



SONOMA COUNTY DENTAL HEALTH NETWORK

STRATEGIC PLAN 2017-2020

NOVEMBER 2016



LETTER TO THE COMMUNITY

Dear Community Members:

The Dental Health Network's Strategic Plan 2017-2020 defines our vision, values, and priorities and outlines our overall strategy to achieve our primary goal of 75% Cavity-Free 5 Year Olds by the year 2020 in Sonoma County. The plan is a roadmap for developing an effective oral health system in the county with a set of concrete strategies to help us get there. Beginning with an initial vision of a community in which all residents enjoy optimal health to the selection of the 4 strategic goals listed below, the Dental Health Network's plan strives to keep the focus on system level changes for long-term outcomes.

Our Four Goals:

- 1. Leadership and Sustainability:** Promote policies and secure funding to sustain dental health innovations.
- 2. Community Education and Engagement:** Build a culture of health literacy for all families.
- 3. Integrated Service Systems:** Putting the mouth back in the body, embedding oral health into primary care.
- 4. Evaluation and Data:** Evaluate health system programs using local data to assess what works.

This strategic plan marks the beginning of a new chapter for the Dental Health Network. It outlines a clear direction that will help us leverage the significant expertise and capacity of our community partners to address the oral health in Sonoma County. It will strengthen the collective impact of participating organizations, improve services for community members, raise awareness of the overall health effects of dental disease, and help shift public perceptions about prevention.

We want to sincerely thank all of our community partners, and especially the members of the Dental Health Network, who contributed tirelessly and generously of their time and talent to the development of this plan.

Let's work together so that all of our children can thrive!

Dr. Susan Cooper
Kim Caldewey

Dental Health Network Co-Chairs

This plan was printed using 100% recycled post-consumer content made with wind power.



OUR PRIMARY GOAL:

75% Cavity-Free 5 Year Olds by 2020 in Sonoma County.

Poor dental health can threaten the health and normal development of young children and compromise the general health and wellbeing of adults. A growing body of research indicates that poor dental health is directly linked to a number of chronic medical conditions including cancer, diabetes and heart disease/stroke. Untreated dental problems during pregnancy can contribute to poor birth outcomes and neonatal mortality. It can have devastating effects on the social functioning, self-esteem, productivity and overall quality of life of young and old alike.

- Sonoma County Task Force on Dental Health, December 2013

THE PROBLEM:

Dental Disease in Sonoma County

Over 50% of our children start school with cavities.

In 2009, a survey sample of more than 1,500 school children found:

- That more than half of the kindergarteners and third graders had cavities (tooth decay), and almost one fifth of them had untreated cavities.
- Many of these children had very serious problems such as abscesses, inflammation, and pain, which affected their concentration and academic performance, and caused them to miss valuable days in school.

Information from this and other studies in the county has revealed that some populations are impacted by these problems than others:

- Latino children and children in low income schools had 2 to 3 times higher rates than non-Latino children and those in wealthier schools.
- Each month, about 100 low-income children receive treatment for severe cavities under general anesthesia at the PDI Surgery Center. The average patient age is 3 years old.
- For a variety of reasons, low-income children, pregnant women, seniors, and people with disabilities have higher rates of dental disease, and many are not able to, or can't afford regular preventative dental care.
- Latino children and adults are far less likely than their more affluent peers to have dental insurance.

The 2009 Smile Survey found stark disparities in the burden of dental disease, prompting local leaders and community members to take action.

THE SOLUTION:

A Strategic Plan for an Effective Dental Health System

The Dental Health Network has developed this Strategic Plan in order to create an effective dental health system in Sonoma County that works for all of its residents. The term of this Plan is January 1, 2017 through December 31, 2020, and has as its first priority addressing the issues affecting the dental health of children.



