

County of San Diego

HEALTH AND HUMAN SERVICES AGENCY

San Diego County Oral Health Coalition Assessment Report

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

March 2019



LIVE WELL
SAN DIEGO

LIVEWELLSD.ORG

Acknowledgements

This report was prepared by Dr. Corinne McDaniels-Davidson, Ms. Martha Crowe, and Ms. Kanako Sturgis of the San Diego State University (SDSU) Institute for Public Health (IPH) as well as Dr. Tracy Finlayson, Professor of Public Health at the SDSU School of Public Health (SPH).

This work was funded by the California Department of Public Health (CDPH) under Contract #17-10718.

All materials in this plan are in the public domain and may be reproduced and copied without permission. However, citation to source is appreciated.

Inquiries regarding the Available Local Oral Health Data Summary Report may be directed to:

County of San Diego
Health and Human Services Agency
Maternal, Child, and Family Health Services
3851 Rosecrans Street, Suite 522
Mail Stop P511H
San Diego, CA 92110-3115

Table of Contents

Acknowledgements	2
<i>Live Well San Diego</i>	4
Executive Summary	5
Introduction	5
Methodology	5
Results	5
Discussion.....	7
Goals and Objectives for Improving Oral Health	8
Introduction	9
Methodology.....	9
Methods	9
Planning.....	10
Assessment Tool	10
Data Collection and Analysis	11
Results	11
Discussion.....	24
Goals and Objectives for Improving Oral Health	25
Appendix A - Title of Respondent.....	26
Appendix B - Potential Obstacles to Achieving Coalition Goals	27
Appendix C - SDCOHC Assessment.....	30

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 San Diego County Oral Health Coalition needs assessment are presented herein.

Methodology

An online survey was distributed to all members of the San Diego Oral Health Coalition (SDCOHC) in late 2018; 46 members responded over a four-week data collection period. The goals of the survey were to garner feedback about how to improve the coalition and better meet the oral health needs of San Diego residents, as well as to inventory existing local oral health resources.

Results

Primary findings about the SDCOHC included:

- **Members are satisfied with the SDCOHC mission, goals, and vision, with the coalition’s culture and purpose, and with SDCOHC communication.** SDCOHC is a trusted oral health resource and its mission is relevant, understood, and aligned with their organizations’ visions and goals.
- **Members are satisfied with nearly all SDCOHC activities.** Very strong agreement was expressed that the coalition does the work necessary to meet its goals.
- **SDCOHC has many strengths.** Seven primary strengths were identified: (1) the collaborative, convening role played by the coalition; (2) the care and commitment exhibited by members; (3) the value of membership and networking; (4) the consistent resources offered by the coalition; (5) the accomplishments and initiatives of SDCOHC; (6) the SDCOHC meetings; and (7) the momentum that SDCOHC has toward meeting oral health goals in the county.
- **SDCOHC needs more influence over policy and systems change.** Around a quarter of respondents felt that the coalition’s activities are not effective in

influencing these higher levels of change, and 29% feel that coalition members need to have more influence with decision makers in order for the coalition to reach its goals.

- **SDCOHC should consider improving its membership, outreach, and communication efforts in several areas.** Some members felt (28%) felt that more effort should be placed into recruiting new members and potential partners. In addition, 29% would like to see improved communication between members, and 25% would like for information to be shared more consistently with SDCOHC members.
- **SDCOHC members are interested in further education.** More than half of respondents reported that they would participate in educational workshops if offered.

Opportunities to better address the oral health needs of San Diegans identified across the needs assessment responses included:

- **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

It is important to note that there are limitations to the results contained herein. First, the response rate was low (15%), limiting generalizability of the results to all coalition members. This is likely due to the timing of the survey deployment over the winter holidays. This limitation can be mitigated through presentation of the results to the broader coalition membership to determine whether consensus exists around the primary findings.

The San Diego County Oral Health Coalition Assessment identified areas of strength that should be preserved, areas in need of attention, and opportunities for growth. The information gleaned from the survey responses can now be presented to the SDCOHC and the LOHP Advisory Board to prioritize initiatives to strengthen the coalition, enabling it to achieve its mission and goals related to optimum oral health for all San Diego County residents.

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 the assessment of the SDCOHC.

Methodology

Methods

County staff, Dr. Finlayson, and the IPH began planning for the countywide needs assessment in September 2018. The SDCOHC needs assessment tool was deployed

December 14, 2018, and data collection was completed on January 7, 2019. Details about the planning process, the assessment tool, and data collection and analyses are provided below.

