

Public Health Local Oral Health Program

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San Bernardino County Local Oral Health Program Advisory Committee
1:00 PM – 2:30 PM
172 W 3rd St., San Bernardino, CA 92415 – Basement Conference Room
04/25/18

MINUTES

Present:	Vanessa Montano, RDH; COH. Sahiti Bhaskara, Director of Public Policy/Research; COH. Alejandra Galindo-Magallanos, DDS; Dentist. Alexander J. Magallane, DDS; Martha Valencia; SB DPH Program Coordinator. Pediatric Dentist. Martha Valencia, PSD. Joe Prologe; PSD Program Manager. Heather Blum, Program Manager; SBC DPH WIC. Conrado Barzaga, Executive Director; COH. John Fields, Executive Director; Tri-County Dental Society. James Atkins, Program Manager; SBC Clinics. Asuncion Williams, Clinic Supervisor; DPH. Gary A. Kerstetter, DDS; Director Service Learning. Crystal Horton; DAAS Supervising Social Worker. Bonnie Flippin; LOHP Project Coordinator. Danny Perez; SB DPH Division Chief.
Absent:	

	AGENDA TOPICS	DISCUSSION	ACTION/RESPONSIBLE PERSON
I.	Welcome & Agenda Review	- Danny (DPH): <ul style="list-style-type: none"> • Welcomed Advisory Committee members and shared that the objective of this meeting was to provide updates on the San Bernardino County 	

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	AGENDA TOPICS	DISCUSSION	ACTION/RESPONSIBLE PERSON
		<p>Local Health Program (LOHP), the oral health needs assessment, review methods for assessment of dental workforce capacity and basic screening survey, and review and finalize sample for qualitative data collection (key-informant interviews and focus groups)</p>	
<p>II.</p>	<p>Local Oral Health Program Update</p> <ul style="list-style-type: none"> • LOHP Staff • LOHP Objectives (Year 1-5) <p>Advisory Committee Roles, Responsibilities and Membership</p>	<ul style="list-style-type: none"> - Bonnie (DPH): <ul style="list-style-type: none"> • Let members know that DPH is currently in the hiring process for LOHP staff. • Shared that with the needs assessment, COH will be taking care of objectives 1-2 of the LOHP objectives. - All: <ul style="list-style-type: none"> • Members of the Advisory Committee introduced themselves, their positions, and who they serve: <ul style="list-style-type: none"> ○ Joe Prologo (Headstart): Headstart serves 6,000-6,500 children, ensures dental screening and facilitate follow ups, also works with pregnant women, homeless, and foster children (10% of population is children with disabilities/special needs). ○ Heather Blum (Program Manager for WIC): WIC provides nutrition and breastfeeding education to pregnant women, postpartum women, and for 	<p>Bonnie:</p> <ul style="list-style-type: none"> - Continue updating Advisory Committee members about LOHP. <p>All:</p> <ul style="list-style-type: none"> - Sign Letter of Commitment.

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		<p>children. Also provides food vouchers monthly; serve around 65,000. Screen for dental caries and missing teeth in children to assess need and make referrals; have general education classes, but do not provide direct services.</p> <ul style="list-style-type: none"> ○ Alexander (Pediatric Dentist): Has been in private practice since 1994, works in Perris and Redlands; currently seated in Advisory Board of Assistance League. ○ Dr. Galindo: Member of Assistance League of SB and sits in on grant meetings. Sees uninsured children and those with insurance but can't afford payment; part of Operation School Bell (sealant program which received grant from Kaiser) serves 30-40 kids a month. ○ Martha Valencia (Kaiser): Here with Kaiser and looking to support infrastructure and capacity building of oral health. Kaiser has a 3 year strategic community health plan regarding access to care, including dental care. 3 key approaches: grant making, supporting and engaging collaborations and partnerships, and looking into assets within hospitals and programs and sharing with community. ○ Liz (COH): Explained role of OHAC-IE is to become more involved with 	