OUR VISION:

What an Effective Dental Health System Looks Like

The Dental Health Network members envisioned a system that is comprehensive and holistic in its view of dental health. This vision represents a long-term picture of what such an effective dental system should look like, and provides the Network and the community a way to identify and focus on those parts of the system that need change and improvement. The components of this vision are:

- 1. An Engaged Community of Practice:** There exists a formal group of people acting as ‘stewards’ of this Vision for an effective Dental Health System, and actively working towards building and improving it.
- 2. An Integrated Dental-Medical Health System:** The primary care (medical) health system provides dental health education and prevention activities and refers individuals needing treatment for dental issues to appropriate Dental Health system services.
- 3. Informed and Engaged Families:** The county’s families have the education and resources they need to ensure quality dental health for their family; they understand why dental health is important to their overall health; and they practice preventative behaviors routinely.
- 4. An Informed and Engaged Community:** Businesses, community based organizations, schools, and the general public acknowledge dental health as a priority, creating a community culture that consistently invests time, talent, and treasure into including and improving dental health services.
- 5. Leadership and Sustainability:** There exists local political support and leadership championing the Sonoma County Dental Health Vision, and the financial resources needed to support its realization.
- 6. Accessible Data:** The community has readily available the information needed to identify gaps in the health system, assess the effectiveness of strategies used to improve community dental health, and support continuous improvement of the system.
- 7. A Comprehensive Continuum of Services:** There exist all needed dental health services in the County, from preventative to full treatment, easily accessible to all members of the community from birth through old age.

THE STRATEGIC PLAN:

Sub-Goals and Strategies

The Goals and Strategies below are intended to help realize the Dental Health Network's vision over time. In order to help focus their work on the Dental Health System, the Dental Health Network has organized this Plan in four Strategy Focus Areas:

1. Leadership and Sustainability
2. Community Education and Engagement
3. Integrated Service Systems, and
4. Evaluation.

Leadership and Sustainability

Goal: Build strong local political support and leadership for the DHN vision and the financial resources needed to support it.

- **Strategy 1:** Conduct targeted outreach and education to key local policy makers to influence the adoption of evidence-based dental health policies.
- **Strategy 2:** Embed dental health in existing high profile community health initiatives.
- **Strategy 3:** Develop and execute a resource development plan for sustaining the Dental Health Network.

Community Education and Engagement

Goal: Improve the dental health of pregnant women and children age 0-5.

- **Strategy 1:** Develop community-wide consistent messaging and marketing plan.
- **Strategy 2:** Engage and include community-based advocates, educators, community leaders, and community members around promotion of dental health.

Integrated Service Systems

Goal: Actively engage health clinics in the county in providing appropriate dental health preventative activities and education.

- **Strategy 1:** Create a referral manual or referral process between the medical and dental systems for both acute and routine care.
- **Strategy 2:** Produce a comprehensive assessment of Sonoma County's safety net health system.
- **Strategy 3:** Implement a multi-year training and technical assistance plan that builds the capacity of the medical and dental health teams to deliver seamless, standards-based dental health care.

Evaluation

Goal: Ensure the availability of data and information to the community necessary to identify gaps in the system, gauge the effectiveness of interventions to improve community dental health, and support continuous improvement.

- **Strategy 1:** Establish a surveillance system to monitor dental health in Sonoma County.
- **Strategy 2:** Build a culture of quality improvement in dental health.
- **Strategy 3:** Evaluate the Strategic Plan.

PUTTING THE PLAN INTO ACTION: Expanding the Conversation and the Action Teams

This Plan outlines the initial strategic steps towards realizing the Dental Health Network's vision of an effective dental health system in the county. This will be an equitable system that improves dental health outcomes for all of the county's citizens, while reducing the disparities that today disproportionately affect certain populations. It also seeks to move the conversation about dental health from an individual concern to a community-wide one in which dental health is recognized as an integral part of the overall health of individuals and the community at large.

This plan is meant to be practical and achievable. For this reason, the Dental Health Network has established four Action Teams that are already engaged in the on-the-ground work needed to implement the Plan's strategies.



These Action Teams are comprised of Dental Health Network members and other interested community stakeholders. They have identified the goals and strategies of the Plan for each of the four Strategy Focus Areas. These Action Teams will develop individual work plans for each area and will be tracking the progress of strategy implementation throughout the life of the Plan.

