

Trinity County Oral Health Improvement Plan 2019-2022



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California Center for Rural Policy at Humboldt State University &
Trinity County Public Health



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EXECUTIVE SUMMARY

The *U.S. General Surgeon's Report on Oral Health* (2000) outlined the importance of oral health to overall health with the following findings:

- The mouth is a portal of entry, as well as the site of disease for microbial infections, that affect overall health.
- Studies demonstrate association between periodontal disease and diabetes, cardiovascular disease, stroke, and adverse pregnancy outcomes.
- Diet, nutrition, sleep, psychological status, social interaction, school, and work are affected by impaired oral health.

According to the Institute of Medicine and National Research Council ([Improving Access to Oral Health Care for Vulnerable and Underserved Populations, 2011](#)), “Vulnerable and underserved populations face persistent and systemic barriers to accessing oral health care. Dental caries disproportionately affects vulnerable and underserved populations. Because good overall health requires good oral health, the unmet oral health needs of millions of Americans cannot be neglected.”

In 2019, in collaboration with the Department of Health and Human Services of Trinity County, the California Center for Rural Policy (CCRP) conducted an oral health needs assessment to better understand the oral health status of residents in Trinity County. The purpose of this work was to: 1) collect primary qualitative and quantitative data to better understand the oral health status and unmet needs of Trinity County's residents, 2) use publicly available secondary data from local, state and national sources, and 3) identify key strengths and weaknesses of Trinity County's oral health system of care.

The Oral Health Improvement Plan was written in collaboration with the Local Oral Health Program staff. Trinity County's Oral Health Advisory Committee used information from the Trinity County Oral Health Needs Assessment to develop and prioritize goals, objectives and strategies for the LOHP. Strategies were selected using the following prioritization criteria:

- Will this strategy have significant impact?
- What level of effort will this strategy require?
- Do we have key partners in place who can support this strategy?

[Summary of Goals for Oral Health Improvement Plan](#)

The Trinity County Oral Health Advisory Committee has selected five goal areas for the Oral Health Improvement Plan.

Goal Area #1: Education

To improve the oral health of Trinity County residents by implementing communication strategies that address determinants of health and promote healthy behaviors in the home setting and regular preventive care at the dentist’s office.

Goal Area #2: Multi-Agency Collaboration

To align medical and dental delivery systems and community programs to support community-clinical linkages that promote good oral health and enhance utilization of preventive oral health services.

Goal Area #3: Access to Care

To improve access to preventive oral health services for residents in Trinity County.

Goal Area #4: Monitoring & Evaluation

To improve monitoring of Trinity County’s oral health status and identify key performance measures for tracking progress.

Goal Area #5: Expansion of Oral Health Workforce

To collaborate with community and clinic partners in Trinity County to expand and diversify the dental workforce to address provider shortages and provide quality oral health care services within the county.

Overview of Trinity County

Figure 1: Quick Facts about Trinity County

	Trinity County	California
Population	13,037	
Percent of Residents Living in Poverty	20%	18.9%
Overall Health Ranking	55 th out of 58 counties	
Population-to-Dentist Ratio	2,130:1	1,200:1
Rate for Emergency Room Visits for Non-Traumatic Dental Conditions	907.7 per 100,000	353.3 per 100,000
Percent of Children Living Below the Poverty Line	24.4%	22.5%
Percent of Children Eligible to Receive Free or Reduced-Price Meals at School	65% (1006 children)	60%
Percent of Kindergarten Students with Untreated Decay	47.1% (273 children)	27.9 %

Number of Students Who Received Mobile Dental Services from 2015-2019	344 students	
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All data sources can be found in the Trinity County Oral Health Needs Assessment.

Recommendations from *Trinity County Oral Health Needs Assessment*

Based on survey results and key informant interviews, CCRP developed the following recommendations in the *Trinity County Oral Health Needs Assessment*:

- County-wide collaboration with a whole-family focus.
- Employ grassroots educational strategies.
- Medical/Dental integration
- Expand Oral Health Advisory Committee
- Design and implement a data collection/evaluation plan
- Conduct a series of community focus groups in outlying areas

BACKGROUND

The *U.S. General Surgeon’s Report on Oral Health (2000)* outlined the importance of oral health to overall health with the following findings:

- The mouth is a portal of entry, as well as the site of disease for microbial infections, that affect overall health.
- Studies demonstrate association between periodontal disease and diabetes, cardiovascular disease, stroke, and adverse pregnancy outcomes.
- Diet, nutrition, sleep, psychological status, social interaction, school, and work are affected by impaired oral health.

