# County of San Diego HEALTH AND HUMAN SERVICES AGENCY

## Local Oral Health Program Inventory of Assets Report

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

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#### **Acknowledgements**

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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, 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; (2) community engagement; (3) local oral health data; and (4) local oral health assets. The results of the inventory of assets assessment are presented herein.

#### **Methodology**

Information about local oral health assets was compiled from four surveys distributed to various audiences: (1) oral health providers; (2) pediatricians; (3) oral health partners/community-based organizations (CBOs), and (4) members of the San Diego County Oral Health Coalition (SDCOHC).

#### Results

Overall, findings indicate that San Diego has well-established organizations, programs, and resources that serve as oral health assets for the region and that respondents make good use of these resources. The SDCOHC, the LOHP, the Dental Health Initiative, and the Oral Health Initiative were all identified as vital during the needs assessment, as were FQHCs, organizations providing free or reduced-cost dental care, certain websites, and education programs.

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 community-based organizations 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

Responses regarding existing assets in San Diego County demonstrated a wide array of available resources. However, there is no centralized clearinghouse of resources that provides quick and easy access to information. Service providers rely on individually curated resources and would benefit from such a clearinghouse.

Limitations of the results presented herein include varying response formats and levels of specificity. As these data were gathered through open-ended text fields in online surveys, follow-up questions to provide clarity or specificity were not possible. In addition, though links or specific names of resources were requested in the survey, they were seldom provided. It is recommended that these comprehensive listings be brought to a SDCOHC coalition meeting for presentation where a focus-group-style feedback session can better inform the development of a comprehensive list of resources.

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) increase its infrastructure to address gaps; and (3) identify 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 inventory of local oral health assets.

#### Methodology

#### **Methods**

County HHSA staff, Dr. Finlayson, and the IPH began planning for the countywide oral health needs assessment in September 2018. Four targeted needs assessment tools

were deployed in December 2018; data collection was closed on January 7, 2019. Details about the planning process, the assessment tools, and data collection and analyses are provided below.

#### **Assessment Tools**

In order to compile a comprehensive inventory of oral health assets and gaps in resources in San Diego County, questions about these topics were included in needs assessments surveys to four groups: oral health providers, pediatric healthcare providers, oral health partners/community-based organizations, and SDCOHC members. An overview of the surveys used for each of the needs assessments is found in Table 1. As shown, data relevant to the Inventory of Assets Assessment was collected from each of the four surveys.

Table 1. Crosswalk of surveys deployed and needs assessments they addressed

Survey	San Diego County Oral Health Coalition Assessment	Oral Health Provider Community Assessment	Pediatric Provider Community Assessment	Partners & Community-based Organization Assessment
Audience	SDCOHC members	Current oral and dental health providers (including Head Starts and refugee-serving organizations)	Pediatric medical providers	Groups that provide oral health services to high-risk groups (seniors, refugees, racial/ethnic minority groups)
Corresponding Needs Assessment(s)	<ul><li>SDCOHC Assessment</li><li>Inventory of Assets</li></ul>	<ul><li>Community Engagement Assessment</li><li>Inventory of Assets</li></ul>	<ul><li>Community Engagement Assessment</li><li>Inventory of Assets</li></ul>	<ul> <li>Inventory of Assets</li> </ul>

As described in other reports, the survey to oral health providers was deployed by the San Diego County Dental Society to all of its members on December 13, 2018. The survey to the pediatric provider community was deployed by the American Academy of Pediatrics on December 7, 2018. The oral health partner/community-based organization survey was deployed by the IPH on December 19, 2018, and the San Diego Oral Health Coalition survey was deployed by the IPH on December 10 and 18, 2018.

Questions related to oral health assets and resource gaps on the oral health provider survey, pediatric healthcare provider survey, oral health partner/community-based organization survey, and SDCOHC survey included themes such as:

#### 1. Populations served

- 2. Unmet oral health needs in San Diego County
- 3. Obstacles faced in providing oral health services
- 4. Resources in use
- 5. Resources needed

#### **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.

The lists of San Diego County Medi-Cal Dental providers as of 9/2018 (Retrieved 1/31/2019: https://www.denti-cal.ca.gov/DC\_documents/beneficiaries/provider\_referral\_list/SanDiego.pdf) and Federally Qualified Health Centers (FQHCs) with dental clinics serving Medi-Cal beneficiaries (Retrieved 1/31/2019 https://systest.denti-cal.ca.gov/DC\_documents/beneficiaries/provider\_referral\_list/FQHC/SanDiego\_FQHC.pdf) were downloaded from the California Department of Health Care Services (DHCS) Medi-Cal Dental Portal for the map of assets/resources in underserved areas analysis.

