County of San Diego

HEALTH AND HUMAN SERVICES AGENCY

Local Oral Health Program Community Engagement Assessment Report

Institute for Public Health & Dr. Tracy Finlayson
School of Public Health
San Diego State University

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LIVE WELL SAN DIEGO

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Live Well San Diego

Live Well San Diego is a regional vision adopted by the San Diego County Board of Supervisors in 2010 that aligns the efforts of County government, community partners and individuals to help all San Diego County residents be healthy, safe, and thriving. The vision includes three components: Building Better Health, adopted on July 13, 2010, focuses on improving the health of residents and supporting healthy choices; Living Safely, adopted on October 9, 2012, focuses on protecting residents from crime and abuse, making neighborhoods safe, and supporting resilient communities; and, Thriving, adopted on October 21, 2014, focuses on cultivating opportunities for all people to grow, connect, and enjoy the highest quality of life.

Executive Summary

Introduction

Using Proposition 56 funds granted from the State of California Oral Health program, the County of San Diego Health and Human Services Agency, Maternal, Child, and Family Health Services (HHSA), Local Oral Health Program strives to improve the oral health of San Diego residents through the development and implementation of a five-year Community Oral Health Improvement Plan (COHIP). The COHIP will be developed in partnership with SDSU School of Public Health professor, Dr. Tracy Finlayson, and the Institute for Public Health at SDSU. A first step in the development of the COHIP was a countywide needs assessment to examine: (1) the San Diego County Oral Health Coalition (SDCOHC) (2) community engagement; (3) local oral health data; and (4) local oral health assets. The results of the Community Engagement Assessment are presented herein.

Methodology

Three online surveys were distributed for the Community Engagement Assessment targeting the following audiences: (1) oral health providers; (2) pediatricians; and (3) oral health partners/community-based organizations (CBOs).

Results

Primary opportunities for improvement identified from the needs assessments include:

- **Residents and health care providers need further education.** San Diegans do not know enough about preventive oral health care and hygiene; furthermore, they are often unaware of available oral health resources. Parents, in particular, may not prioritize oral health care for their children. Pediatricians indicated a need for and interest in further oral health training and for resources such as patient information materials and assistance with making referrals.
- **Financial barriers to care need to be addressed**. Too many residents are without dental insurance of any kind and cannot afford dental care. Reimbursement rates are low for Denti-Cal which decreases motivation to accept those patients with public insurance. Only 18% of respondents accept Denti-Cal (now called the Medi-Cal dental program).
- **Efforts to prevent specific oral health issues, such as caries, need to be made.** The application of fluoride varnish, which is inexpensive and easy to apply, needs to increase. Only 27% of responding pediatricians indicated that they apply varnish within their practice.
- **Care needs to be coordinated between medical and dental care providers**. Although oral and physical health are connected, it is rare for physicians and

dentists to communicate about patients; systems are not in place that allow for the exchange of information.

- **Certain populations need greater attention**. Oral health disparities affect particular groups, such as seniors, children, pregnant women, people living in rural areas, and people with disabilities. For children with disabilities who need general anesthesia to receive care, very few options are available. Efforts to engage these groups in care should be made.
- **Children need to see the dentist for a first visit earlier**. It is recommended that children see a dentist for the first time at first tooth eruption or 12 months of age (whichever comes first). Most parents, however, bring their children in for their first visit at an older age which is reflected in the low percentage of dentists (37%) who see children that early. Similarly, only half of pediatricians refer children to the dentist at the recommended age.
- **More referrals need to be made for tobacco cessation**. Less than one-third of oral health providers refer tobacco users to cessation services, and only 20% of CBOs make these referrals.
- **Culturally competent and linguistically appropriate services and resources are needed**. San Diego has a large percentage of people who speak English as a second language and who are immigrants. Efforts need to be made to serve these patients in a manner that is sensitive to their cultural and linguistic needs.

Discussion

It is important to note limitations to the data reported herein. First, response rates across the surveys were low. This was likely due to the timing of survey deployment during the winter holidays. Despite the low response rates, themes were echoed within and across professions, validating that the major strengths, obstacles, resources, and opportunities were captured across the needs assessments.

Several intervention points were identified related to community engagement from the four directed needs assessment surveys. Opportunities include: host a centralized database of dental providers categorized by accepted payers; encourage general dentists to see infants, toddlers, and children; train pediatricians and office staff about the importance of referring patients at first tooth eruption or age 1; facilitate in-office fluoride varnish among pediatric offices; encourage Denti-Cal acceptance by more dental providers; educate about the importance of tobacco cessation counseling; provide low-literacy patient education materials in priority languages; educate the public about the importance of oral health; educate the public about insurance options for children; assist in the reduction of barriers to care; and advocate for policy changes related to reimbursement.

These results will be combined with those of the other needs assessment summaries to create, refine, prioritize, and finalize the COHIP in coordination and consultation with the

Local Oral Health Advisory Board and HHSA. Based on the results of the needs assessment, four broad goals were identified for improving oral health in San Diego County. These goals and supporting objectives and activities can be found in the following section.

Goals and Objectives for Improving Oral Health

1. **Educate the public about the importance of preventive oral health and hygiene.**
   - 1.1. Provide linguistically and culturally appropriate patient education materials to dentists, pediatricians, physicians, and CBOs that serve vulnerable populations.
   - 1.2. Educate healthcare and oral health providers about patient communication and shared decision-making related to oral health.
   - 1.3. Create care plans in collaboration with patients about follow-up care and referrals.
   - 1.4. Centralize information about oral healthcare providers and accepted payers.
   - 1.5. Provide case management services to patients with significant barriers to care.
   - 1.6. Create a public information campaign.
2. **Leverage the patient-provider relationship that pediatricians have with the families they serve.**
   - 2.1. Provide pediatricians and their office staff with training, resources, and behavior modification incentives for patient distribution.
   - 2.2. Provide fluoride varnish for application at well-child visits.
   - 2.3. Create care plans in collaboration with patients about follow-up care and referrals.
   - 2.4. Centralize information about oral healthcare providers and accepted payers.
3. **Increase the number of dentists that provide care to the very young, very old, and underserved.**
   - 3.1. Promote Denti-Cal acceptance by private dentists.
   - 3.2. Advocate for increased dental reimbursement.
   - 3.3. Centralize information about oral healthcare providers and accepted payers.
   - 3.4. Educate dental providers about care of specific populations.
   - 3.5. Assess barriers to anesthetized dental care for vulnerable populations.
4. **Create system linkages through collaboration and coordination.**
   - 4.1. Facilitate a concerted membership effort, focusing on those that expressed interest in SDCOHC *and* organizations that were identified as being useful toward SDCOHC goals (SDCOHC Assessment Report, Figure 1).
   - 4.2. Conduct interprofessional trainings (with Continuing Education [CEs]) and events to facilitate networking and cross-sector collaboration.
   - 4.3. Centralize information about oral healthcare providers and accepted payers.