According to the Institute of Medicine and National Research Council (Improving Access to Oral Health Care for Vulnerable and Underserved Populations, 2011), “Vulnerable and underserved populations face persistent and systemic barriers to accessing oral health care. Dental caries disproportionately affects vulnerable and underserved populations. Because good overall health requires good oral health, the unmet oral health needs of millions of Americans cannot be neglected.”

Dental disease is more prevalent in low-income families and other vulnerable populations in Trinity County as well. According to CCRP’s Rural Health Information Survey (RHIS) and *Research Brief No. 5: Oral Health Care Disparities in the Redwood Coast Region (2010)*, respondents living in poverty were the least likely group to have their teeth professionally cleaned in the past year. Respondents who were uninsured or with Medi-Cal were significantly less likely to have their teeth cleaned in the past year. This population was also more likely to have never received or to have gone 5 or more years without professional teeth cleaning than

those with private insurance. Additionally, respondents of color were less likely to have their teeth professionally cleaned than white respondents.

The *Trinity County Oral Health Needs Assessment* identified five populations that are vulnerable to oral health diseases in Trinity County. These populations include:

1. People that are living in rural, frontier and remote communities
2. People living in poverty
3. Pregnant women
4. Youth
5. Seniors

Key themes that emerged from the key informant interviews, the community surveys, and the secondary data scan included the following:

Theme 1. The number of dental providers in Trinity County is inadequate to meet patient need.

Residents enrolled in Medi-Cal as well as those who are covered by private insurance have very few options for dental care in Trinity County.

There have been important strides made in efforts to increase access to care, such as (1) the use of mobile dental clinics, (2) opening of a second site for Southern Trinity Health Service's Federally Qualified Health Clinic in Weaverville, and (3) Redding Rancheria's plan to break ground for a dental clinic in Weaverville that will serve tribal, Medi-Cal and low-income patients.

- Sixty-one percent (61%) of survey respondents reported that they visited the dentist within the last year, and 44% reported they visited either for a six-month cleaning or an annual check-up.
- Until recently, two dentists were available to treat privately-insured patients, one in Weaverville and one in Hayfork. One of the two retired this year.
- Thirty-nine percent (39%) of survey respondents reported they did not receive the care they needed in the last year.

Theme 2. The remoteness of the region and rugged terrain, combined with the scarcity of providers, make transportation a central problem in accessing oral health care.

“If I had to drive from Hayfork to Redding, I hate to go to Redding now from Lewiston...so unless you have to go to a dental appointment, unless you're in dire pain, is a dental check-up really worth that drive? Probably not.”

- Use of mobile services—which has increased access to services—is limited by the winding, mountainous and narrow roads into the more remote areas.
- More than half of survey respondents (60%) reported that it takes an hour or more to drive to the dentist.
- More than half of survey participants (60%) have had their adult teeth pulled, excluding wisdom teeth (39% reported having lost between one and five teeth).

Theme 3. Many residents have gaps in knowledge about proper oral health care.

“..with the parent, she was afraid of cancer and other, [fluoride’s] just not healthy or natural for the body and they’re into holistic-type remedies, holistic health.”

- Half of survey participants mentioned that they did not know if there is a connection between gum disease and diabetes, yet 69% were aware of the connection between gum disease and heart disease.
- Over half of survey respondents (59%) reported that their child’s doctor did not ask about dental care or examine the child’s teeth.

Theme 4. Social isolation based on the rural and “off-the-grid” nature of many communities presents significant challenges to urban-oriented health education strategies.

“Back-to-landers” make up a large number of Trinity County residents, especially those in the most outlying areas of the County. They tend to value independence, self-sufficiency, and often mistrust or reject practices associated with prevailing medical, scientific, or otherwise accepted forms of health care. While this is often read as a negative it has also been cited as a strength:

“They came to this area to get away from government or society...they went off, and they came to create their own...self-sufficiency and so that’s that culture.”

“Some of our beliefs about the importance of nutrition and growing our own food...trying to have community gardens, and fruits and vegetables, less sugar and candy and junk...working on healthy communities.”

Missing or Insufficient Data

CCRP was able to obtain very little data on the oral health of seniors—who comprise 27.3% of Trinity County’s population—veterans—10%, according to American Community Survey (2017), and immigrant populations, who are not easily estimated. Services that focus on seniors tend to be oriented to housing and/or food provision, and records about oral health are not generally available. One dentist who serves Medi-Cal patients told CCRP that the elderly and medically compromised are most affected by poor oral health. This is true for people with mental or developmental disabilities as well—oral health may not be viewed as a pressing concern given their other problems. However, the links between oral health and overall physical conditions underscore the importance of assessment in these populations, and the need to gather data.

