



Public Health Local Oral Health Program

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Advisory Committee - NOTES

June 17, 2025 -- 9:00 a.m. - 11:00 a.m.

Vision: We envision a county where all individuals have opportunities and resources to achieve and maintain optimal oral health.

Mission: To facilitate and coordinate county-wide efforts to improve oral health knowledge, access, and utilization, thereby improving oral health outcomes.

Agenda Item	SEE PRESENTATION SLIDES FOR ADDITIONAL INFORMATION
Meeting Agenda	<ul style="list-style-type: none"> Smile SBC Program Updates Needs Assessment Update and Revision Next Steps / Upcoming Partner Updates and Announcements
Smile SBC Program Updates	<ul style="list-style-type: none"> Alexandra Diaz – Welcome to the Smile SBC Team! Welcome Alex! Health Education Specialist I in the Health Promotion and Education Section in the Department of Public Health joins Smile SBC! KOHA Stipend Contracts RFA 25/26 – 27/28 New KOHA Stipend Contracts are currently under review with our contracts unit; they will be reaching out to those who applied soon. Loaned Equipment – Dental Equipment being utilized at Schools for KOHA Agreements with partners who currently have loaned equipment from Smile SBC are currently being renewed for the upcoming school year. Contact Maria.Davalos@dph.sbcounty.gov to renew or return equipment. Current agreements expire on 6/30/25. School Program Provider Survey Reports <ul style="list-style-type: none"> 24/25 partner surveys were emailed out this week. Results have started to come in. Big thank you to Jennifer Nowotney and Mia Fisher for submitting your data. We look forward to seeing the responses from everyone. Thank you all in advance for your continued participation! Kudos to Monica Garcia for her hard work on creating this survey for data collection and for paving the way for other County's across the state to create a similar tool. SCOHR DATA – Deadline July 1, 2025 <ul style="list-style-type: none"> School districts have until 7/1 to submit the KOHA data into SCOHR

BOARD OF SUPERVISORS

COL. PAUL COOK (RET.)
First District

JESSE ARMENDAREZ
Second District


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Chair, Third District

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Vice Chairman, Fifth District

Luther Snoke
Chief Executive Officer

	<ul style="list-style-type: none"> ○ 69% of districts have reported. Districts have a few more days to enter their data. If anyone has a connection with those in the school district who have not yet entered data (see slide #15 in the attached slides), please reach out and encourage them to get those assessments into SCOHR. Reach out to info@SmileSBC.org if assistance is required. • New Partnership Activities <ul style="list-style-type: none"> ○ See attached slides for list of recent, new partnerships. ○ Upcoming – Potential partnership with California Children's Services (CCS) • Food Security Project Update <ul style="list-style-type: none"> ○ Pilot Project is up and running. See slides for partners that have agreed to participate or are considering participation. ○ Kyle – Nutrition Services: Thank you to all who are participating! We are excited to see the data that comes from this project. • Success Stories Request <ul style="list-style-type: none"> ○ We will be requesting from our partners Success stories, Challenges, and Photos (PhotoVoice) to support the stories. See attached slides for the three topic areas. ○ The purpose of these stories is to show the impact we are having in our communities and our collective effort internally and outward with partners.
Needs Assessment	<p>Presentation and Facilitated Discussion by Dr. Amanzadeh and Mayte Cruz</p> <p>Oral Health Needs Assessment Update and Revision</p> <p>See slides for more details</p> <ul style="list-style-type: none"> • Needs Assessment Report Findings Categories <ul style="list-style-type: none"> ○ Quantitative ○ Qualitative ○ Workforce and Access to Care ○ Environmental Scan • Secondary data findings: <ul style="list-style-type: none"> ○ 2018-2019 Basic Smile Survey (BSS) results showed disparities in oral health by geographic region. Third grade students in the Desert region had a higher prevalence of untreated tooth decay (36%) than third graders in the West Valley (28%) and East Valley (24%) regions. ○ 2018-2019 BSS results showed that among third graders, the prevalence of caries experience was 74% slightly higher than the statewide rate of 71%. ○ Pregnant women in San Bernardino County visited the dentist at lower rates than women statewide, but the difference is narrowing. ○ Utilization rates of annual dental visits among Medi-Cal recipients in San Bernardino County and California follow similar trends. In 2022 – the latest year for which data is available, one-third of San Bernardino County residents (33%) enrolled in Medi-Cal had an annual dental visit. Between 2018 and 2022, rates fluctuated slightly but remained largely unchanged for the county and California. ○ Dental sealant utilization rates among children ages 6-9 enrolled in Medi-Cal have increased modestly but remain persistently low. Based on 2022 rates, roughly one out of five children ages 6 to 9 had received dental sealants in San Bernardino County. • Qualitative findings from key informant interviews: <ul style="list-style-type: none"> ○ This qualitative analysis draws on insights from 11 focus groups and key-informant interviews—including nonprofit home visitors, foster-care providers, therapists, dental-school leaders, school-district liaisons, and managed-care strategists—to map San Bernardino County's current oral-health landscape and identify avenues for enhancement. ○ Across the County, we see a rich tapestry of programs—state-mandated Kindergarten Oral Health Assessments (KOHA), in-school varnish and sealant clinics, home-visit toolkits from CHWs, mobile dental units, and managed-care fluoride incentives—that together form a solid foundation for