Introduction

In 2014, the State of California Department of Public Health established the California Oral Health Program (OHP) with a mission to "improve the oral health of all Californians through prevention, education, and organized community efforts." These efforts were enhanced in 2016 when California voters passed Proposition 56, the California Healthcare, Research, and Prevention Tobacco Tax of 2016. Using these funds, the OHP created a "Healthy Mouths for all Californians" oral health plan for 2016-2025 that identifies oral health priorities as well as short-term, intermediate, and long-term goals and objectives.

The OHP has now allocated Proposition 56 funding to 61 Local Health Jurisdictions to develop or expand their local oral health programs (LOHPs). The County of San Diego Health and Human Services Agency (HHSA) Maternal, Child, and Family Health Services was a recipient of one of these awards. The San Diego County LOHP will use this funding to improve the oral health of San Diego residents by: (1) expanding its capacity to address oral health across the lifespan; (2) increasing its infrastructure to address gaps; and (3) identifying interventions to educate, prevent, and provide linkages to treatment programs, including dental disease caused by the use of cigarettes and other tobacco products.

One key component of the San Diego County LOHP efforts is to develop a five-year Community Oral Health Improvement Plan (COHIP). This plan will be created in collaboration with Tracy Finlayson, PhD, Professor, School for Public Health, San Diego State University (SDSU), and the Institute for Public Health (IPH) at SDSU. The COHIP will describe disease prevention surveillance, education, linkage to treatment programs, and evaluation strategies and will be informed by a countywide needs assessment with a special focus on underserved areas and vulnerable populations.

Dr. Finlayson and the IPH conducted this needs assessment from December 2018 to January 2019. The assessment had four focus areas: (1) an assessment of the San Diego County Oral Health Coalition (SDCOHC); (2) an assessment of community engagement; (3) an assessment of local oral health data; and (4) an inventory of local oral health assets. This report presents the methods used for and the results of the community engagement assessment, including data from surveys of pediatric healthcare providers and dentists.

Methodology

Methods

County HHSA staff, Dr. Finlayson, and the IPH began planning for the countywide needs assessment in September 2018. Three needs assessment tools were developed for the community engagement portion of the assessment: one for oral health providers (Appendix E), another for pediatric healthcare providers (Appendix F), and a final tool for oral health partners and community-based organizations (CBOs) (Appendix G).

Assessment Tools

The IPH collaborated with County HHSA staff to finalize an online survey for each of the three community audiences described above. IPH Survey, an online data collection software, was used to create and deploy the surveys.

Data Collection and Analysis

All survey responses were collected in the IPH Survey online data collection system. Data were imported into SPSS v.25 for cleaning and analysis. Descriptive statistics included means, medians, and percentages. Open-ended response data was qualitatively coded using inductive methods.

Results

Oral Health Provider Community

A total of 74 dental providers completed surveys between December 13 and December 27, 2018. Among these 74 providers, the vast majority (93%) were in private practice, one (1%) represented a Federally Qualified Health Center (FQHC), and four selected “other.” As shown in Table 1, 92% of the sample work with organizations that serve adults. Only 18% of respondents that serve adults reported that they see Denti-Cal patients, and among those, nearly all report that they accept new Denti-Cal patients. Those that accepted Denti-Cal were asked what proportion of their practice is composed of Denti-Cal patients – responses were varied with a mean of 48% and a standard deviation of 30%.

Among the 89% of providers whose organizations serve children, only 18% accept pediatric Denti-Cal patients. Among those that do see pediatric Denti-Cal patients, all reported that they are accepting new pediatric Denti-Cal patients. Providers were asked at what age they first see pediatric patients. A little more than one-third see patients at the recommended time (first tooth eruption or 12 months, whichever comes first).

However, nearly 40% reported first seeing pediatric patients after their third birthday. This represents an opportunity for intervention.

Table 1. Patient populations of respondents' organizations (n=74)

Organizational Characteristics ***Response options***	**n**	**%**
Type		
Federally Qualified Health Center (FQHC)	1	1%
Private provider	69	93%
Other[1]	4	5%
Serves adults (yes)	68	92%
Accepts adult Denti-Cal patients (yes)[2]	12	18%
Accepts new adult Denti-Cal patients (yes)[3]	11	92%
Serves children (yes)	66	89%
Accepts pediatric Denti-Cal patients[4]	12	18%
Age children seen for the first time[4]		
First tooth eruption or 12 months (whichever comes first)	22	37%
13-24 months	8	14%
25-35 months	7	12%
3-5 years	13	22%
6+ years	9	15%

[1] Other responses included: Head Start (n=3), professional organization/consortium (n=3), academic hospital (n=2), clinic (n=1), Tribal FQHC (n=1), state prison (n=1), and combination (n=1)
[2] Only analyzed among the 68 respondents that reported serving adults
[3] Only analyzed among the 12 respondents that reported serving adult Denti-Cal patients
[4] Only analyzed among the 66 respondents that reported serving children

In addition to questions about their patient populations, respondents were asked about their practices in general, including questions about services and referrals provided. More than 85% of respondents reported providing preventive oral health services. For these respondents, the average amount of time spent on preventive services was 50% (standard deviation was 23%). Approximately two-thirds of respondents reported that they were willing to provide preventive care to children ages 5 and younger. A low proportion, less than one-third, reported referring tobacco users to cessation services. Approximately half of respondents reported accepting private insurance or billing as fee for service; less than one-quarter accept public insurance.