METHODS

The Oral Health Improvement Plan was written in collaboration with the Local Oral Health Program staff and Trinity County’s Oral Health Advisory Committee. To determine the status of oral health in Trinity County, the California Center for Rural Policy (CCRP) collected and analyzed primary and secondary data. Primary data was collected from three sources: (1) GIS Maps (2) interviews with professionals linked with oral health or social services in Trinity County, and (3) surveys aimed at residents of Trinity County designed to gather the status of residents’ oral health in Trinity County. CCRP conducted 24 key informant interviews and

received 328 community surveys. CCRP also conducted a secondary data scan through various publicly available sources. CCRP designed GIS maps utilizing ArcMap to demonstrate the relationship between the secondary data and locations/communities in Trinity County.

Trinity County’s Oral Health Advisory Committee used information from the *Trinity County Oral Health Needs Assessment* to develop and prioritize goals, objectives and strategies for the LOHP. A strategy session was held on September 12, 2019 at Trinity County Public Health.

Strategies were selected using the following prioritization criteria:

- Will this strategy have significant impact?
- What level of effort will this strategy require?
- Who are the key partners in place who can support this strategy?



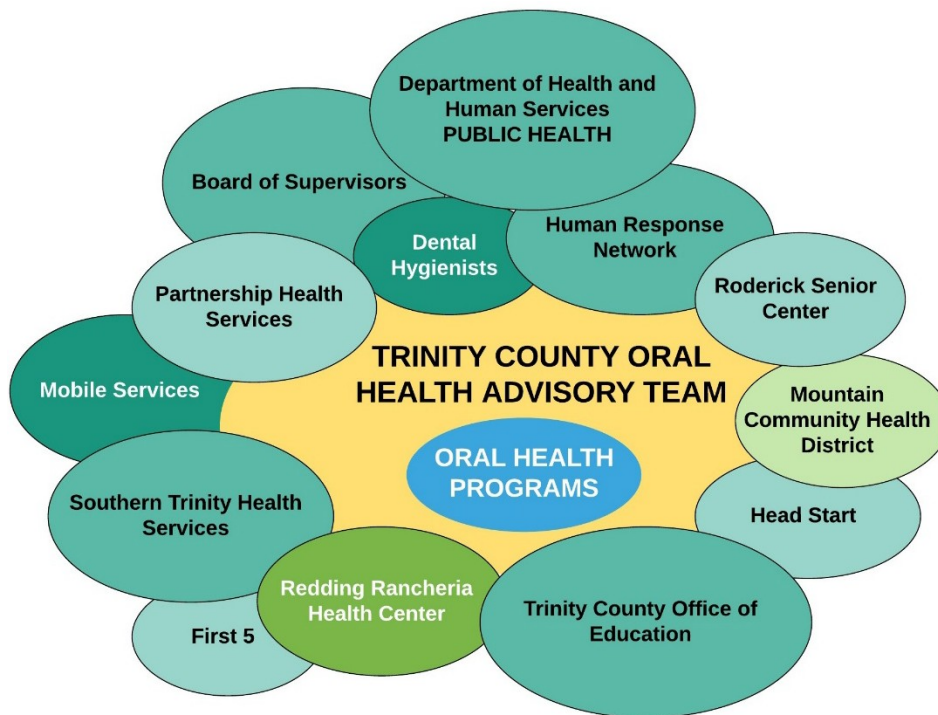
The photos above were taken at the Oral Health Advisory Committee meeting on September 12, 2019.

PARTNERS

The Trinity County Local Oral Health Program has convened the Trinity County Oral Health Advisory Committee to support efforts to improve oral health throughout the county. Trinity County's LOHP considers these partners as key to the success of its program.

Key partners include:

- First 5 Trinity County
- Human Response Network (local non-profit)
- Mountain Community Healthcare District
 - Trinity Hospital
 - MCHD Community Health Clinics
- Partnership HealthPlan of CA
- Roderick Senior Services Center
- Shasta-Trinity Head Start
- Southern Trinity Health Services
 - Mad River Clinic
 - Weaverville Clinic
- Trinity County Board of Supervisors
- Trinity County Office of Education
- Redding Rancheria



GUIDING PRINCIPLES

The California Center for Rural Policy worked with Trinity County's LOHP to review meeting minutes and various oral health reports to develop and refine the mission, vision and values of the Oral Health Advisory Committee, which were approved by the group in September 2019.

The following sources of information were used:

- Trinity County Oral Health Advisory Committee minutes, 2019
- Survey with members of the Trinity County Oral Health Advisory Committee, 2019
- *Trinity County Oral Health Needs Assessment*, 2019
- Review of guiding principles for other rural California counties

Mission & Vision

Mission: The Trinity County Oral Health Advisory Committee works to promote optimal oral health for all Trinity County residents by improving collaboration, education, advocacy, and access to care.