Each of the four strategic focus areas of this plan contain components that seek to ‘move the needle’ on dental health in Sonoma County:

- **In Leadership and Sustainability** by affecting policy change and embedding dental health in existing community health initiatives;
- **In Community Education and Engagement** by involving a broad range of community leaders and organizations in this work;
- **In Integrated Service Systems** by creating practical connections between medical and dental service systems; and
- **In Evaluation** by establishing ways for the community to understand the dental health outcomes that impact their overall health, wealth, and prosperity.

BACKGROUND AND HISTORY

Why is Dental Health Important?

Dental health, and the health of the entire mouth, is essential to general health and well-being at every stage of life. We know that dental caries (cavities) is an infectious disease process that often begins in infancy. Bacteria living in the mouth can be transmitted from caregiver to infant through the sharing of cups and utensils, and even from kissing, beginning a process that can lead to lifelong chronic dental disease. In fact dental caries is the most common chronic disease in children in the U.S., and if left untreated, can result in physical, developmental, social and economic consequences. Children living with untreated decay have difficulty eating, sleeping, playing, growing and learning.

Adults, too, are affected by dental and gum disease. Pregnant women are at risk of gum disease (periodontitis), which can lead to pre-term births and low birth weight. The effects of childhood dental disease are experienced throughout life. In fact only 1 out of 3 adults over 40 has all of their teeth. By age 65, nearly 1 in 5 adults have lost all their teeth, and the rate doubles for adults 75 and older. Dental disease is also linked to other infectious diseases such as pneumonia, heart infections and meningitis. Individuals living with diabetes, cardiovascular disease, HIV/AIDS, cancer and other conditions affecting the immune system suffer from higher rates of dental infections, gum disease and tooth loss. Dental disease creates an economic burden on society, costing United States taxpayers billions of dollars each year.

Dental disease is **preventable**. The Centers for Disease Control have identified two public health strategies that have been proven to save money and prevent cavities: community water fluoridation and school dental sealant programs. If detected early, dental disease can be controlled across the lifespan to prevent exacerbation and complications.

Mobilizing the Community to Address Needs

In January 2011, the Sonoma Health Alliance, First 5 Sonoma County, the Redwood Community Health Coalition, and the Sonoma County Department of Health Services joined together to convene over 30 community leaders and community health advocates forming the Sonoma County Task Force on Dental Health. The Task Force's charge was to:

- Define and quantify the dental health problem;
- Identify key components of an effective prevention and treatment system; and
- Develop recommendations to improve dental health in the county.

The Task Force's final report contained the following five recommendations:

1. Mobilize public-private partnerships to expand access to care in Santa Rosa and other high-need communities.
2. Train physicians and medical personnel to include a focus on dental health as part of routine physicals and well-child visits.
3. Integrate dental health into perinatal care.
4. Increase the use of appropriately trained personnel to deliver cost effective dental health education, assessment and preventive services in primary care, school, and community settings.
5. Develop and implement an ongoing dental health surveillance program within the Sonoma County Department of Health Services.

The Task Force completed its work on December 20, 2013. Member organizations of the Task Force then turned their attention to advancing their goals through a myriad of organizational and collaborative projects and efforts.

For its part, the Sonoma County Department of Health Services established a Dental Health Program office, the staff of which would seek opportunities to:

- Integrate the existing efforts of the partner organizations;
- Continue to build community awareness and education around dental health issues;
- Identify potential new funding sources to support the agenda of improved dental health in the county, and
- Otherwise provide the 'backbone organization' functions necessary to support this collective impact effort.

The Portrait of Sonoma, a 2014 report of how well county residents are faring in the areas of health, education and living standards, drew attention to stark disparities associated with race/ethnicity and place of residence. The report makes the case that population-based approaches, the mainstay of public health, and place-based approaches that bring services to neighborhoods or schools, offer opportunities to close the wellness gap and increase community capacity to achieve optimal health.



