

**Public Health
Department**
Alameda County Health

**THE OFFICE OF DENTAL HEALTH
STRATEGIC PLAN
2025-2030**



CONTENTS

I. Introduction	4
II. Letters from Our Directors	7
III. Importance of Oral Health and Best Practices	9
IV. Methodology.	11
V. Strategic Plan 2019–2024 Accomplishments	12
VI. Needs Assessment Key Findings	14
VII. Vision, Guiding Principles, and Priority Populations	19
VIII. The Road Forward: Focus Area Goals and Strategies.	20
IX. Evaluation and Surveillance	26
X. Five-year Indicators.	27
XI. Acknowledgements	28
XII. Glossary of Terms	31
XIII. References.	33

ACRONYMS

ACDPH	Alameda County Department of Public Health	The local public health authority for Alameda County. Often abbreviated as ACPHD.
CAPE	Community Assessment, Planning, and Evaluation	A unit within ACDPH that provides data, evaluation, and planning support to improve community health.
CalAIM	California Advancing and Innovating Medi-Cal	A statewide initiative to transform Medi-Cal by integrating health and social services.
SMART	Specific, Measurable, Achievable, Relevant, Time-bound	A goal-setting framework used in public health and strategic planning.
MIHA	Maternal and Infant Health Assessment	A California-based survey collecting data on maternal and infant health experiences.
HCAI	California Department of Health Care Access and Information	A state agency focused on health care access, workforce, and facility safety.
SB/SL	School-Based / School-Linked	Refers to health or dental services provided at or in coordination with schools to improve access for students.



I. INTRODUCTION

Oral health is a cornerstone of overall health and well-being for people of all ages. Oral health impacts eating and speaking, school achievement, and employment. Tooth decay is the most common chronic condition for children, and one of the leading causes of school absenteeism, yet it is preventable.

The road to improved oral health in Alameda County is both an inspirational and a challenging story. Since the last strategic plan was adopted in 2019, we have made tremendous strides to improve oral health accessibility, particularly for low-income residents, improve integration of oral health into overall healthcare, and develop new funding streams to support this work.

Yet, due primarily to the challenge of the COVID pandemic, which severely limited access to oral health services and education at schools, dental and medical offices, and community organizations, progress in oral health was reversed. We are now regaining our footing, and in some cases, surpassing the levels of access and improved oral health that were attained prior to the pandemic.

As this current plan is being adopted, we are acutely aware of new challenges—including cuts to Medi-Cal and other funding sources and immigration policies—that may make dental services more challenging to access by our County’s most vulnerable populations.

Despite this, we have the experience and determination to overcome these obstacles and achieve our vision of optimal oral health for all Alameda County residents. Bringing together dozens of organizations and institutions, we as the collective will continue to serve our community with the belief that

Oral health is a key to overall health and a basic human right.

Progress in Alameda County Oral Health: At a Glance

Since the inception of our last strategic plan in 2019, we have influenced the environment and transformed oral health policies and practices throughout the County and across the State.

- » We developed a dental care coordinator workforce, resembling the Community Health Worker (CHW) model, that successfully scheduled tens of thousands of appointments for children, half of whom had previously never been to the dentist. This contributed to a statewide policy change that helped formalize the value of CHWs, now a reimbursable benefit under Medi-Cal.
- » We initiated a vibrant Community of Practice continuing education program, dedicated to serving the most vulnerable and encouraging partnerships with the practicing dental community.
- » We built a strong alliance among clinics and the public health department to serve the hardest to reach populations and the most vulnerable families.
- » We pioneered a collaboration with perinatal services programs to yield increased utilization of dental services by pregnant and post-partum people.
- » We joined Kindergarten Oral Health Assessment the statewide initiative developing school-based and school-linked services, and program sustainability.
- » We institutionalized the Oral Health Committee of the Alameda County Public Health Commission, which created a strong voice for oral health among policymakers as a key component of overall health.

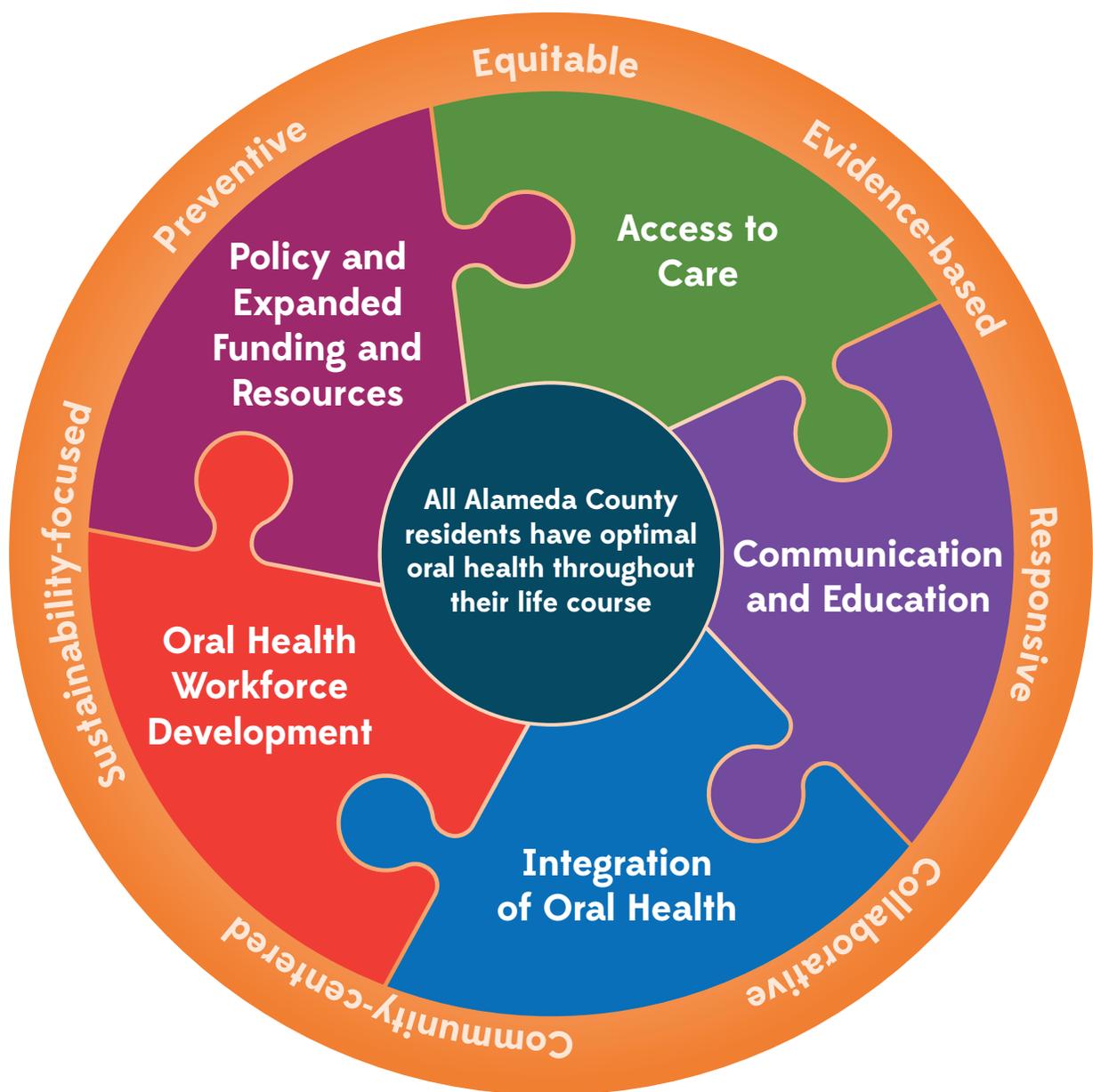
Building on these successes, this Strategic Plan proposes ways to strengthen our efforts to reduce oral health disparities and bring greater accessibility to all our county residents.

Key Findings from the Needs Assessment

Despite these significant achievements, much work remains to be done. Our recent comprehensive needs assessment findings continue to highlight persistent disparities in oral health outcomes and access to care, particularly for children, youth, certain racial and ethnic groups, and specific geographic areas. Ongoing challenges, including high rates of dental disease, low utilization of dental services among Medi-Cal beneficiaries, frequent emergency room visits for dental issues, and a lack of diversity among dental providers, underscore the critical need to further expand resources, tailor program efforts, and advance systemic strategies to promote oral health equity for all.*

Focus Areas for Intervention

Based on the findings from the Needs Assessment, the following five goal areas are the pillars for the efforts to improve health equity in oral health throughout the County over the next five years:



* The full needs assessment report will be available on the Office of Dental Health website by December 2025.