Vision: We envision a county where all residents achieve optimal oral health through accessible, affordable, and efficient care that includes timely education, prevention and treatment.

Values & Focus Areas

In the pursuit of our vision, we are guided by the following values:

- Respect- We believe that each person has value.
- Collaboration- We will work together to achieve common goals.
- Responsibility- We believe we all have responsibility for ourselves, for each other, and for our community as a whole.
- Integrity- We value action that demonstrates high moral and professional principles.
- Honesty- We will strive to be truthful and trustworthy in our words and action.
- Equity- We will work to eliminate inequalities that result from differences in our communities that affect peoples' overall health status.

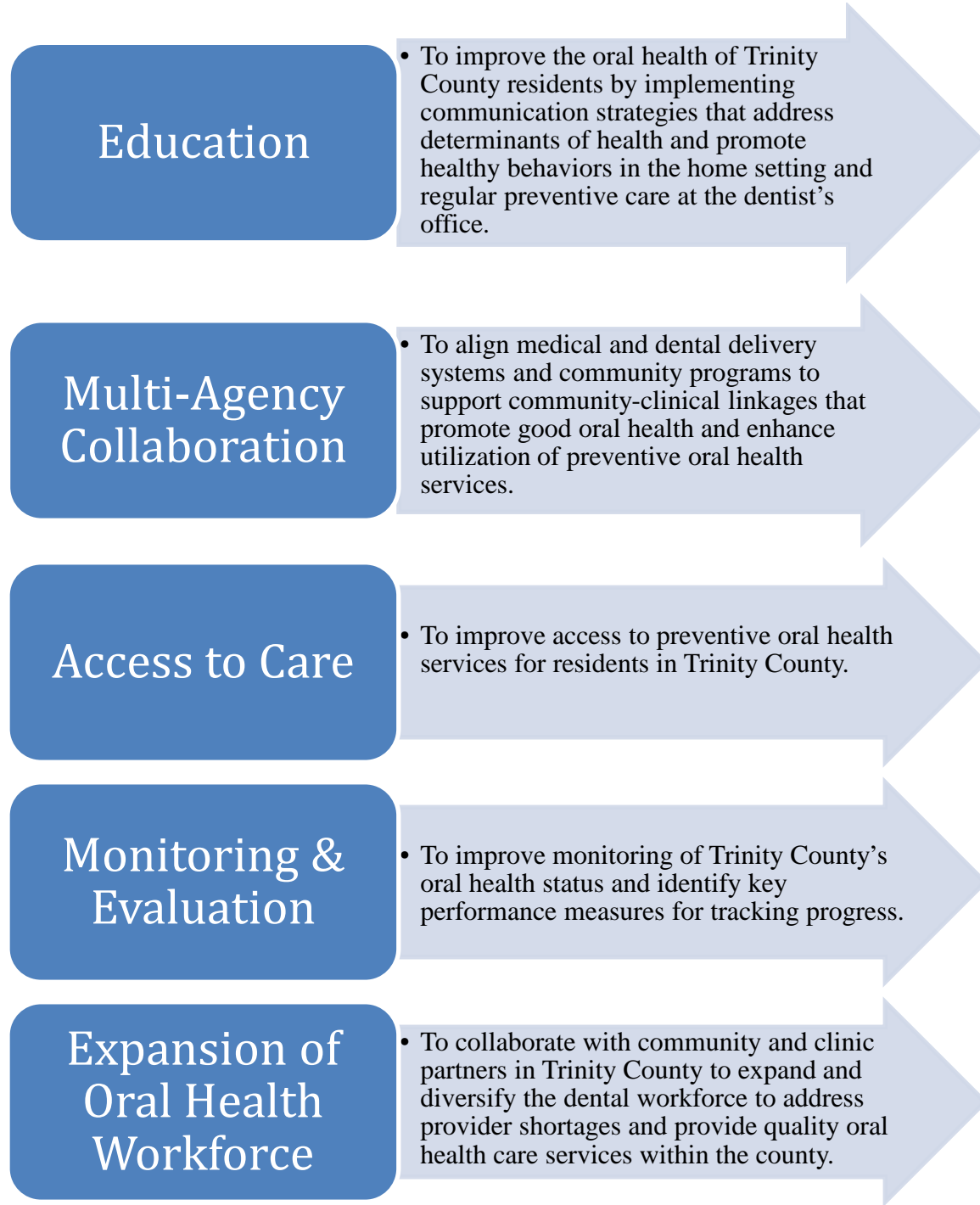
As a committee, we will focus on improvements in the following areas:

- Affordable, equitable access to quality local oral health care that prioritizes both prevention and treatment.
- Integrated health systems that provide a continuum of services that include education, prevention, treatment and referrals.
- Informed and engaged communities that promote a culture that values oral health as essential to overall health and well-being.