These lists were imported into ArcGIS Desktop 10.6.1 after aggregation by address using MS Access. For mapping, addresses of Medi-Cal Dental providers and FQHCs were geocoded. Baseline map shape files including San Diego County, six regions of County of San Diego Health and Human Services Agency (HHSA), zip codes were downloaded from SanGIS/SANDAG Regional GIS Data Warehouse (http://rdw.sandag.org/). The geocoded providers and center location points were overlaid on those baseline map shapes.

#### Results

#### **Inventory of Existing Assets**

San Diego has many well-established organizations, programs, and resources that serve as oral health assets for the region. The SDCOHC, the LOHP, the Dental Health Initiative, and the Oral Health Initiative were all identified as vital during the needs assessment, as were FQHCs, organizations providing free or reduced-cost dental care, certain websites, and education programs. The following were identified on surveys and during meetings as being of crucial importance to improving the oral health of San Diego residents:

- San Diego County Oral Health Coalition (SDCOHC)
  - County HHSA leadership
  - o Truly collaborative; seen as a convener

- Mission-driven
  - 98% of surveyed members believe the mission is relevant to the oral health needs of the County; 100% report that their organization is committed to the goals of the SDCOHC.
- Membership desires to impact oral health
- Strong interest in membership
- Local Oral Health Program
  - County HHSA leadership
  - Recent state grant funding
- Dental Health Initiative: Share the Care
- Oral Health Initiative: dental services through First 5 for young children and pregnant women
- Federally Qualified Health Centers
  - Embedded dental clinics
- Organizations that provide free and reduced-cost dental services for qualifying populations
  - Gary and Mary West Senior Dental Center
  - UCSD Free Dental Clinic
  - Mobile dental clinics through Vista Community Clinic, North County Health Services, and La Maestra
  - Free health days through organizations such as the Tzu Chi Foundation
- Informative websites
  - Share the Care
    - Dental Roadmaps to find providers in each of the 6 HHSA regions
  - San Diego County HHSA
- Collaborative efforts to educate and provide preventive oral health services
  - o Give a Kid a Smile
  - Smiles for Life

In addition, survey data reveal that community based-organizations, oral health providers, and pediatric care providers utilize a wide range of oral health resources in their practices. These resources include in-office personnel, nonprofit and other community-based organizations, online and printed educational materials, and referrals to specialists, among others. Resources listed by respondents are found in Appendices A - C.

In general, community-based organizations use referrals, community oral health events, Dental Health Initiative Share the Care, patient education materials, social workers, various websites, 211 San Diego, community dental offices, volunteer providers, and FQHCs (Appendix A).

Resources used by oral health providers include patient education materials, dental assistants, dental hygienists, and referrals to specialists as needed (Appendix B).

Pediatric health care providers listed numerous resources in use including patient education materials on a variety of topics, websites, in-office hygienists, dental referrals, in-clinic dental offices, Denti-Cal, and fluoride varnish (Appendix C).

#### **Identified Gaps**

While survey participants indicated that they use and value a wide range of oral health resources in San Diego County, they also discussed several significant gaps in assets and resources. They noted that these gaps exist at the policy, coalition, community, organizational, and practice level. These gaps, in turn, create barriers to oral health care for San Diegans, and these barriers affect certain vulnerable populations, such as seniors, people in rural areas, children, people with disabilities and non-English speakers, most acutely. Gaps identified in survey data include:

#### SDCOHC

- Few members agree that SDCOHC is influencing systems change and policies.
- Members report that SDCOHC lacks members that have the influence with decision makers that is necessary to accomplish the coalition's goals.
- Lack of focus on specific populations
  - Seniors
  - Rural San Diego County
  - Young children and toddlers
  - People with disabilities
  - Individuals with limited English proficiency

#### Denti-Cal

- Not enough providers accept Denti-Cal.
- Reimbursement rates are low.
- Many procedures are not covered.
  - Sedation is necessary in many cases.

