

Tehama County Community Oral Health Improvement Plan 2018 – 2022



Healthy Mouths = Healthy Tehama



“The acceptance of the intrinsic importance of oral health and its interdependence with general health is an important first step in helping to improve a community’s health. Oral Health status and the availability of oral health care are important indicators of the community’s health.”

Tehama County Report Card 2013

Please direct comments and inquiries regarding this Tehama County Community Oral Health Improvement Plan to:

Mary Jacobson, RDH, BS
Tehama County Health Services Agency - Public Health
Oral Health Program
P.O. Box 400
Red Bluff, CA 96080
(530) 527-6824

Funded by the California Department of Public Health
under contract # 17 - 10733

Table of Contents

Executive Summary	4
Background	6
Status of Oral Health	7
Tehama County Overview	8
Oral Health Plan Vision, Mission and Guiding Principles	11
Oral Health Plan Goals and Objectives	14
Acknowledgements	18
Appendices	19

Executive Summary

Oral health is an essential part of overall health throughout the life span. Improving oral health improves total health, wellbeing and quality of life of individuals and communities.

The Tehama County Health Services Agency – Public Health is dedicated to improving the health and wellbeing of Tehama County residents. It works diligently to develop a multi-disciplinary approach to addressing the broader determinants of population health. Thus, redefining the concept of health to include not only physical and mental health but also education, economy, safety, housing, transportation, recreation and other aspects that influence our quality of life.

Protecting and improving the community's health is a shared responsibility among residents, public and private institutions, and community organizations and associations. We seek solutions and work to develop strategies that are grounded in community assets, culture, values and wisdom as well as scientific knowledge. Our community's health is impacted by individual, social, environmental, and economic factors within and beyond our community that must be viewed comprehensively.

Oral health is an important, but often neglected, component of total health care. Oral diseases are almost entirely preventable and regular dental visits provide an opportunity for the early diagnosis, prevention, and treatment of oral diseases and conditions for persons of all ages, before they become serious and costly. Effective oral disease prevention measures do exist, and new science-based practices continue to be developed. Assuring that our communities have access to oral health prevention, education and linkages to services is critical. One key to disseminating knowledge about oral health and improving knowledge about it and improving the community's oral health is utilizing both traditional and non-traditional partners that can provide resources beyond those of the oral health community alone.

In 2016, California voters approved the California Healthcare, Research and Prevention Tobacco Tax Act (Proposition 56) to increase the excise tax rate on cigarettes and tobacco products. Proposition 56 provides funding to help implement the State Oral Health Plan and to support local oral health programs. The State Oral Health Plan provides the blueprints for planning and implementation, and a structure for collective action in partnership with local partners. Every county received the opportunity to request funds to develop a Local Oral Health Plan using a community-engaged process. This process included completing an oral health needs assessment, development of a strategic plan which guides the design and implementation of local programs and policies to improve oral health in each county, and creation of an effective evaluation plan.

The Tehama County Local Oral Health Program is a county-wide initiative to improve the oral health of Tehama County residents and to achieve oral health equity for all.

In 2018, the California Department of Public Health awarded Tehama County a five-year grant to develop a Local Oral Health Program. The goal of this Program is to create a coordinated system of oral health care in the county. Because of the preventable nature of dental disease, the Plan's approach addresses the very real advantage of serving families in their entire life cycle to leverage prevention and overcome barriers in access to care. By going "upstream," the opportunity to improve the oral health of pregnant women and reduce the risk of dental disease in newborns can greatly impact the trajectory of their life. These are long-term solutions that are critical to truly effecting overall health and quality of life.

Addressing multiple challenges, the Tehama County Local Oral Health Plan provides a framework for five goals for improving oral health and achieving oral health equity for county residents. The Plan's work includes, increasing the visibility and public understanding of oral health and its importance to general health, the dissemination of oral health care prevention knowledge, promotion of best practices, building community capacity to increase access to oral health services, and monitoring oral health status and oral health disparities.



Background

Why is oral health important?

Oral health is a key component of overall health and wellbeing at all stages of life. Children's development and wellbeing are related to their oral health. The most common chronic disease among children is dental caries. Oral health diseases have undesirable impacts on quality of life, and oral disease symptoms may be the first signs of several chronic conditions. Seniors across America face large, unmet oral health needs and in rural areas, their needs are even more extreme. Seniors face dramatic, disproportionate unmet oral health needs and their oral health and overall well-being is more likely to decline. The importance of oral health is present throughout the life span.