- Continue to leverage existing assets and resources and form new partnerships to enhance our capacity to build a community with optimal oral health.

GOALS, OBJECTIVES AND STRATEGIES

The below graphic summarizes the goal areas and goal statements for Trinity County's Local Oral Health Program. Goal Area outcomes will be measured using local and state baseline data.



Goal Area #1: Education

To improve the oral health of Trinity County residents by implementing communication strategies that address determinants of health and promote healthy behaviors in the home setting and regular preventive care at the dentist's office.

- Objectives:
- 1.1 By December 31, 2020, Increase the number of materials available to residents that promote the benefits of fluoride.
 - 1.2 By 2021, Increase the number of public health professionals from three (3) to six (6) providing oral health education to residents of Trinity County.
 - 1.3 By June 30, 2022, engage at least two (2) target communities in discussions on community water fluoridation as a pathway to health equity.
 - 1.4 By June 30, 2022, Staff, administration, and students in Trinity County elementary schools with greater than 70% eligible for Free & Reduced Price Meals (FPRM) will receive at least one (1) annual educational session around promoting healthy oral hygiene habits provided by an RDH/RDHAP.
 - 1.5 By 2022, Increase the annual number from two (2), to four (4) oral health outreach events and conduct three (3) annual oral health educational campaigns in Trinity County.
 - 1.6 By June 30, 2022, all target schools' Kindergarten classes in Trinity County will have an oral health component integrated into their curriculum.

Strategies:

- Develop or utilize educational materials for a variety of audiences focused on the benefits of fluoride (CHDP brochures, I like My Teeth, Every Smile Counts campaign, etc.) Promote community water fluoridation by engaging target communities in dialogue.
- Provide education that emphasizes the importance of early entry into dental care, establishing a medical and dental home, and assists people in self-advocacy, such as, asking questions about oral health and links to overall health at doctor and dentist visits.
- Provide guidance and support for teachers on ways to integrate healthy oral health behaviors into existing curriculum.
- Ensure distribution and integration of standardized oral health education and curriculum recommendations to all stakeholders and partners.
- Create inventory of oral health education resources, including information on reducing intake of sugary beverages, communicability of oral bacteria, sealants and fluoride.

- Deliver consistent, evidence-based oral health education and resources to children, school administration, staff, and families.
- Partner with WIC Program to provide guidance for pregnant women around oral health pre and post-delivery and oral health best practices for infants.
- Educate providers and public about communicability of oral bacteria utilizing vetted messaging, such as, “caries are contagious”.
- Engage local stakeholders, community and regional partners in building a collaborative approach to oral health messaging efforts and ensure consistent, culturally and linguistically appropriate messaging around key oral health issues.
- Ensure availability of patient education tools and resources at local hospital and health centers focused on preventative oral health and the impact of oral health on overall health.

“Education is a big one, I think there is a lot of misinformation...it’s a lack of information about early intervention and that it’s a communicable disease...”

-Key Informant Interviewee, Trinity County

“You have parents who aren’t as educated on oral health... and then their children aren’t, and then there is no access. So the first experience a child has of going to the dentists at six years old and has a cavity that hurts...”

-Key Informant Interviewee, Trinity County

Goal Area #2: Multi-Agency Collaboration

To align medical and dental delivery systems and community programs to support community-clinical linkages that promote good oral health and enhance utilization of preventive oral health services.

Objectives: 2.1 By July 1, 2022, Increase the number of healthcare providers and partners engaged in preventive oral health activities, such as, encouraging first dental visit by age one, ECC assessment, and oral health anticipatory guidance.

2.2 By 2022, conduct in-person visits to all local dental offices to provide and support utilization of preventative oral health resources, such as Rethink Your Drink (RYD) and tobacco cessation materials.

2.3 By June 30, 2022, Partner with Golden Age Senior Center, Roderick Senior Citizens Center and Trinity County Health and Human Services, Adult Services

program to provide oral health resources and education to older adults in the community.

Strategies:

- Conduct trainings with medical providers on how to assess caries in the medical setting.
- Coordinate with CHDP program to ensure providers have Fluoride Varnish Application training materials and ongoing support.
- Partner with contracted RDHAP/RDH and convene annual preventative oral health trainings for RHC/FQHC providers and staff on oral health primary prevention, including fluoride varnish application and anticipatory guidance.
- Partner with RDHAP/RDH and/or FQHCs to provide dental services to Medi-Cal and low-income populations.
- Support development and implementation of evidence-based programs for dental sealants and fluoride varnish in local schools.
- Work with medical, dental, and community partners to encourage first dental visit by age one.
- Collaborate with community-based organizations to identify, engage, and train staff to provide oral health education, appropriate referrals, and follow-up for oral health care.
- Promote oral health by establishing prevention and healthcare policies and/or guidelines for programs, health care providers, and institutional settings (hospitals, schools), including integration of oral health care and overall health care.
- Survey local dental offices to assess their readiness to implement tobacco cessation counseling, and to utilize Rethink Your Drink (RYD) materials.
- Provide dental offices with preventive oral health resources and materials (tobacco cessation, Rethink Your Drink) and follow up to enhance utilization.
- Collaborate with Tobacco Prevention and Education to provide Senior Centers, TCOE, high schools, middle schools, medical and dental offices with educational materials regarding the links between poor oral health, oral cancers and tobacco use.