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		<p>stakeholders and talk about issues surrounding oral health.</p> <ul style="list-style-type: none"> ○ Dr. Conrado Barzaga (COH): Shared that COH was founded in 1985 whose engaged in public policy and public health research, focusing on dental care indicators and issues. Working with state and number of counties to make assessment reality. ○ Crystal Horton (Department of Aging – Supervisor): Helps elderly and disabled clients access services outside of Loma Linda; hoping to find additional resource for them. ○ John Fields (Executive Director) & Yesenia (Tri-County Dental Society): Represent under 2,000 dentists in SB, Riverside, and Eastern edge of LA; excited to be part of group that improves and assesses oral health in local areas. ○ James (Program Manager – SBC Clinics): Provides services to pediatrics and pregnant women in 4 clinics right now; using contracted dental hygienists. ○ Asuncion Williams (Clinic Supervisor): Trains providers in application of fluoride varnish, helps families follow up with dentists, educate providers to refer pregnant moms to dentist, and educate 	

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		dentists on services available to pregnant women. o Dr. Gary Kerstetter (Loma Linda)	
III.	Needs Assessment Update <ul style="list-style-type: none"> • Baseline Survey of Committee Members • Secondary data and program data 	- Sahiti: <ul style="list-style-type: none"> • Presented results from the Baseline Survey of Advisory Committee Members. Things members wanted to focus on were: <ul style="list-style-type: none"> o Early prevention, intervention, and education. o Addressing gaps in direct services with more specialized service providers. o Integrating dental and medical care. o Care coordination and following up with treatment. o Changing insurance coverage. o Advocate to increase funding for direct services. o Involving service providers early on. o Sending press releases and other communications. o Integrating oral health into existing needs assessments for other agencies. • Shared information regarding which populations the needs assessment will focus on: <ul style="list-style-type: none"> o Early childhood (0-5 years old), childhood (6-11 years old), adolescents and teenagers (12-18 years old), adults (19-64 years), older adults (65-older) o To consider: 	All: <ul style="list-style-type: none"> - Fill out baseline survey of committee member if have not yet done so

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		<ul style="list-style-type: none"> ▪ Medi-Cal coverage is 0-21 years of age, but child age ends at 18. 0-21 year age range has been used with dentistry, but 18-21 years old is difficult to access because they are not in school. For policy/use of Medi-Cal data will use 0-21 years of age (use Medi-Cal data). For collection of data will use 0-18 years of age; national and state data is 0-18 years old. ▪ Older adults; there are differences in skilled nursing facilities, assisted living facilities, and community dwelling. ○ Will also look at: pregnant women, individuals with IDD as well as other healthcare needs, homeless individuals, foster children, individuals with HIV/AIDs, diabetes, tobacco smokers, veterans (can access level of care not available to others), undocumented individuals, and those in remote communities. <ul style="list-style-type: none"> ○ Suggestions was made that for remote communities, we do an 	

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		<p>overlay of population and of dentists and the remote locations would be the void of dentists to population by a certain amount of miles - already some existing methodologies, but can adjust metrics to accommodate for county.</p> <ul style="list-style-type: none"> ▪ Do for both Medi-Cal and fee for service dentists. ▪ Headstart looks at lack of resources to define remote/rural locations (e.g. Barstow has 1Medi-Cal provider) ▪ Frontier communities are based on size of population, less than ~2,500 people <ul style="list-style-type: none"> • Will share map before next meeting for all to review and discuss and will also be a part of workforce capacity assessment. • Defined indicators needs assessment will look at and oral health outcomes: <ul style="list-style-type: none"> ○ Untreated tooth decay, tooth loss, risk factors, access to services (gaps), and severe tooth decay. • Mentioned that needs assessment will be using secondary and primary data. Sited some of the sources LOHP will be attempting to access: 	

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		<ul style="list-style-type: none"> ○ Have not receive anything from ARMC about ER utilization for non-traumatic oral issues that are preventable. Do have that information for Medi-Cal, but not general population. ○ Have some county level data for maternal infant health assessment but waiting for response. ○ Have info on barriers and insurance from WIC for pregnant women; not accessing identifiable info, but if unavailable will go through county. ○ Have data from DHCS for SB county ○ Program Data: Headstart, Early Smiles, will have data for tobacco prevention. ○ WIC asks if a child has missing teeth or dental caries, but don't collect any data from pregnant mothers. ○ Consider having sample of pregnant women in ARMC, 5,000-6,000 deliveries every year, primary Medi-Cal, % of women going to dentist? ○ Headstart: has small population of pregnant women and looks at some dental work and does follow ups. ○ Early Smiles: data for 200-300 pregnant women. ○ Will collect primary data from schools by doing BSS. 	