#### Uninsured

- Many do not qualify for Denti-Cal but cannot afford their share of cost.
- Children are not covered on parental dental plans.
- Policy approaches not enforced
- Missed opportunities
  - Lack of referral to tobacco cessation services
  - Fluoride varnish not applied at pediatric visits
  - Referral lists are incomplete or not up-to-date.
  - Not enough pediatric providers
- Lack of public awareness and knowledge of the importance of oral health
  - Education must be linguistically and culturally appropriate.
  - Pediatric patients are not seen as per guidelines.

- Education needed about dental hygiene, proper nutrition, and appropriate beverages
- Significant barriers to care remain.
  - These include personal, systemic, and provider barriers.
- Lack of coordination and collaboration between stakeholders

#### Map of assets/resources in underserved areas

Figure 1 (next page) shows a San Diego County map indicating the geographic locations of Medi-Cal Dental Program providers (as of 9/2018) and dental clinics at Federally Qualified Health Centers (FQHCs) serving Medi-Cal beneficiaries. Despite the tabulated data by HHSA region (Table 2) showing more than 30 dental health service locations available in each region, the map in Figure 1 demonstrates a clear dental health professional shortage, particularly in the inland areas of East and North Inland regions.

Table 2. Medi-Cal Dental Program Provider and Federally Qualified Health Center **Locations in San Diego County** 

	Medi-Cal Dental Program	
Region	Providers	FQHCs
Central	28	6
East	29	7
North Central	38	2
North Coastal	26	5
North Inland	54	9
South	49	6
Total	224	35

NORTH COASTAI NORTH INLAND 91916 Legend Dental Program Locations (224) FQHCs (35) Region EAST Name CENTRAL EAST NORTH CENTRAL NORTH COASTAL NORTH INLAND SOUTH Zip Code 10 20 Miles NOTE: FQHCs: Dental Clinics Serving Medi-Cal Beneficiaries Medi-Cal Dental Program Locations (9/1/2018)

Figure 1. Map of Medi-Cal Dental Program Provider and Federally Qualified Health **Center Locations in San Diego County** 

#### List of publications of identified assets/resources and gaps

Needs assessment participants provided extensive lists of assets, resources, and gaps related to oral health in San Diego. No publication was identified, however, that included these assets and gaps in care. One publication that several survey respondents utilize is the Denti-Cal Provider Bulletin: <a href="https://www.denti-cal.ca.gov/Dental\_Providers/Denti-">https://www.denti-cal.ca.gov/Dental\_Providers/Denti-</a> Cal/Provider\_Bulletins/. These bulletins include information about payment procedures, training seminars, enrollment processes, and, periodically, about state-wide dental campaigns. Survey participants also utilize the list of Denti-Cal providers in order to help people find providers: https://www.denti-cal.ca.gov/Beneficiaries/Denti-Cal/Provider Referral List/.

#### Discussion

Responses regarding existing assets in San Diego County demonstrated a wide array of available resources. However, there is no centralized clearinghouse of resources that provides quick and easy access to information. Service providers rely on individually curated resources and would benefit from such a clearinghouse.

Limitations of the results presented herein include varying response formats and levels of specificity. As these data were gathered through open-ended text fields in online surveys, follow-up questions to provide clarity or specificity were not possible. In addition, though links or specific names of resources were requested in the survey, they were seldom provided. It is recommended that these comprehensive listings be brought to a SDCOHC coalition meeting for presentation where a focus-group-style feedback session can better inform the development of a comprehensive list of resources.

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### 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.
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- 3.4. Educate dental providers about care of specific populations.
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#### 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 - Oral Health Resources Used by CBOs and Partners

- 211 San Diego
- Application of fluoride
- CDA website resources
- Child Welfare Services Social Worker
- Community clinic referrals
- Community dental offices, FHCSD, La Maestra, Neighborhood Healthcare, etc.
- Community offices
- Community resource fairs support dental/oral health topics
- Contracting with Dental Specialists to serve our community
- Dental Lifeline Network
- Denti-Cal bulletin
- Education on Dental/Oral Health for Pregnant Women
- Education on Dental/Oral Health for Community groups/staff who serve children and Pregnant women
- Education on Dental/Oral Health for Health Professionals who serve children, Pregnant women
- Education on Dental/Oral Health for Parents and Caregivers
- Educational resources
- FQHC's