“I think the Oral Health Coalition gets team players in Trinity County together and says how are we going to work on this, what can we do...Everyone has to work together.”

-Key Informant Interviewee, Trinity County

“The biggest advantage we have is being as small as we are that we tend to work closely together...sharing information, knowledge, opportunities.”

-Key Informant Interviewee, Trinity County

Goal Area #3: Access to Care

To improve access to preventive oral health services for residents in Trinity County.

- Objectives:
- 3.1 Increase the number of kindergarten children receiving an oral health assessment by 10% by the end of 2020, and additional 5% annually over the following two years.
 - 3.2 Increase the number of preventive oral health services provided to children in school-based settings or other non-dental clinic settings by 10% by 2022.
 - 3.3 By December 31, 2021, all FQHCs/RHCs in Trinity County will be trained on Fluoride Varnish application.
 - 3.4 Increase the number of children age five and below receiving fluoride varnish from a primary care provider by 10% by the end of 2020, and 5% more annually over the next two years.

Strategies:

- Provide guidance on implementing daily tooth brushing program at after-school programs and in preschool settings such as early head start programs.
- Partner with local pre-schools and elementary schools to implement strategies to improve parents' compliance with Kindergarten Oral Health Assessment.
- Provide assistance to local schools to coordinate in-school screenings, school-based/school linked oral health services and clinics.
- Partner with FQHCs and oral health professionals to provide preventive oral health services in school-based/school-linked settings.
- Partner with mobile dental van and Trinity Smiles to provide oral health preventive and restorative services to children in school and other non-clinic settings.
- Provide outreach and educational presentations to Senior Centers.
- Partner with Adult Services to develop a training and education program on oral care for older adults that may be utilized as part of the onboarding for caregivers.
- Collaborate with Adult Services, PHC and HRN to provide educational materials, transportation resources, care coordination and referrals to oral health care for older adults, at-risk and vulnerable adults.
- Increase the number of programs that provide preventive dental visits and dental home education in locations frequented by vulnerable and higher risk populations (WIC, early Head Start/Head Start, CBOs).

- Provide annual training to non-health care organizations regarding access to dental insurance and the Medi-Cal dental program through promotion of SmileCalifornia.org and Covered California.

“Getting parents to bring their one kid, two kids, three and four kids at two different dentists, different times, it’s just not workable. It’s not feasible for patients who are predominantly below the federal poverty level so they don’t have the time, let alone the gas money, to come back 5 to 6 times a month to get their kids all done.”

-Key Informant Interviewee, Trinity County

“People in Trinity County, they either have to come in to places like Redding, or go to places like Humboldt to see a dentist. That’s a huge barrier to accessing care. And it’s not easy travel- the expense of travel as well.”

-Key Informant Interviewee, Trinity County

Goal Area #4: Monitoring & Evaluation

To improve monitoring of Trinity County’s oral health status and identify key performance measures for tracking progress.

- Objectives:
- 4.1 By 2022, develop and implement an oral health surveillance program.
 - 4.2 Beginning June 30th 2020, share data on a bi-annual and as needed basis with community partners to increase data-driven decision making around oral health efforts in Trinity County.
 - 4.3 By December 31, 2021, conduct second oral health survey of residents.
 - 4.4 Between 2019 and 2022, recruit, train, and retain staff to perform the activities of the Trinity County Oral Health program.
 - 4.5 By 2022, maintain a fully staffed county oral health program and oral health coalition in Trinity County.

Strategies:

- Collect, analyze and use data to assess policy change and guide program planning and development.

- Support collection of local emergency department data identifying the most common dental conditions upon admission.
- Conduct a second oral health survey of residents in 2021; compare results to 2019 survey conducted as part of needs assessment.
- Develop an evaluation plan and data tracking system to monitor and measure success, and determine the effectiveness of the LOHP in achieving the proposed goals and objectives.
- Report data to oral health coalition at least twice per year to receive feedback and promote data-driven decision making around current and future oral health efforts in the county.
- Report data to California Department of Public Health as required.
- Update secondary data from needs assessment on an annual basis.
- Conduct focus groups with residents of Trinity County to better understand their perspectives on oral health.