Oral health best practices

Best practices for improving oral health at the community level call for prevention efforts to move "upstream" by focusing on pregnant women, young children, and system-based preventive approaches. Strategic local policies and programs are an effective way to support the implementation of oral health best practices. The Local Oral Health Plan Committee carefully considered best practices throughout the planning process. Some of the community oral health best practices that were considered include:

- ◆ Dental visits by age one and during pregnancy
- ◆ Application of fluoride varnish to young children's teeth, leads to a 37% reduction in the risk of childhood tooth decay.¹
- ◆ Dental sealants applied to the chewing surfaces of molar teeth can be 80% effective in preventing the most common form of dental decay in school-age children.²
- ◆ Bringing services to where people are, including at Head Start, Women, Infants and Children (WIC) programs, home visiting programs, school readiness programs, schools, agencies serving very young children (FIRST 5), agencies serving hard to reach populations (adults experiencing homelessness), and facilities and agencies serving older adults.
- ◆ Systematic coordination and linkage to early care, utilizing resources such as care coordinators and family home visitors.
- ◆ Integration of primary care and dental services, including oral health screenings, fluoride varnish, education and referral to a dentist at well-child visits and OB/GYN visits.

¹ Weyant, RobertJ., et al "Topical fluoride for caries prevention" The Journal of the American Dental Association 144, 11 (2013) 1279-1291.

² Ahovuo-Saloranta, Anneli, et al "Sealants for preventing dental decay in the permanent teeth." The Cochrane Library (2013)

- ◆ Comprehensive medical and dental services at Indian Health Clinics which serve low-income, hard to reach, and underserved populations.
- ◆ Community and individual oral health education focusing on oral health hygiene, tobacco cessation, and nutrition and reduction in sugar consumption.

Status of Oral Health

The Tehama County's population, in 2018, was 65,167, with approximately 22 persons per square mile. Its population by race is predominantly White at 57% followed by Hispanic at 36%. The three cities in the County, with the majority of healthcare services, are located along the I-5 corridor, consequentially isolating many rural communities from accessing oral health services or health promotion information. The number of children 0-17 living in poverty is 31.9%, and 72% of children were eligible for free/reduced school lunch, in 2016. As of September 2018, there are 9,734 youth 0–19 years of age eligible for Medi-Cal and 13,369 individuals 20 years of age and older eligible. The Median Household Income was \$42,512 in 2017.

- ◆ Access to oral health services has been identified as a significant need. There are three Indian Health Service Dental Clinics that are the major Medi-Cal Dental providers and all have a three to five month waiting period for new patients. The online "Medi-Cal Dental Provider Referral List" has no dentists on the referral list for the County.
- ◆ There is no water fluoridation in the County.
- ◆ The Federal Health Resources and Services Administration (HRSA) Office of Shortage Designation has designated two Medical Service Study Areas (MSSA) (MSSA 219 Paskenta and MSSA 220 Dairyville) out of the four in Tehama County as "Geographic with High Needs Dental Health Professional Shortage Area (HPSA)" and two MSSAs have been designated as "Low Income/Migrant Farmworker-MSSA 221/222 Red Bluff/Corning HPSAs."
- ◆ Transportation has been identified in numerous county surveys as a major barrier to access to health care for older adults, persons with disabilities, and low-income individuals. Some outlying areas have no public transportation resources to link residents to services, others have limited transportation services between communities and trips outside the County may not be possible.
- ◆ The April 2017, California Department of Health Care Services, Medi-Cal Dental Services Division data show that fewer than half (49%) of children 0-20 years of age had an Annual Dental Visit and less than a third (28.2%) of adults 21+ years of age accessed services.

- ◆ In 2016, according to the California Dental Medicaid Management Information System, only 49 percent of eligible children received at least one preventive service.
- ◆ Smoking rates continue to be a significant challenge in the county with 18.9% of individuals 18 years of age and older smoking in 2016. Higher rates of lip, oral cavity and pharynx cancers have been attributed to these individuals.
- ◆ The lack of understanding of the intrinsic importance of oral health and its interdependence with general health, the absence of formalized oral health education and service programs in Tehama County Schools and the deficiency of specific educational, information and service programs in the community to improve oral health awareness contributes greatly to dental disease being one of the most significant unmet health needs facing children.
- ◆ According to the California Department of Health Care Services Beneficiary Utilization Performance Measure Report Fee-For Service State Fiscal Year 2016-2017 Quarter 1, only 4% of Tehama County children 6-8 years of age received a dental sealant.