	<p>prevention and early intervention. Community health centers, school-linked programs, and trusted local champions amplify these efforts.</p> <ul style="list-style-type: none"> o Yet families continue to face meaningful hurdles: rural and mountain residents often contend with two-hour bus trips; urban families report being assigned to distant HMO networks; only about 15–20 percent of KOHA-flagged children complete follow-up care; and sedation-based and special-needs dental appointments may have multi-year wait-lists. Language differences, provider shortages, and persistent misconceptions about fluoride further temper uptake. These underscore the need for more coordinated, culturally attuned approaches. <ul style="list-style-type: none"> • GIS – San Bernardino County maps on dental distribution (see slides) • Group had a discussion about what stood out <ul style="list-style-type: none"> o One specific note from Mia Fisher (Morongo Basin Healthcare District) - Fluoride varnish challenge in relation to IEHP's pilot program to collect data. IEHP has a fluoride varnish Incentive (payment) program for those placing the fluoride varnish on the children. However, since the Dental Providers are not through IEHP those claims are being denied. As a workaround the claims are now being redirected to Medi-Cal, so Medi-Cal can, instead, share the data with IEHP.
Next Steps / Upcoming	<ul style="list-style-type: none"> • Next Advisory: TBA Tentative: Next steps for utilizing the findings from the latest Oral Health Needs Assessment update to inform the revision of the Oral Health Strategic Plan.
Prize Winners!!!	<p>Trivia Game Winners:</p> <ul style="list-style-type: none"> • Congratulations and thank you for playing along!! <ul style="list-style-type: none"> o \$25 Amazon Gift Card <ul style="list-style-type: none"> ▪ Amy Kennedy (Trona Joint USD) o \$15 Amazon Gift Card <ul style="list-style-type: none"> ▪ Jennifer Nowotney (The Friendly Flosser) ▪ Terri Pina (The Friendly Flosser) <p>No government funds are used to purchase prizes.</p>
Meeting Evaluation Survey	<p>If you did not complete a survey directly after the meeting. Please take a moment to complete the survey by scanning or clicking the link below. We value your feedback! Survey will close on 07/02/25.</p> <p>Survey – Scan QR code or click the survey link</p>  <p>https://dphsbcountry.co1.qualtrics.com/jfe/form/SV_0xobl4BnXolAewu</p>

If you have questions or would like more information, please do not hesitate to contact us:
info@SmileSBC.org or <https://SmileSBC.org>

THANK YOU
to those who were able to attend this meeting!!!



smile^{SBC}

Advisory Committee

June 17, 2025

9:00 – 11:00am

Welcome



Sign in by typing your name and organization in the chat box.

- This meeting is being recorded.
- Please remember to mute.
- Please enter questions in the chat box. We'll answer them as we are able.
- If you have announcements, feel free to put them in the chat box. We will also allow time at the end of the meeting for you to provide announcements.

Introduction



Monica Garcia
Statistical Analyst

Maria Davalos
Office Specialist

Jazmin Pelayo
Health Education
Specialist II

Laura Gallardo
Supervising Health
Education Specialist

Bonnie Flippin
Program Coordinator



Alex Diaz
Health
Education
Specialist I

Consultants



Dr. Bahar Amanzadeh,
DDS, MPH



Mayte Cruz, MPP
Senior Assoc. HTA Consulting

smile^{SBC} Vision

Access

Increase
access to
oral health
care

Knowledge

Increase
oral health
knowledge,
education
and public
awareness

Workforce

Improve
oral health
workforce
capacity
to serve all

Integration

Increase
integration of
medical and
dental services
(medical, dental
& other)

Coordination

Improve
coordination
of Countywide
efforts

Surveillance

Increase
surveillance,
measurement &
evaluation of
oral health

We envision a County where all individuals have
opportunities and resources
to achieve and maintain optimal oral health.

Agenda

Smile SBC Program Updates

- School Oral Health Programs
- New Partnership Activities
- Food Security Project Update
- Success Stories Request

Oral Health Needs Assessment Revise

- Preliminary Results of Needs Assessment
- Next Steps for Dissemination
- Next Steps for Planning – Strategic Plan

Roundtable



What to look out for?