Planning

In order to develop and deploy the SDCOHC needs assessment, Dr. Finlayson and the IPH coordinated and/or attended the following meetings and conference calls:

- Weekly meetings with IPH staff and Dr. Finlayson
- Orientation meeting with County HHSa staff
- In-person meeting with Rady Children's Hospital – Anderson Dental staff
- In-person meeting with American Academy of Pediatrics (AAP) staff
- In-person trainings facilitated by IPH staff for AAP staff on the use of IPH survey software
- Ad hoc conference calls with County HHSa staff
- Ad hoc conference calls with staff from AAP, Share the Care, and Anderson Dental Clinic
- Ad hoc advisory board meetings with Dr. Finlayson, Share the Care, and County HHSa staff

Assessment Tool

The IPH collaborated with County HHSa staff to finalize a 14-item online needs assessment survey for members of the SDCOHC (Appendix C). The tool was reviewed and approved by HHSa management and executives. The IPH utilized its in-house software survey to create and deploy the survey. The survey had two objectives: (1) to gather information about available local oral health resources; and (2) to garner feedback about how to improve the coalition. Responses were confidential, and the survey took approximately 20 minutes to complete.

The IPH worked with Dr. Finlayson and County HHSa staff to compile an email list of all SDCOHC members, including members of the East/North County Task Forces. A total of 254 surveys were originally emailed on December 10, 2018. The IPH then cross-checked this list with the registration list of attendees at the 2014 Oral Health Forum. Those who were not already on the SDCOHC list were added; these additional surveys were emailed on December 18, 2018. Several emails were returned as undeliverable. In this case, the IPH worked with Dr. Finlayson to locate a new contact person for the survey and sent out a link to that contact. A total of 314 surveys were emailed. Reminders were sent out to those who had not yet responded on December 14, December 17, and December 20, 2018 and January 2, and January 7, 2019.

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

SDCOHC members completed 46 surveys between December 10th and January 8th (15% response rate). Several questions addressed the work environment of the respondents. More than half of the surveys were submitted by individuals representing organizations that provide dental services. One-third of respondents represent governmental organizations, and more than one-third have a single focus of oral health. More than 75% of respondents' organizations address the oral health needs of very young children, with fewer seeing children ages 6-17 and older adults. Only about one-third address the oral health needs of those with limited English proficiency (Table 1).

Table 1. Respondents' organizational characteristics (n=46)

Item	n	%
<i>Response options</i>		
Does your organization provide dental services?		
Yes	25	54%
No	19	41%
Don't know/not sure	2	4%
Organization type		
Local, state, or federal government	15	33%
Community clinic/FQHC	9	20%
Community-based organization	6	13%
College/university	2	4%
Private provider	2	4%
Other ¹	12	26%
Percent of organization's activities related to oral health		
0-24%	21	46%
25-49%	7	15%
50-74%	2	4%
75-99%	0	--
100%	16	35%

Item	<i>Response options</i>	n	%
Organization addresses oral health needs of...			
	Children ages 0-5 years	36	78%
	Children ages 6-17 years	29	36%
	Adults ages 65+ years	20	44%
	People with special needs	25	54%
	Racial/ethnic minorities	31	67%
	New immigrants	27	59%
	Pregnant women	28	61%
	Individuals with low socioeconomic status	32	70%
	Individuals with limited English proficiency	15	33%

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)

Respondents were asked their title within their organization. Broadly, of the 46 that responded, approximately 31% were in management roles, 27% worked in community health roles, 18% were in leadership roles, 8% were hygienists, 4% worked in research, and 6% reported “other” titles. See Appendix A for the full categorized listing.

The mission of the SDCOHC is to improve oral health across the lifespan by achieving health equity through education and access to quality oral health services. The vision is achieving optimal oral health for all San Diego County residents. There are four goals: 1) increase access to and utilization of quality preventive oral health care and treatment; 2) promote inter-professional collaboration; 3) address cultural competency and oral health literacy; and 4) maintain and expand community water fluoridation efforts.

As shown in Table 2, nearly half of respondents (42%) reported personal involvement with the SDCOHC of greater than ten years, and about a third (34%) reported one year or less of involvement. There has been longer organizational tenure, however; nearly three-quarters (74%) of respondents reported that their organization has been involved with the coalition for six or more years.

Table 2. Involvement with SDCOHC

Item (sample size) <i>Response options</i>	n	%
Respondent's involvement (n=41)		
One year or less	14	34%
2-3 years	5	12%
4-5 years	2	5%
6-10 years	3	7%
> 10 years	17	42%
Organization's involvement (n=38)		
One year or less	6	16%
2-3 years	3	8%
4-5 years	1	3%
6-10 years	4	11%
> 10 years	24	63%

Respondents were presented with the mission, goals, and vision and were then asked to rate their agreement on several related statements. As seen in Table 3 (and in order from strongest to weakest agreement), respondents have strong agreement with statements related to the relevance of the mission, understanding of the goals, commitment to the goals, and a shared vision between organizations and the coalition.