ALIGNMENT WITH STATEWIDE AND NATIONAL EFFORTS

The efforts in Sonoma County were consistent with a growing national movement to improve dental health. The Federal Office of Disease Prevention and Health Promotion (ODPHP), as part of its Healthy People 2020 initiative, declared that “dental health is essential to overall health,” bringing to the public sphere a comprehensive look at the problem of dental health disease in the United States and identifying evidence-based strategies for its prevention.

ODPHP’s research highlighted several challenges that faced practitioners and policy makers. Foremost of these were the increase in rates of dental caries in children from 2 to 5 years old and the existence of social determinants, such as ethnicity and poverty, resulting in gaps in access to dental and dental health prevention for some populations.

The DentaQuest Foundation, a leader of this national movement, launched “Dental Health 2020,” a multi-year effort to strengthen and unify the national network of agencies and institutions working on dental health, build upon effective and promising strategies, and expand the impact of these efforts. The Foundation established the following set of bold, shared goals with specific targets to be achieved by 2020 and formulated a grant-making strategy with those goals in mind.

- Eradicate dental disease in children.
- Incorporate dental health into the primary education system.
- Include an adult dental benefit in publicly funded health coverage.
- Build a comprehensive national dental health measurement system
- Integrate dental health into person-centered healthcare.
- Improve the public perception of the value of dental health to overall health.

In the fall of 2014, the Sonoma County Dental Health Program office succeeded in procuring a grant from the DentaQuest Foundation to strengthen and coalesce the efforts of a local network of agencies working to improve dental health in the county. In 2015 a new requirement by Covered California, the state’s implementation of the Affordable Care Act (ACA), provided greater opportunities underserved children to access dental care.

THE SONOMA COUNTY DENTAL HEALTH NETWORK

The DentaQuest Foundation grant was utilized to support the growth and organizational development of the Sonoma County Dental Health Network (the Network) and link it to the national network and its varied resources. As one of its first actions, the Dental Health Network adopted the Dental Health 2020 goal to: “Eradicate dental disease in children” with “75% of 5 year olds cavity-free by 2020”¹ as its own priority target. During the 2015 calendar year, the Network met in monthly sessions with facilitated discussions informed by the latest research on dental health disease and prevention. The Network adopted the following set of evidence-based strategies to improve dental health:

¹ This goal has since been changed to “85% of five year olds cavity-free” as the 75% target has been achieved nationally.

Five Pillars of Dental Health

1. Access to dental care
2. Community education
3. Fluoride varnish
4. Sealants
5. Community water fluoridation

Over the course of the first year of its work, the Network realized the following accomplishments:

- Defined and adopted the principles of dental health equity and upstream prevention approaches as priorities.
- Developed a charter and process for enrolling new members to the Network.
- Articulated a seven-component vision of a comprehensive dental health system in Sonoma County.
- Planned and convened two Dental Health Summits attended by over 200 individuals, representing a diverse collection of community-based organizations and public and private entities effectively expanding the Network's stakeholder group.
- Launched four Action Teams comprised of both Network members and community stakeholders to identify and work on specific goals and actions consistent with the Network's vision.
- Established a working relationship with Dr. Jay Kumar, the incoming Dental Director for the State of California, and other state and national dental health experts, to develop a county disease surveillance system in alignment with state and national indicators.

In 2016, supported by a second grant from the DentaQuest Foundation, the Network embarked on a strategic planning process to reflect upon the previous years' success and to establish a foundation for the work ahead. The process included an information-gathering phase, data analysis, and the development of goals, strategies, tactics and timelines to implement effective interventions (strategies) to address identified community needs. The plan reflects the collaborative effort of successfully engaging a cross-sector of individuals in a thoughtful process to raise the overall awareness and profile of dental health in Sonoma County. The enthusiasm and hard work of these individuals contributed to the creation of this plan and the development of the strategies, best practices and objectives that will advance dental health in the community.