No government funds are used to purchase prize items.

Prize Opportunity

Opportunity to win 1 of 3 prizes!!
Make sure to include your FULL NAME to receive your prize.

Scan QR code



Program Updates

School Oral Health Programs

KOHA Stipend Contracts

Equipment Loans

School Program Provider Surveys

KOHA and SCOHR Progress 24/25





24/25 SCOHR Data

- Adelanto Elementary
- Apple Valley Unified
- Bear Valley Unified
- Central Elementary
- Chino Valley Unified
- Colton Joint Unified
- Cucamonga Elementary
- Etiwanda Elementary
- Fontana Unified
- Hesperia Unified
- Lucerne Valley Unified
- Morongo Unified
- Mountain View Elementary
- Ontario-Montclair Elementary
- Redlands Unified
- Rialto Unified
- Rim of the World Unified
- San Bernardino City Unified
- Silver Valley Unified
- Snowline Joint Unified
- Upland Unified
- Victor Elementary

No Data Yet

- Alta Loma Elementary
- Baker Valley Unified
- Barstow Unified
- Helendale Elementary
- Mt. Baldy Joint Elementary
- Needles Unified
- Oro Grande Elementary
- San Bernardino County Office of Education
- Trona Joint Unified
- Yucaipa-Calimesa Joint Unified

Last Updated June 17, 2025.



Partnership Activities

Loma Linda School of Dentistry – Public Health Dentistry



Partnership Activities

Legacy Academy – Chino Valley Unified
Department of Public Health Mobile Dental Unit



Partnership Activities

Summer Meals with School Districts



Partnership Activities

- Baldy View ROP + Loma Linda School of Dentistry
- San Joaquin Valley College
- St. John's Community Health
- Rainbow Pride Youth Alliance
- El Sol – California Home Visiting
- Preschool Services: Classrooms + Cal Works Home Visiting
- The Mom & Dad Project – Healthy Families America and Healthy Steps – Big Bear
- Silver Valley Unified Community Health Center

UPCOMING – California Children's Services (CCS)



Food Security Project

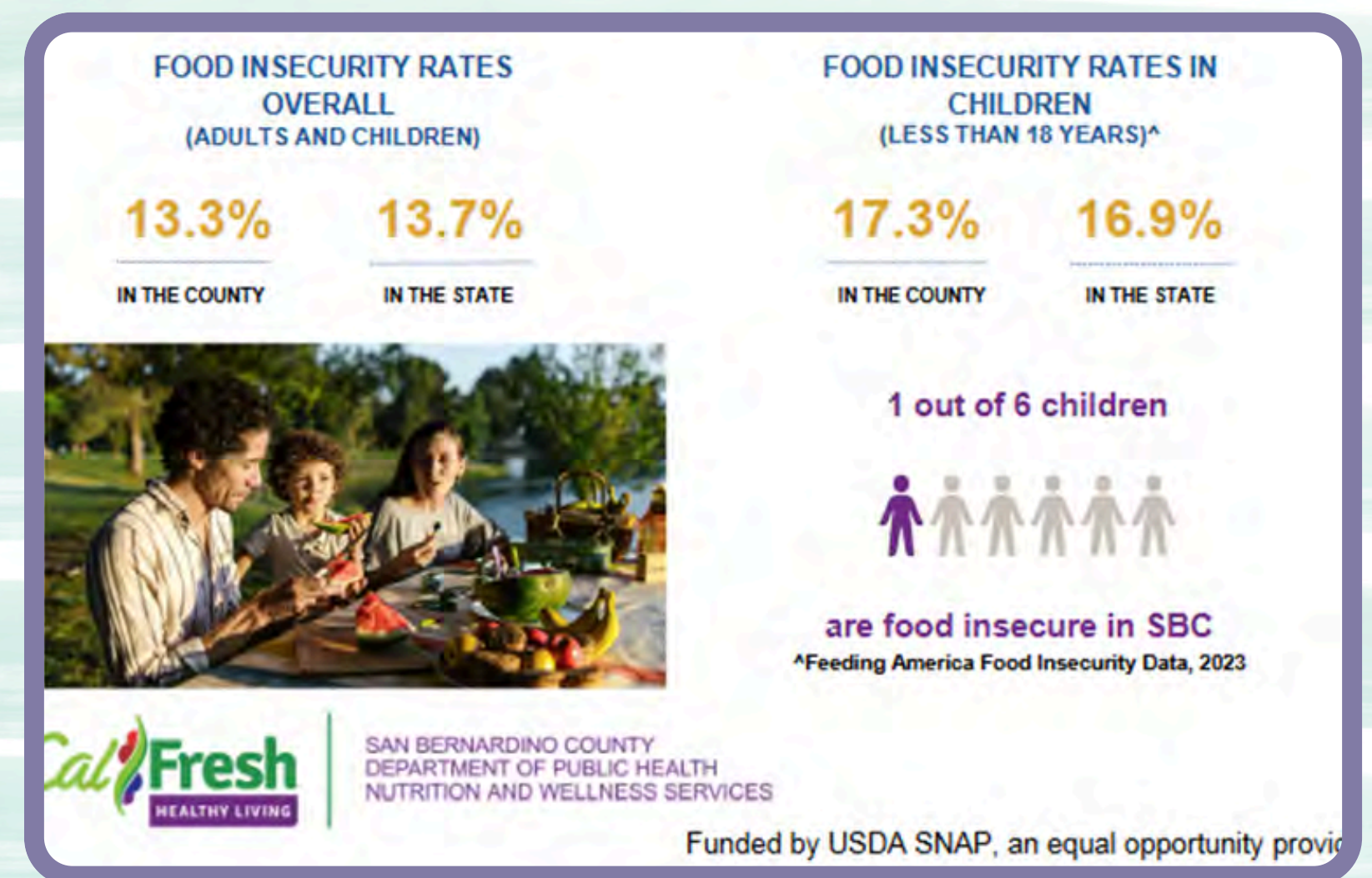
In partnership with Nutrition Wellness Services and Dental Clinics