Evaluation and Surveillance

Evaluation and surveillance are integral to the ongoing implementation of this strategic plan to ensure that our resources are allocated carefully and effectively for the greatest impact, while testing innovative approaches. Our evaluation plan includes a list of indicators and performance measures to track and communicate progress in addressing the issues identified in the needs assessment. See page 26 for the list of 5-year indicators.



Alignment with the Alameda County Health Improvement Plan (CHIP)

The Office of Dental Health’s (ODH) Strategic Plan advances the shared priorities in the Alameda County Community Health Improvement Plan (CHIP) of equity, access, and community well-being. This ODH Strategic Plan helps achieve one of CHIP’s central goals of equitable access to dental care, by expanding prevention and treatment services in schools, clinics, and community settings, integrating oral health into medical care, and strengthening a culturally responsive workforce. In addition, the Strategic Plan supports CHIP’s focus on economic security and opportunity through oral health workforce development pipelines, increasing Medi-Cal provider participation, reducing cost barriers and creating career pathways in oral health. Finally, by promoting education, prevention, and policy initiatives that reduce the burden of oral disease, the implementation of the strategic plan contributes to healthier, more resilient families and communities—directly reinforcing the CHIP’s vision of equity, safety, and well-being across Alameda County.

Alignment with the California State Oral Health Plan

The ODH Strategic Plan aligns with the California State Oral Health Plan by advancing shared priorities to improve oral health equity and outcomes. Both plans emphasize expanding access to preventive and treatment services, integrating oral health into overall health systems, and addressing disparities that affect vulnerable populations. ODH supports the state’s goals through community-based prevention programs, school and early childhood initiatives, workforce development, and cross-sector partnerships. By aligning the local strategies with the state framework, Alameda County strengthens its capacity to reduce oral health disparities and promote optimal oral health for all residents.

Building on the successes and robust county-wide collaborations over more than a decade, we are confident in our ability to overcome today’s obstacles to achieve greater oral health for all of Alameda County’s residents, regardless of race, geography, income, ability, age and other factors.

II. LETTERS FROM OUR DIRECTORS

FROM THE ALAMEDA COUNTY PUBLIC HEALTH DEPARTMENT DIRECTOR

 Oral health, as part of overall health, is a basic human right. I applaud the completion of the Alameda County Oral Health Strategic Plan 2025–2030—a collaborative effort to bring Alameda County residents closer to our vision of optimal oral health for all. Consistent with the Department’s commitment to health equity, this plan addresses oral health disparities, with a focus on upstream prevention.

This updated (or new) plan builds on the previous innovative Alameda County Oral Health Strategic Plans. The development of a network of grassroots Community Dental Care Coordinators has now been institutionalized as Community Health Workers, with funding from Medi-Cal. This will allow us to expand this vital oral health workforce, while developing new efforts to increase and diversify the oral health workforce.

A pilot prenatal project reaching pregnant individuals and children 0–5 is bearing fruit in increasing access to oral health care and education, and setting children up for a lifetime of good oral health. I’m excited to see that this prenatal program will be expanded and deepened over the next five years and includes partnering with more organizations and reaching more people in our prioritized communities.

With partner organizations, we plan to expand programs for people with special health care needs as well. These are just a few of the many creative strategies in this strategic plan.

Using rigorous assessment, this new plan brings services, education and resources to those populations who are most in need. We will accomplish this with evidence-based strategies and innovative programs, that are a hallmark of Alameda County public health efforts. Through these efforts, we expect to see a reduction in oral health disparities in our County.

I commend the vision, perseverance, skill, and creativity of the many collaborators who have contributed to this plan and who support oral health for all throughout Alameda County. I fully support these efforts and am excited by the prospect of oral health equity for all county residents.

Kimi Watkins-Tartt
Director, Public Health Department

FROM THE DIRECTOR OF COMMUNITY HEALTH SERVICES

Sincere congratulations and thank you to all of the partners at the table for completing the 2025–2030 Alameda County Oral Health Strategic Plan. This plan is the result of our collective hard work and shared vision of optimal oral health for all.

We know that the best way to achieve our vision is for each of us to

1. Uphold our commitment to promote the importance of oral health
2. Prevent dental disease
3. Connect our residents to community-based services they need to achieve optimal oral health

From preschools and schools to community clinics and other settings where we serve children, families, pregnant people, older adults, people with disabilities, unhoused individuals, and more—all of us get to play a role in implementing this plan that improves oral health for all.

This roadmap charts our work across agencies to bring oral health services where our residents already congregate, providing them information that is easily accessible and understandable, linking education and services together, and developing a funding and policy agenda—all of which builds upon the work that each of us is already doing. That makes this plan not only visionary but also feasible.

I look forward to implementing this plan together, and I am excited about the future of oral health for all residents in Alameda County. Thank you to all our collaborators who make this possible!

Jenny Wang
Director, Community Health Services

III. IMPORTANCE OF ORAL HEALTH AND BEST PRACTICES

Importance of Oral Health

Oral health is an essential component of overall well-being for both children and adults. It impacts physical, mental, social, and economic health, influencing self-esteem, daily activities, and quality of life. Tooth decay is among the most common chronic illnesses in children. National data shows that about 11% of children aged 2–5 and nearly 18% of those aged 6–8 have untreated cavities in their primary teeth. Among teens aged 12–19, roughly 10% have at least one untreated cavity in their permanent teeth. These proportions are even more significant for children of color and those from lower-income backgrounds, who experience higher rates of decay.¹¹ Access to preventive dental care and timely treatment is key to reducing the risk of tooth decay and supporting lifelong oral health. However, substantial barriers still exist, especially for vulnerable and underserved populations. Expanding access to dental services helps prevent disease, reduce disparities, and improve overall community health.²



Evidence-Based Recommendations and Best Practice Approaches

This Alameda County Oral Health Strategic Plan is aligned with the California Oral Health Plan 2018–2028³ and the Healthy People 2030 Oral Health Objectives.⁴ It was guided by authoritative resources, evidence-based recommendations, and best practice approaches, as listed below.

KEY RESOURCES FOR BEST PRACTICES:

1. **The Guide to Community Preventive Services: Improving Oral Health⁵**
2. **U.S. Preventive Services Task Force Recommendations^{6,7}**
3. **The Association of State and Territorial Dental Directors (ASTDD): Proven and Promising Best Practices for State and Community Oral Health Programs⁸**
4. **American Dental Association⁹**

School-Based Fluoride Varnish Programs:

The school-based fluoride varnish programs are an effective strategy for preventing tooth decay in children from preschool through high school. Evidence demonstrates that these programs lead to significant increases in student utilization of offered services, enhance access to preventive treatments, lower the incidence of tooth decay, and help reduce disparities in oral disease burden associated with income and other social determinants of health.¹⁰

School-Based Dental Sealant Programs:

School-based sealant programs are an effective way to deliver dental sealants and prevent tooth decay among children. Dental sealants are clear or opaque plastic materials applied to the chewing surfaces of the back teeth, where they serve as a barrier to prevent cavities. The programs prioritize schools located in low-income areas.¹¹

Community Water Fluoridation (CWF):

CWF involves the regulated adjustment of fluoride levels in public water supplies to an optimal concentration of 0.7 mg/L (parts per million [ppm]), as proposed by the Department of Health and Human Services in 2011. Evidence indicates that communities with water fluoridation have a significantly lower prevalence of dental caries. Moreover, there is no evidence linking CWF to severe dental fluorosis.¹²The economic analysis supports CWF, indicating that its benefits outweigh the costs, especially in larger communities.^{13, 14}

Integrating Oral Health into Primary Care:

In February 2024, the ASTDD released its policy statement in support of integrating oral health care into primary care.¹⁵ It encourages the development of practice-based and evidence-based programs that can lower costs, improve health outcomes, and promote health equity. The following are two examples of integrating oral health into medical care:

✔ Fluoride Varnish Application in Primary Care for Children Under 5

The U.S. Preventive Services Task Force (USPSTF) recommends that primary care clinicians apply fluoride varnish to the primary teeth of all children under 5 years old, starting at the eruption of the first tooth.