Table 3. Agreement with statements related to SDCOHC mission, goals, and vision

Statement	n	Strongly agree	Agree	Disagree	Strongly disagree
SDCOHC's mission is relevant to the oral health needs of the county.	41	76%	22%	2%	0%
My organization understands the goals of the coalition.	40	58%	40%	3%	0%
My organization is committed to the goals of the coalition.	39	59%	41%	0%	0%
My organization shares a common vision with other coalition members regarding the coalition's efforts.	38	53%	39%	0%	0%
My organization understands our roles and responsibilities within the coalition.	38	37%	56%	8%	0%

Respondents were then asked to rank the goals in order of importance. Mean and median rankings can be found in Table 4. *Increase access to and utilization of quality preventive oral health care and treatment* was the highest ranked goal, followed by *Address cultural competency and oral health literacy*, *Promote inter-professional collaboration*, and lastly *Maintain and expand community water fluoridation efforts*.

Table 4. Ranked SDCOHC goals by importance

Goal	Mean rank	Median Rank
Increase access to and utilization of quality preventive oral health care and treatment	1.32	1
Address cultural competency and oral health literacy	2.53	2
Promote inter-professional collaboration	2.72	3
Maintain and expand community water fluoridation efforts	3.00	3

Each participant was asked to describe obstacles that the coalition might face in reaching the goal that they had selected as most important. The most commonly cited obstacle to increasing access was lack of funding. Few individuals provided information related to the remaining three goals as increasing access was cited by nearly all respondents as the most important. Regarding addressing cultural competency, obstacles were mainly related to language barriers. Obstacles related to inter-professional education varied, though geographic and private/public barriers were mentioned. Regarding fluoridation efforts, two respondents expressed concern about misinformation campaigns and well water used in remote communities. These obstacles are listed in Appendix B in their entirety by goal.

After ranking SDCOHC goals by importance, respondents were asked to identify the greatest barrier to achieving the goal they ranked as #1. A full listing of responses can be found in Appendix B. The greatest obstacle identified to increasing access to and utilization of quality preventive oral health care and treatment was financial – specifically low Denti-Cal reimbursement and participation. Few individuals identified the remaining three goals as the most important, thus few listed obstacles to their achievement. The greatest obstacle identified to addressing cultural competency and oral health literacy was that dental staff lack diversity in languages spoken. There was little agreement on the greatest obstacle to the last two goals as only 2-3 individuals listed responses.

Respondents were also asked to rate their agreement with statements related to SDCOHC membership and outreach. Results are found in Table 5. Most agreed that their organization participates in meetings, derives value from SDCOHC membership, and that SDCOHC engages existing members. There was less agreement that current

members reflect all of the organizations necessary for achieving the goals, that SDCOHC consistently reaches out to new members, that current members have the influence necessary to effect change, or that their organization represents SDCOHC at other meetings.

Table 5. Agreement with statements related to SDCOHC membership and outreach

Statement	n	Strongly agree	Agree	Disagree	Strongly disagree
My organization participates in coalition meetings.	39	33%	62%	5%	0%
My organization derives value from SDCOHC membership.	36	25%	72%	3%	0%
My organization is active in SDCOHC.	39	28%	49%	23%	0%
SDCOHC works to engage existing members .	34	12%	77%	12%	0%
The organizations necessary for achieving SDCOHC oral health goals are current members of the coalition.	32	16%	56%	25%	3%
SDCOHC consistently reaches out to new members /potential partners.	25	4%	68%	28%	0%
SDCOHC members have the influence with decision makers that is necessary to accomplish the coalition's goals.	34	6%	59%	29%	6%
My organization serves as a representative of the coalition when attending other meetings.	31	23%	23%	48%	7%

Participants were asked to identify organizations whose membership in SDCOHC would be useful for achieving the goals of the coalition. Suggested organizations included a plethora of organizations ranging from private dentists to organizations that serve priority populations (infants, children, seniors, migrants, etc.). A comprehensive listing of suggested organizations is found in List 1.