Pilot project participants

1. Desert Choice Dental
2. ParkTree Community Health Center
3. Friends of Family Health Center

Interested agencies

1. DPH FQHC Dental Clinics
2. Vernon Dental Specialty
3. St. John's Community Health



THANK YOU!!!

Request – Success Stories

Successes, Challenges + Photos
(PhotoVoice)

Three topic areas:

1. KOHA School Programs
2. OH Services in Schools
3. Integration of OH Education, Services, Referrals

Keep an eye out for the request in your email!



Needs Assessment Update and Revision

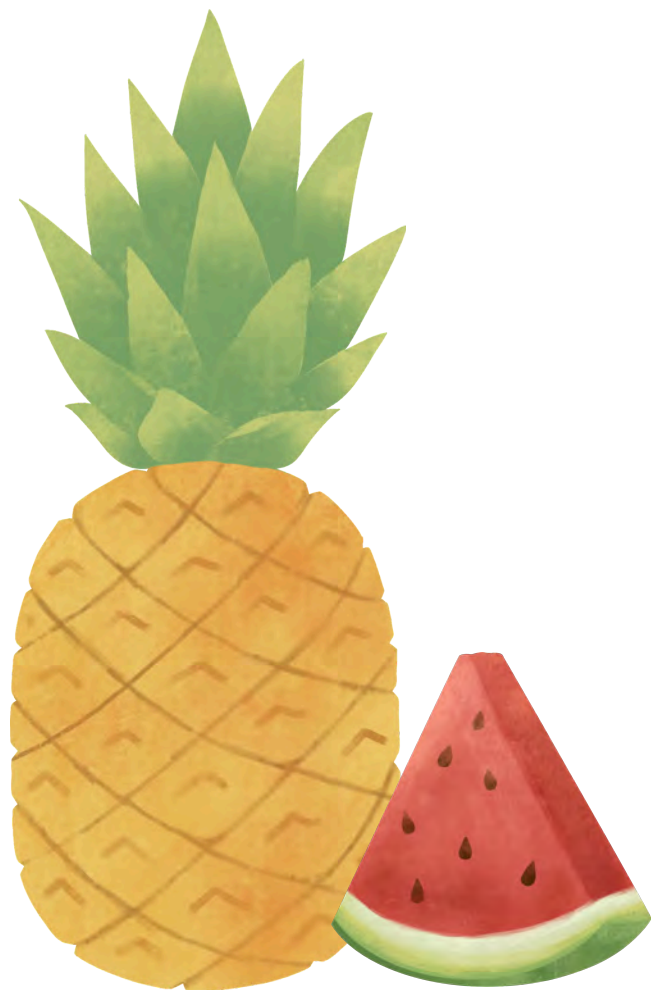
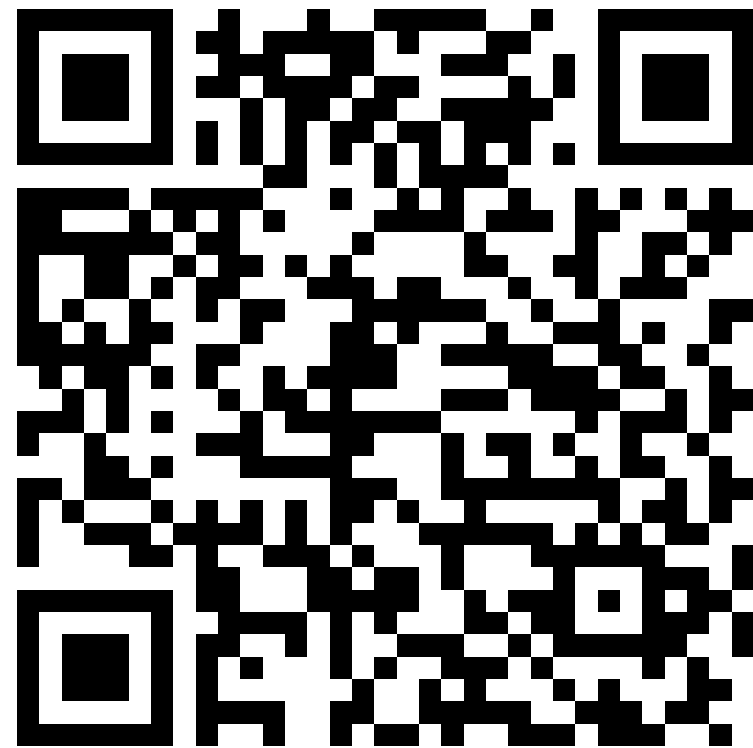
Dr. Amanzadeh and Mayte Cruz