A key to disseminating knowledge about the importance of oral health care and improving the community's oral health is to utilize both traditional and non-traditional partners that can provide resources beyond those of the oral health community alone. By engaging multiple sectors and creating systems of care through educational campaigns, promoting disease prevention in working with our medical community to utilize fluoride varnishes and prescribing fluoride supplements, coordinating with the Child Health and Disability Prevention Program to link children to oral health services, working with medical and dental providers, and community members to ensure that those with chronic diseases are able to access oral health services and provide case management as needed, more individuals will be able to access preventive services and education. Through all of these efforts, we will work toward quality improvement through surveillance of the community's oral health while continuing to evaluate the effectiveness of our work.

Tehama County Overview

The Tehama County Oral Health Improvement Plan development was a community driven process. The long-standing Tehama County Public Health Advisory Board Dental Committee members worked with community members, oral health professionals and community workers who are motivated to address the issues of oral health. A Community Needs Assessment was conducted to determine the oral health status in Tehama County. The steering committee convened numerous times for core planning and coordination to achieve the optimum benefit from the collaborative meetings and

networking. The process comprised data collection of both secondary and primary data. Data from the assessment was analyzed and areas that were positive along with areas that needed improvement, aspects that influence oral health, and target populations were identified. Ancillary issues effecting oral health in Tehama County were noted.

The identified areas of improvement, aspects of influence and ancillary factors were utilized by the group to develop and prioritize the Tehama County Oral Health Plan's fundamental approaches.

Key Findings from the Community Respondents

- ◆ Almost 25% of the respondents had to wait 30-60 days to obtain a dental appointment, while almost 13% waited 2-3 months. Key findings generated from multiple focus groups conducted reflected much longer waiting periods for appointments. The Indian Health Service clinics have consistently reported that they are booked at least 3-4 months ahead.
- ◆ Within the last 12 months, nearly 1/3 of the respondents had to delay or not get dental care they needed.
- ◆ 1 out of 10 reported having no dental insurance.
- ◆ For almost 25% of the respondents, cost/expense of the services was the biggest barrier. For 11% with insurance, the cost of services not covered was a barrier in obtaining services.
- ◆ County residents have limited access to dental specialties, with patients traveling to Shasta, Sonoma, Sacramento, Placer, Contra Costa, Orange Counties and as far as Seattle to receive services.
- ◆ 32% stated that they have some problem in the mouth. The highest need was for restorative work, second highest for issues surrounding periodontal disease, followed by denture needs and related issues.
- ◆ Knowledge/awareness of the importance of oral hygiene is poor with almost 25% of the respondents brushing once/day. Awareness of the benefits of fluoride was surprisingly high.
- ◆ Of the 497 who responded to this question, over 25% use some type of tobacco product.
- ◆ Almost 14% of the respondents' children had emergency visits during the past 12 months.

- ◆ More than half, (56%) of the adult respondents had visited the dentist within the last 12 months. The same respondents with children reported that 3 out of 4 (76%) had visited the dentist within the past year. Dent-Cal Utilization Data reflects lower numbers than seen on the community survey.

Key Findings to Address

- ◆ **Access/Capacity Building** – Focus our effort to recruit additional and new dental providers that serve Tehama County low-income population by partnering with the Northern California Dental Society and the Medi-Cal Dental Outreach Team. Two new service units (Virtual Dental Home and Corning Health Clinic) will be given continuous support and promotion through Tehama County Health Services Agency – Public Health, websites, and dental provider lists to build patient volume. Support the three Indian Health Service clinics that currently serve Medi-Cal patients by providing operational support/patient resources/educational opportunities to clinic staff/ RDH student externships. Medical providers, healthcare staff, school nurses will be trained to apply Fluoride Varnish on young children.
- ◆ **Primary Prevention** – The chosen strategies will provide knowledge and skills to healthcare work force (medical staff, health educators, dental clinic staff, pharmacists), to educate, diagnose, and refer patients for needed services. Evidence based prevention will be executed through FV applications at multiple sites (Early Head Start/Head Start/elementary schools), school-based sealant clinics. Efforts to increase tobacco use prevention/cessation, and oral cancer/HPV education and detection will be implemented.
- ◆ **Education** – County wide awareness on oral health, methods for disease prevention, and significance/value of parental participation will be delivered through multi prong approaches. Healthcare professionals and community members will have opportunities to gain new knowledge, skills and improve awareness on the benefits of Fluoride Varnish and water fluoridation as well.
- ◆ **Policy/System Change** – Policies will be established to initiate positive behavior change among children/adults to promote better oral health. Each of these robust system changes collectively has the capability to generate a healthier, informed and engaged community.
- ◆ **Sustenance & Surveillance** – Continue to engage our stakeholders through monthly meetings, email newsletter updates, Power Point Presentations and workshops. Will build new partnerships while exploring new funding sources. Regular assessments and satisfaction surveys for the partners, projects, and community members will be conducted.