NEEDS ASSESSMENT

The Sonoma County Community Health Needs Assessment 2008-2011 identified dental disease as a significant public health issue in Sonoma County. In order to obtain better information on the dental health of kindergarten and 3rd grade children in Sonoma County, the Department of Health Services commissioned a county wide dental assessment. The 2009 Sonoma County Smile Survey identified a random sample of over 1500 children from schools throughout the county to conduct a hands-on dental assessment. The results were stunning:



- **Over 50%** of the kindergarteners and third graders had experienced caries (tooth decay), and over 16% of them had untreated caries.
- **More than 4%** of kindergarteners and third graders in the study had urgent problems from dental disease -- abscesses, inflammation and pain -- all of which can lead to reduced school performance, lack of concentration, and absenteeism. Extrapolated to all children in the county, over 2,400 school children were likely to be sitting in school in pain.
- Most children in Sonoma County **have not received dental sealants**, a well-accepted clinical intervention to prevent tooth decay on molar teeth.

Since then, rates of decay have remained relatively unchanged – the Sonoma County 2014 Smile Survey revealed that more than half of Sonoma County kindergarten and third grade students have decay experience and 18% have untreated tooth decay, with 4% in need of urgent treatment. The PDI Surgery Center in Windsor provides surgical treatment under general anesthesia to nearly 100 Sonoma County children under 7 each month. PDI reports that their average patient age is about 3 years old, and the average number of teeth needing treatment for severe decay has increased since they opened their doors 8 years ago. Poor dental health affects adults as well, nationally, approximately 25% of adults age 60 years and older no longer have any natural teeth.

- Decay experience disproportionately affects children attending low-income schools and Latino children. In all categories, these children had 2-3 times the rates as their wealthier and white counterparts.
- Approximately 100 low-income Sonoma County children receive hospital dentistry services at the PDI Surgery Center each month, to treat severe dental caries (cavities) under general anesthesia. The average number of teeth treated has been increasing since the center opened in 2008.
- Low-income adults and children suffer disproportionately from painful untreated dental problems and many lack access to a regular source of preventive care. At particular risk are low-income children, pregnant women, seniors, and people with disabilities. Findings from both state and local sources highlight a staggering burden of suffering and a growing dental health divide between rich and poor.

A complex combination of factors contributes to these data that reveals the disproportionate burden of poor dental health experienced by low-income populations. In Sonoma County where Latinos are the fastest growing demographic group, Latino children and adults are far less likely than their more affluent peers to have dental insurance, access to a regular source of ongoing preventive dental care, or access to timely treatment for dental problems.

Similarly, seniors with the poorest dental health are also those who are economically disadvantaged, lack insurance, and are members of racial and ethnic minorities. Many elderly individuals lose their dental insurance when they retire and many were impacted adversely by a 5-year period (2009-2014) when Medi-Cal did not reimburse for routine dental care for adults. Until May 2016, children who were brought to the U.S. from other countries were not able to access dental care under their Medi-Cal benefits.

Based on the findings from the surveys, the increasing number of children requiring general anesthesia for treatment, and a growing community awareness of the problem, local leaders began to work to increase access to dental health access and improve dental insurance for children

ADDITIONAL INFORMATION GATHERING

In the spring of 2016, a random sample telephone survey was administered in English and Spanish of 600 Sonoma County adults who were representative of the overall county demographics. At the same time, the Network's Community Education and Engagement Action Team organized a series of eight focus groups in English and Spanish with low-income parents of young children at a variety of community locations.

Both the phone survey and the focus groups sought to understand dental health knowledge, beliefs and personal practices of the community. Preliminary findings from these two data gathering efforts were presented to the Network at a strategic planning retreat held in May 2016. Among the key findings presented were:

- Access to affordable dental care was a persistent problem for most of those surveyed and particularly so for low-income Latinos.
- A majority of the respondents had good knowledge of appropriate preventative dental care; however there was a gap in these populations in terms of their acting upon that knowledge.

FROM PLANNING TO ACTION: Strengthening the Network to Achieve Health Equity

The Sonoma County Dental Health Network is dedicated to improving the oral health of all. With this strategic plan, we aim to transform the dialogue and re-shape the landscape of action on behalf of optimal oral health for all. We look forward to working with the community to strengthen and expand our impact in order to bring about lasting systems change through the power of collective action.

“Of all the forms of inequality, injustice in health care is the most shocking and inhumane.”