Roundtable Announcements



Meeting Evaluation

Click link in chat or scan QR code



Trivia time!

Click the link & enter game code!

Add your full name (not nickname)

1st place – \$25 Amazon

2nd place – \$15 Amazon

3rd place – \$15 Amazon

Fast answers + correct answers = more points!



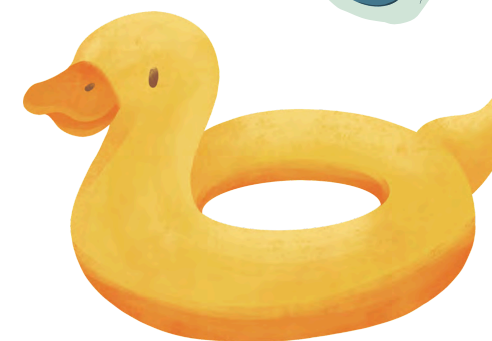
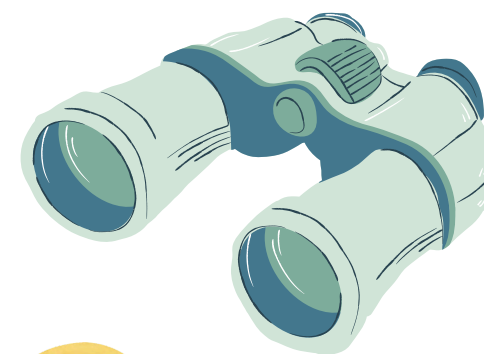
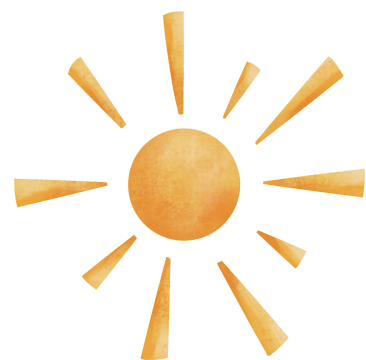
Thank you!

Meeting Eval

Email: info@SmileSBC.org
Website: www.SmileSBC.org



Teacher Resources Page





Smile SBC Oral Health Advisory Committee Meeting

6/17/2025



Agenda




- Overview of needs assessment report findings:
 - Quantitative
 - Qualitative
 - Workforce and Access to Care
 - Environmental Scan
- Discussion:
 - What stood out to you?
 - What ways of disseminating this information would be more

+ Priority Populations

- Children Aged 0-5
- School-aged Children
- Pregnant Individuals
- Individuals in Medi-Cal
- Rural and Tribal Communities
- Spanish-Speaking + Undocumented Communities
- Special Healthcare Needs
- Homeless
- Foster Youth
- Justice-Involved Youth
- Older Adults