Table 2. Practice characteristics

Item (sample size) *Response options*	n	%
Provides preventive oral health services (n=63)	54	86%
Willing to provide preventive care to children ages 5 and younger[1]	36	67%
Practice refers tobacco uses to cessation services (n=59)	17	29%
Practice regularly screens patients for oral cancer (n=62)	59	80%
Practice accepts private insurance (n=74)	38	51%
Practice accepts public insurance (n=74)	17	23%
Practice is fee for service (n=74)	40	54%

[1] Only analyzed among the 54 respondents that reported providing preventive oral health services

Participants were also asked about their patients' understanding and utilization of oral health services by rating their level of agreement with a set of statements. Results are found in Table 3.

Table 3. Agreement with statements related to respondents' patient population

Statement	n	Strongly agree	Agree	Disagree	Strongly disagree
Most patients know how to find an oral health provider	40	20%	53%	23%	5%
Most patients adequately utilize oral health services	42	12%	48%	29%	12%
Most pregnant patients adequately utilize oral health services	38	13%	42%	29%	16%
Most patients understand the importance of preventive oral health services	43	12%	47%	40%	2%
Most patients bring their children to receive oral health services at the time of 1st tooth eruption or 12 months, whichever occurs first	35	9%	11%	54%	26%

Oral health providers were also asked to list the unmet oral health needs in San Diego County. Four primary themes emerged. First, respondents identified financial barriers to care as a critical issue underlying the unmet oral health needs of San Diegans. Second, respondents indicated a need for greater outreach and education about oral health and available resources. Third, oral health providers noted a high prevalence of specific diagnoses in the community, such as dental caries, and a deficiency of available procedures, such as fluoride varnish. Finally, respondents emphasized that particular

groups of people are underserved, including children and people with disabilities. Responses are found in List 1, grouped by theme.

List 1. Unmet oral health needs in San Diego County

- **Financial barriers to care**
  - Access to care
  - Adequate funding for public assistance
  - Dental care for children with Denti-Cal or no insurance at all
  - Dental should be covered by Medi-Cal esp. perio
  - Finding pediatric dental services for Denti-Cal patients
  - Limited access to affordable dental services
  - Low-cost care
  - People w/o dental insurance
  - Providers willing to volunteer services at free clinics
  - Scholarships to lay people to help initiate their care
  - Share of cost or incentive to practitioners.
  - Treatment for poor and disadvantaged
- **Outreach and education**
  - A large population of children eligible for Denti-Cal are not utilizing the program
  - Awareness of available programs
  - Cultural barriers related to oral healthcare
  - Education
  - Education about the Oral Systemic Connection
  - Education regarding preventive behaviors and care
  - Increased use of ancillary educators about dental disease
  - Increasing oral health awareness among pediatricians
  - Mass education by multiple channels.
  - Oral health education
  - Proper diet, oral health care instruction
- **Specific procedures or diagnoses**
  - Caries
  - Decay
  - Dentures
  - Early detection and prevention
  - Oral health care - fluoride varnish and di-silver fluoride
  - Orthodontic
  - Periodontal disease
  - Prophy and caries treatment
- **Specific at-risk populations**
  - Adult Denti-Cal patients
  - Complete dental care for over half the population.
  - Dental care for adults with disabilities

    - Finding a pediatric dentist who can provide care with sedation or general anesthesia
    - Oral health resources for adults with disabilities
    - Pediatric under served
    - Young adults 20-30

Participants were also asked what obstacles their organization faces in providing oral health services to patients. Four themes again emerged that included financial obstacles (including general cost and procedure-specific costs, as well as challenges with both public and private insurance), non-financial barriers to care (including systemic barriers such as time and personal barriers such as transportation, commitment to care, and attitudes), lack of education and awareness, and personnel (lack of assistants). Specific responses are grouped by theme in List 2.

List 2. Obstacles to providing oral health services to patients

- **Financial obstacles**
    - Finances/cost (n=9)
    - Allocation of resources
    - Cost of sedation or general anesthesia when needed for kids
    - Denti-Cal coverage gaps
    - Insurance denials
    - Overhead
- **Non-financial barriers to care**
    - Time (n=2)
    - Transportation (n=2)
    - Commitment on the part of the patients who are low income and take care for granted
    - Convincing patients of the value of treatment
    - Familial attitudes
    - Fear of care
- **Lack of education or awareness**
    - Education (n=2)
    - Early dental referrals
    - Getting word out to general public regarding available resources
    - Ignorance
    - Lack of public knowledge about the Oral Systemic Connection
    - Resources to educate patients of different cultures about oral healthcare
- **Personnel**
    - Assistants

Respondents were asked which resources they would *like* to have access to. These included: outreach to Medi-Cal pediatricians, County psychological services, internet, bilingual instructional booklets, Denti-Cal funding, local Community Action Council members, continuing education opportunities, and connections to County Aging and

Independence Services. In response to a question about types of trainings that respondents would be interested in attending, only one person chose to respond: tobacco and vape counseling.

Lastly, respondents were asked whether they were interested in San Diego County Oral Health Coalition membership. Of the 40 that responded to the question, 12% were already members, 56% were not interested, and 32% were not yet members but were interested in engaging (they provided their contact information).

Pediatric Provider Community

As shown in Table 4, the 99 pediatric providers that responded to the survey represented a mix of organizations; 39% work at FQHCs, 37% are private providers, and 23% selected "other" organization. Most (87%) reported that that their organization accepts Medi-Cal and refers patients to oral health providers for preventive services.