✔ Integrating Oral Health into Prenatal Care

Pregnancy is a key milestone and an excellent opportunity for individuals to adopt healthier habits. Primary care providers, including obstetricians, gynecologists, and family medicine clinicians, are

uniquely positioned to address oral health needs in pregnant individuals, as they are often the first health care professionals to evaluate their overall well-being. Connecting pregnant people to dental care is essential for the health of both the expecting parent and the child.

Bringing Services to the Community:

Embedding preventive services within existing community-based programs, such as the Women, Infants, and Children (WIC) program and Head Start, leverages trusted community touchpoints. By incorporating dental screenings, education, and referrals into familiar community locations, we expand our reach to high-risk populations, promote early intervention, and foster collaborative partnerships that improve overall health outcomes.¹⁶

Systematic Care Coordination and Linkage to Services:

Effective care coordination is essential for enhancing access to oral health services, particularly for families navigating complex eligibility criteria and insurance systems. The American Dental Association (ADA) emphasizes the vital role of Community Dental Health Coordinators (CDHCs) in this process.¹⁷ CDHCs serve as essential liaisons between dental providers and community members, assisting families in scheduling appointments, arranging transportation, and receiving culturally appropriate health education. This model closely resembles the Community Health Worker (CHW) approach in its core functions and values, emphasizing tailored outreach, education, and connection to care. This approach builds trust among providers that clients will be dependable consumers of care thus building their willingness to participate in the provider network. It also overcomes logistical and financial barriers and builds trust and engagement within underserved communities.¹⁸

IV. METHODOLOGY

The 2025–2030 Strategic Plan was developed in collaboration with County and community agencies through an iterative process that engaged more than 100 stakeholders. A Steering Committee comprised of oral health and medical providers, health educators, Alameda County health officials, health advocates, school officials, and early childhood administrators led the planning process. The Committee designed the process, planned the stakeholder retreat, and participated in subsequent strategic planning taskforces, keeping county and community agencies updated throughout the process. The Strategic Plan aligns with the California Oral Health Plan and the Alameda County Community Health Improvement Plan. It is a blueprint to expand and strengthen current efforts while continuing to develop new and innovative approaches addressing identified barriers to oral health.

Office of Dental Health conducted an oral health needs assessment in early 2024 using the seven-step model developed by the Association of State and Territorial Dental Directors (ASTDD)¹⁹ as a guide, including collecting, inventorying, and analyzing both quantitative and qualitative data. The results of the needs assessment provided the basis for this strategic plan.

At a retreat in November 2025, more than 50 participants identified five focus areas, and developed goals and key strategies for this plan. After the retreat, five taskforces refined the goals and strategies and drafted elements of the implementation plan. Stakeholders convened in May 2025 reviewed and provided final feedback to the draft strategic plan, advised on implementation priorities, and provided suggestions on data sharing and coordination—essential components of successful implementation of the strategic plan.



STRATEGIC PLANNING PROCESS TIMELINE

STRATEGIC PLANNING PHASE	TIMEFRAME
Oral Health Strategic Planning Committee formed. Conducted needs assessment	May–July 2024
Evaluation of 2019–2024 strategic plan, identified priority populations, reviewed/ revised vision and guiding principles	July–September 2024
Planned and held stakeholder retreat: SWOT analysis, developed 10-year vision elements, drafted strategic directions, goals and strategies	September–November 2024
Taskforces for each focus area reviewed and revised goals and strategies; drafted implementation steps	December 2024–February 2025
Developed objectives; drafted indicators and developed 1-year action plan	March–May 2025
Stakeholder meeting: finalized goals and strategies; reviewed/ revised 1-year action plan; drafted data-sharing and coordination strategies	May 2025
Plan drafted and edited	June–August 2025
Strategic Plan published	October 2025

V. STRATEGIC PLAN 2019–2024 ACCOMPLISHMENTS

Over the course of the 2019–2024 strategic plan, the Office of Dental Health (ODH) made significant strides across all six focus areas—Access, Communication and Education, Oral Health Workforce Development, Integration of Oral Health and Medical Care, Policy and Sustainability and Surveillance and Evaluation. The accomplishments outlined below reflect the commitment to advancing oral health equity for all Alameda County residents.

Access

ODH plays a central role in increasing access to oral health services across the county. As a part of the Healthy Teeth Healthy Communities (HTHC) initiative, a robust countywide care coordination system was implemented. This model of care coordination demonstrated success in bringing people into care, impacting state policy for the Community Health Worker benefit. Despite funding cutbacks in 2020, from 2022–2025, the ODH care coordination team assisted 2,220 children to establish a dental home.

ODH expanded the dental sealant program in Berkeley Unified School District to Livermore Valley Joint Unified School District. From January 2019 to June 2024, 1,955 students were screened, 604 received dental sealants, and 900 received fluoride varnish and teeth cleaning.

In early 2023, the California Department of Public Health awarded the ODH a three-year grant to develop a model for improving access to dental care for pregnant and postpartum individuals in the county, called the Perinatal Dental Demonstration Project (PDDP).

Since its launch, the PDDP successfully increased awareness about the importance and safety of dental care during pregnancy by providing oral health training to staff and other professionals involved with pregnant and postpartum individuals, including



WIC, Early Childhood programs, public health nurses, home visitors, and prenatal care sites, such as the Comprehensive Prenatal Services Program (CPSP) coordinators. Over 150 key staff from various programs attended at least one training session. In partnership with the Alameda County Dental Society through the Community of Practice program, a free continuing education (CE) course focusing on the importance and safety of dental care during pregnancy was offered to local dental providers to improve their capacity to serve this population.

A key achievement of this project was establishing a closed-loop referral process, which ensures that referral sources are informed about the status of their referrals on a regular basis. In this process, patients referred to ODH from CPSP coordinators, WIC, and community partners were connected to appropriate dental care via ODH’s care coordination team. Through this interdisciplinary collaboration, the care coordination team successfully facilitated over 300 dental appointments for the perinatal population since the project launch.

Communication and Education

ODH continued to elevate oral health as a public health priority by regularly participating in community outreach events, offering direct engagement with residents across diverse communities. These efforts helped build trust, increase awareness about oral health services, and connect families to dental homes. From 2021–2025, ODH staff engaged with 20,557 residents through these outreach events. ODH provided specialized oral health trainings to prenatal medical providers, primary care medical providers and clinical staff, as well as early childcare center staff, to strengthen early prevention, screenings and referral practices. We conducted 59 sessions from 2020–2025, training 1,391 staff members at partner organizations as well as medical professionals.

In addition, ODH developed and distributed oral health education resources tailored for all life stages, from early childhood through older adulthood

Oral Health Workforce Development

ODH developed a Community of Practice (COP) for dental professionals, a continuing education and mentorship program for general dentists focused on treating priority populations, in collaboration with the UCSF School of Dentistry. ODH expanded COP through a new partnership with Alameda County Dental Society, ensuring ongoing professional development and a shared commitment to oral health.

Integration of Oral Health and Medical Care

ODH strengthened the integration of oral health into broader health systems, including training 430 primary care providers and clinic staff on the application of fluoride varnish during well-child visits.



Policy and Sustainability

Following the conclusion of the HTHC grant in 2020, ODH embedded key components—particularly care coordination and the Community of Practice—into ongoing county efforts, ensuring their continuation beyond the life of the grant. ODH also supported sustainability across the county by partnering with and advocating for community-based organizations as they sought funding and policy changes to integrate care coordination into their workflows and to continue implementation of other strategic plan priorities.

Surveillance and Evaluation

ODH maintained a strong commitment to data-driven planning and decision-making. The infrastructure built throughout previous strategic plans supported continued monitoring of service gaps, workforce capacity, and oral health disparities. Evaluation activities helped shape program design and policy recommendations, ensuring alignment with community needs and public health best practices.

VI. NEEDS ASSESSMENT KEY FINDINGS

The needs assessment key findings presented here are based on a combination of qualitative and quantitative data sources. A full comprehensive needs assessment report with detailed findings will be available on the ODH website by the end of 2025.