- Free Clinic days for children ages 0-18, Give Kids A Smile event
- Hospitals
- IHA what do for healthy teeth
- Internal referrals from other departments
- NCHS Dental Van
- Oral health education classes
- Oral Health Initiative for children 0-5 and pregnant women
- Oral home care kit
- Private Dental office referrals
- Provide education in medical clinic
- Refer families to local providers that accept Medi-Cal for their children
- Referral to RDHAP for homebound and infirm clients
- Regional Center
- Screenings and presentations, distribution of flyers
- Sedation Offices
- Share the Care
- Share the Care website resources
- Sharethecare.com
- Volunteer dentists and dental staff

### Appendix B - Oral Health Resources Used by Oral Health **Providers**

- Hygienists (n=2)
- DVD
- Brochures from ADA
- ADA brochures
- ADA (n=3)
- AAPD
- Technologies to communicate and show current oral health
- Pictures
- Patient education with staff
- Oral Systemic Literature
- Online patient education videos
- CDA (n=3)
- Brochures

- Assistants (n=2)
- Spear Ed
- Patient education
- Nutritionist
- Models
- Jada
- Brochures that explain oral health conditions
- brochures
- X-ray lab
- Face to face instruction
- Digital animation which explains oral health
- Ancillary health -MD's, specialists and pathology referrals

## Appendix C - Oral Health Resources Used by Pediatric Health Care Providers

- Able to make dental appointments in clinic (n=2)
- After visit summary has information
- Anticipatory guidance (n=2)
- Bright futures handouts
- Bright Futures website
- Caries Pictures
- Dental consultants
- Dental coordinator
- Dental dept in our office
- Dental Hygienist in office (n=5)
- Denti-Cal phone number and website
- Denti-Cal provider list
- Dentist office on site (n=8)
- Dentists (n=3)
- Discuss bottle weaning, brushing
- Education (n=2)
- Education Caries prevention
- Education Nutrition
- Educational pamphlets
- Encouragement, discussion of general exam findings
- Fluoride varnish (n=6)
- For some immunodeficiency syndromes with delayed shedding, I look up details in review articles
- Handout on enrollment in military dental plan
- Handout on how to care for teeth
- Handout with dentist's referral info
- Handouts (n=3)
- Handouts for dental care

- Handouts for list of providers/medical phone number
- Handouts, cards from dentist offices, free toothbrushes
- Healthy children website (n=2)
- Independently created flyer
- Insurance guide
- Integrated EHR with dental
- List of pediatric dentists (n=2)
- MA to apply the varnish (n=2)
- Medical that covers dental
- Mobile dental Van
- Oral health care
- Pamphlets
- Pediatric dentist reference sheet
- Pediatric dentists (n=2)
- Pediatricians
- Poster: Importance of fluoride
- Prenatal education on baby bottle tooth decay
- Referral cards/lists (n=2)
- Referral to dental within the organization
- Referral to dentist (n=7)
- Referral to pediatric dentist (n=2)
- Rx for fluoride vitamins
- Verbal education to children and their parents
- Videos
- Well Child Visit Handouts
- Written literature discussing oral health/ hygiene

### Appendix D - San Diego County Oral Health Coalition Assessment

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

#### San Diego County Oral Health Coalition - 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 identify the oral health needs and resources in San Diego County as they relate to the efforts of the San Diego County Oral Health Coalition (SDCOHC). As a member of SDCOHC, your responses are important for informing the structure, mission, and values of the coalition.

This survey should take approximately 20 minutes of your time. Your responses will remain confidential and will be grouped with those of other respondents for reporting.

#### Organization information

1.	Does your organization provide dental services?  ☐ Yes ☐ No ☐ Don't Know/Not Sure
2.	Please select a single option that best describes your organization:  Private provider Community clinic/Federally qualified health center (FQHC) Insurance provider Local, state, or federal government K-12 school College/university Community-based organization Other (specify):
3.	What is your job title within the organization?
4.	How long have <b>you</b> been involved with the SDCOHC?  One year or less  2-3 years  4-5 years  6-10 years  Greater than 10 years  Don't Know/Not Sure  Not Applicable
5.	How long has <b>your organization</b> been involved with the SDCOHC?  One year or less 2-3 years







		4-5 years 6-10 years Greater than 10 years Don't Know/Not Sure Not Applicable
6.	Approx	imately what percent of your organization's activities/services are related to oral health? 100% 75-99% 50-74% 25-49% 0-24%

#### **SDCOCH Mission, Goals, and Values**

- Mission: To improve oral health across the lifespan by achieving health equity through education and access to quality oral health services.
- Vision: Achieving optimal oral health for all San Diego County residents.
- Goals:
  - i. Increase access to and utilization of quality preventive oral health care and treatment.
  - ii. Promote inter-professional collaboration.
  - iii. Address cultural competency and oral health literacy.
  - iv. Maintain and expand community water fluoridation efforts.