Table 4. Characteristics of respondent organizations

Organizational Characteristics ***Response options***	**Sample size**	**n**	**%**
Type	99		
Federally Qualified Health Center (FQHC)		39	39%
Private provider		37	37%
Other[1]		23	23%
Accepts Medi-Cal	97	84	87%
Fluoride varnish applied	96	26	27%
Refers to oral health provider for preventive services	95	91	96%

[1] Other responses included: academic (n=4), academic medical center (n=1), academic practice (n=2), academic residency program (n=1), HMO (n=3), hospital based (n=1), Kaiser (n=2), military facility (n=3), pediatric subspecialty service (n=1), Rady Children's hospital (n=4), Scripps clinic (n=1)

As shown in Table 5, the ages at which referrals are made varied; half of respondents reported that referrals are made at the time of 1st tooth eruption or 12 months (whichever comes first), approximately one-third reported that the first referral is made between 13 and 24 months, and nearly 10% make the first referral after age 2. Ten percent of respondents elected to write in their own protocol for age at first referral. Five respondents (6%) stated that the referral is made at the 12-month visit. Other responses included: *6 months*, *6 months after first tooth or 12 months*, *after one year whenever we see them*, *age 12 months or older*, and *when admitted for dental-related concerns*. The relatively low proportion of respondents that reported referring patients at the time of 1st tooth eruption or 12 months reflects a training opportunity for pediatric physicians.

Similarly, a low proportion (27%) reported that they apply fluoride varnish within their practice, presenting another potential intervention point.

Table 5. Characteristics of referrals to oral health care providers[1]

Referral Characteristic *Response options*	Sample size	n	%
Age children first referred	88		
1st tooth eruption or 12 months		44	50%
13-24 months		28	32%
25-35 months		4	5%
3-5 years		3	3%
6+ years		0	--
Other[2]		9	10%
Refer to general dentist/hygienist	91	38	42%
Refer to pediatric dentist/hygienist	91	71	78%
Don't know to whom patients are referred	91	3	3%
Refer to other dental health provider[2]	91	2	2%

[1] Analyzed among the 91 providers that reported making referrals to oral health providers
[2] Other responses included: oral surgery, maxillofacial/ENT and dental office in our office

Respondents were asked to list obstacles their organization faces in referring patients for oral health services. Six general themes emerged: insurance coverage (n=26; including lack of insurance, lack of providers that accept public insurance, uninsured [but eligible] children, and low reimbursement); parental commitment (n=8; including misperceptions about the importance of oral health care); lack of providers (n=8; particularly dentists that do not see infants, toddlers, and children); communication and coordination (n=7; particularly a lack of a comprehensive, coordinated referral list); other barriers (n=4; including language and transportation); and lack of sedation options (n=3). Specific responses are listed by theme in List 3.

List 3. Obstacles to referring patients for oral health services

- **Insurance coverage**
  - Lack of or poor insurance coverage (n=12)
  - Lack of Denti-Cal providers, including pediatric providers (n=5)
  - Coverage difficulty for anesthesia
  - Insurance not accepted
  - Lack of income
  - Lack of dental services at every site
  - Parents haven't added kids to insurance
  - Pediatric dentists not always available for all insurance
  - Lack of providers who accept our patients' insurance

    - Quality Denti-Cal dentists
    - Reimbursement by insurance to dentists needs to be better
- **Parental commitment**
    - Dentistry is a self-referral - many parents do not call the dentist we recommend
    - Family's compliance with following up in dental referrals
    - High no-show rate
    - Lack of time commitment from parents
    - Not a priority for families
    - Parents do not keep appointments
    - Parents don't always realize importance of primary teeth
    - Poor dental care of parents
- **Lack of providers**
    - Availability
    - Dentist that do not see patients before 3 years
    - Finding pediatric providers
    - Inadequate access
    - Lack of peds dentistry
    - Long waiting time to schedule appoint with pediatric dentist
    - Some providers are not trained for young children
    - Wait times
- **Communication or coordination**
    - Communication
    - Comprehensive, updated lists of dentists and what insurances they take
    - Knowing who to refer to
    - Lack of communication
    - Need coordination between dental and medical
- **Other barriers**
    - Language barriers
    - Patient transportation (n=2)
    - Time
- **Special needs**
    - Huge wait list for kids needing gen anesthesia and kids with special needs
    - Lack of anesthesia/sedation options
    - No dentist in county who does Medi-Cal sedation

Respondents were also asked in general which obstacles their organization faces in providing oral health services to patients. Provider barriers (n=49; including lack of time, lack of a coordinated referral network, and work flow issues); Access to care (n=26; including cost, lack of pediatric dentists, and lack of appointment availability); Patient compliance and hygiene (n=21; including lack of understanding about the importance of oral health care); Insurance (n=16); and Public health issues (n=6) emerged as themes. Responses can be found grouped by theme in List 4.

List 4. Obstacles to providing oral health services to patients

- **Provider barriers**
  - Lack of time (n=23)
  - Unfamiliarity referral providers, resource mapping, referral management (n=6)
  - Effort to educate staff and physicians (n=5)
  - Does not generate income/reimbursement (n=4)
  - Purchase of fluoride varnish (n=2)
  - Staff availability (n=2)
  - Workflow issues (n=2)
  - Hygienist in clinic not always available
  - Need coordination between peds and dental
  - Not their primary care physician
  - Organizational constraints
  - We don't do it
- **Access to care**
  - Cost (n=4)
  - Lack of Pediatric Dentists, including those that accept Denti-Cal (n=6)
  - Lack of appointment access at dentist (n=2)
  - Referral locations (n=2)
  - Access to care for low income patients
  - Difficult to get appointment with dentist before 3 years of age
  - Income
  - Lack of anesthesia/sedation options in community
  - Lack of good dentists as perceived by patients
  - Needs for general anesthesia physician
  - Not enough providers
  - Payment
  - Poor routine dental care
  - Provider access
  - Transportation
  - Unable to work with young kids sometimes
- **Patient compliance and hygiene**
  - Lack of compliance/follow-up (n=9)
  - Lack of parental education/motivation (n=4)
  - Parents sometimes go to Tijuana for care
  - Patients are eligible but do not enroll in dental coverage
  - Patient/Parental personal heath choices
    - Bottle use after 1st birthday is common (n=2)
    - Poor food and drink choices (n=2)
    - Poor dental hygiene (n=3)
- **Insurance**
  - Active duty sponsors must actively enroll family members into insurance

    - Denti-Cal
    - Few providers who accept our patient's insurance
    - I don't know any dentists personally who accept Medicaid
    - Insurance coverage and constraints (n=8)
    - Lack of Denti-Cal providers
    - No dentist in the county accepts Medi-Cal for general anesthesia
    - Poor insurance coverage
- **Public health issues**
    - Advertisements for sweeten drinks
    - Community water supply isn't fluorinated
    - Families don't think sink water is safe so are more likely to drink soda
    - Fluoride in the water
    - Historical lack of fluoride
    - Misinformation

Respondents were asked which oral health resources they use in their practice. This information is included in the Inventory of Assets Report. Several respondents also listed resources that *would be* valuable to their practice. Responses included patient information materials (n=21), referral assistance (n=7), increased dental provider availability (n=7), fluoride varnish (n=6), behavior modification incentives (n=4), financial assistance (n=3), personnel (n=3), and the availability of certain procedures (n=2). Responses are grouped by these themes in List 5.