For the qualitative data, in June and July of 2024, Consultant Miriam Abrams conducted eight key informant interviews, reflecting a variety of current and potential partner organizations. Participants representing organizations serving pregnant people, older adults, children aged 0–5, school-aged children, individuals with special health care needs, and others, as well as representatives of the County Oral Health Commission and the local Dental Society.

Sources for the quantitative data included the U.S. Census Bureau, Centers for Disease Control and Prevention, the California Health Interview Survey (CHIS), the Department of Healthcare Services (DHCS) California Health and Human Services Agency

Open Data Portal, California Department of Health Care Access and Information (HCAi) for emergency department visits for non-traumatic dental conditions, community programs dental screening data such as: Head Start, Tiburcio Vasquez Health Center, Big Smile for Mobile Dental Services, and ODH’s school-based and WIC Dental Days programs.

Findings of Qualitative Data Analysis

Interviewees commended the good working relationships with and responsiveness of the ODH staff in serving priority populations. Partners thought that care coordination and patient navigation are extremely helpful in supporting members of underserved communities to get dental care, understand the importance of good oral health, and prevent dental disease. Interviewees said more dental providers and/or links to dental homes, and more detailed information on oral health resources are needed.

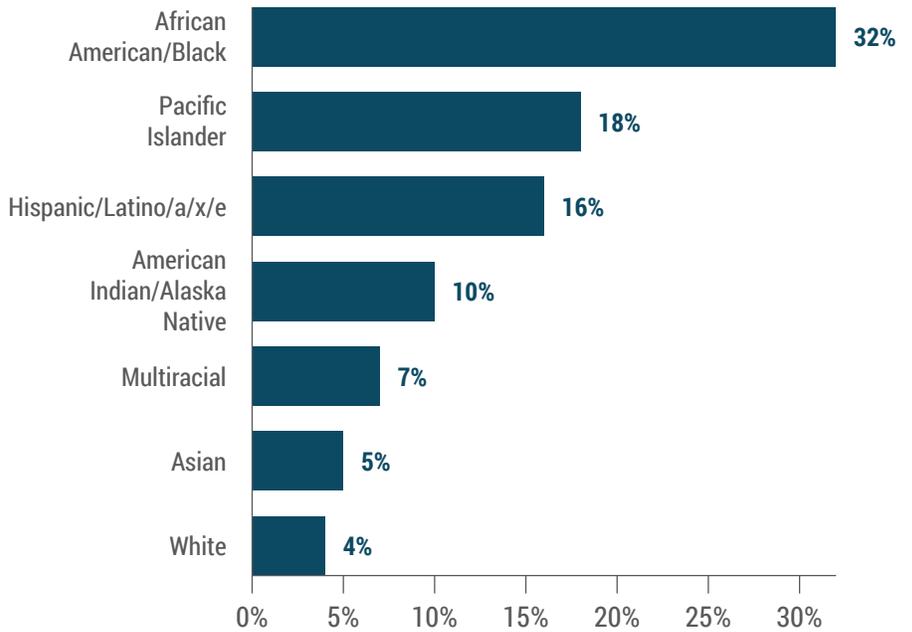


Findings of Quantitative Data Analysis

Demographic Characteristics

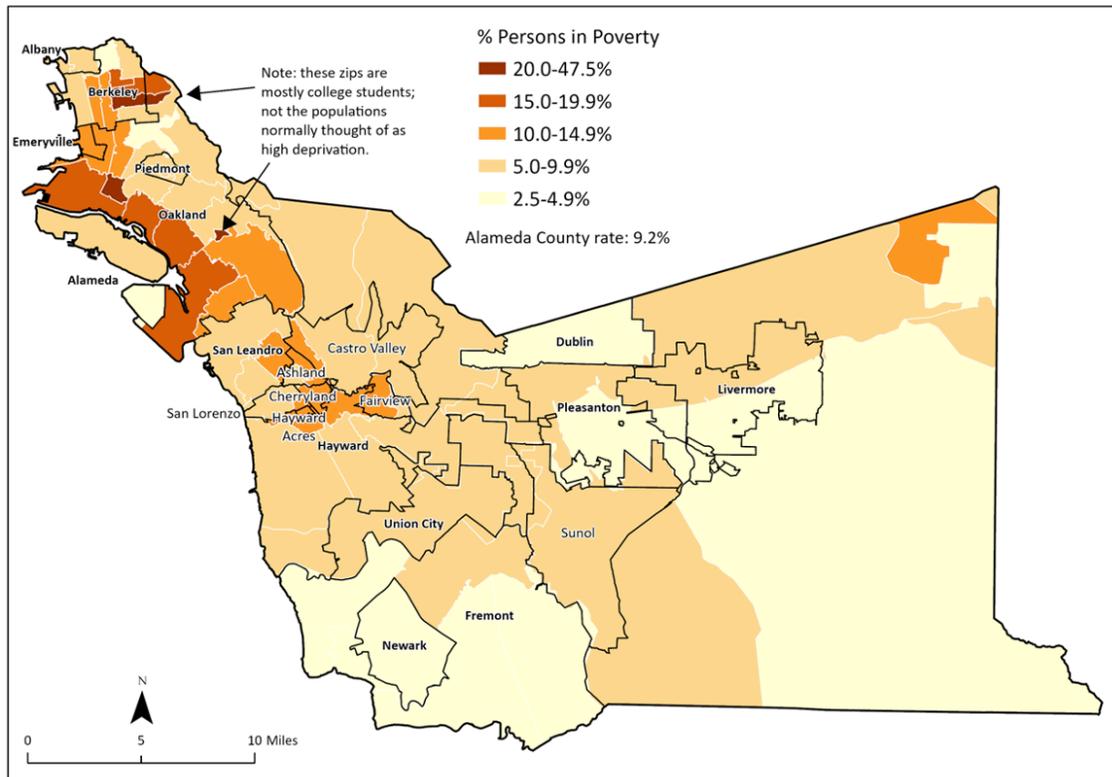
Alameda County is one of the most culturally diverse counties in the state. However, racial/ethnic and place-based disparities exist in the poverty rate among the residents, particularly children and youth,²⁰ as shown in Figures 1 and 2.

FIGURE 1: ALAMEDA COUNTY POVERTY RATE AMONG CHILDREN AND YOUTH UNDER 18 YEARS OLD BY RACE AND ETHNICITY (2022)



Source: ACDPH CAPE with data from 2022 American Community Survey 1-year file; except for White, all groups include Hispanic/Latino; Hispanic/Latino includes people of any race.

FIGURE 2: ALAMEDA COUNTY POVERTY RATE BY ZIP CODE (2022)



Source: ACDPH CAPE with data from American Community Survey 2022 5-year survey

Oral health challenges remain a significant public health issue in Alameda County, impacting children, adolescents, adults, and older adults. Surveillance data reveal ongoing burdens of oral disease, suboptimal utilization of preventive dental services, and persistent disparities in access and outcomes across population groups. The following details illustrate key indicators and highlight priority areas for intervention to advance oral health equity in the county.