Our Vision:

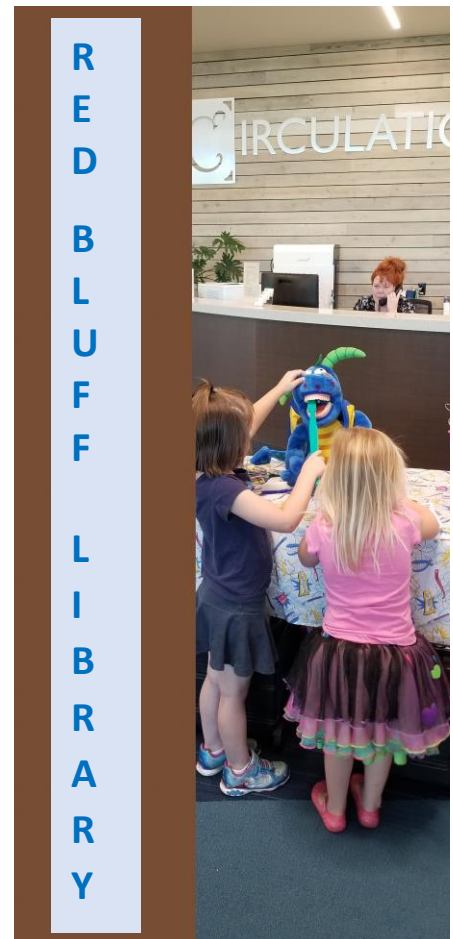
HEALTHY MOUTHS = HEALTHY TEHAMA COUNTY

Mission:

Improve Total Health and Wellbeing of Tehama County Community by providing Education, Support and Access to Oral Health Services.

Our Values and Guiding Principles:

- ◆ Oral Health is integral to overall health.
- ◆ Initiate early prevention and education leading to follow-up care and treatment.
- ◆ All services provided will be culturally and linguistically competent.
- ◆ All work will be done collaboratively with all partners to achieve goals.
- ◆ Policy changes are necessary to bring about positive behavior changes to improve oral health.
- ◆ Equitable in all efforts.
- ◆ Oral health strategies and services should be evidence based, informed by best practices, and reflective of the community's resources and needs.





Summary of Key Findings from Dental Provider Assessment

- ◆ Although some dental specialty care is provided in a few Tehama County clinics, it is limited. In general, more than 50% of the patients are referred out of county.
- ◆ Almost 50% of the responding dental clinics, do not accept Denti-Cal patients.
- ◆ Of the clinics that are not accepting Denti-Cal patients currently, 83% have no interest in doing so in the future.
- ◆ Focus group meetings held with the three IHS clinics provided insight to the difficulty in hiring and keeping dentist. Although they are willing to expand their staff capacity, lack of physical space/clinic space available to do so is inhibiting growth. All three clinics are eager to partner with the Tehama County Oral Health Program to implement the Community Health Improvement Plan.
- ◆ Patients lack of education/parental guidance, missed appointments, lack of financial resources are all significant challenges to promote oral health.
- ◆ 100% of the clinics provide some level of tobacco use prevention/cessation interventions.
- ◆ Absence of water fluoridation in Tehama County needs to be addressed.

Priority Populations

The target population sub-groups were selected by the Dental Committee members. They took into consideration the highest need for oral health access, the resources and gaps in existing programs relevant to priority populations. These criteria and the target population for interventions will be reassessed in January of 2021.

- ◆ Children ages 0-6
- ◆ Pregnant Mothers
- ◆ Youth
- ◆ Migrant Population
- ◆ Seniors
- ◆ Special Needs Population
- ◆ Homeless Population
- ◆ Recovery Programs/Juvenile Justice Program
- ◆ Four underserved communities in TC (Los Molinos, Vina, Rancho Tehama, Manton)



Key Priorities to Address

- ◆ Increasing access to dental services for children, adults and seniors
- ◆ Expanding dental screening and all prevention services for children.
- ◆ Educate the communities on the importance of oral health for overall wellness, and the benefits of fluoride as well.
- ◆ Integrate oral health with primary care.
- ◆ Build oral health workforce, especially focus on increasing providers that accept Medi-Cal Dental insurance.
- ◆ Increasing the number of residents with dental insurance coverage.