List 1. Potential member organizations

- Private dentists (n=2)
- San Diego regional center (n=2)
- School districts (n=2)
- Advocacy groups
- American Dental Association
- American Heart Association
- Children's museums
- Community action networks
- Consumers
- Dental associations that represent various cultural backgrounds
- Dental schools
- Dental vendors
- Diabetes coalitions
- Elementary school districts
- FQHCs
- Get donations from big corporate sponsors
- Head Start programs
- Health plans (managed care and Denti-Cal)
- Health systems/medical providers
- Homeless group advocates
- Jewish Family Services
- Key people from all FQHCs that offer dental care
- Migrant group advocates
- More local dentists
- Neighborhood Healthcare
- Nutrition coalitions, food banks
- Religious organizations
- San Diego County Office of Education
- Schools
- SD Accountable Community for Health
- Senior homes
- Transportation service providers

Respondents were queried about how they perceive various SDCOHC activities in terms of whether they are effective, worthwhile, and efficient. As shown in Table 6, strongest agreement was seen with the statement “SDCOHC is influencing practices.” Broad agreement was also seen for items about partnering effectively, fostering collaboration, promoting fluoridation, leveraging resources, hosting effective meetings and being on track to address oral health needs. Disagreement was evident for statements related to increasing access to preventive services, addressing cultural competency and oral health literacy, addressing disparities, influencing policies, and influencing systems change.

Table 6. Agreement with statements related to SDCOHC activities

Statement	n	Strongly agree	Agree	Disagree	Strongly disagree
SDCOHC is influencing practices .	24	79%	17%	0%	4%
SDCOHC partners effectively with other community organizations.	34	18%	79%	3%	0%
SDCOHC does the work necessary to achieve its goal of promoting interprofessional collaboration .	30	10%	80%	7%	3%
SDCOHC does the work necessary to achieve its goal of maintaining and expanding community water fluoridation efforts.	26	19%	73%	8%	0%
SDCOHC leverages resources appropriately.	24	13%	75%	13%	0%
SDCOHC meetings are productive .	32	9%	72%	19%	0%
SDCOHC is on track to address the oral health needs of San Diego County.	30	17%	67%	17%	0%
SDCOHC does the work necessary to achieve its goal of increasing access to and utilization of quality preventive oral health care and treatment.	29	10%	66%	24%	0%
SDCOHC does the work necessary to achieve its goal of addressing cultural competency and oral health literacy .	26	12%	69%	15%	4%
SDCOHC is effectively addressing oral health disparities .	29	14%	55%	31%	0%
SDCOHC is influencing policies .	24	4%	67%	25%	4%
SDCOHC is influencing systems change .	22	5%	64%	27%	5%

Participants were also asked about the types of coalition activities that they would be willing to participate in. More than half (59%) reported that they would participate in educational workshops, nearly half (48%) were willing to participate in events such as health fairs, 41% were willing to participate in subcommittees, and 9% reported that they would be willing to provide *pro bono* dental services.

Respondent opinions about the culture and purpose of SDCOHC can be found in Table 7. Overall, there was considerable agreement about mutual respect and trust between members and recognition of SDCOHC as a trusted resource. However, respondents disagreed that SDCOHC is accessible to the community and that SDCOHC had unique (to San Diego) mission and goals.

Table 7. Agreement with statements related to SDCOHC culture and purpose

Statement	n	Strongly agree	Agree	Disagree	Strongly disagree
SDCOHC members demonstrate respect for one another.	36	28%	72%	0%	0%
SDCOHC is recognized as a trusted resource for oral health in San Diego County.	31	29%	65%	7%	0%
SDCOHC members trust one another.	28	25%	68%	7%	0%
SDCOHC is accessible to the community.	31	10%	65%	26%	0%
No other organization in San Diego County is working toward the same mission and goals as SDCOHC.	22	14%	46%	41%	0%