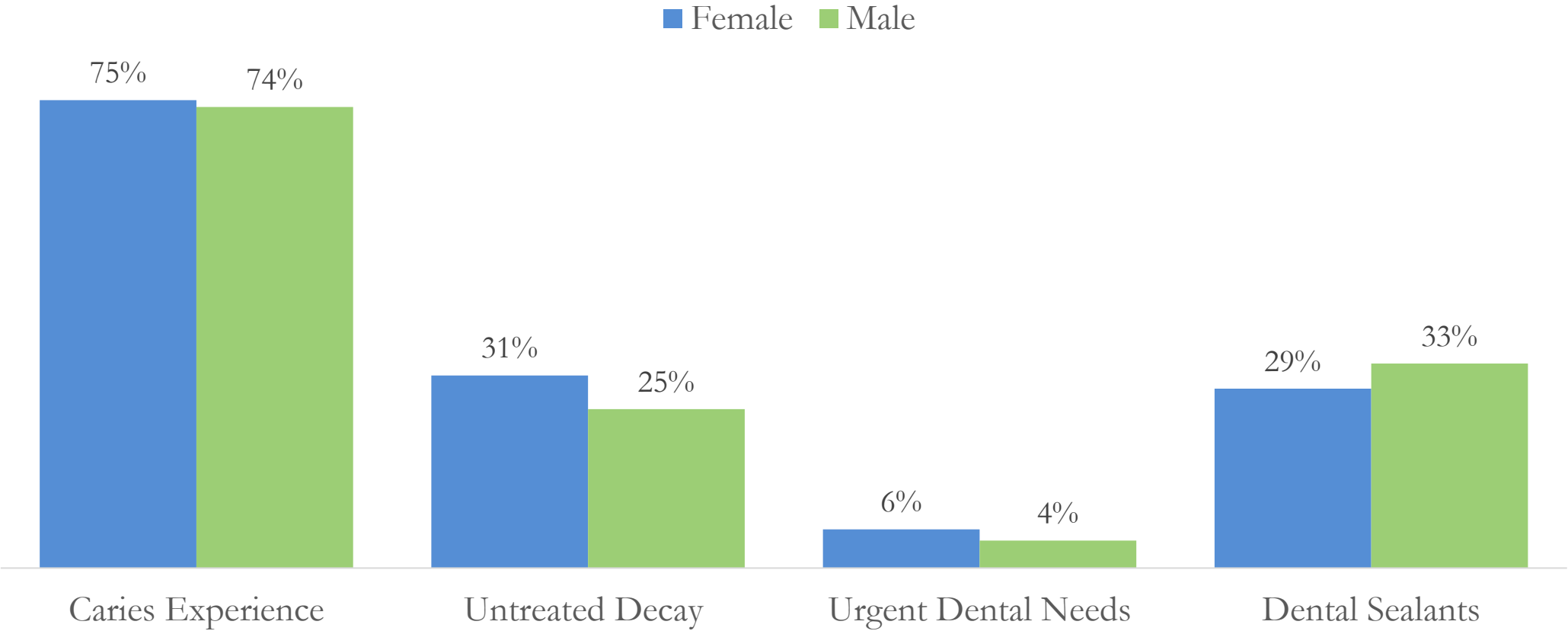




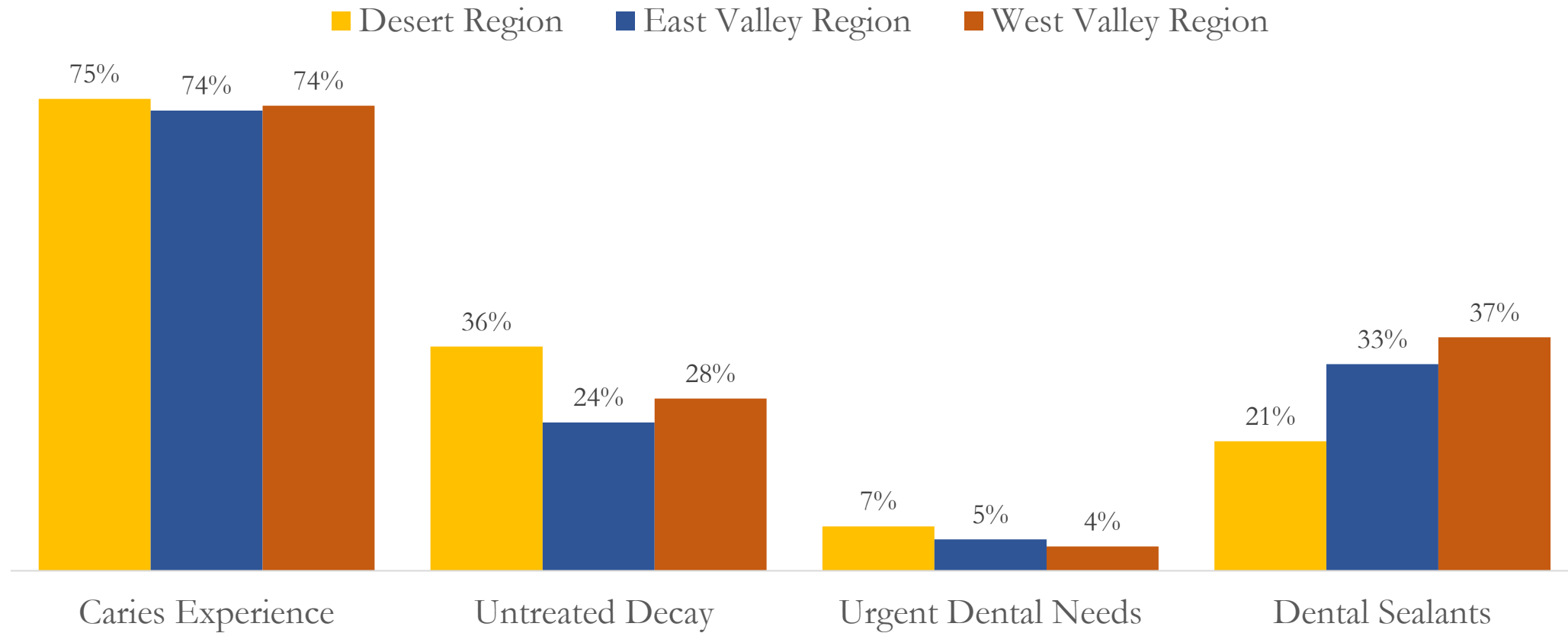
+ Oral Health Status, Medi-Cal
Utilization, Access to Dental Care
and Services