Dental Care Utilization

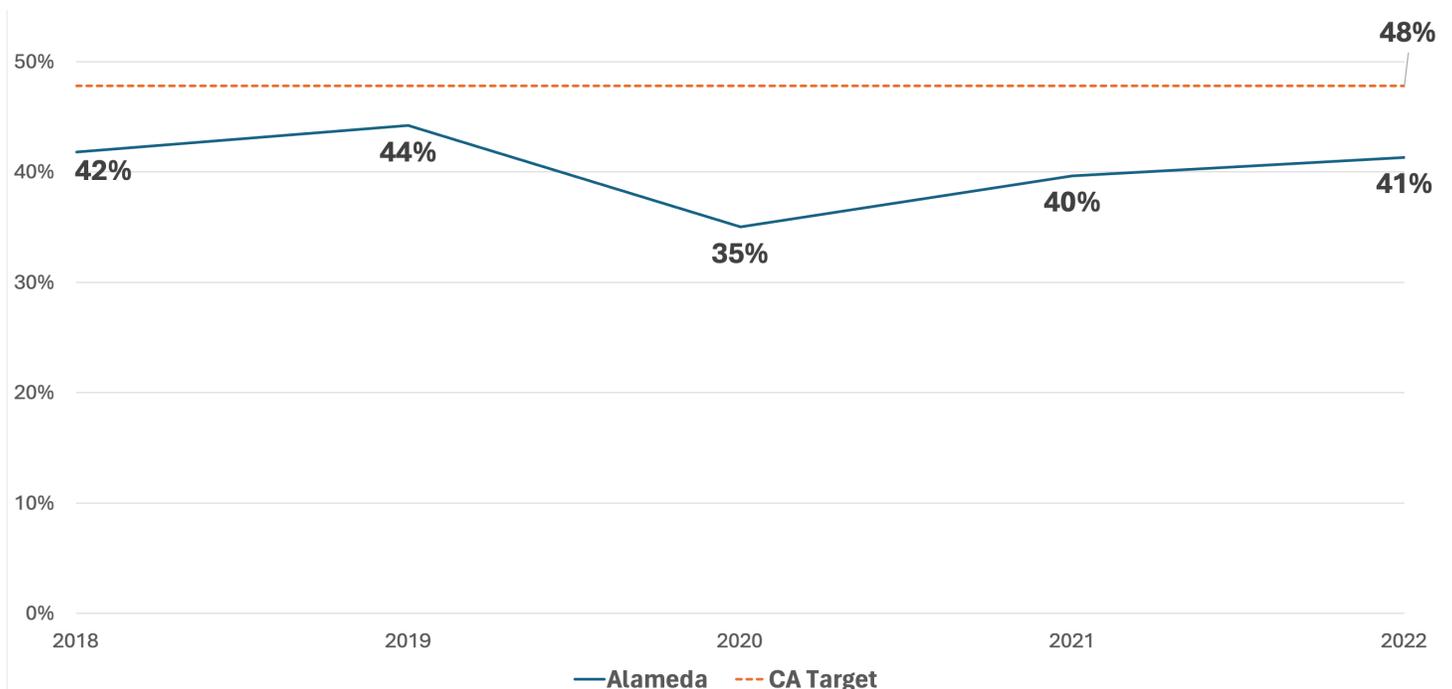
Dental care utilization among Medi-Cal Dental beneficiaries is low, with only 44% of children aged 0–20 and 20% of adults 21+ having an annual dental visit in 2022.²¹

Similarly, utilization of preventive dental services among children is relatively low, yet it is recovering after a marked decline in 2020. In Alameda County, the prevalence of Medi-Cal dental eligible children aged 0–20 receiving preventive dental services was 41% in 2022, showing overall improvement since

2020,²² as shown in Figure 3. Notably, this measure is one of the selected indicators by the California Oral Health Plan 2018–2028, which aimed to achieve a rate of 48% utilization by 2020.²³ This highlights the continued need for focused efforts to increase access and utilization of preventive dental care among children in the county.

Disparities exist in utilization of dental care during pregnancy across demographic groups. Latina and Black/African American pregnant individuals consistently have the lowest utilization of dental care. In contrast, utilization is higher among those aged 35 and older compared to younger individuals. Among pregnant people with incomes between 100% and 200% of the Federal Poverty Level (FPL), utilization of dental services remains lower despite Medi-Cal coverage, suggesting both limited awareness of available benefits and possible hesitancy to seek care during pregnancy.²⁴ These disparities may be further compounded by other social determinants of health—such as transportation, childcare, and language barriers—which may make it even more difficult for certain groups to obtain the dental services needed.

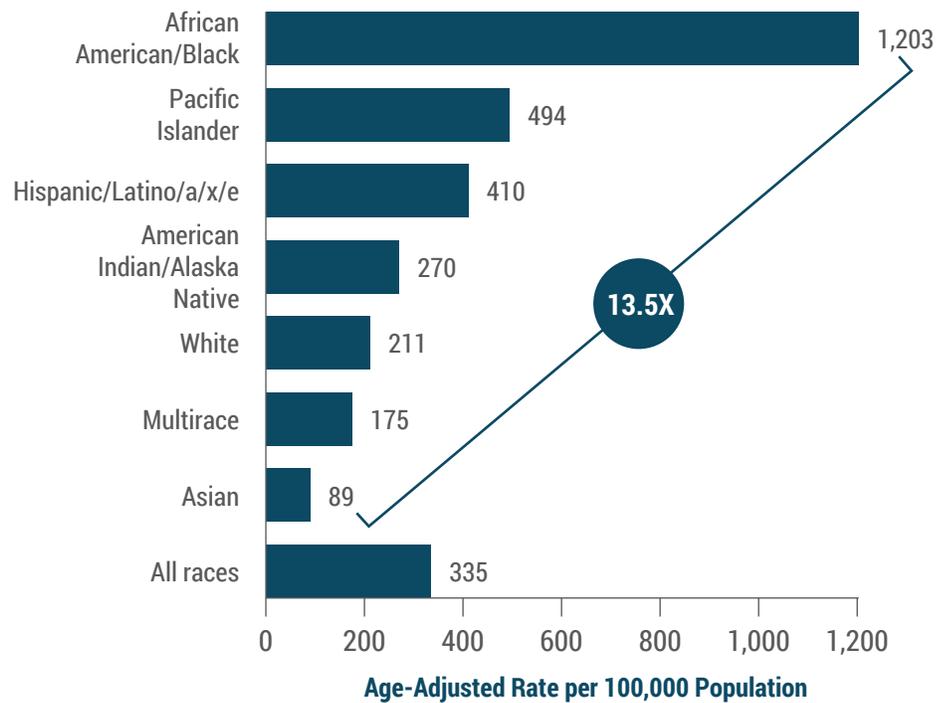
FIGURE 3: UTILIZATION OF PREVENTIVE DENTAL SERVICES BY MEDI-CAL DENTAL ELIGIBLE CHILDREN AGED 0-20 IN ALAMEDA COUNTY (2018-2022)



Source: California Department of Health Care Services. California Health and Human Services Agency Open Data Portal. <https://data.chhs.ca.gov>

Emergency department visits for non-traumatic dental conditions (NTDC) are highest among African American/Black individuals and adults aged 21-64 in Alameda County. Notably, Black/African Americans are 13.5 times more likely than Asians and 5.7 times more likely than Whites to seek dental care at the emergency department for NTDC, as shown in Figure 4. Pacific Islanders and Hispanic/Latino/a/x/e residents use emergency care more than four times the rate of Asian residents and twice as often as white residents. Additionally, public insurance is the payor for 70% of these visits, representing not only a substantial and avoidable public expense but also highlighting deeper systemic challenges in connecting the population to timely and regular dental care.²⁵

FIGURE 4: AGE-ADJUSTED RATE OF EMERGENCY DEPARTMENT VISITS FOR NTDC BY RACE AND ETHNICITY (2020-2022)



Source: ACPHD CAPE, with data from HCAI 2020-2022

Kindergarten Oral Health Assessment (KOHA)

Dental screening for young children is essential for identifying dental caries and ensuring timely connection to care, which is a core goal of KOHA, a statewide mandatory program that requires schools to collect proof of a child’s dental health screening prior to starting school. However, most schools in the county do not participate in the KOHA, and only 19% of students provided proof of KOHA assessment in 2023.²⁶



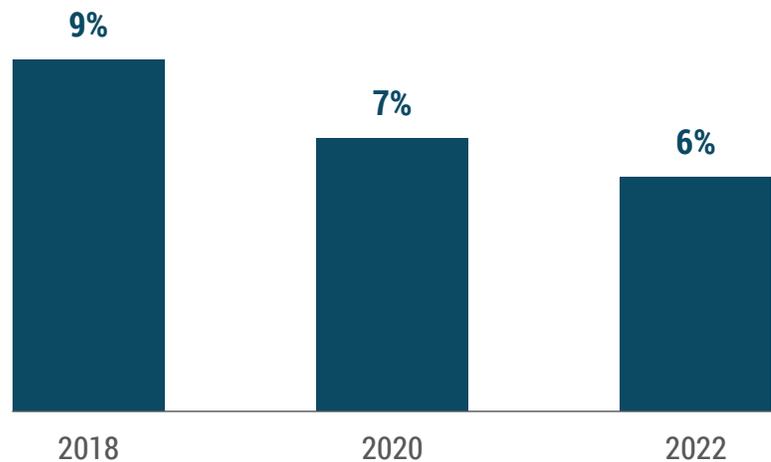
Oral Health Status

The oral health status of children in the county is concerning, with a high prevalence of preventable dental cavities and nearly 10% in need of urgent dental care.