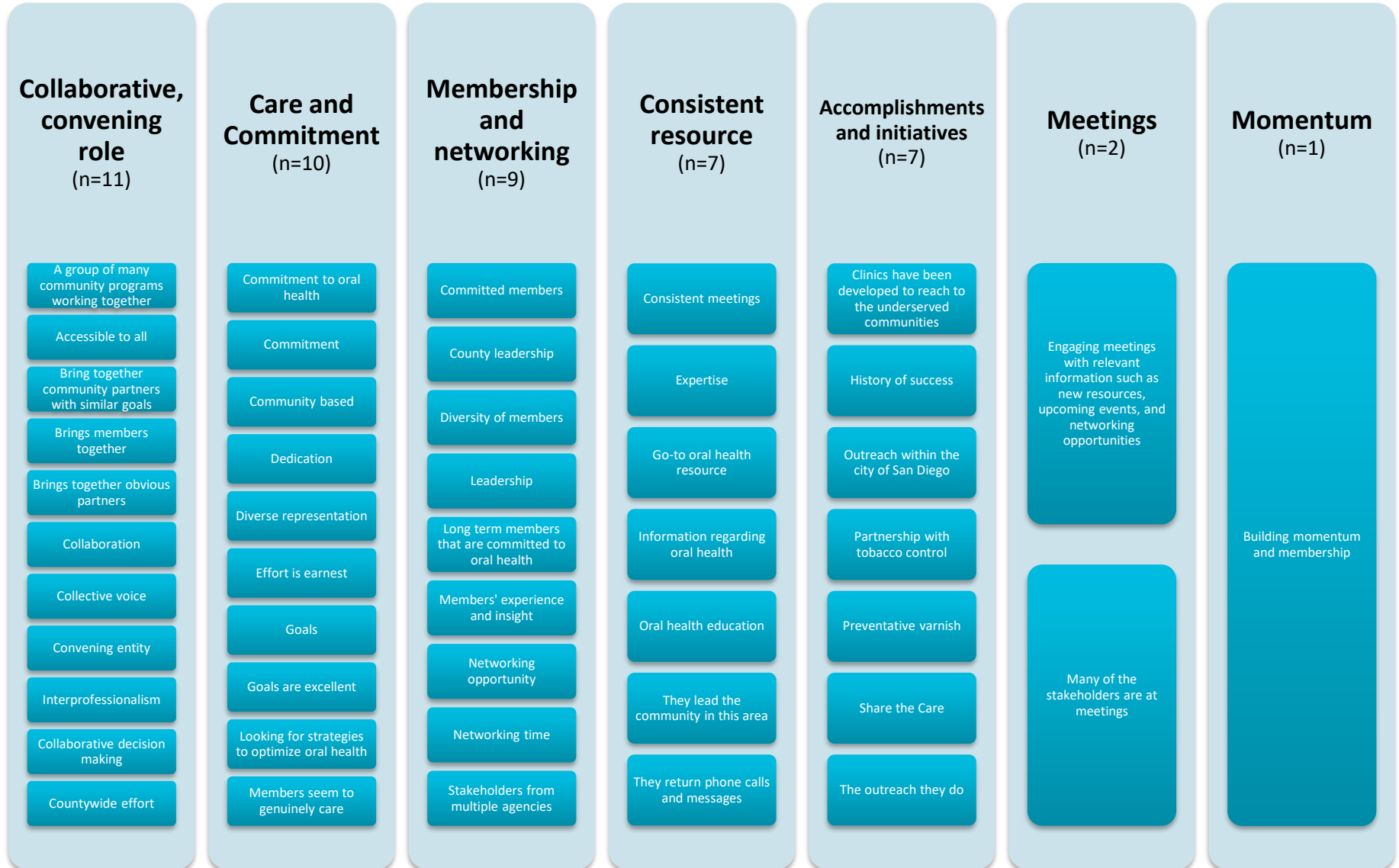
Member communication is an area with opportunities for improvement. As shown in Table 8, more than a quarter of respondents felt that their organization does not consistently receive information from SDCOHC or that members communicate effectively with each other. More agreement was seen about the relevance of SDCOHC member communications and the utility of the Share the Care and County HHSA websites.

Table 8. Agreement with statements related to SDCOHC communication

Statement	n	Strongly agree	Agree	Disagree	Strongly disagree
My organization consistently receives information from SDCOHC.	40	15%	58%	25%	0%
SDCOHC members communicate effectively with one another.	31	16%	55%	29%	0%
SDCOHC communicates relevant information to its members.	37	14%	70%	16%	0%
The Share the Care website is a useful tool for finding oral health resources.	35	11%	74%	11%	3%
The San Diego County HHSA website is a useful tool for finding oral health resources.	33	6%	79%	12%	3%

Members were asked to list SDCOHC strengths. Seven themes were identified among the responses, including 1) the SDCOHC is seen in a collaborative, convening role for the oral health community; 2) the care and commitment to the cause of oral health equity of members and leadership is evident; 3) opportunities for membership and networking are invaluable; 4) the coalition represents a consistent resource that can be depended on; 5) there have been many accomplishments and initiatives born out of the coalition; 6) meetings are engaging and relevant; and 7) SDCOHC provides a venue to capitalize on momentum in the field. Figure 1 on the next page includes specific items mentioned by respondents under each of the identified themes.

Figure 1. Strengths of the coalition



Respondents were asked to identify areas of improvement for the SDCOHC. The following themes emerged from responses: improved communication (n=8), increased outreach and engagement (n=7), increased recruitment and participation (n=6), formalized structure and stronger leadership (n=6), use of coalition for actionable plans (n=5), and offering provider assistance (n=3). These, along with a listing of specific responses for each theme, are found in List 2.

