health Centers	• Central Coast Pediatric Dental Group
• Esperanza Care for undocumented families	• Natividad Hospital Outreach Program
• The Center for Community Advocacy	• Children's Health Disability Program
• Registered Dental Assistants	

Gaps in services	
<ul style="list-style-type: none"> Lack of access to dental sedation 	<ul style="list-style-type: none"> Lack of Denti-Cal providers
<ul style="list-style-type: none"> Denti-Cal specialist in endodontics and periodontology 	<ul style="list-style-type: none"> Dental offices in walking distance
<ul style="list-style-type: none"> Complex administrative and billing issues in Denti-Cal 	

Barriers to accessing dental care in Monterey County	
<ul style="list-style-type: none"> Lack of Denti-Cal providers 	<ul style="list-style-type: none"> Fear of dental providers
<ul style="list-style-type: none"> Transportation 	<ul style="list-style-type: none"> Oral health low priority
<ul style="list-style-type: none"> Unlikely to attend follow-up appointments 	<ul style="list-style-type: none"> Unfamiliarity with health care system

STAKEHOLDER ENGAGEMENT

LOHP staff works intimately with several collaboratives; the Nutrition & Fitness Collaborative of the Central Coast and the Monterey County Collaborates – focused on health and prevention. All LOHP staff participate in one or both collaboratives. These collaboratives are linked through the Impact Monterey County (IMC) Network which brings together over 100 organizations to network across our county to reduce health disparities and increase health equity. IMC members, including LOHP staff, have developed strategy maps across health, safety, economic self-sufficiency, & education domains that have multiple linkages across workplan strategies which support the collective impact approach to improve oral health outcomes.⁵

The lead collaborative to guide the LOHP is the Monterey County Oral Health Advisory Community (OHAC). Members of the OHAC meet quarterly and work collectively to promote and advocate for environmental changes that foster healthy lifestyle behaviors with an emphasis on reducing oral health disparities that prevent long term chronic disease issues especially for low income populations. OHAC members include a diverse community group that expands our commitment to health in all policies and health equity community reach. Many OHAC members are imbedded within the community they serve and include internal MCHD partners from Child Health Disability Program and Nutrition Education and Obesity Prevention as well as external administrative and teaching staff from Salinas City School District, Head Start, clinical and outreach staff from a Federally Qualified Health Center CSVS, pediatric dental providers and the Monterey Bay Dental Society.

STRATEGIC PLANNING SESSION

In March of 2018, LOHP conducted a strategic planning session with members of the OHAC. The session provided an insight of oral health challenges and need in the community; and provided LOHP guidance on next steps. Although data gaps exist, available data provided a snapshot of the oral health status in Monterey County. Highlights from the findings indicated that there is a shortage of dental providers in three regions of the county (Carmel Valley, South County, and Salinas) with only 13 providers (eighteen percent) accepting Denti-Cal. Additionally, it was found that forty one percent of adults have no dental insurance, seventy percent of children have Denti-Cal and only fifty four percent utilize it.

The Salinas City Elementary School District nurse, shared findings from the kindergarten oral health assessment at Sherwood School: seventy percent of eligible students participated in the 2017 assessment and one hundred twenty-eight students had tooth decay. Findings from the kinder assessment suggest the need for parent education on prevention, treatment and access to dental care. The current language in the district's parent manual allows parents to opt out of the kinder oral health assessment with no medical or specific reason. The school district nurse and LOHP will be working with the school board to propose changes in the parent manual that include stronger language with regards to participation in oral health screening prior to entering kindergarten.

LOHP will be working on various strategies over the next few years to improve oral health outcomes in Monterey County. Strategies include: implementing evidence-based approaches such as establishing school fluoride varnish and sealant programs through a partnership with CSVS; collaborating with the California Department of Public Health to schedule a training on establishing a Medi-Cal billing system for dental services that includes sealants; educational campaign for decision-makers and the community on fluoridated water and its benefits to prevent tooth decay; collaborating with school districts to promote participation in the kinder oral health assessment; educating parents on oral health risk factors and low income dental services (wellness exams, tooth brushing, dental homes, and nutrition); and collaborating with dentist to encourage cessation interventions with adult patients.