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		<ul style="list-style-type: none"> ○ Every year Loma Linda has adopted two elementary schools; do an initial screening every year for every student 4-5 years, 560 screenings that they have done. 	
IV.	<p>Assessment of dental workforce capacity</p> <ul style="list-style-type: none"> ● Presentation ● Discussion 	<p>- Sahiti:</p> <ul style="list-style-type: none"> ● Presented data from ADA on workforce capacity within SB county. ● Fact was shared that SB county is largest county in US, not just California; huge percentage of land mass is unpopulated. Loma Linda/Redlands area have large number of dentists in the vicinity. <p>- All:</p> <ul style="list-style-type: none"> ● Advisory Committee members discussed factors to consider: <ul style="list-style-type: none"> ○ Room for increasing diversity through workforce pipeline; there's also a lack of specialty providers (pediatrics, anesthesiologists, oral surgeons). ○ SB only 9.5% of providers participate in Denti-Cal, 4% lower than state; diversifying Denti-Cal participation in the county. ○ Lot of different variables; we want to do a survey of dental providers in the County. ○ Questions to ask? Ask dentists whether they take Medi-Cal or not; some do not 	<p>Sahiti:</p> <p>- Develop survey for dental practitioners to share for Advisory Committee members</p>

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		<p>take Medi-Cal, but will donate services. Non-Medi-Cal providers, do you volunteer to provide service/in kind work?</p> <ul style="list-style-type: none"> ▪ Final success measure to get SB to state level for denti-cal providers. ○ TriCounty Dental Society: % of providers in TriCounty about 1,970 (68%), but there are about 850 licensed dentists in counties who aren't members. Goal is to get them involved in organized dentistry. ○ Include classification of those in low, moderate, or high-risk groups. ○ Sahiti will develop survey tool within 5 days for members to review. 	
<p>V.</p>	<p>Basic Screening Survey (KG, 3rd Grade)</p> <ul style="list-style-type: none"> • Presentation • Discussion 	<p>- Sahiti:</p> <ul style="list-style-type: none"> • Explained methodology and intent with key informant interviews and focus groups. Will attempt to interview individuals from Inland Regional Center, community dental providers, school and district nurses, • Sahiti stated that a separate interview will be done with FQHCs because they have separate set of questions; <p>- All:</p> <ul style="list-style-type: none"> • Members mentioned: <ul style="list-style-type: none"> ○ Working with social workers as they do 360 home visits a year, however, they don't have questions about dentist or 	<p>All:</p> <ul style="list-style-type: none"> - Respond to email regarding availability for key informant interview and refer individuals who may be an asset to LOHP

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		<p>dental care (not part of something that program pays for). Want to get social and demographic characteristics and define program as asset as well as integrate oral health into existing programs.</p> <ul style="list-style-type: none"> ○ Increasing the number of interviews for dental providers and include low-cost dental clinics serving certain populations. ○ Including FQHCs, Assistance League, Borrego health group, Community Health Systems, look-a-likes, etc., County Homeless Coalition, Inland Regional Center with Disabilities, emergency room (ARMC) 		
VII.	<p>Updates from committee members Next meeting & adjourn</p>	<p>- Bonnie (DPH):</p> <ul style="list-style-type: none"> ● Shared that they would like to have a standing calendar meeting. Will send a final doodle poll. 	<p>Sahiti:</p> <p>- Send doodle poll for next Advisory Committee meeting</p>	
VII.	Tasks to complete before next meeting:		Person(s) Responsible	Deadline
	I. Fill out Advisory Letter of Commitment		All	
	II. Complete Baseline Survey on SurveyMonkey		All	
	III. Respond to email regarding availability for key informant interview		All	

	AGENDA TOPICS	DISCUSSION	ACTION/RESPONSIBLE PERSON	
	IV. Complete doodle poll to establish next meeting		All	
VIII.	Adjournment:	2:30 PM		
IX.	Next Meeting:	Date: TBD Time: TBD Location: TBD		

Minutes recorded by: Brian Hermosillo