**Dr. Martin Luther King Jr.
Medical Committee for Human Rights
Chicago, IL 1966**

APPENDIX: ACKNOWLEDGMENTS

This Strategic Plan is the product of an eight-month-long series of facilitated discussions among the members of the Dental Health Network. The Network met on a monthly basis over the course of the spring and summer of 2016. These sessions included two half-day work sessions. The Network’s discussions were informed by national and local research and data, findings from a random telephone survey of 600 Sonoma County adults, and eight focus groups conducted in English and Spanish with community members.

Four Action Teams that included Network members and additional interested stakeholders also met monthly or bi-monthly to conduct more detailed planning discussions on specific areas of the plan. These Teams were supported by the invaluable efforts of the Dental Health Program staff.

The Network’s Core Group provided guidance and leadership for the process on a monthly basis in close consultation with the facilitation team from VIVA Strategy + Communications.

The following individuals and organizations participated in the development of this Strategic Plan:

Members, Dental Health Network	
Name	Organization
Adriana Arrizon	First 5 Sonoma County
Lydia Barrera	West County Community Health Centers, Russian River Dental Clinic
Ellen Bauer	Sonoma County Health Services, Public Health
Patricia Biagi	Sonoma County Office of Education
Roberta Bostian	Registered Dental Hygienist in Alternative Practice
Susan Burnett-Hampson	Sonoma County Health Services, Family Health
Kim Caldewey	Sonoma County Health Services, Dental Health Program
Jace Chalon	Sonoma County Health Services, Maternal Child & Adolescent Health
Deborah Chigazola	Santa Rosa Junior College
Ed Chio	West County Community Health Centers, Russian River Dental Clinic
Teri Clark	North Bay Children’s Center
Penny Cleary	Sutter Health Santa Rosa Regional Hospital
Susan Cooper	Community Action Partnership of Sonoma County
Jeremy Decker	Cloverdale Unified School District
Terri Dente	St. Joseph Health
Jeannette Engel	Sonoma County School Nurses Association

Anthony Fernandez	Progressive Dental Partners
Elvira Fiorentino	Rohnert Park Health Center
Kristin Fladseth	Sonoma County Health Services, Dental Health Program
Katherine Foster	PDI Surgery Center
Allison Goodwin	Community Child Care Council of Sonoma County
Brittany Gonzales	Alliance Medical Center, Dental Clinic
Carol Hatrick	Santa Rosa Junior College
Beth Henry	PDI Surgery Center
Laurie Lynn Hogan	Santa Rosa Health Centers
Lori Houston	Sonoma County Health Action, CHI
Debbie Howell	Alexander Valley Healthcare
Kathy Kane	Community Action Partnership of Sonoma County
Linda Katz-Krieger	Community Action Partnership of Sonoma County
Lauren Katzel	Petaluma Health Center, Dental Clinic
Briana Keating	Catholic Charities, Santa Rosa Diocese
Marci LaGrande	Santa Rosa Community Dental Center
Cindy Lands	Alexander Valley Healthcare
Wendy Lopez	PDI Surgery Center
Naomi Louden	Sonoma County Health Services, Public Health Nursing
Arturo Martinez	St. Joseph Health, Dental Clinic
Colette McGeough	Sonoma County Human Services and Health Services
Magdalena Mendoza	Community Action Partnership of Sonoma County, Via Esperanza
Jeff Miller	First 5 Sonoma County
Alicia Montell	Santa Rosa Community Dental Center
Joy Mozdy	Sonoma County Health Services
Jamie Padilla	Community Action Partnership of Sonoma County
Andrea Pickett	Sonoma County Health Services, Dental Health Program
Viveka Rydell	PDI Surgery Center
Juan Sosa	St. Joseph Health, Dental Clinic
Stacey Stirling	St. Joseph Health, Community Benefit
Mary Szecsey	West County Community Health Centers
Carmen Van Horn	Community Action Partnership of Sonoma County, Head Start
Martin Van Tassell	Redwood Empire Dental Society
Hazel Whiteoak	PDI Surgery Center
Sally Yates	Bellevue Union School District