List 2. Areas of improvement for SDCOHC

- **Communication**
 - Share The Care Website (n=2)
 - Better communication and overlap with all organizations
 - Communication
 - I would like to see a weekly update of events and programs in place
 - Need comprehensive reports from members based on work done through newly developed coalition partnerships
 - Ongoing communication with members
 - Set calendar of meetings
- **Outreach & Engagement**
 - Engagement with local community members to influence policy makers
 - May need to involve other community organizations
 - More outreach to non-traditional oral health partners
 - Outreach to East County
 - Outreach tribal communities
 - Provide a coalition for East County
 - Rural representation
- **Participation**
 - Need more directors of programs and decision makers to attend (n=2)
 - Consistent active participation
 - Encouraging new members and maintaining current membership
 - No power to influence policy
 - Recruit additional members to participate
 - Strengthen the regional meetings
- **Structure**
 - Formal structure
 - Lack of collaboration
 - Need more structured approach to meetings
 - Need stronger leadership
 - Rotate who leads the SDCOHC
- **Actionable Plans**
 - Need more focused efforts/action items to move goals forward (n=2)
 - Actionable items related to mission and goals
 - Effectiveness
 - Expand focus of oral health efforts to be more comprehensive

- **Provider Assistance**
 - Assist with sedation for treatment for children
 - Expanding oral health providers in the community
 - More resources for the adult uninsured population

Participants were asked to list the greatest oral health needs in San Diego County. Seven themes emerged including the need to focus on specific populations (n=16); increasing Denti-Cal access (n=9); utilizing policy and financial approaches to improve oral health (n=8); improving education and awareness (n=7); reducing barriers to care (n=6); and care coordination (n=3). Specific responses grouped under each theme are found in List 3.

List 3. Greatest oral health needs in San Diego County

- **Focus on specific populations**
 - Seniors and lifespan care (n=4)
 - Rural and East County (n=3)
 - Young children & toddlers (n=3)
 - LEP and immigrants (n=2)
 - Adult dental care
 - Adults with disabilities
 - Children with disabilities
 - Low income
- **Denti-Cal access**
 - Increase providers that accept Denti-Cal (n=7)
 - Increase Denti-Cal reimbursement rates
 - Increased understanding of Denti-Cal
- **Policy & financial approaches**
 - Better data on oral health status of San Diego County (n=2)
 - Financial assistance for those not qualifying for Denti-Cal (n=2)
 - Integrate dental care and oral health with schools (n=2)
 - Basic oral healthcare for all -- focus on relieving pain first
 - Improve policy and implementation of policies for prevention in older adults
 - Implement developed oral health policies in schools
 - Tax sugar-sweetened beverages
- **Education & awareness**
 - Awareness
 - Better education and prevention on a population level
 - Creating standard oral health education material and processes for Denti-Cal providers
 - Culturally appropriate resources for the diverse API communities
 - More education for people to understand what affects their dental health
 - Oral health education

- Raise awareness how important oral health is
- **Barrier reduction**
 - Access
 - Dental care within health clinics to reduce the burden to low-income patients
 - Financial support network for patients needing treatment under general anesthesia.
 - Getting those with insurance using their insurance
 - Quick appointments
 - Transportation barriers
- **Coordination**
 - A collaborative approach to services
 - Factoring in social determinants of health when addressing oral health needs

Lastly, participants were asked how SDCOHC could be more effective in addressing oral health needs in San Diego County. Themes that emerged from responses included: overhaul the coalition; advertise to the public; expand membership; improve collaboration with current members; and provide opportunities to hear from organizations that serve high-risk populations. Specific responses grouped by theme are found in List 4.

List 4. Improving SDCOHC’s effectiveness in addressing San Diego County oral health needs

- **Overhaul the coalition**
 - Maybe re-vamp the way it works and goes about addressing the needs of the community
 - Be assertive, persistent and look long-term but begin sooner than later
 - We need one or two subcommittees to create actionable items to report back on/provide feedback to SDCOHC members regarding progress/outcomes/barriers/best practices
 - By having a regular meeting schedule with actionable items related to the outlined goals
 - Use of RDHAPs and RDHs in our reach programs to increase access to care for preventative services
- **Advertise to the public**
 - Advertise in local media, radio, TV
 - Mass media advertising like “It’s Up To Us” for mental health and “It can change in a moment” like ACA
 - Engaging with community members through things such as local events and/or businesses. Some examples I can think of are farmers markets, December Nights in Balboa Park, or even engaging with businesses and

requesting 15 minutes during a staff meeting to discuss resources for them to get dental care, insurance, home, etc.