Nearly 28% of adolescents in the county reported that they missed school time due to dental problems in 2021–2023, compared to a 9% average in California.²⁷

The average percentage of total tooth loss among older adults across the county has shown a significant decline since 2018 as shown in Figure 5; however, significant geographic disparities persist by zip codes.²⁸

FIGURE 5: PERCENTAGE OF ADULTS 65+ WITH TOTAL TOOTH LOSS, ALAMEDA COUNTY (2018–2022)



Source: Centers for Disease Control and Prevention PLACES: Local Data for Better Health. <https://www.cdc.gov/places/>



Dental Resources

A representative dental workforce, along with adequate provider-to-beneficiary ratios, is fundamental to equitable access to dental care. In Alameda County, the ratio of enrolled dentists in Medi-Cal Dental to beneficiaries is 1 to 1,667, which is significantly lower than the general dentist-to-population ratio of 1 to 960.²⁹ Additionally, the racial and ethnic composition of the dental workforce does not reflect the county’s vast diversity. Addressing both provider availability and workforce diversity remains essential for ensuring all residents can obtain timely, culturally competent, and comprehensive dental care.

Nearly 77% of adults and 95% of children self-reported having dental insurance in 2022–2023.³⁰ The lower coverage rate among adults means they are less likely to access regular dental care and more likely to postpone treatment due to financial or other barriers. This may contribute to poorer oral health outcomes for adults and increases in reliance on emergency services for dental problems.

VII. VISION, GUIDING PRINCIPLES, AND PRIORITY POPULATIONS

The Steering Committee reaffirmed our shared commitment to this vision, guiding principles, and priority populations for the next five years. .

Vision: All Alameda County residents have optimal oral health throughout their life course.

Guiding Principles

- » Oral health is an essential component of overall health.
- » Prevention should be prioritized and expanded, yet not to the exclusion of treatment needs, as part of the continuum of care.
- » To close disparities and achieve optimal oral health for all, it is imperative to focus our efforts on understanding and addressing the needs of Alameda County’s marginalized populations.
- » Oral Health strategies, approaches and services should be evidence-based, as well as informed by best practices that are grounded in and reflective of our community’s unique and diverse resources and needs.
- » Culturally and linguistically appropriate oral health services are necessary to achieve health equity.
- » Forming partnerships and relationships among government entities, community-based organizations, clinics, and individuals enables us to successfully integrate oral health initiatives, ultimately achieving equitable oral health for all.
- » Oral health promotion and care coordination are essential to encourage families to access dental care and maintain good oral health.
- » Policy changes that sustain increased, equitable access to and utilization of dental services and ensure quality of care are critical to improving oral health across the County.
- » Patient, family, and community involvement is important to achieve oral health for all.

Priority Populations

The Steering Committee selected the following priority populations based on a thorough analysis of data on prevalence of oral health problems and utilization of services, as well as our guiding principles.

- » Children 0 to 20 years old, with a focus on 0–5 years old and elementary school children
- » Pregnant and post-partum people
- » Older adults
- » Children and their families experiencing homelessness
- » Children and youth with special health care needs
- » Communities experiencing significant disparities, including communities of color and low-income groups



VIII. THE ROAD FORWARD: FOCUS AREA GOALS AND STRATEGIES

The following goals and strategies were developed based on the needs assessment and learning from past successes and challenges.

1. ACCESS

To minimize barriers to preventive health services and treatment, we will prioritize offering services at sites where priority populations already congregate, in partnership with diverse organizations. In alignment with the California State Oral Health Plan, we will focus on expanding school-based and school-linked programs and increasing participation in the Kindergarten Oral Health Assessment (KOHA).

Building on successful programs with organizations serving prenatal individuals and children 0–5, we propose expanding to new partners, enhancing coordination, and securing additional resources. Care coordination, a proven linchpin in supporting individuals in accessing care, will be expanded and integrated into a greater range of agencies serving all ages. This focus area aligns directly with the Alameda County Community Health Improvement (CHIP) priority area, Health and Behavioral Care Access and Delivery. Both focus on reducing barriers, expanding affordable and culturally appropriate services, and ensuring that all residents—especially underserved populations—can obtain the care they need.

GOAL:	To improve the availability and utilization of oral health services for priority populations.
OBJECTIVE 1:	Each year, two additional organizations/programs that work with priority populations will report improvement in their competencies and capacity to assess dental needs and refer patients to dental care coordination.
STRATEGY:	Improve and expand dental care coordination, integrating it into new and existing programs. <i>Expand partnerships with a range of agencies, provide training and technical assistance (TA) for care coordination programs, utilize state case management resources, and use CHW benefits for dental services.</i>
OBJECTIVE 2:	In partnership with Community Health Centers (CHC) and other partners, ODH will coordinate at least one dental screening, health education, and care coordination event at 10 early childhood programs or prenatal care sites per year.
STRATEGY:	Improve awareness, access, and dental care utilization for prenatal individuals and children aged 0–5. <i>Expand the education of and provide resources to program staff at partner agencies, expand coordination with local dental societies and clinics for dental screening events at locations serving this population, and create a centralized hub for data.</i>
OBJECTIVE 3:	In partnership with CHCs and other partners, ODH will coordinate annual dental screening, health education, and care coordination events in at least 20 schools where more than 50% of students rely on Free and Reduced-Price Meal Program (FRPM), emphasizing kindergarten students.

STRATEGY: **Enhance and expand school-based/school-linked (SB/SL) dental services.** *Coordinate the provision of dental services with dental provider organizations. Collaborate with immunization programs and leverage resources to expand dental screenings, programs, and services.*

OBJECTIVE 4: The percentage of schools participating in Kindergarten Oral Health Assessment (KOHA) will increase to 50% from a baseline of 32%.

OBJECTIVE 5: The percentage of students participating in KOHA will increase to 40% from the baseline of 25%.

STRATEGY: **Increase awareness of and participation in the KOHA mandate through collaboration with key stakeholders.** *Collaborate with early childhood educational programs, school districts, local dental societies, and clinics to raise awareness about the KOHA mandate, an essential component of early prevention, and increase participation and facilitate screenings, referrals, and care coordination.*

2. COMMUNICATION AND EDUCATION

Public health messages are most effective when delivered by trusted messengers and in culturally and linguistically responsive ways. The Office of Dental Health will work closely with a range of partner agencies who serve priority populations to develop and communicate impactful messaging, while training and supporting their staff regarding effective oral health practices. A network of oral health champions will be created to deliver messaging about oral health practices and resources. This focus area aligns with the CHIP priority of Healthy Living Environments. Both emphasize increasing health literacy, community outreach, and culturally appropriate education to empower residents to make healthier choices and prevent disease.

GOAL: **To prioritize population-level communication, increasing oral health literacy and supporting healthy behaviors in communities.**

OBJECTIVE 1: An oral health communication plan that includes culturally and linguistically appropriate messages will be developed and disseminated in collaboration with relevant partners.

STRATEGY: **Update, disseminate, and implement the Office of Dental Health’s 2-year communication plan, aligned with the oral health strategic plan 2025–2030.** *Identify key messages that are culturally and linguistically appropriate to improve oral health, enhance utilization of social media, and provide training and TA to partners’ staff.*

OBJECTIVE 2: A network of oral health champions from diverse backgrounds will be trained to deliver standardized oral health education to community members across Alameda County.

STRATEGY: **Empower and engage partners to better serve their community as it relates to oral health.** *Create a network of oral health champions through academic institutions and existing programs and train non-traditional organizations to deliver oral health messages.*

3. INTEGRATION OF ORAL HEALTH IN MEDICAL CARE AND SOCIAL SERVICES

Oral health is integral to overall health, yet oral health services are often separated from primary care and other services. In the next five years, integration of oral health services and education will be expanded and further institutionalized by training non-dental pre-natal, primary care, and early childhood professionals; providing services by dental and non-dental providers at locations where priority populations frequent and further integrating oral health into other public health programs. This focus area aligns with the Alameda County CHIP priority of Health and Behavioral Care Access and Delivery. Both emphasize coordinated, comprehensive care by embedding oral health into medical settings, improving care coordination, and ensuring residents receive whole-person, accessible services.