Goals and Objectives:

Goal 1: Build community capacity to improve access to oral health services

Objective 1 - By 06/30/22, Increase the number of dental providers that provide preventive services to Medi-Cal Dental eligible children and adults by 10 %

Objective 2 - By 06/30/22, Increase the number of medical providers that provide preventive services to children ages 0-6 by 50%

Objective 3 - By 06/30/22, Utilize Dental Mobile Unit/Virtual Dental Home to provide oral health services to a minimum of 10 underserved/vulnerable communities

Objective 4 - By 06/30/22, Establish referral systems for oral health services, with a minimum of 5 Tehama County Agencies/Organizations

Goal 2: Integrate Oral Health into Overall Health through Primary Prevention

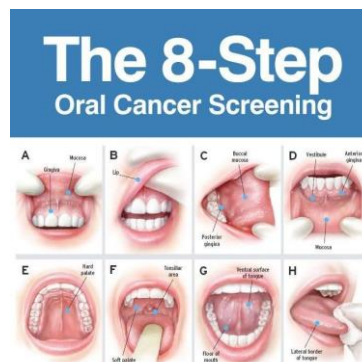
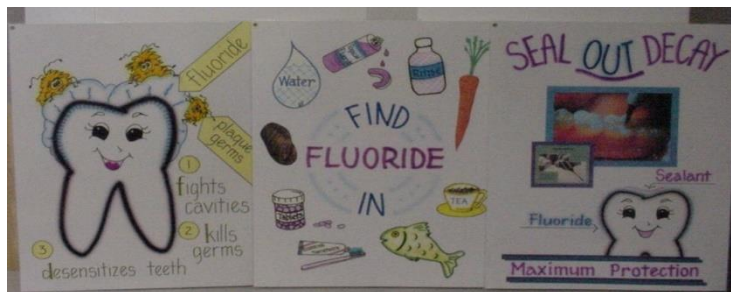
Objective 1 - By 06/30/22, Increase the number of children receiving fluoride varnish applications at least by 30%

Objective 2 –By 06/30/22, – Facilitate dental sealant programs in Tehama County elementary schools that are selected annually.

Objective 3 –By 06/30/22, Increase the number of diabetic patients receiving oral health risk assessments, education and referrals for preventive services by 25%

Objective 4 - By 06/30/22, Increase the number of health care providers providing tobacco use prevention/cessation interventions by 20%

Objective 5 – By 6/30/22, Increase the knowledge of healthcare providers on detecting oral cancer and HPV by facilitating 8 “Lunch and Learn” sessions at clinic settings



Goal 3: Educate and Empower residents of Tehama County to improve their oral health status

Objective 1 – By 06/30/22, Facilitate minimum of 25 educational presentations targeting young children, parents and pregnant mothers

Objective 2 - By 06/30/22, Conduct a minimum of four (4) trainings for WIC/Home Visitors/ and other MCH staff to deliver brief, routine behavioral messages to their clients on Early Childhood Caries prevention

Objective 3 - By 06/30/22, Facilitate six (6) trainings and educational presentations to the staff of agencies and organizations that serve vulnerable populations (Migrant, Homeless, Recovery Programs, Foster Care, Seniors, Special Needs Populations)

Objective 4 – By 06/30/22, Implement a county wide media campaign to promote oral health

Objective 5 – By 06/30/22, Train high school students enrolled in Health Occupations class to conduct a minimum of six (6) educational presentations on oral health at elementary school settings

Objective 6 – By 06/30/22, Conduct a regional training for community members on the safety, benefits and cost effectiveness of community water fluoridation



Goal 4: Implement system changes that promote Oral Health among young children, youth and adults.

Objective 1 – By 06/30/22, Incorporate and implement oral health curriculum in 80% of the early education centers in Tehama County, augmented by parent education sessions

Objective 2 – By 06/30/22, Train/certify a minimum of 5 school nurses on fluoride varnish applications

Objective 3 – By 06/20/22, Ninety-five (95) percent of kindergartners entering public school system in Tehama County will receive kindergarten oral health assessment

Objective 4 – By 06/30/22, Include oral health in the general assessment tool utilized by Home Visitors (Community Health Workers, home health advocates, Promotoras)

Objective 5 –By 06/30/22, The Tehama County Health Services Agency will be a positive role model to promote nutritious foods and no longer distribute unhealthy food at community outreach events

Objective 6 –By 06/30/22, Develop and establish a referral system with the OB/GYN providers in Tehama County to refer pregnant women for a dental exam

Objective 7 –By 06/30/22, Fifty (50) percent of the Nursing Programs in Tehama County will incorporate oral health into the curriculum to increase awareness on the link between chronic disease and oral health

Goal 5: Improve, enhance, and evaluate the services that support the community health improvement plan.