Members, Core Team	
Name	Organization
Kim Caldewey	Sonoma County Health Services, Dental Health Program
Penny Cleary	Sutter Health
Susan Cooper	Community Action Partnership of Sonoma County
Kristin Fladseth	Sonoma County Health Services, Dental Health Program
Kathy Kane	Community Action Partnership of Sonoma County
Andrea Pickett	Sonoma County Health Services, Dental Health Program

Members, Leadership & Sustainability Action Team	
Name	Organization
Kim Caldewey	Sonoma County Health Services, Dental Health Program
Deborah Chigazola	Santa Rosa Junior College
Penny Cleary	Sutter Health Santa Rosa Regional Hospital
Susan Cooper	Community Action Partnership of Sonoma County
Lauren Katzel	Petaluma Health Center
Jamie Padilla	Community Action Partnership of Sonoma County
Marjorie Stocks	CA Dental Association Foundation

Members, Community Education and Engagement Action Team	
Name	Organization
Adriana Arrizon	First 5 Sonoma County
Tracie Barrow	Sonoma County Health Services, WIC
Mattie Cancino	Community Action Partnership of Sonoma County, Head Start
Eliot Enriquez	Petaluma Health Center
Serafin Escutia	Community Action Partnership of Sonoma County
Allison Goodwin	Community Child Care Council of Sonoma County
Arturo Martinez	St. Joseph Health
Grace Harris	Child Parent Institute
Meesha Heydon	PDI Surgery Center
Laurie Lynn Hogan	Santa Rosa Community Health Centers
Kathy Kane	Community Action Partnership of Sonoma County
Linda Katz-Krieger	Community Action Partnership
Sandra Lemus	Community Child Care Council of Sonoma County

Wendy Lopez	PDI Surgery Center
Andrea Pickett	Sonoma County Dental Health Program
Aracely Romo-Flores	Santa Rosa City Schools
Juan Sosa	St. Joseph Health, Dental Clinic
Stacey Stirling	St. Joseph Health
Marta Tilling	Community Action Partnership of Sonoma County, Head Start
Carmen Van Horn	Head Start, Community Action Partnership

Members, Integrated System of Services Action Team	
Name	Organization
Lydia Barrera	West County Community Health Centers, Russian River Dental Clinic
Tamekia Bogard	Petaluma Health Center
Trale Broudy	Dr. Christian Kjeldsen, DDS
Kim Caldewey	Sonoma County Dental Health Program
Ed Chio	West County Community Health Centers, Russian River Dental Clinic
Dana Decker	Santa Rosa Community Dental Center
Don Dobbs	Alliance Medical Center
Elvira Fiorentino	Rohnert Park Health Center
Brittany Gonzalez	Alliance Medical Center
Carol Hatrick	Santa Rosa Junior College
Beth Henry	PDI Surgery Center
Lauren Katzel	Petaluma Health Center
Marci LaGrande	Santa Rosa Community Dental Center
Anabel Loya	Alliance Medical Center
Colette McGeough	Sonoma County Human Services and Health Services
Jeff Miller	First 5 Sonoma County
Alicia Montell	Santa Rosa Community Dental Clinic
Jennifer Poovey	Santa Rosa Junior College
Eileen Robertson	Sutter Santa Rosa Regional Hospital
Hazel Whiteoak	PDI Surgery Center

Members, Evaluation Action Team	
Name	Organization
Susan Cooper	Community Action Partnership, Sonoma County
Kristin Fladseth	Sonoma County Dental Health Program
Shaun Nelson	Petaluma Health Center
Stacey Stirling	St. Joseph Health
Dana Valley	West County Community Health Centers



APPENDIX : GLOSSARY OF TERMS

Affordable Care Act (ACA): Federal legislation, including the Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010 that expands Medicaid coverage to millions of low-income Americans and makes numerous improvements to both Medicaid and the Children’s Health Insurance Program (CHIP).

Baseline: The current quantitative level of performance at which an organization, process, or function is operating.

Benchmark: A quantitative level of performance, which defines best in class results.