GOAL:	To integrate oral health assessment, education, prevention, and referral into primary care and social service programs.
OBJECTIVE 1:	At least five sites serving prenatal and children aged 0–5 will integrate oral health training into ongoing staff professional development.
OBJECTIVE 2:	At least five sites serving prenatal and children aged 0–5 will implement a closed-loop referral process to connect pregnant people and young children to dental care.
STRATEGY:	Integrate oral health into Prenatal Care and Early Childhood Programs. <i>Incorporate oral health education into training for non-dental professionals, coordinate annual dental screenings and education events at key locations, support closed-loop referral systems and provide referral resources.</i>
OBJECTIVE 3:	At least 30% of children aged 1 to 20 will receive at least two topical fluoride applications by a medical professional during the measurement year, as indicated in the CA Department of Health of Health Care Services annual preventive services report.
OBJECTIVE 4:	At least three pediatric providers will have established a closed-loop referral process to connect priority populations to dental care.
STRATEGY:	Integrate oral health into Pediatric Primary Care and Family Practices. <i>Expand collaboration with health providers to integrate dental components into care, supporting fluoride varnish applications, and integrating dental health curriculum into pediatric residency programs.</i>
OBJECTIVE 5:	At least three disease prevention programs that serve populations at high risk of developing dental diseases will incorporate a dental assessment and connection to care into their services.
OBJECTIVE 6:	At least three social service programs will incorporate dental assessment and connection to care into their services.
STRATEGY:	Integrate oral health into other public health programs. <i>Train staff who work with high-risk patients and ensure oral health representation within disease prevention programs.</i>

4. ORAL HEALTH WORKFORCE DEVELOPMENT

In Alameda County, as throughout California, oral health outcomes vary widely among people of different races, cultures, and income levels. A key component to narrowing inequities in oral health is to increase the number of oral health professionals who reflect the populations served. To accomplish this, we will explore innovative practices with proven effectiveness to train, recruit, and retain a diversity of oral health professionals in addition to training all staff to have greater understanding of and sensitivity to people of different cultures and backgrounds.

Care coordination will be expanded, as this model has proven to be effective in supporting priority populations to access services and education. In addition, these CHW roles can provide an important pipeline or on-ramp into professional dental and public health career pathways. This focus area aligns with the CHIP priority of Health and Behavioral Care Access and Delivery. Both emphasize strengthening and diversifying the workforce to improve capacity, ensure culturally and linguistically appropriate care, and expand access for underserved communities.

GOAL: To increase the diversity of the oral health workforce, enhance cultural and linguistic responsiveness, and strengthen its capacity to better serve the priority populations

OBJECTIVE 1: A mentorship program will be established serving at least 20 participants, in collaboration with dental and hygiene societies, to support a diverse and competent group of newly Medi-Cal-Dental-enrolled dentists, dental hygienists, and dental office staff, building on the existing COP program.



OBJECTIVE 2:	At least 100 dental providers (DDS, DA, RDA, RDH, RDHAPs) and 50 dental office/clinic staff members will biannually receive a minimum of one training session on providing culturally appropriate services for priority populations.
STRATEGY:	Expand and diversify the Medi-Cal Dental providers network and their staff. Utilize best practices in recruitment and retention, including mentorships, trainings and possible scholarships. Increase collaboration with dental societies and the Medi-Cal Dental program.
OBJECTIVE 3:	At least 15 organizations or programs, including non-dental allied health professionals' programs/residencies, will have embedded oral health training with culturally responsive and inclusive practices components as part of their professional development efforts.
OBJECTIVE 4:	Three programs/organizations that employ CHWs, Family Navigators, or similar positions will incorporate responsibilities related to connecting clients to dental care into their roles.
STRATEGY:	Enhance community dental care coordination to enhance the quality and comprehensiveness of community services and programs as they relate to oral health, utilizing CalAIM, the community health worker benefit, and related strategies. Support the addition of a component on cultural sensitivity and related topics into staff training and residents/interns' projects; advocate for adding dental care coordination to staff job descriptions; support Medi-Cal Managed Care Plans in meeting their oral health performance measures; and incorporate a dental community health practicum into allied health residency programs.
OBJECTIVE 5:	At least three career programs will be established or strengthened in collaboration with FQHCs, academic institutions, local schools, and/or the Alameda Health System, ensuring students from diverse cultural backgrounds gain hands-on experience in the dental public health field.
OBJECTIVE 6:	At least 10 dental interns/residents will participate in dental public health training programs
STRATEGY:	Create employment opportunities through career pathway programs and training opportunities, specifically prioritizing a diverse workforce and supporting equity in economic security. Create career pathway programs and training opportunities, including mentorships, in partnership with local schools and health organizations. Collaborate with FQHCs and academic institutions to host residents/interns.

5. POLICY AND EXPANDED FUNDING AND RESOURCES

Policies and funding that support oral health have expanded over the past five years, thanks to a strong sustained effort among a variety of stakeholders throughout the County and the State. This focus area aligns with the CHIP focus area of Healthy Living and Environments. Both emphasize creating supportive policies and systems that address social and structural barriers, promote prevention, and advance health equity across the county.

GOAL:	To advance innovative policies and expand funding that will support and sustain the Alameda County Oral Health Strategic Plan goals.
OBJECTIVE 1:	By June 2027, the Oral Health Committee of the Public Health Commission will develop and promote a county-wide policy statement to advocate for improved access to care, including dental care coordination services, and share it with the Board of Supervisors.
STRATEGY:	Develop and advocate for policies and funding that strengthen county-wide dental care coordination. <i>Advocate for reimbursement policies, ensure dental care coordination is incorporated into Managed Care responsibilities, and identify and create policies and processes that facilitate care coordination.</i>
OBJECTIVE 2:	A communication plan will be developed and implemented to inform relevant stakeholders about statewide policies related to oral health, including KOHA, to encourage implementation.
STRATEGY:	Align with statewide policies and initiatives, particularly the KOHA mandate, to improve dental access for the priority population. <i>Explore funding sources to support KOHA activities and CHWs and propose policy recommendations for sustainable funding and improved access to oral health services.</i>
OBJECTIVE 3:	Policy and promising practices will be identified, developed, implemented, and/or disseminated to increase recruitment and retention of the oral health workforce, especially at FQHCs.
STRATEGY:	Analyze and implement policies and funding to ensure the expansion of the oral health workforce and improve culturally responsive access for priority populations. <i>Support effective approaches to increase recruitment and retention of OH workforce; ensure collaboration among policymakers and health policy organizations; and identify funding sources, including tax dollars, to support adequate staffing.</i>
OBJECTIVE 4:	A sustainability plan will be developed, building on identified and secured expanded funding sources, promising policies and practices, and strong partnerships.
STRATEGY:	Create and advocate for policies and funding that advance and prioritize county and state-wide oral health initiatives. <i>Communicate an annual policy agenda with policymakers, incorporate oral health initiatives into related county-wide MOUs and policies, and advocate for increased funding for oral health initiatives as part of a widely disseminated sustainability plan.</i>

IX. EVALUATION AND SURVEILLANCE

Alameda County’s evaluation plan for the Oral Health Strategic Plan 2025–2030 was developed through a collaborative process to clarify roles, strengthen accountability, and guide implementation. Internal Public Health staff, external evaluators, and program partners, each of whom have defined responsibilities for monitoring progress and contributing data, received the evaluation plan, and results will be shared regularly with the Public Health Commission, Advisory Committee, and community partners. Implementation activities will be adjusted as needed to respond to emergent or unforeseen situations.

The plan identifies meaningful indicators and measures tied to SMART objectives, balancing ambition with feasibility and resource capacity. By embedding clear reporting channels and mechanisms for continuous quality improvement, Alameda County ensures that evaluation findings inform real-time decision-making, support adaptation to emerging needs, and advance the long-term vision of equitable oral health for all communities.



X. FIVE-YEAR INDICATORS

The following are overall indicators to evaluate the impact of the Strategic Plan. Additional outcomes have been developed for each strategy and are part of the Implementation Plan, which is a separate document. The indicators below are aligned with the State of California Oral Health Plan.

