351 N. Mountain View Ave., San Bernardino, CA 92415 | Phone: 909.387.9146 Fax: 909.387.6228

Public Health
Local Oral Health Program

Trudy Raymundo
Director

Corwin Porter
Assistant Director

Maxwell Ohikhuare, M.D.
Health Officer

San Bernardino County Local Oral Health Program Advisory Committee
1:00 PM – 2:30 PM
351 N. Mountain View, San Bernardino – Administrative Conference Room
03/27/18

MINUTES

Present:	Dr. Gary A. Kerstetter, Loma Linda University; Dr. Alejandra Galindo-Magallanos, Assistance League of San Bernardino; Jose Solorzano, Inland Empire Health Plan; Ziki Malata, Geri Smiles; Bonnie Flippin, SBC DPH LOHP; Daniel Perez; SB DPH; Colleen Hancock, SBC WIC; Joseph Prologo, Preschool Services; Gemma Gonzales, SACHS; Crystal Horton, DAAS Supervising Social Worker; Genevieve Gillespie, Preschool Services; Asuncion Williams, CHDP; John Fields, Tri-County Dental Society; Stepahine Smith; Borrego Community Health Foundation; Martha Valencia, Kaiser Permanente Community Benefit; Winfred Kimani, SBC DPH.
Absent:	

	AGENDA TOPICS		DISCUSSION		ACTION/RESPONSIBLE PERSON
I.	**Welcome**		• Local Oral Health Program (LOHP) is newest program to the Department of Public Health (DPH).		Daniel Perez, Division Chief, SBC DPH – **All hand-outs/documents to be uploaded electronically**

	AGENDA TOPICS		DISCUSSION		ACTION/RESPONSIBLE PERSON
			• California Department of Public Health (CDPH) state oral health program focuses on prevention activities, not direct service initiatives. Focus is on public health. • Prop 56 funding (increase in tobacco tax); funding will be coming through every year; Dr. Kumar (state dental director) is in-charge of these funds.		
II.	**State Oral Health Program Overview**		• Dr. Kumar has established a State Oral Health Plan (SOHP) with an advisory committee o Will work on communication and oral health literacy state-wide o Statewide surveillance and evaluation to feed into Healthy People 2020 (nationwide) • LOHPs are the final component of SOHP; money was directed to counties through a non-competitive application o Goal is to conduct needs assessment, and develop a plan to improve population's dental needs in county, getting closer to HP objectives • SOHP guides programs' activities; counties will work in alignment with the SOHP • Objectives/ activities include public awareness and education for people and dental offices; behavioral changes; community and dental home linkages; disease prevention through sealant programs, community water fluoridation,		Sahiti Bhaskara, Directory of Public Policy, Center for Oral Health (COH) – **email list of committee to be shared with committee members**

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			surveillance and evaluation; evidence informed and evidence based. • Counties are expected to develop a 5-year-plan		
III.	**Local Oral Health Program Overview**		• State has given counties a plan and resources to work with. o San Bernardino county is unique and we can create our own plan based on needs assessment. • Developing this program in coordination with community stakeholders; county is currently building the LOHP team • Advisory committee letter of commitment: extra step to be a committed part of this effort o Signed by administrators or self; formalization of roles and expectations. • Work began in February and expected to finish needs assessment in June. • Will keep everyone in the loop, and get everyone's input on an ongoing basis • Hope to keep everyone involved for entire 5 years to continue gathering input and receive guidance.		Bonnie Flippin, Program Coordinator, SBC DPH – **advisory committee letter of commitment to be filled out by committee members and/or representative**
IV.	**Baseline Survey of Advisory Committee**		• Based on best practices, understand where the committee is coming from and their perspectives, prevention model perspective, what the advisory committee already knows, and their expectations, and where our priorities should be, direction		Sahiti Bhaskara – **committee members to fill out baseline survey**

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			we're going and what the LOHP represents – on Survey Monkey; open ended, send back within a week, will be used as a guiding document for needs assessment and can structure meetings around responses.		
V.	**Needs Assessment Overview**		• Center for Oral Health has been contracted by LOHP - Needs assessment is comprehensive; community oral health needs assessment, not just focused on one population • What we already know (secondary data sources) in San Bernardino County: o Dental Care Utilization Among Denti-Cal Child Population (0-20-year-old population): • Low for 0-3 age group, starts dropping for 9-11 age group and 49% utilization from mid-teens o In 2013-14, adult dental benefits reinstated, so more competition, fewer dentists seeing children o **Medi-Cal data is available, but LOHP is expected to work with all populations** o Adults (36 years and older) ▪ People know they must go to the dentist, but access and ability to pay for dental care are barriers; adults have benefits through Denti-Cal, now to address the systems to care for these individuals		Sahiti Bhaskara – **needs assessment updates to be sent to committee members, COH report on older adults to be shared with committee members.**

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			o Pregnant moms: ▪ Data is very sparse, surveys dropped oral health question in 2012, difficult to track unless collecting it ourselves. ▪ SB is much below state wide level of utilization compared to state o Dental work force: ▪ **Ensure cultural competency and good communication in the office** ▪ **Pediatric dentists are scanty; not to say that general dentists don't see children, but need specialists to see special needs children for extensive treatment** ▪ Distribution of dentists is more significant than dentist to population ratios; map out to assess needs ▪ **COH to request data from ADA to look at zip code level provider distribution.** o Important to assess oral health status of the population; ▪ AB1433: kindergarten mandate, data does show that about 23-26% had untreated tooth decay and only about 50% turned in their paper work. ▪ **School system can give push to ensure families are visiting dentist** o Older adults: SB has one of the highest rates of tooth loss among older adults; COH		