“The most innovative approach would be something that included a performance measure so you’d have to measure that approach, you’d have to find a baseline and then you would need to measure the outcome of it and then find out if that is the one, if that works.”

-Key Informant Interviewee, Trinity County

“I want to figure out how we can create a way to track a performance outcome, did we make change, because if we didn’t, why are we doing this still? Let’s do something else.”

-Key Informant Interviewee, Trinity County

Goal Area #5: Expansion of Oral Health Workforce

Collaborate with community and clinic partners in Trinity County to expand and diversify the dental workforce to address provider shortages and provide quality oral health care services within the county.

Objectives: 5.1 By July 31, 2021, collaborate with community partners and stakeholders, such as TCOE, Trinity Together, and Shasta College in the promotion of oral health career pathways.

5.2 By June 30, 2022, Collaborate with service clubs and organizations to develop oral health scholarships for students enrolled in Trinity County schools.

5.3 By June 30, 2022, increase number of dentists and dental hygienists in Trinity County.

Strategies:

- Work with Career to Cradle program to introduce students to oral health career pathways.
- Develop relationships with service clubs to create scholarships for students seeking careers in oral health.
- Work with partners to develop and implement strategies to increase number of dental providers in Trinity County.
- Work with partners to increase access to oral health services in Trinity County.
- Educate dental providers and dental students on loan repayment programs and grants opportunities for providers willing to practice in rural and underserved areas.
- Collaborate with medical and dental associations in the county and region to explore possibilities of partnering to align and enhance medical and dental delivery systems.
- Collaborate and partner with professional organizations to discuss workforce needs and strategies.
- Identify continuing education opportunities, including cultural competency, for dentists, dental hygienists, dental assistants and front office staff.
- Provide opportunities for dental professionals and students to serve in a volunteer or paid capacity through collaboration with outreach and/or school-based/school linked oral health projects.

“In many cases, even if we do have money to hire someone recruiting from within our county... when it comes to educated and experienced people we often have to look outside the county, which means we’re looking at Shasta County, that’s an hour drive each way and we don’t pay enough to hire somebody from Shasta County. So we have open positions all over the place”

-Key Informant Interviewee, Trinity County

“I’m getting ready to hire and I’m having to go to the board to ask for more money, just so I can recruit somebody from outside the area because I know there’s no one in county who has that expertise. So, I mean all of these things have same correlation to oral health and prevention, you know, initiating pilots and solving problems, and it all comes down to capacity.”

-Key Informant Interviewee, Trinity County

Alignment with Statewide Objectives

Trinity County's Oral Health Improvement Plan aligns with the Scope of Work and Deliverables FY 2017-2022 for the California Department of Public Health's Oral Health Program.

According to the Scope of Work and Deliverables, The California Department of Public Health, Oral Health Program (CDPH/OHP) has granted funds to Local Health Jurisdictions (LHJ) from Proposition 56, the California Healthcare, Research and Prevention Tobacco Tax Act of 2016 (Prop 56) for the purpose and goal of educating about oral health, dental disease prevention, and linkage to treatment of dental disease including dental disease caused by the use of cigarettes and other tobacco products. LHJs are encouraged to implement the strategies recommended in the California Oral Health Plan and shall establish or expand upon existing Local Oral Health Programs (LOHP) to include the following program activities related to oral health in their communities: education, dental disease prevention, linkage to treatment, surveillance, and case management. These activities will improve the oral health of Californians.

Goal Area #1: Education

To improve the oral health of Trinity County residents by implementing communication strategies that address determinants of health and promote healthy behaviors in the home setting and regular preventive care at the dentist's office.

The following statewide objectives will be addressed in goal area #1:

Objective 8: Address common risk factors for preventable oral and chronic diseases, including tobacco and sugar consumption, and promote protective factors that will reduce disease burden.

Objective 9: Coordinate outreach programs, implement education and health literacy campaigns, and promote integration of oral health and primary care.

Goal Area #2: Multi-Agency Collaboration

To align medical and dental delivery systems and community programs to support community-clinical linkages that promote good oral health and enhance utilization of preventive oral health services.

The following statewide objectives will be addressed in goal area #2:

Objective 9: Coordinate outreach programs, implement education and health literacy campaigns, and promote integration of oral health and primary care.

Objective 11: Create or expand existing local oral health networks to achieve oral health improvements through policy, financing, education, dental care, and community engagement strategies.

Goal Area #3: Access to Care

To improve access to preventive oral health services for residents in Trinity County.

The following statewide objective will be addressed in goal area #3:

Objective 6: Implement evidence-based programs to achieve California Oral Health Plan objectives.