- **Expand membership**
 - By partnering and reaching out to agencies that are already established in East County
 - Expand membership and buy-in, set and prioritize few action items where we can gain wins
 - Rural involvement
- **Collaborate with existing members**
 - Ask us and other non-profits how we can help you more.
 - Working together more frequently
- **Improve outreach and engagement**
 - Expand reach and coordination
 - I think improve on communication and getting the community engaged in SDCOHC.
- **Provide opportunities to hear from organizations that serve high-risk populations**
 - Hear from different organizations that serve high risk populations like In Home Health Services, Senior Care facilities, Unaccompanied youth programs and their residential programs, Schools that have special needs programs for children.

Discussion

It is important to note that there are limitations to the results contained herein. First, the response rate was low (15%), limiting generalizability of the results to all coalition members. This is likely due to the timing of the survey deployment over the winter holidays. This limitation can be mitigated through presentation of the results to the broader coalition membership to determine whether consensus exists around the primary findings.

The San Diego County Oral Health Coalition Assessment identified areas of strength that should be preserved, areas in need of attention, and opportunities for growth. The information gleaned from the survey responses can now be presented to the SDCOHC and the LOHP Advisory Board to prioritize initiatives to strengthen the coalition, enabling it to achieve its mission and goals related to optimum oral health for all San Diego County residents.

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 - Title of Respondent

Management

- Assistant Medical Services Administrator
- Clinic Manager
- Coordinator
- Dental Coordinator
- Dir. of Policy and Training
- Director of Program Support and Family Services
- Manager of Education, Training, & Outreach
- Program Manager (n=3)
- Projects Coordinator
- Public Health Nurse Manager
- Public Health Nurse Supervisor
- Site Manager
- Supervisor

Community Health

- Health Educator
- Community Health Program Specialist (n=2)
- Community Health Program Supervisor
- Health and Nutrition Coordinator
- Health and Nutrition Manager
- Health Planning and Program Specialist
- Health Program Specialist
- Oral Health Educator
- Oral health educator specialist
- Oral Health Specialist (n=2)
- Senior Project Specialist

Leadership

- Board Member
- CEO
- CEO Dental Director
- Chief Dental Officer
- Dental Director
- Director of Dental Operations
- Executive Director (n=2)
- Owner

Hygienist

- Dental Hygienist
- Dental Hygienist Consultant
- Hygienist
- Reg Dental Hygienist

Research

- Grant Director
- Professor

Other

- Member
- Pediatrician
- Senior Public Health Nurse

Appendix B - Potential Obstacles to Achieving Coalition Goals

1. Increase access to and utilization of quality preventive oral health care and treatment
 - Financial barrier. Cultural barrier including language. Individual knowledge and belief on the importance of preventive oral health.
 - Changes needed at the state level for better Denti-Cal reimbursement. More providers needed that can accept Denti-Cal or offer affordable options
 - Dentists who have a negative attitude towards Denti-Cal
 - Families with lack of transportation to attend to their dental appointment
 - Funding
 - Funding would most likely be the biggest obstacle!
 - Funding; available resources in remote areas
 - Geography area, culture and social economic of the east county region
 - Historically low and challenging Denti-Cal reimbursement rates. Cultural bias and preconceptions by providers not willing to accept Denti-Cal
 - Lack of communication among interested practitioners and clients or patients. Lack of Funding. Lack of demand (notice I said demand not need) in the target populations for oral health preventive services. Poor reimbursement for oral health prevention and education for private Denti-cal and Medi-cal providers. Lack of understanding for private Denti-cal providers as how to provide proper preventive services.
 - Lack of funding
 - Lack of individuals that fluently speak, write, and read the languages needed to ensure cultural and linguistic competency when providing oral health education, treatment, and care coordination. Issues that are beyond the scope/control of the SDCOHC, but can hopefully be elevated to be addressed at the State level, such as how Denti-Cal is flawed and private providers choose not to accept Medi-Cal patients
 - Lack of providers who treat young children. Not everyone has dental insurance and dental care is expensive
 - Lack of resources and lack of understanding what is covered and lack of understanding why oral health is important
 - Limited number of dentists who are comfortable with young children; limited number of dentists who accept Medi-Cal; and limited insurance and affordability options for low income adults.
 - More Dentists are opting out of programs like Denti-cal that care for lower income individuals. Without the use of special grant funding, it is very difficult to find and place the poor into dental homes.