List 5. Oral health resources that would be valuable to pediatric practices

- **Patient information materials**
    - Posters and fliers in different languages (n=2)
    - Basic info card in English and Spanish, with basic info about dental care
    - Better handouts
    - Brochure for medical patients telling them how to access dental care
    - CDs
    - Community education about routine dental preventative care
    - Dental care handouts that were colorful and educational
    - Description of the types of exams done
    - Designated dental booklets with information per age group
    - Information on oral health hygiene, pamphlets
    - Myths sheet
    - Patient education
    - Picture handout
    - Some kind of oral health packet to give to parents
    - Spanish brush book bed posters
    - Spanish flyers explaining that we can and should drink sink water
    - Spanish info on importance of stopping bottle
    - Videos of tricks on how to brush teeth at specific ages

    - Videos on the consequences of poor oral health
    - Why it matters
- **Referral assistance**
    - A dentist to refer to (e.g. name, contact info)
    - Comprehensive, updated lists of dentists and what insurances they take
    - Dedicated referral specialist to get kids to see a dentist
    - List of dental providers, etc.
    - List of medical dentists in the area
    - Lists of dental providers
    - More info on dentists who accept Medi-Cal
- **Increased dental provider availability**
    - A North County Clinic that would accept Denti-Cal and do procedures
    - Availability
    - Easier Access to Dental Providers
    - More dentists and hygienists
    - More dentists taking dental
    - Pediatric dental offices
    - Visits from DDS
- **Fluoride varnish**
    - Fluoride varnish (n=4)
    - Fluoride guide
    - Free fluoride varnish
- **Behavior modification incentives**
    - Age appropriate books about tooth care
    - Books
    - Free toothbrushes
    - Toothbrushes we could hand out
- **Financial assistance**
    - Compensation for clinic if peds clinicians applied fluoride varnishes
    - Coverage
    - Insurance coverage for dental care
- **Personnel**
    - Dental assistant or medical assistant who could do fluoride varnish during the Peds visit
    - Staff available to provide services
    - Time
- **Procedure availability**
    - Anesthesia
    - Combined WCC/oral health visits

Respondents were also asked about trainings that they would be interested in attending. Responses are included in Appendix A. The most common trainings included

applying fluoride varnish within the office as well as patient communication regarding oral health and dental hygiene.

Lastly, respondents were asked whether they would be interested in joining the SDCOHC. Of those that responded (n=69), 72% were not interested, 9% were current members, and 19% provided their contact information to join the coalition. These 13 pediatric providers that are willing to join the coalition could significantly contribute to the LOHP goals.

Oral Health Partners and Community-based Organizations

In addition to dental health and pediatric providers, a survey instrument was created for oral health partners and community-based organizations. Perhaps due in part to 1) multiple assessments being received by the same individuals, 2) poor timing, and 3) surveys not reaching individuals that felt comfortable representing entire organizations, few responses were received (n=14). As the sample size was limited, responses will be discussed qualitatively rather than in terms of descriptive statistics.

In terms of population served, 12 of 14 organizations reported seeing children, 9 serve children 6-17 years, half serve adults, and half serve older adults. Twelve of 14 also serve those with special needs, racial and ethnic minorities, individuals with low socio-economic status, and new immigrants. Eleven of 14 serve individuals with limited English proficiency and half serve pregnant women. Several also reported serving the homeless and foster youth.

Respondents were asked to indicate their agreement with several statements about the populations they serve. The vast majority **disagreed** that:

- most adults they serve have their oral health needs met
- most children they serve have their oral health needs met
- most pregnant women they serve have their oral health needs met
- most seniors they serve have their oral health needs met
- most community members they serve understand the importance of preventive oral health services

Respondents were also asked to indicate their agreement with three statements related to the oral health services their organization provides. All who responded **agreed** that their organization:

- makes referrals to oral health services for the community members they serve
- provides oral health education to the community

Fewer (8 of 10) agreed that their organization refers community members to tobacco cessation services, representing an opportunity for intervention.

Respondents were asked to list the unmet oral health needs in San Diego County, obstacles their organization faces in getting the oral health needs of their clients met, and additional oral health resources that are needed in San Diego County.

The most frequently identified unmet oral health needs in San Diego County included public education and access to care (including affordability of care, low number of providers accepting Denti-Cal, lack of specialty care, and lack of linguistically and culturally appropriate care). A full listing of responses is found in Appendix B.

The greatest obstacles that community-based organizations face in meeting the oral health needs of their clients included lack of funding, lack of accessibility, and patient knowledge/compliance. A full listing of responses is found in Appendix C.

The most frequently identified needed oral health resources included assistance for special needs patients, public education, and increased access to dental providers. A full listing of responses is found in Appendix D.

Lastly, participants were asked if they were interested in joining the SDCOHC. Of the 13 who responded, ten reported that they were current members and three provided contact information to facilitate membership.

Discussion

It is important to note limitations to the data reported herein. First, response rates across the surveys were low. This was likely due to the timing of survey deployment during the winter holidays. Despite the low response rates, themes were echoed within and across professions, validating that the major strengths, obstacles, resources, and opportunities were captured across the needs assessments.