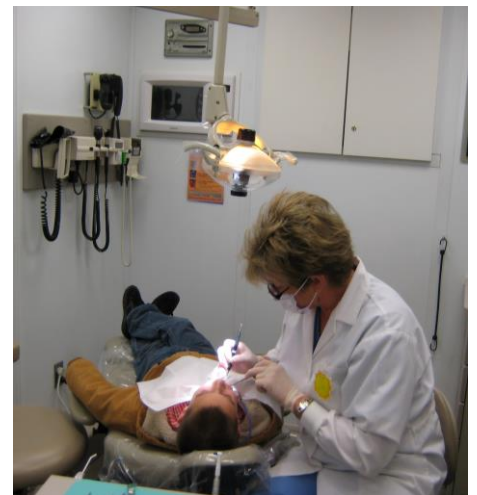
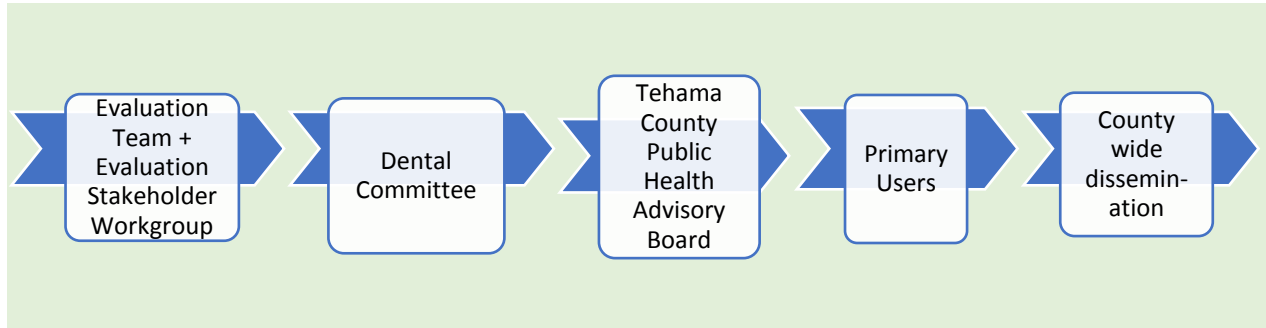
Objective 1 – Sustain, engage and expand the Dental Committee membership for advice, support and collaboration. Continue to inform and update them on dental disease prevention approaches

Objective 2 – Evaluate a minimum of two (2) of the implemented projects each year, to assess outcomes/challenges, for modifications and improvements

Objective 3 – Explore funding resources to enrich and support oral health promotion goals

Evaluation

Our Evaluation Plan will provide the guidelines for regular monitoring of the progress of the Oral Health Plan in accomplishing its objectives. The evaluation plan will be accomplished in a five-step process. Coordinate efforts will obtain the data to measure the achievements of the objectives created. If necessary, additional or revised outcomes and data and surveillance measures and methods will be made to capture the information.



Acknowledgements

We gratefully acknowledge the participants for their collective commitment of countless hours and energy to complete the Tehama County Oral Health Improvement Plan. The plan is the product of local experts and interested individuals' contribution of their expertise, knowledge, and talents. Our community is fortunate to benefit from the contributions of these dedicated individuals.

Evaluation Stakeholder Workgroup

Brian Heese (Director, Northern California Child Development Inc.)
Sean Agy RDH (Virtual Dental Home Coordinator, Rolling Hills Clinic)
Brenda Meamber RDH (Northern Valley Indian Health, Inc.)
Stacey Wobbe RDH (Greenville Rancheria Dental Clinic)
Denise Snider (Executive Director, Frist 5 Tehama)
Tina Brown (Elder Services Coordinating Council, Dignity Health)
Tehama County Public Health Advisory Board Members
Jean Shackelford, RN, MS (Chico State University)
Walter Lucio, DDS, MPH (Medi-Cal Dental Consultant)
Corning Health Center, Adventist Health