- Not enough providers
 - Not working with all the institutions that contribute to health of children. SDCOH should work aggressively in Head Starts, State Preschools and public elementary schools in neighborhoods with most kids on free lunch. With dental providers who see a large number of Denti-Cal clients. All OB providers at Community Clinics: get pregnant women taking care of their oral health and then their children. WIC offices.
 - Oral health costs are too high; insurance organizations have no commitment to support such services. Policymakers, administrators, and insurance organizations have played a small role in improving access to dental services. These decision-makers in making their policies do not provide the required and necessary financial resources, do not shift enough available resources towards preventive care and periodic checkups, and do very little to consider providing the proper and sufficient places for dental care facilities. The Coalition will have difficulty reaching Policymakers, administrators, and insurance organizations.
 - Private practice providers actually opening their doors for those in need..
 - Reaching rural communities where there is not only need for preventative health care, but also need for follow up treatment through a dental home. Although the initial care through a mobile service is still important, it's many times not enough. Individuals may find that they need treatment for oral disease they have, but can't get treatment in that initial visit. Would be great if they could be assigned to someone that could follow up with them to ensure they were connected with a local provider that takes their insurance so they can get their needed care.
 - Reduction in funding and increase in population
 - The same obstacles that face the population that needs oral health the most; financial, educational, transportation, etc.
 - There are a lot of services available but many people don't know they are there or face barriers in accessing them. There is also a lack of prioritization of oral health (which ties into inter-professional collaboration and health literacy) for those who aren't in the field.
 - Too many to mention, but some are 1. funding for Denti-Cal, 2. no docs in remote places, 3. lack of OH education, limited office hours of OH professionals, etc.
 - Understanding and knowing what all other organizations are doing.
2. Address cultural competency and oral health literacy
- Diverse pool of dental professionals who speak threshold languages and/or hire staff that do.
 - Issues around language.
 - Resources - culturally competent providers, providing trainings to providers

- Understand the culture of the tribe on the east region and urban area for non- natives
3. Promote inter-professional collaboration
 - Location of the remote communities of east county
 - Outreach to providers in the private sector
 - Structure of medical/dental services, insurance
 4. Maintain and expand community water fluoridation efforts
 - Anti-fluoridationists spreading untruths. Not enough pro-fluoridation on Google.
 - Tribes have their own wells and east county non-native population also own their wells for drinking water.

Appendix C - SDCOHC 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 **you** 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 **your organization** 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. Approximately 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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. My organization understands the goals of the coalition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. My organization is committed to the goals of the coalition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. My organization shares a common vision with other coalition members regarding the coalition's efforts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. My organization understands our roles and responsibilities within the coalition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. SDCOHC members have the influence with decision makers that is necessary to accomplish the coalition's goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. SDCOHC works to engage existing members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. SDCOHC consistently reaches out to new members/ potential partners.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. My organization participates in coalition meetings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. My organization serves as a representative of the coalition when attending other meetings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. My organization is active in SDCOHC.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. My organization derives value from SDCOHC membership.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

- 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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. SDCOHC does the work necessary to achieve its goal of promoting inter-professional collaboration.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. SDCOHC does the work necessary to achieve its goal of addressing cultural competency and oral health literacy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. SDCOHC does the work necessary to achieve its goal of maintaining and expanding community water fluoridation efforts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. SDCOHC is on track to address the oral health needs of San Diego County.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. SDCOHC leverages resources appropriately.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. SDCOHC partners effectively with other community organizations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. SDCOHC meetings are productive.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. SDCOHC is influencing policies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. SDCOHC is influencing practices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. SDCOHC is influencing systems change.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. SDCOHC members communicate effectively with one another.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. SDCOHC communicates relevant information to its members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. The Share the Care website is a useful tool for finding oral health resources.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. The San Diego County HHS website is a useful tool for finding oral health resources.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. SDCOHC members demonstrate respect for one another.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. SDCOHC is accessible to the community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. SDCOHC is recognized as a trusted resource for oral health in San Diego County.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

14. What areas are **strengths** of the SDCOHC?



15. In what areas could SDCOHC **improve**?

16. What are the greatest oral health needs in San Diego County?

17. Please rank the goals of the SDCOHC in order of importance with 1 being the most important and 4 being the least important.
 - Increase access to and utilization of quality preventive oral health care and treatment
 - Promote inter-professional collaboration
 - Address cultural competency and oral health literacy
 - Maintain and expand community water fluoridation efforts

18. You ranked ____ as the most important goal of the SDCOHC. What obstacles might the coalition face in reaching that goal?

19. Please list **additional organizations** whose membership in SDCOHC would be useful for achieving the goals of the coalition.

20. Please list **available resources** for addressing oral health needs in San Diego County.

21. As a SDCOHC member, what type of **coalition activities** are you willing to participate in? Check all that apply.
 - Educational workshops
 - Subcommittees
 - Providing *pro bono* dental services
 - Events such as health fairs
 - Other, please specify _____

22. How can SDCOHC be more **effective** 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.

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