Several intervention points were identified related to community engagement from the four directed needs assessment surveys. Opportunities include: host a centralized database of dental providers categorized by accepted payers; encourage general dentists to see infants, toddlers, and children; train pediatricians and office staff about the importance of referring patients at first tooth eruption or age 1; facilitate in-office fluoride varnish among pediatric offices; encourage Denti-Cal acceptance by more dental providers; educate about the importance of tobacco cessation counseling; provide low-literacy patient education materials in priority languages; educate the public about the importance of oral health; educate the public about insurance options for children; assist in the reduction of barriers to care; and advocate for policy changes related to reimbursement.

These results will be combined with those of the other needs assessment summaries to create, refine, prioritize, and finalize the COHIP in coordination and consultation with the

Local Oral Health Advisory Board and HHSA. Based on the results of the needs assessment, four broad goals were identified for improving oral health in San Diego County. These goals and supporting objectives and activities can be found in the following section.

Goals and Objectives for Improving Oral Health

1. **Educate the public about the importance of preventive oral health and hygiene.**
   - 1.1. Provide linguistically and culturally appropriate patient education materials to dentists, pediatricians, physicians, and CBOs that serve vulnerable populations.
   - 1.2. Educate healthcare and oral health providers about patient communication and shared decision-making related to oral health.
   - 1.3. Create care plans in collaboration with patients about follow-up care and referrals.
   - 1.4. Centralize information about oral healthcare providers and accepted payers.
   - 1.5. Provide case management services to patients with significant barriers to care.
   - 1.6. Create a public information campaign.
2. **Leverage the patient-provider relationship that pediatricians have with the families they serve.**
   - 2.1. Provide pediatricians and their office staff with training, resources, and behavior modification incentives for patient distribution.
   - 2.2. Provide fluoride varnish for application at well-child visits.
   - 2.3. Create care plans in collaboration with patients about follow-up care and referrals.
   - 2.4. Centralize information about oral healthcare providers and accepted payers.
3. **Increase the number of dentists that provide care to the very young, very old, and underserved.**
   - 3.1. Promote Denti-Cal acceptance by private dentists.
   - 3.2. Advocate for increased dental reimbursement.
   - 3.3. Centralize information about oral healthcare providers and accepted payers.
   - 3.4. Educate dental providers about care of specific populations.
   - 3.5. Assess barriers to anesthetized dental care for vulnerable populations.
4. **Create system linkages through collaboration and coordination.**
   - 4.1. Facilitate a concerted membership effort, focusing on those that expressed interest in SDCOHC *and* organizations that were identified as being useful toward SDCOHC goals (SDCOHC Assessment Report, Figure 1).
   - 4.2. Conduct interprofessional trainings (with Continuing Education [CEs]) and events to facilitate networking and cross-sector collaboration.
   - 4.3. Centralize information about oral healthcare providers and accepted payers.

Appendix A - Training Topics Suggested by Pediatricians

- AAP-hosted oral health conference (similar to school health conference)
- Any, I could use more training in this area.
- Applying varnish in the office
- Basic dental education
- Best practices for promoting oral health
- CME
- Comprehensive
- Current recommendations for oral health and how to apply varnish
- Dental care in primary care
- Dental emergencies
- depends on location and time of day
- Did varnishing past but inconsistent use and supplies training in spring would be good
- Dinner meeting
- Education about basic oral health issues and how to recognize them/when to refer to dentist
- Educational sessions for residents
- Evaluation and management of dental conditions/trauma
- Fluoride varnish application (n=5)
- General dental problems or issues with the mouth that primary care doctors can diagnose and treat
- General oral care
- Hands on and visual - being taught what to do by a presenter and videos, then checking ourselves on model patients
- How to encourage dental hygiene
- How to use fluoride varnish in office
- I don't have time
- I don't want to be trained to do dental work
- In-services
- Local resources
- Management of basic dental injuries/trauma (stabilization before dental visit)
- Networking with dental providers
- Nutrition and Prevention training
- Occasional in-person update class from a pediatric dentist.
- OH screening
- Online training
- Overview of how oral health can be evaluated and treated in a primary care setting (unrelated to outside dental care).
- Patient communication about bottle and juice use
- Pediatric dentistry update
- Practices that can be less time consuming and be applicable to the pediatrician's office and encourage visit to Dental as well
- Top 10 things-type talk from either a well-seasoned pediatric dentist or a pediatrician that rotates through a pediatric dentist office for >2 weeks

Appendix B - Unmet Oral Health Needs in San Diego County (Partners and CBOs)

- Access to care for all, especially special needs groups
- Access to care in rural areas
- Adults
- Affordable services for adult dental/oral care
- Affordable services for seniors
- Affordable specialty care and treatment
- Connection between general health to dental/oral health
- Culturally appropriate services for those with limited English proficiency (LEP)
- Dental knowledge of those receiving dental/oral care
- Educational resources that can be shared with parents
- Endodontics
- Follow up care for dental care once a need has been identified
- Greater awareness about early oral health exams
- Impact of tobacco products on dental/oral health
- Importance of oral health education for parents of young children
- Lack of specialty providers who accept medical
- More accessible and affordable care for seniors without oral health coverage
- More providers accepting Denti-Cal
- More providers trained in geriatrics
- O.R. sedation
- Orthodontics
- Periodontics
- Preventive dental services
- Preventive dentistry
- Prosthodontics
- Receiving treatments
- Recurrence of decay
- Regular dental care for low SES
- Reimbursement for out of pocket expenses for foster parents
- Sedation fees for children with medical
- Timely appointments for Denti-Cal recipients

Appendix C – Oral Health Related Obstacles that CBOs Face

- Accessibility / hours of operation
- Accessibility / language barriers and lack of education around prevention
- Accessibility / transportation barriers
- Accessibility to schools
- Affordability / insurance coverage and cost of dental care
- Convincing them to go or have routine cleaning
- Cost
- Dental knowledge of dental/oral health
- Denti-Cal reimbursement remains low
- Finances to provide large scale public awareness campaigns
- Finding dental providers willing and trained to work with our clients
- Help with payments for those that do not have insurance
- Insurance coverage
- Lack of affordable housing
- Lack of dental specialists to refer to.
- Lack of funding
- Lack of medical-dental integration
- Lack of specialists to refer patients to
- Location of services for dental/oral health care
- Mental health needs of patients
- Oral health education after typical work hours and on weekends
- Parent compliance
- Parental involvement
- Pediatric dentists accepting Denti-Cal
- Transportation
- Transportation in rural areas
- Value of maintaining dental/oral health