CATEGORY	INDICATOR	DATA SOURCE
Untreated tooth decay and caries experience	Percent of kindergarten students with untreated tooth decay	KOHA
	Percent of Third Grade students with caries experience	Smile Survey
Caries Disparities	Reduction in the racial/ethnic disparity in the percentage of third-grade students who have caries experience	Smile Survey
Utilization of Services	Percent of children 0-5 enrolled in Medi-Cal Dental who received at least one preventive service	DHCS
	Percent of children 0-20 enrolled in Medi-Cal Dental who received at least one preventive service	DHCS
	Percent of children 6-9 and 10-14 enrolled in Medi-Cal Dental who received dental sealant	DHCS
	Percent of adults 21-64 enrolled in Medi-Cal Dental who received an annual dental service	DHCS
	Percent of adults 65+ enrolled in Medi-Cal Dental who received an annual dental service	DHCS
	Percent of women with a recent live birth who received dental care	MIHA
	Percent of children 1-20 who received topical FV at pediatric medical settings	DHCS Preventive Services Report
Disparities in utilization of services	Percent of children 0-20 enrolled in Medi-Cal Dental who received an annual dental service by race/ethnicity	DHCS
	Percent of women with a recent live birth who received dental care, by race/ethnicity and insurance type	MIHA
Workforce	Level/scope of participation of dentists in Medi-Cal Dental Program	ODH dental provider survey
	Number of enrolled dentists in Medi-Cal Dental	DHCS, Smile CA
	Diversity of dental providers (Dentists, RDH, RDA), by race/ethnicity and spoken language	HCAI
Emergency Department Visits (NTDC)	Rate per 100,000 of ED visits for NTDC	HCAI

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XII. GLOSSARY OF TERMS

California Health Interview Survey (CHIS)

A leading source of credible and comprehensive data on the health and health care needs of California's large and diverse population.

Care Coordination

The facilitation of a client's health care whereby the care coordinator helps navigate barriers to care by providing resources needed to carry out all required patient care activities including communication with care providers and scheduling of appointments.

Caries (dental caries)

Also known as tooth decay, caries occurs when bacteria produce acids after breaking down sugar from food and beverages. These acids cause damage to hard structure of the teeth.

Cavities (cariou lesion)

Tiny holes or structural damages that start on the outer layer of teeth by acids produced by bacteria.

Community Dental Health Coordinator (CDHC)

A trained community outreach worker who assists clients with oral health education, care coordination, and navigation of the oral healthcare system within the community where clients live.

Community Health Worker (CHW)

A frontline public health worker who lives in and/or is trusted by the community. A CHW connects people to health and social services by breaking down barriers related to the social determinants of health.

Community of Practice (COP)

A network of private practice dentists and federally qualified health centers (FQHCs) that recognize the importance of equitable access to care, are knowledgeable of barriers to care experienced by Medi-Cal enrollees and are proficient in applying preventive dentistry and motivational interviewing.

Comprehensive Perinatal Services Program (CPSP)

A Medi-Cal benefit that provides a wide range of culturally competent services to pregnant individuals from conception through 60 days postpartum. In addition to standard obstetric services, patients receive enhanced services in the areas of psychosocial health, health education, and nutrition.

Department of Health Care Services (DCHS)

The state agency that administers Medi-Cal.

Dental Disease

A variety of conditions affect the teeth, gums, and overall oral cavity, with tooth decay and gum disease being the most common and preventable types.

Dental Sealants

A dental protective coating that is painted onto the chewing surfaces of the back teeth. It acts as a barrier, preventing cavities and helping to keep children's teeth healthy.

Federally Qualified Health Center (FQHC)

Federally funded nonprofit health centers or clinics that serve medically underserved areas and populations. FQHCs provide primary care services regardless of the patients' ability to pay. Services are provided on a sliding scale fee based on the ability to pay.

Fluoride Varnish

A highly concentrated form of fluoride that is applied to the surface of the teeth, forming a protective layer that helps prevent tooth decay.

Head Start

A federally funded pre-school program for enrolled low-income families that promotes school readiness through education, health, nutrition and social services.

Health Equity

Health equity means ensuring everyone has a fair and just opportunity to be as healthy as possible, and no one is unable to achieve their full health potential. It involves addressing social, economic, and environmental factors that create unfair and avoidable differences in health outcomes.

Healthy Teeth Healthy Communities (HTHC)

Alameda County's Local Dental Pilot Project (LDPP), 2017-2020, was designed to help families overcome barriers to accessing dental care for their Medi-Cal eligible 0-20-year-old children. This included providing oral health education, assistance in finding a dentist, scheduling dental appointments, and assistance in Medi-Cal health benefits enrollment.

Indicator

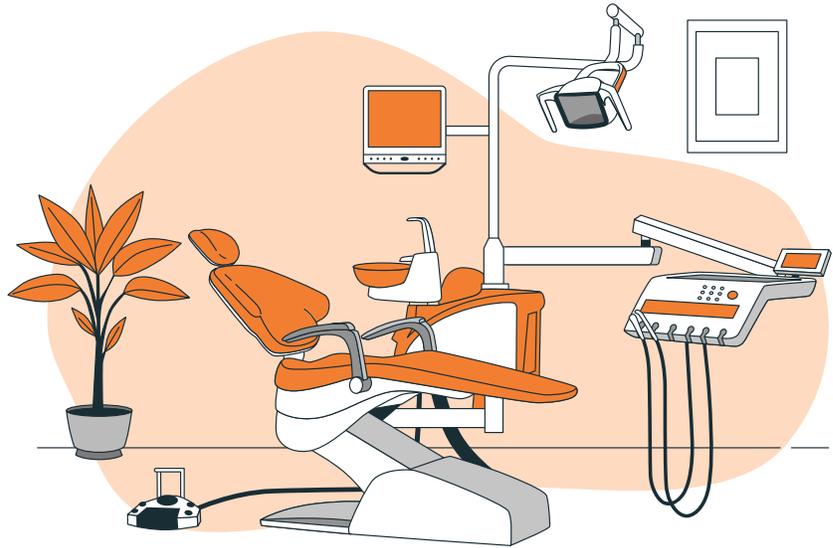
Variable that helps to measure changes in a health situation directly or indirectly and to assess the extent to which the objectives and targets of a program are being attained.

Kindergarten Oral Health Assessment (KOHA)

A requirement that was passed into law in 2005 by Assembly Bill 1433 (AB 1433) under the Education Code Section 49452.8. In 2025, Assembly Bill 2630 specifies "kindergarten" to include both transitional kindergarten (TK) and kindergarten, requiring children enrolled in public school for their first year in transitional kindergarten (TK), kindergarten, or first grade to have an oral health screening completed by a licensed dental professional. The goal is to help schools identify children suffering from untreated dental disease and help parents establish a dental home for their children.

Local Dental Pilot Project (LDPP)

Domain four of California's Dental Transformation Initiative funded 15 LDPPs to increase access to preventive dental services for Medi-Cal eligible children. Healthy Teeth Healthy Communities program was the Alameda County's LDPP.



Medi-Cal

Medi-Cal is California's Medicaid health care program. This program pays for a variety of medical services for children and adults with limited income and resources. Medi-Cal is supported by federal and state taxes.

Medi-Cal Dental Program

This is part of California's Medicaid program. It provides dental coverage at little or no cost to eligible children and adults. The program is managed by the California Department of Health Care Services (DHCS).

Oral Health

Oral health is the state of the mouth, teeth, gums, and orofacial structures that allow individuals to eat, speak, smile, and socialize without pain, discomfort, or disease. It encompasses not only the absence of oral diseases (like cavities and gum disease) but also the ability to perform essential functions and maintain psychosocial well-being and self-confidence.

Perinatal

The time frame encompasses the beginning of pregnancy through the first year of the newborn's life (postpartum).

Preventive Dental Services

A dental service that is focused on preventing oral health problems, such as cleaning, sealants, and fluoride varnish treatments.

Surveillance

The ongoing systematic collection, analysis and interpretation of data for use in planning and implementing public health practices.

SWOT Analysis

Strengths, weaknesses, opportunities, and threats (SWOT) analysis is used to assess the organization's internal factors (strengths and weaknesses) and external factors (opportunities and threats) to guide decision-making and strategy development.

Tooth Decay

Commonly known as caries or cavities. The breakdown of teeth structure due to acids produced by bacteria.

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