Best Practice: The best clinical or administrative practice or approach that is the most efficient (least amount of effort) but also the most effective (best results) based on repeatable procedures that have proven themselves over time for large numbers of people.

Collective Impact: The commitment of a group of community members from different sectors to a common agenda for solving a specific social problem, using a structured form of collaboration.

Continuous Quality Improvement: An on-going effort to increase capacity to manage performance, motivate improvement, and capture lessons learned in areas throughout the agency. It is an ongoing effort to improve the efficiency, effectiveness, quality, or performance of services, processes, capacities, and outcomes. A variety of methods and tools (e.g. Lean) can be utilized as part of a larger, on-going system of improvement.

Dental Caries: Also known as tooth decay, dental caries is a major dental health problem in most industrialized countries, affecting 60-90% of schoolchildren and the vast majority of adults. The early manifestation of the caries process is a small patch of demineralized (softened) enamel at the tooth surface, often hidden from sight in the fissures (grooves) of teeth or in between the teeth. The destruction spreads into the softer, sensitive part of the tooth beneath the enamel (dentine). The weakened enamel then collapses to form a cavity and the tooth is progressively destroyed. Caries can also attack the roots of teeth should they become exposed by gum recession. This is more common in older adults.

Dental sealant: A thin, plastic coating painted on the chewing surfaces of teeth -- usually the back teeth (the premolars and molars) in order to prevent tooth decay. The sealant quickly bonds into the depressions and grooves of the teeth, forming a protective shield over the enamel of each tooth.

Focus Group: A qualitative research method designed to solicit opinions, attitudes, beliefs, and perceptions from selected individuals to gain insights and information about a specific topic.

Goal: The purpose towards which an endeavor is directed. Goals may not be strictly measurable or tangible. A goal defines the direction and destination, but the road to get there is accomplished by a series of objectives.

Healthy People 2020: The federal government's prevention agenda for building a healthier nation. It is a statement of national health objectives designed to identify the most significant preventable threats to health and to establish national goals to reduce these threats. The overarching goals of Healthy People 2020 are to: attain high-quality, longer lives free of preventable disease, disability, injury, and premature death; achieve health equity, eliminate disparities, and improve the health of all groups; create social and physical environments that promote good health for all; and promote quality of life, healthy development, and healthy behaviors across all life stages.

Indicator: A quantitative or qualitative expression of a program or policy that offers a consistent way to measure progress toward the stated targets and goals. The data we will measure to determine if we have achieved our result.

Needs Assessment: A process for gathering data and information to determine the needs of a designated group, population, agency, system, etc.

Dental Health Surveillance Programs: Data systems and protocols established to help dental health programs routinely document population needs and program impact with standard, feasible methods.

Outcome: The long-term results achieved, as well as the impact or benefit, of a program or intervention.

Performance Measurement: The regular collection and reporting of data (or the selection and use of quantitative measures) to track work produced and results achieved. It is what we do to determine if we are making progress toward our goals/objectives.

Performance Measures: Quantitative indicators of performance and can be used to show progress toward a goal or objective overtime. It is the specific number representation of a capacity, process, or outcome that is relevant to the assessment of performance. There are two types of measures: Process and Outcome. Process measures are the steps in producing a product or service and provide feedback on how well you are performing a process. Outcome measures are the expected desired or actual results from the outputs of the activities and show whether you made progress in reaching your ultimate goal.

Performance Management: In general, the process of what you do with the information you learn and knowledge you gain from measuring performance. Performance management is an ongoing, systematic approach to improving results through evidence based decision-making, continuous organizational learning, and a focus on accountability.

Safety Net: Individuals and organizations that provide health care to low-income and other vulnerable populations, including the uninsured and those covered by public insurance such as Medicaid.

Stakeholder: An individual who has some kind of interest in the outcomes of a group process.

Strategy: The high-level approach or plan for how a person, team, or organization intends to achieve its mission and goals.

Tactic: Means by which a strategy is carried out; planned and ad hoc activities meant to deal with the demands of the moment, and to move from one milestone to other in pursuit of the overall goal(s).

Targets: The quantifiable amount of improvement to be achieved (e.g. 80% graduated).