Evaluation Team

Michelle Schmidt SPHN (Project Manager, Tehama County Health Services Agency-Public Health)
Mary Jacobson RDH, BS (Project Coordinator, Tehama County Health Services Agency-Public Health)
Lalani Ratnayake BDS (Project Consultant)
Sonia Martinez (Office Assistant, Tehama County Health Services Agency-Public Health)

Appendices

Appendix A

Logic Model

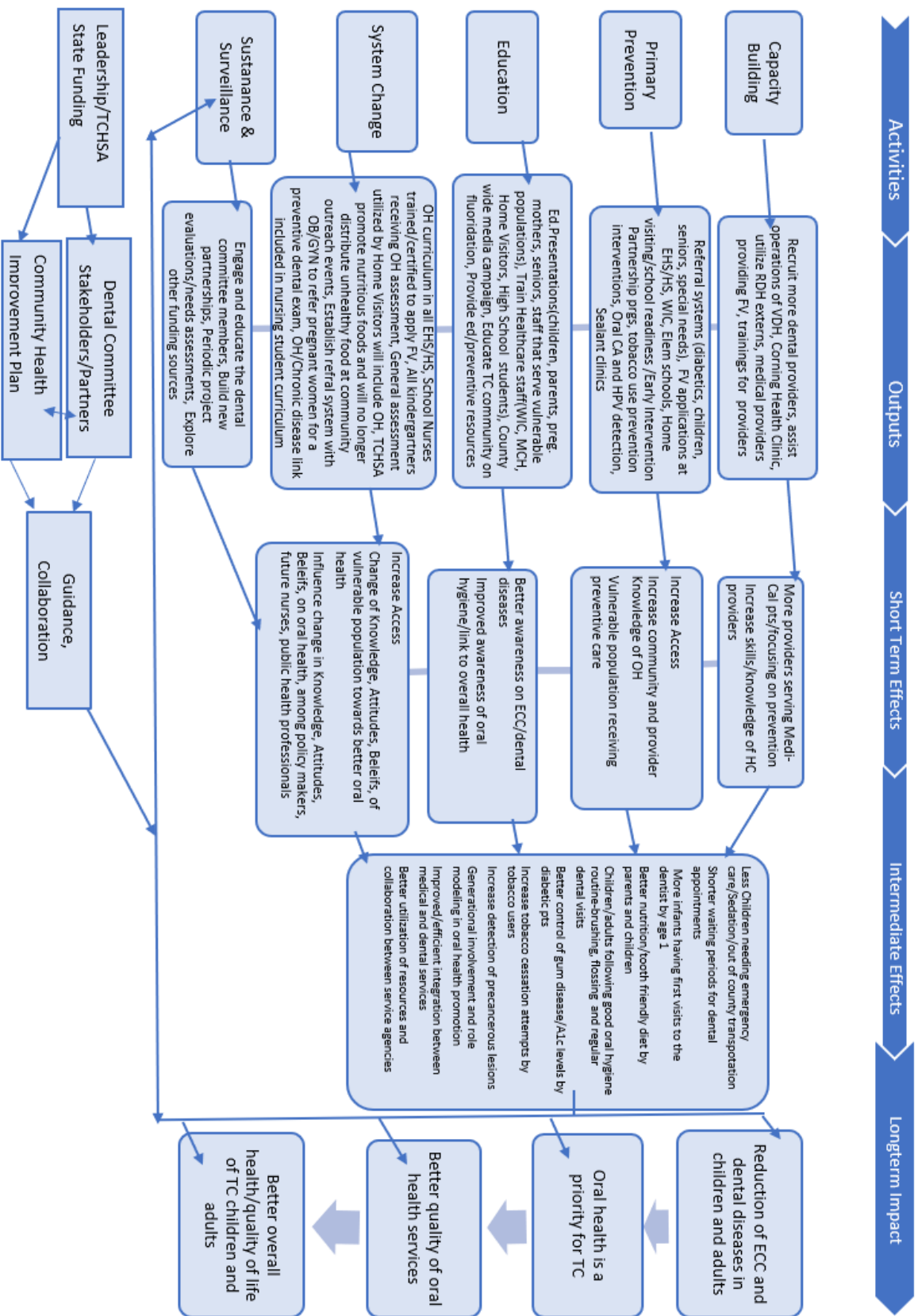
Appendix B

Glossary of Terms

Appendix A

Logic Model

Logic Model for Community Oral Health Improvement Plan – Tehama County



Appendix B

Glossary of Terms

Glossary of Terms

AB 2207: A Medi-Cal Dental program bill approved in September 2016 to improve the Denti-Cal program. Requires the department of Health Care Services Agency to undertake specified activities, such as expediting provider enrollment and monitoring dental service access and utilization. AB 2207 requires that dental screenings and appropriate referrals be provided for eligible beneficiaries through a Medi-Cal managed care health plan.