#### Assessment

7. The following statements are related to SDCOHC **mission**, **goals**, **and vision**. Please select a single response that specifies your level of agreement with each statement.

Mission, Goals, and Values	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	Don't Know/ Not Sure
A. SDCOHC's mission is relevant for to the oral health needs of the county.					
B. My organization understands the goals of the coalition.					
C. My organization is committed to the goals of the coalition.					
D. My organization shares a common vision with other coalition members regarding the coalition's efforts.					
E. My organization understands our roles and responsibilities within the coalition.					







8. The following statements are related to SDCOHC **membership and outreach**. Please select a single response that specifies your level of agreement with each statement.

	Membership and Outreach	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	Don't Know/ Not Sure
A.	The organizations necessary for achieving SDCOHC oral health goals are current members of the coalition.					
B.	SDCOHC members have the influence with decision makers that is necessary to accomplish the coalition's goals.					
C.	SDCOHC works to engage existing members.					
D.	SDCOHC consistently reaches out to new members/ potential partners.					
E.	My organization participates in coalition meetings.					
F.	My organization serves as a representative of the coalition when attending other meetings.					
G.	My organization is active in SDCOHC.					
H.	My organization derives value from SDCOHC membership.					

9.	Does your organization address the oral health needs of any of the following populations? Check
	all that apply.

П	Children	0-5

- ☐ Children 6-17)
- ☐ Seniors (65+)
- ☐ People with special needs
- ☐ Racial/ethnic minorities
- ☐ New immigrants
- ☐ Individuals with limited English proficiency (specify languages):
- ☐ Pregnant women
- ☐ Individuals of low socioeconomic status (low SES)







10. The following statements are related to SDCOHC **activities**. Please select a single response that specifies your level of agreement with each statement.

	Activities	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	Don't Know/ Not Sure
A.	SDCOHC does the work necessary to achieve its goal of increasing access to and utilization of quality preventive oral health care and treatment.					
В.	SDCOHC does the work necessary to achieve its goal of promoting inter-professional collaboration.					
C.	SDCOHC does the work necessary to achieve its goal of addressing cultural competency and oral health literacy.					
D.	SDCOHC does the work necessary to achieve its goal of maintaining and expanding community water fluoridation efforts.					
E.	SDCOHC is on track to address the oral health needs of San Diego County.					
F.	SDCOHC is effectively addressing oral health disparities (e.g., youth, seniors, people with special needs, Racial/Ethnic minorities, new immigrants, pregnant women, low SES).					
G.	SDCOHC leverages resources appropriately.					
H.	SDCOHC partners effectively with other community organizations.  SDCOHC meetings are productive.					
J.	SDCOHC meetings are productive.					
K.	SDCOHC is influencing practices.					
L.	SDCOHC is influencing systems change.					







11. The following statements are related to SDCOHC **communication**. Please select a single response that specifies your level of agreement with each statement.

	Communication	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	Don't Know/ Not Sure
A.	My organization consistently receives information from SDCOHC.					
В.	SDCOHC members communicate effectively with one another.					
C.	SDCOHC communicates relevant information to its members.					
D.	The <u>Share the Care</u> website is a useful tool for finding oral health resources.					
E.	The <u>San Diego County HHSA</u> website is a useful tool for finding oral health resources.					

12. The following statements are related to SDCOHC **culture**. Please select a single response that specifies your level of agreement with each statement.

	Culture	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	Don't Know/ Not Sure
A.	SDCOHC members trust one another.					
В.	SDCOHC members demonstrate respect for one another.					
C.	SDCOHC is accessible to the community.					

13. The following statements are related to the **unique purpose** of SDCOHC. Please select a single response that specifies your level of agreement with each statement.

	Unique Purpose	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	Don't Know/ Not Sure
A.	No other organization in San Diego County is working toward the same mission and goals as SDCOHC.					
В.	SDCOHC is recognized as a trusted resource for oral health in San Diego County.					