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			released report with data across the state; 50% of older adults in Skilled Nursing Facilities have untreated tooth decay, many had no teeth or dentures; will be shared with advisory committee • Seven Step Model for needs assessment o Identify partners and form committee o Determine goals and resources o Plan the needs assessment o Collect data o Organize and analyze data o Prioritize issues and report findings o Evaluate needs assessment • Methods: o **Secondary data**: quantitative data from existing data sources o **Primary data**: quantitative (from existing resources as well as screenings) and qualitative (interviews and focus groups to gather community input on oral health) o **Categories**: demographics, oral health behaviors, knowledge, perceptions, and barriers, access to oral health care, oral health outcomes, indicators of dental disease, oral health care system o **Oral Health outcomes**: untreated tooth decay, caries experiences, need for dental treatment, perceived oral health		

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			○ **Access to care**: dental visit in past year, preventative dental service, treatment service, placement of dental sealant, tooth cleaning, avoidable emergencies ○ **Risk factors**: demographic, tobacco uses, diabetes, alcohol, hpv, disability • **Comments:** ○ **Look at accessible dental clinics for people in wheelchairs, with disabilities, etc.** ○ **Nutrition (CalFRESH enrollment), counseling is happening in WIC sites, education and information on the form for screenings** ○ **Having a standard form for assessments that can be collected on ongoing basis, even for private practices** ○ **Health fairs, parent education could be an intervention strategy, families with young children haven't been exposed to dental care, estimate of oral disease prevention programs.** ○ Workforce, infrastructure, and policies: number of dental professionals, allied and non-dental professionals, **pediatricians** ○ Indicators: ▪ Quantitative: basic screening survey, parent survey, dental provider survey, specific underserved populations		

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			• **<u>Comments:</u> include pre-schools, HIV population, older adults, rural/remote(?) populations,** o **Create overlay map that shows providers with number of individuals who don't have easy access to care (done for Medi-Cal in the past)** o **<u>Qualitative</u>**: key-informant interviews, focus groups, semi-qualitative surveys o Discussion: ▪ Indicators ▪ Partners for data collection ▪ Key-informants/focus groups: How can we access these individuals ▪ Program data: Will be looking for program data to fill gaps; will work closely with committee members to access data		
VII.	**Asset Mapping**		• Asset/Resource Mapping: o Strategically ensuring we're not duplicating something that is already going on; finite source of money to enact population improvement; informs where stakeholders are; **an environmental scan** in order to align resources and policies in relation to specific goals o Identify existing, new, unfamiliar resources, identify gaps, avoid duplication of services		Sahiti Bhaskara – **asset mapping list to be shared and updated**

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			and resources, cultivating new relationships and partnerships, providing information across agencies, encouraging/fostering collaboration o Mapping: database of stakeholders, mapping process to inform needs assessment o Scanning for resources: • **<u>Comments:</u> Tri-county dental society overseas dental profession for SB, Riverside, and eastern LA county; two counties get together to share resources; had tried, but hard to keep in constant contact, OHAC-IE is integration of effort; two very large systems governed differently and with timeline even more difficult; look at problem regionally, aligning high-level indicators; focus on data separately, but all on this together; share methodologies** ▪ **SB and Riverside, there is no defined line, they are very similar, very integrated, families moving between counties all the time, for grant development looking at similar data in both counties rather than partial/different data – mechanism for identifying which common indicators we want to track between counties** ▪ **Governmental agencies: include schools, but what about private schools? (Academic insitutions)**		

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			▪ **Community based organizations; agencies that don't do direct programs in oral health, but do have expertise in service delivery** o **Identifying funders/agencies, but where are they doing services, location, (e.g can have clinic locally, but also have mobile services aka geographic range of services)**		
VIII.	**Communication Plan**		• Updates: 1-2 weeks? Specific thoughts to share, how frequently, and how? o Have a list of who's here; creating list of members here o **<u>Huddle account where documents can be reviewed</u>. Update notice with a link. Invitation only. Prepare agendas beforehand to provide input during meeting. Less techy, the better.** • **Initial phase of a much larger goal** • **Population based, not funded to provide direct services** • **Intersections with public health and will be identifying interventions; not funding any efforts - detailed work plan is provided from state; more systems in public health intervention level; can only be done after the needs assessment**		Sahiti Bhaskara – **huddle account where committee members can look at documents to be created, doodle poll to establish next meeting to be sent and filled out by committee members**

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			• **LOHP can develop materials, protocols, resources, to provide resources (infrastructure to make services more accessible), facilitate community improvement, systems level change** • **Over 5 years, subsets of project with task-forces in place, aspects that need professionals input** • **Meetings are inconvenient for dentists to show up – keep meetings at different times? Have work groups, Chair would be a dentist that would develop practices** • Future meetings for next 3 months: **not Fridays**, will do doodle poll for next visit.			
VII.	**Tasks to complete before next meeting:**				**Person(s) Responsible**	**Deadline**
	I. Fill out Advisory Letter of Commitment				All committee members	
	II. Complete Baseline Survey on SurveyMonkey				All committee members	
	III. Complete doodle poll to establish next meeting				All committee members	
VIII.	**Adjournment:**	**2:30 PM**				
IX.	**Next Meeting:**	**Date:** TBD **Time**: TBD				

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		Location: 351 N. Mountain View, San Bernardino – Administrative Conference Room				

Minutes recorded by: Brian Hermosillo