Basic Screening Survey Results: Percentage of Third Grade Children with Tooth Decay, Urgent Dental Needs, and Dental Sealants in San Bernardino County 2018-19, by Sex

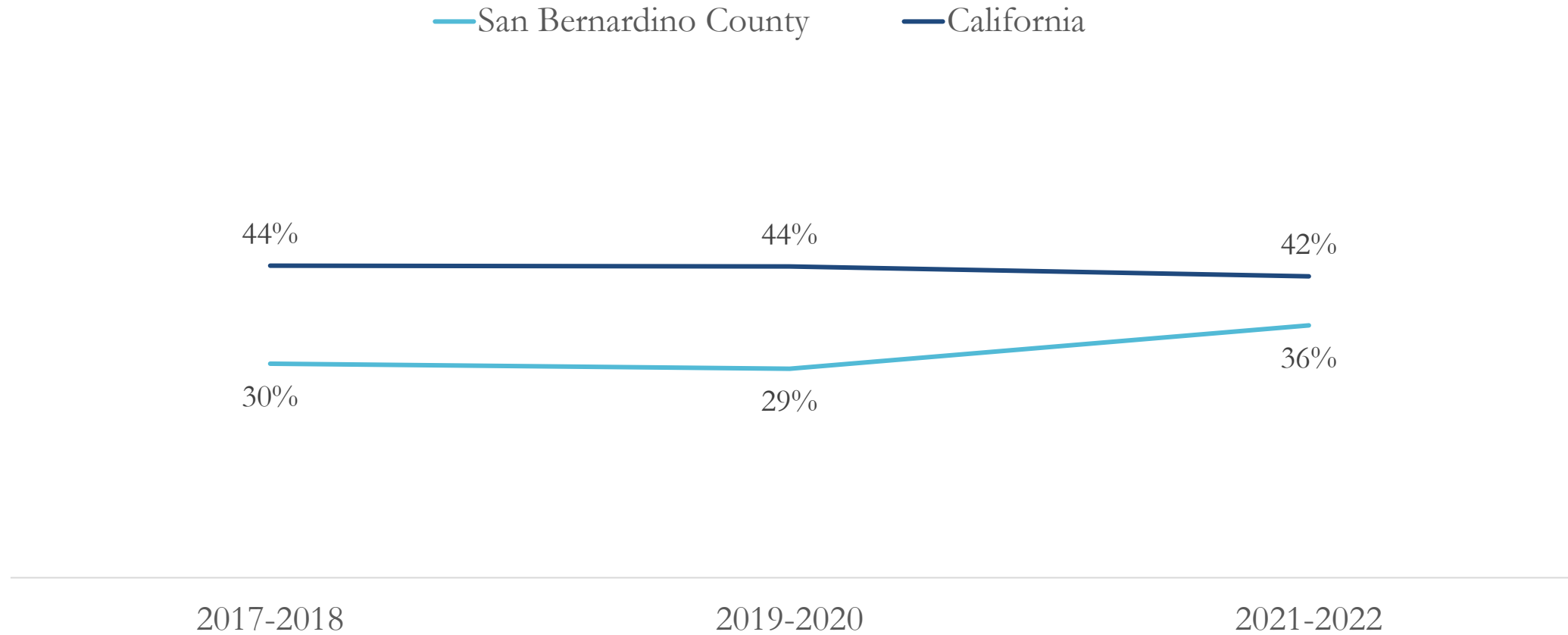


+ Percentage of Third Grade Children with Tooth Decay, Urgent Dental Needs, and Dental Sealants in San Bernardino County 2018-19, by Geographical Region