Appendix D - Oral Health Resources Needed by CBOs and Partners

- Alternate times
- An oral health care roadmap for people with special needs
- Educational materials
- Enforce kindergarten screening and enhanced efforts around prevention
- Linguistically appropriate
- Low cost anesthesia
- More budget for manpower, materials, transportation
- More dental services, and ideally integration of health services
- More 'mobile' clinics
- More mobile dental services
- Partnership with private dental providers to host community days for dental/oral health care
- Programs that integrate oral and systemic health
- Public awareness campaigns
- School dental screenings (complete exams?)
- Special needs providers
- Specialists that accept medical
- Support of school based dental clinics to compliment health clinics on campus
- Support with treatment, such as general anesthesia, that's not covered by their insurance
- Surgery centers to assist with pediatrics or adults with special needs.

Appendix E - Oral Health Provider Community Needs Assessment

County of San Diego
Health and Human Services Agency, Public Health Services
Maternal, Child, and Family Health Services, Local Oral Health Program

Oral Health Provider Community – Baseline Needs Assessment Survey

Introduction
Thank you for participating in this baseline needs assessment survey for the County of San Diego Local Oral Health Program. The purpose of this survey is to query oral health providers in San Diego County regarding oral health practices, available oral health resources, and the oral health behaviors of their patients. As a provider, your responses are important for prioritizing oral health issues and developing solutions to gaps in oral health services in San Diego County.

This survey should take approximately 15 minutes of your time. Your responses will remain confidential and will be grouped with those of other respondents for reporting.

Organization information

1. Please select a single option that best describes your organization:
   - ☐ Federally qualified health center (FQHC)
   - ☐ Private provider
   - ☐ Other (specify):

2. What is your job title within the organization?

Assessment

3. The following statements are related to the **practices** of your organization. Please select a single response.

Oral Health Services	Yes	No	Not sure/Don't know
A. My organization serves adults.	☐	☐ **[Skip to 3e]**	☐
B. **[Ask if 3a = Yes]** My organization accepts adult Denti-Cal patients.	☐	☐ **[Skip to 3d]**	☐
C. **[Ask if 3b = Yes]** My organization accepts new adult Denti-Cal patients.	☐	☐	☐
D. **[Ask if 3a = Yes]** What percent of your current adult patients are covered by Denti-Cal?			
E. My organization serves children.	☐	☐ **[Skip to Question 3k]**	☐
F. **[Ask if 3e = Yes]** My organization accepts pediatric Denti-Cal patients.	☐	☐	☐

Oral Health Services	Yes	No	Not sure/Don't know
G. **[Ask if 3f = Yes]** My organization accepts new pediatric Denti-Cal patients.	☐	☐	☐
H. **[Ask if 3f = Yes]** What percent of your current pediatric patients are covered by Denti-Cal?			
I. **[Ask if 3e = Yes]** At what age does your organization see children for the first time? ☐ First tooth eruption or 12 months, whichever comes first **[Skip to Question 4]** ☐ 13-24 months **[Skip to Question 4]** ☐ 25-35 months **[Skip to Question 4]** ☐ 3-5 years **[Skip to Question 4]** ☐ 6+ years ☐ Other: _____			
J. **[Ask if 3i > 5 years]** What **obstacles** does your organization face in providing oral health services to children ages 5 years and younger?			
K. Now thinking about all your patients, does your organization provide preventive oral health services?	☐	☐ **[Skip to Question 3m]**	☐
L. What percent of your procedures are preventive?			
M. Would your organization be willing to provide preventive care to children ages 5 years and younger (e.g., cleaning, exams, silver diamine fluoride, fluoride varnish)?	☐	☐	☐
N. Does your practice refer tobacco users to cessation services?	☐	☐	☐
O. Does your practice regularly screen patients for oral cancer?	☐	☐	☐

4. What types of health insurance does your organization accept?
   - ☐ Private
   - ☐ Public
   - ☐ Fee for service

5. The following statements are related to the overall **oral health behaviors** of your patients. Please select a single response that specifies your level of agreement with each statement.

Patient Population	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	Don't Know/ Not Sure	Not applicable (N/A)
A. Most patients adequately utilize oral health services.	☐	☐	☐	☐	☐	☐

Patient Population	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	Don't Know/ Not Sure	Not applicable (N/A)
B. Most **pregnant** patients adequately utilize oral health services.	☐	☐	☐	☐	☐	☐
C. Most patients bring their children to receive oral health services at the time of first tooth eruption or 12 months, whichever occurs first.	☐	☐	☐	☐	☐	☐
D. Most patients know how to find an oral health provider.	☐	☐	☐	☐	☐	☐
E. Most patients understand the importance of preventive oral health services.	☐	☐	☐	☐	☐	☐

The following questions regarding oral health efforts and resources are open-ended.

6. What are the **unmet oral health needs** in San Diego County.

7. What **obstacles** does your organization face in providing oral health services to your patients?

8. What oral health **resources** do you use in your practice?

9. What other **resources** would be valuable to your practice?

10. What type of **training** would you be interested in attending?

11. Would you be interested in joining the San Diego County Oral Health **Coalition**?
    - **a.** Yes
    - b. No, I am already a current member **[Skip to Question 13]**
    - **c.** No, I am not a member and am not interested in joining **[Skip to Question 13]**

12. **[Ask if Question 11 = Yes]** Please provide your contact information:

13. Do you have anything to **add**?

14. Are you willing to **discuss** your feedback? If so, please provide your contact information:

Thank you for completing this survey.
If you have any questions, please contact Martha Crowe, Research Associate at the Institute for Public Health (IPH) at SDSU at mcrowe@sdsu.edu or 619-594-2644.