Goal Area #4: Monitoring & Evaluation

To improve monitoring of Trinity County's oral health status and identify key performance measures for tracking progress.

The following statewide objective will be addressed in goal area #4:

Objective 5: Develop an Evaluation Plan that will be used to monitor and assess the progress and success of the Local Oral Health Program.

Goal Area #5: Expansion of Oral Health Workforce

To collaborate with community and clinic partners in Trinity County to expand and diversify the dental workforce to address provider shortages and provide quality oral health care services within the county.

The following statewide objective will be addressed in goal area #5:

Objective 10: Assess, support, and assure establishment and improvement of effective oral healthcare delivery and care coordination systems and resources, including workforce development and collaborations to serve vulnerable and underserved populations by integrating oral health care and overall health care.

RECOMMENDATIONS

Based on survey results and key informant interviews, CCRP developed the following recommendations in the *Trinity County Oral Health Needs Assessment*. Many of these recommendations have been incorporated into the Trinity County Oral Health Improvement Plan.

- **County-wide Collaboration with a Whole-Family Focus.** A whole-family focus suggests that a focused, collaborative approach between schools, medical and social-service providers, public health and community members (parents among them) is the best way to produce effective change in oral health behaviors and conditions.
 - **Addressed in Goal Areas 1, 2 & 3**
- **Employ Grassroots Educational Strategies.** Considering the inter-reliance that develops in geographically isolated communities in response to emergency conditions, an oral health education program—utilizing grassroots-oriented strategies that identify clusters of lay community leaders and locally close-knit families throughout the county—should be pursued.
 - **Addressed in Goal Area 1**
- **Medical/Dental Integration.** Integration of oral health assessments with medical examinations would reach people who may otherwise not attend to dental conditions—pregnant women, seniors, patients with mental and developmental disabilities, etc.
 - **Addressed in Goal Areas 1 & 5**
- **Expand Oral Health Advisory Committee.** Efforts should be made to increase the breadth of community members on the Oral Health Advisory Committee, to include: community leaders from various outlying areas, teens/young adults, school superintendents, representatives of faith-based communities, local businesses, Lions Club and other civic organizations, veterans’ services providers, and MCHD hospital staff.
 - **Addressed in Goal Area 2**
- **Design and Implement a Data Collection Plan.** An effort to map and streamline existing channels of data gathering, analysis and reporting would provide a mechanism for an ongoing system of feedback that could be used to steer the county through a long-range health improvement plan.
 - **Addressed in Goal Area 4**
- **Conduct a Series of Community Focus Groups in Outlying Areas** to develop an understanding of the perspectives of vulnerable populations around barriers to accessing care and their level of engagement with good oral health practices in the home setting. Such groups could serve multiple purposes, all of which would further the goal of outreach and education: (a) community leaders could be identified, (b) a more specific census of localized information about the various clusters of Trinity residents could be constructed, and (c) residents could become engaged with the concerns of the LOHP, perhaps working with the Oral Health Advisory Committee as a program ambassador in their area. These focus groups, if properly designed and promoted, would most certainly raise awareness of the value of good oral health and could be a vehicle for Public Health to broadly distribute new information about plans for improving oral health in Trinity County.
 - **Addressed in Goal Area 4**

SUMMARY & NEXT STEPS

The needs assessment identified both gaps and strengths in the current system of oral health care for residents of Trinity County. Residents and members of the Trinity County Oral Health Advisory Committee were very aware of the limited dental clinics in the county, as both those with Medi-Cal Dental and those with private dental insurance often leave the county to access preventive and restorative oral health care. Recommendations developed during the needs assessment process have been incorporated into the oral health improvement plan.

Multi-agency partnerships will be key to the success of Trinity County's LOHP, and the members of the Oral Health Advisory Committee will be critical leaders for these efforts. Trinity County Public Health acknowledges that many key partners are working in impacted and busy environments, and will strive to bring value-added resources and support to member agencies and organizations that are integral to the oral health of Trinity County residents.

Trinity County's LOHP will work to strengthen relationships with the schools and other non-clinic settings to provide evidence-based oral health prevention services and programs. Additionally the LOHP will work to build stronger relationships with both the medical and dental providers in the county.

All of these efforts will be monitored, measured and assessed for effectiveness. Trinity County's LOHP is informed by the California Department of Public Health's *Status of Oral Health in California: Oral Disease Burden and Prevention 2017* report. The LOHP's goals, objectives and strategies are aligned with the California Department of Public Health's *California Oral Health Plan 2018-2028* and the LOHP Scope of Work & Deliverables 2017-2022.

Trinity County's LOHP and Advisory Committee will use the oral health improvement plan to achieve optimal oral health for all Trinity County residents by improving collaboration, education, advocacy, and access to care.