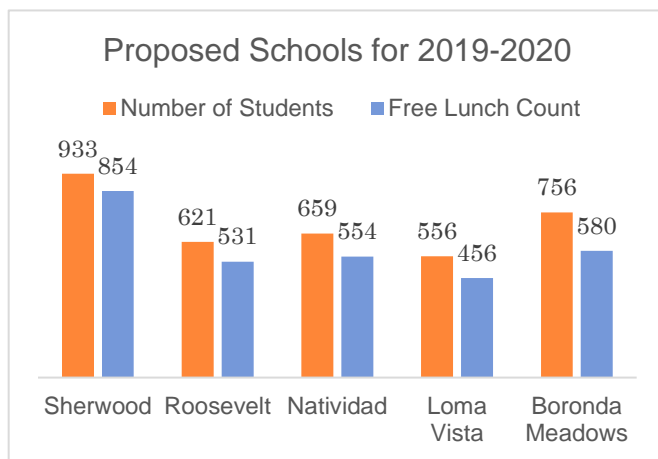
LOHP anticipates several barriers in completing our identified fluoridated water strategy. Historically, fluoridated water initiatives in Monterey County have been very polarized and highly opposed by community members. A great deal of groundwork that includes education must first be established over the next few years before a fluoridation initiative is proposed.

The outreach manager from CSVS mentioned, as a long-term solution to increase access to care is to establish school-based clinics to provide health services for students. A Health Department Program Coordinator mentioned Health Resources & Services Administration grants might be an opportunity to explore this vision. A Health Educator, with Child Health Disability Prevention Program discussed integrating a dental and physical exam within WIC to reach underserved families. In addition, the Health Educator shared information on sister counties who send letters to parents prompting them if children are not up to date with wellness exams.

Due to the high need for oral health screening, LOHP staff proposed a criteria system to prioritize schools for screening services:

- identifying schools with high rates of free and reduced lunch
- political will for implementation of intervention activities
- parent support to advance oral health prevention efforts

The school district nurse stressed the need for parent and student education to coincide with oral health screening within target schools to provide a comprehensive approach.



The group was in favor of adopting the criteria for identifying target schools and agreed to serve the proposed schools in year three of the grant.

NEXT STEPS



Despite disparities and gaps in dental services Monterey County has many community resources to build an effective LOHP serving some of the most vulnerable populations. This will be accomplished through the guidance of OHAC members in schools and community serving agencies. LOHP has provided several recommendations that will be expanded upon in the community health improvement plan.

- Improved self-care and preventive behaviors by approaching education in a culturally and linguistically appropriate manner
- Provide ongoing professional care through evidence-based public health approaches
- Increase dental homes and professional care that utilize evidence-based approaches, such as dental sealants and fluoride varnish
- Begin oral health screenings within the five identified schools
- Work with school districts to propose changes in the parent manual that include stronger language with regards to participation in oral health screening prior to entering kindergarten
- Collaborate with the California Department of Public Health to schedule a training on establishing a Medi-Cal billing system for dental services that includes sealants

REFERENCES

1. U.S. Census Bureau, American Community Survey, 5-year Data (2011-2016).
2. UCLA Center for Health Policy Research. AskCHIS. 2016.
3. Singh A.R, Singh S.A., (2008), Diseases of Poverty and Lifestyle, Well-Being and Human Development. In: *Medicine, Mental Health, Science, Religion, and Well-being* (A. R. Singh and S. A. Singh eds.), *MSM*, 6, Jan - Dec 2008, p187-225.
4. UCLA Center for Health Policy Research. AskCHIS. 2016.
5. Impact Monterey County. <http://www.impactmontereycounty.org/>