Appendix F - Pediatric Provider Community Needs Assessment

County of San Diego
Health and Human Services Agency, Public Health Services
Maternal, Child, and Family Health Services, Local Oral Health Program

Pediatric Provider Community – Baseline Needs Assessment Survey

Introduction

Thank you for participating in this baseline needs assessment survey for the County of San Diego Local Oral Health Program. The purpose of this survey is to query pediatric providers in San Diego County regarding oral health practices, available oral health resources, and the oral health behaviors of their patients. As a provider, your responses are important for prioritizing oral health issues and developing solutions to gaps in oral health services in San Diego County.

This survey should take approximately 15 minutes of your time. Your responses will remain confidential and will be grouped with those of other respondents for reporting.

Organization information

1. Please select a single option that best describes your organization:
   - ☐ Federally qualified health center (FQHC)
   - ☐ Private provider
   - ☐ Other (specify):

2. What is your job title within the organization?

Assessment

3. The following statements are related to the **practices** of your organization. Please select a single response.

Oral Health Services	Yes	No	Not sure/Don't know
A. My organization accepts Medi-Cal.	☐	☐	☐
B. In my practice we apply fluoride varnish in the office.	☐	☐	☐
C. My organization refers patients to oral health providers for preventive services.	☐	☐ **[Skip to Question 4]**	☐
D. **[Ask if 3c = Yes]** At what age does your organization refer children to oral health providers for the first time? ☐ First tooth eruption or 12 months, whichever comes first ☐ 13-24 months ☐ 25-35 months ☐ 3-5 years ☐ 6+ years ☐ Other: _____			

E. **[Ask if 3c = Yes]** To which type of oral health provider do you refer your patients? Check all that apply. ☐ General dentist/hygienist ☐ Pediatric dentist/hygienist ☐ Other (specify): _____ ☐ Don't Know/Not Sure			

The following questions regarding oral health efforts and resources are open-ended.

4. What **obstacles** does your organization face in providing oral health services to your patients?

5. What oral health **resources** do you use in your practice?

6. What other **resources** would be valuable to your practice?

7. What type of **training** would you be interested in attending?

8. What **obstacles** does your organization face in referring patients for oral health services?

9. Would you be interested in joining the San Diego County Oral Health **Coalition**?
   a. Yes
   b. No, I am already a current member **[Skip to Question 11]**
   c. No, I am not a member and am not interested in joining **[Skip to Question 11]**

10. **[Ask if Question 8 = Yes]** Please provide your contact information:

11. Do you have anything to **add**?

12. Are you willing to **discuss** your feedback? If so, please provide your contact information:

Thank you for completing this survey.
If you have any questions, please contact Martha Crowe, Research Associate at the Institute for Public Health (IPH) at mcrowe@sdsu.edu or 619-594-2644.

Appendix G - Oral Health Partners & CBO Needs Assessment

County of San Diego
Health and Human Services Agency, Public Health Services
Maternal, Child, and Family Health Services, Local Oral Health Program

Oral Health Partners and Community-Based Organizations –
Baseline Needs Assessment Survey

Introduction

Thank you for participating in this baseline needs assessment for the County of San Diego Local Oral Health Program. The purpose of this survey is to obtain information related to oral health resources and practices from organizations that serve groups at higher risk for poor oral health (e.g., tooth decay, gum disease), including seniors, refugees, and certain racial/ethnic minority groups. Your responses are important to ensure that the oral health needs of San Diego residents are met.

This survey should take approximately 15 minutes of your time. Your responses will remain confidential and will be grouped with those of other respondents for reporting.

Organization information

1. Please provide the following information about your organization.
   - ☐ Organization name:
   - ☐ Job Title:

Assessment

2. Which age groups does your organization serve? Check all that apply.
   - ☐ Children ages 0–5 years
   - ☐ Children ages 6-17 years
   - ☐ Adults ages 18-64 years
   - ☐ Adults ages 65+ years

3. Which at-risk populations does your organization serve? Check all that apply.
   - ☐ People with special needs
   - ☐ Racial/ethnic minorities
   - ☐ New immigrants
   - ☐ Pregnant women
   - ☐ Individuals of low socioeconomic status (low SES)
   - ☐ Individuals with limited English Proficiency (specify first languages):
   - ☐ Other (specify):

4. The following statements are related to the **populations** served by your organization. Please select a single response that specifies your level of agreement with each statement.

Patient Population	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	Don't Know/ Not Sure	Not Applicable (N/A)
A. Most adults that we serve have their oral health needs met.	☐	☐	☐	☐	☐	☐
B. Most children that we serve have their oral health needs met.	☐	☐	☐	☐	☐	☐
C. Most pregnant women that we serve have their oral health needs met.	☐	☐	☐	☐	☐	☐
D. Most seniors (65+) that we serve have their oral health needs met.	☐	☐	☐	☐	☐	☐
E. Most community members that we serve understand the importance of preventive oral health services.	☐	☐	☐	☐	☐	☐

5. The following statements are related to the **oral health services** your organization provides. Please select a single response that specifies your level of agreement with each statement.

Patient Population	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	Don't Know/ Not Sure	Not Applicable (N/A)
A. Our organization makes referrals to oral health services for the community members we serve.	☐	☐	☐	☐	☐	☐
B. Our organization provides oral health education to the community.	☐	☐	☐	☐	☐	☐
C. Our organization refers community members to tobacco cessation services.	☐	☐	☐	☐	☐	☐

The following questions regarding oral health efforts and resources are open-ended.

6. What are the **unmet oral health needs** in San Diego County?

7. What **obstacles** does your organization face in getting the oral health needs of your clients met?

8. What oral health **resources** do you use to help your clients?

9. What additional oral health **resources** are needed in San Diego County?

10. What type of oral health **training** is needed for community-based organizations in San Diego County?

11. Would you be interested in joining the San Diego County Oral Health **Coalition**?
    - ☐ Yes
    - ☐ No, I am already a current member [Skip to Question 13]
    - ☐ No, I am not a member and am not interested in joining **[Skip to Question 13]**

12. **[Ask if Question 11 = Yes]** Please provide your contact information:

13. Are you willing to **discuss** your feedback? If so, please provide your contact information:

Thank you for completing this survey.
If you have any questions, contact Martha Crowe, Research Associate at the Institute for Public Health at SDSU at mcrowe@sdsu.edu or 619-594-2644.