Affordable Care Act (ACA): The landmark health reform legislation passed in March 2010 that made numerous improvements to both Medicaid and the Children's Health Insurance Program by changing the structure and availability of health insurance coverage and expanding Medicaid coverage to millions of low-income Americans.

Best Practice: In public health, a best practice is an intervention that has shown evidence of effectiveness in a particular setting and is likely to be replicable to other situations.

Caries: Also referred to as tooth decay or cavities, dental caries is a disease caused by a buildup of plaque (sticky bacteria) that leads to the destruction of the tooth structure. If left untreated it can lead to cavities in the tooth's surface and other dental issues.

Caries Experience: A way to define oral health status, caries experience refers to any current or past evidence of having dental caries as defined by having at least one decayed, extracted/missing or filled tooth due to caries.

Child Health and Disability Prevention Program (CHDP): Providers enrolled in the CHDP program provide health and dental assessments for the early detection and prevention of disease and disabilities, health education, and referrals to necessary treatment for low-income children and youth. The CHDP program also oversees the screening and follow-up components of the federally mandated Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program for Medi-Cal eligible children and youth.

Dental Home: The ongoing relationship between a dentist and a patient, inclusive of all aspects of oral health care delivered in a comprehensive, continuously accessible, coordinated, and family-centered way. The dental home should be established to help children and their families institute a lifetime of good oral health. A dental home addresses anticipatory guidance and preventive, acute, and comprehensive oral health care and includes referral to dental specialists when appropriate.

Denti-Cal: The Medi-Cal Dental program which provides dental insurance coverage to people who qualify for and are enrolled in Medi-Cal, i.e. low-income children, adults and seniors, and individuals who are disabled, in the foster care system, are pregnant, or have specific diseases (regardless of income).

Fluoride Varnish: A coating of fluoride that is applied to tooth surfaces every three to six months in order to prevent or stop decay. Fluoride varnish can be applied by both dental and medical professionals.

Head Start: A federally funded pre-school program for low-income families that promotes school readiness through education, health, nutrition and social services for children under the age of five.

Healthy People 2020: A comprehensive document of national health-related goals and objectives, published every 10 years by the U.S. Department of Health and Human Services that identify national health targets for that decade, encourage collaborations across sectors, measure the impact of prevention activity, and guide individuals toward making informed health decisions. Oral health is included in these goals and objectives. www.healthypeople.gov/2020/topicsobjectives2020/

Kindergarten Oral Health Requirement (AB1433): A California law passed in 2006 that was enacted to help schools support student readiness and success, creating a system through which schools can identify students who suffer from untreated dental disease and help parents connect to a dental home. This law requires that children receive a dental assessment before entering kindergarten or first grade (if they did not receive it before kindergarten).

Prenatal: Occurring or existing before birth. Prenatal care is the health care women receive from healthcare professionals, such as obstetricians or midwives, during pregnancy.

Preventive Dental Visit: A dental visit that promotes good oral health and function by preventing or reducing the onset and/or development of oral disease. These visits could include procedures such as dental exams, cleanings, sealants, fluoride varnish application, and other preventive procedures.

Priority Populations: Populations that are underserved and/or uniquely impacted by an identified health issue. Priority populations may be defined by demographic characteristics, geography, or other identifying characteristic.

Sealants: “Dental materials that dentists apply to the pit and-fissure surfaces of teeth. The sealant material penetrates pits and fissures and then hardens, acting as a physical barrier that stops or inhibits the ingress of bacteria and nutrients.”

Tooth Decay: Damage that happens when bacteria cause the tooth’s surface, the enamel, to weaken. This damage can lead to cavities, pain, infection, and tooth loss.

Virtual Dental Home (VDH): A community-based “dental home” at which people are able to receive basic dental care in community settings where they live or receive other non-oral health services. This system links dental care providers located in remote offices with community-based practitioners to promote oral health, with a focus on preventive care.

Water Fluoridation: The addition of supplemental fluoride to drinking water in the community, which is a cost effective and safe way to prevent tooth decay and cavities.

Women, Infants and Children (WIC): A program that work to improve and safeguard the nutritional status of low-income pregnant, postpartum, and breastfeeding women, infants, and children up to age 5 by providing nutrition supplements, breastfeeding assistance, health education, and referrals to other community resources.