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

14. What areas are strengths of the SDCOHC?







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15. In what areas could SDCOHC improve?
16. What are the greatest oral health needs in San Diego County?
<ul> <li>17. Please rank the goals of the SDCOHC in order of importance with 1 being the most important and 4 being the least important.</li> <li>Increase access to and utilization of quality preventive oral health care and treatment</li> <li>Promote inter-professional collaboration</li> <li>Address cultural competency and oral health literacy</li> <li>Maintain and expand community water fluoridation efforts</li> </ul>
18. You ranked as the most important goal of the SDCOHC. What obstacles might the coalition face in reaching that goal?
<ol> <li>Please list additional organizations whose membership in SDCOHC would be useful for achieving the goals of the coalition.</li> </ol>
20. Please list available resources for addressing oral health needs in San Diego County.
<ul> <li>21. As a SDCOHC member, what type of coalition activities are you willing to participate in? Check all that apply.</li> <li>Educational workshops</li> <li>Subcommittees</li> <li>Providing pro bono dental services</li> <li>Events such as health fairs</li> <li>Other, please specify</li> </ul>
22. How can SDCOHC be more <b>effective</b> in addressing oral health needs in San Diego County?
23. Is there anything you would like to add?
24. Are you willing to discuss your feedback? If so, please provide your contact information:
Thank you for completing this survey.



Health at SDSU at <a href="mcrowe@sdsu.edu">mcrowe@sdsu.edu</a> or 619-594-2644.



If you have any questions, please contact Martha Crowe, Research Associate with the Institute for Public



## 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	on:
	<ul> <li>Federally qualified health center (FQHC)</li> </ul>	
	□ Private provider	
	☐ Other (specify):	

2. What is your job title within the organization?

#### Assessment

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]	
В.	[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	Ye	es es	No	Not	Not sure/Don't know	
G. [Ask if 3f = Yes]		Г	1	$\neg$		
My organization accepts new pe	diatric Denti-	_	-	_		_
Cal patients.						
H. [Ask if 3f = Yes]						
What percent of your current pe	diatric					
patients are covered by Denti-Ca						
I. [Ask if 3e = Yes]						
At what age does your organiza	tion see					
children for the first time?						
☐ First tooth eruption or 1	12 months.					
whichever comes first [	-					
Question 4]	•					
☐ 13-24 months [Skip to 0	Question 41					
☐ 25-35 months [Skip to 0						
☐ 3-5 years [Skip to Quest	-					
☐ 6+ years						
☐ Other:						
J. [Ask if 3i > 5 years]						
What <b>obstacles</b> does your organ	nization face i	n l				
providing oral health services to						
5 years and younger?						
K. Now thinking about all your pat	ients, does		7			
your organization provide preve		_	<b>-</b>	[Skip to		
health services?				Question 3m	1	
L. What percent of your procedur	es are			<b>Q</b>	,	
preventive?	es are					
M. Would your organization be wil	ling to provid	e   🔲	]			
preventive care to children age:	s 5 years and					
younger (e.g., cleaning, exams,	silver diamine	•				
fluoride, fluoride varnish)?						
N. Does your practice refer tobacc	o users to					
cessation services?						
O. Does your practice regularly scr	een patients					
for oral cancer?						
<ul> <li>4. What types of health insurance does your organization accept?</li> <li>Private</li> <li>Public</li> <li>Fee for service</li> </ul>						
<ol><li>The following statements Please select a single resp</li></ol>						
					Don't	Not
Patient Population	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	Know/ Not Sure	applicable (N/A)
A. Most patients adequately					П	
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 <a href="mailto:mcrowe@sdsu.edu">mcrowe@sdsu.edu</a> or 619-594-2644.







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### 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.	Ple	ase 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

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.			
<ul> <li>My organization refers patients to oral health providers for preventive services.</li> </ul>		[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 3	Bc = Yes]		
	To which	h type of oral health provider do you		
	refer yo	ur 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 Ye
  - 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 <a href="mailto:mcrowe@sdsu.edu">mcrowe@sdsu.edu</a> 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)
Α.	Most adults that we serve have their oral health needs met.						
В.	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.						
Ē.	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)
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?







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- 11. Would you be interested in joining the San Diego County Oral Health Coalition?
  Yes
  No, | am already a current member [Skip to Question 13]
  No, | 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 <a href="mailto:mcrowe@sdsu.edu">mcrowe@sdsu.edu</a> or 619-594-2644.