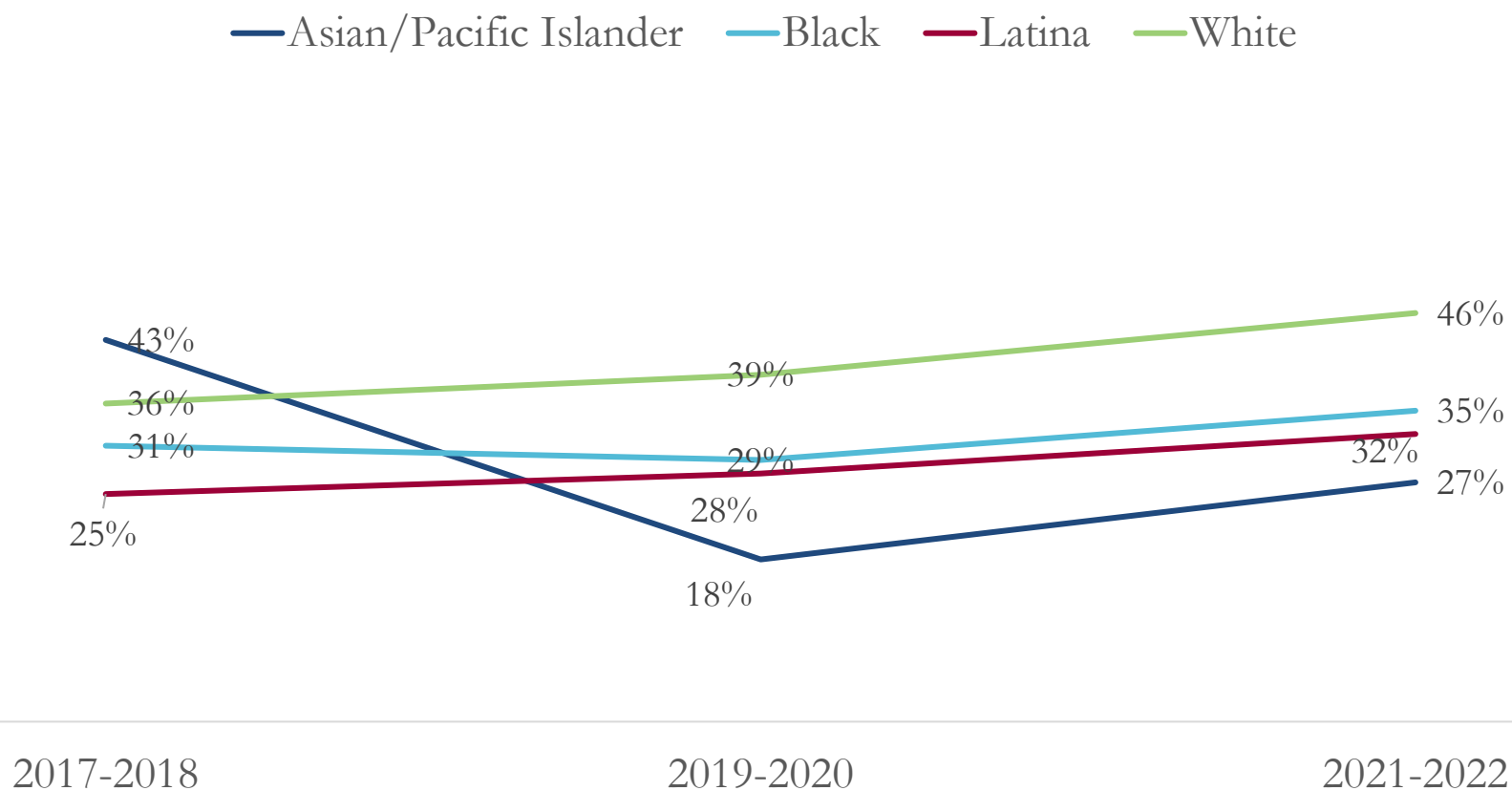
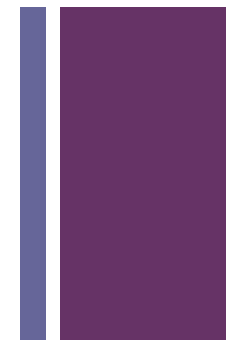


Percentage Individuals with a Recent Live Birth who Visited the Dentist During Pregnancy, by Year, 2017-2022 [Maternal Infant & Health Assessment Survey – (MIHA)]





Percentage of Women with a Recent Live Birth who Visited the Dentist During Pregnancy in San Bernardino County, by Race/Ethnicity, 2017-2022*



*The estimates for Asian/Pacific Islanders should be interpreted with caution due to low statistical reliability.

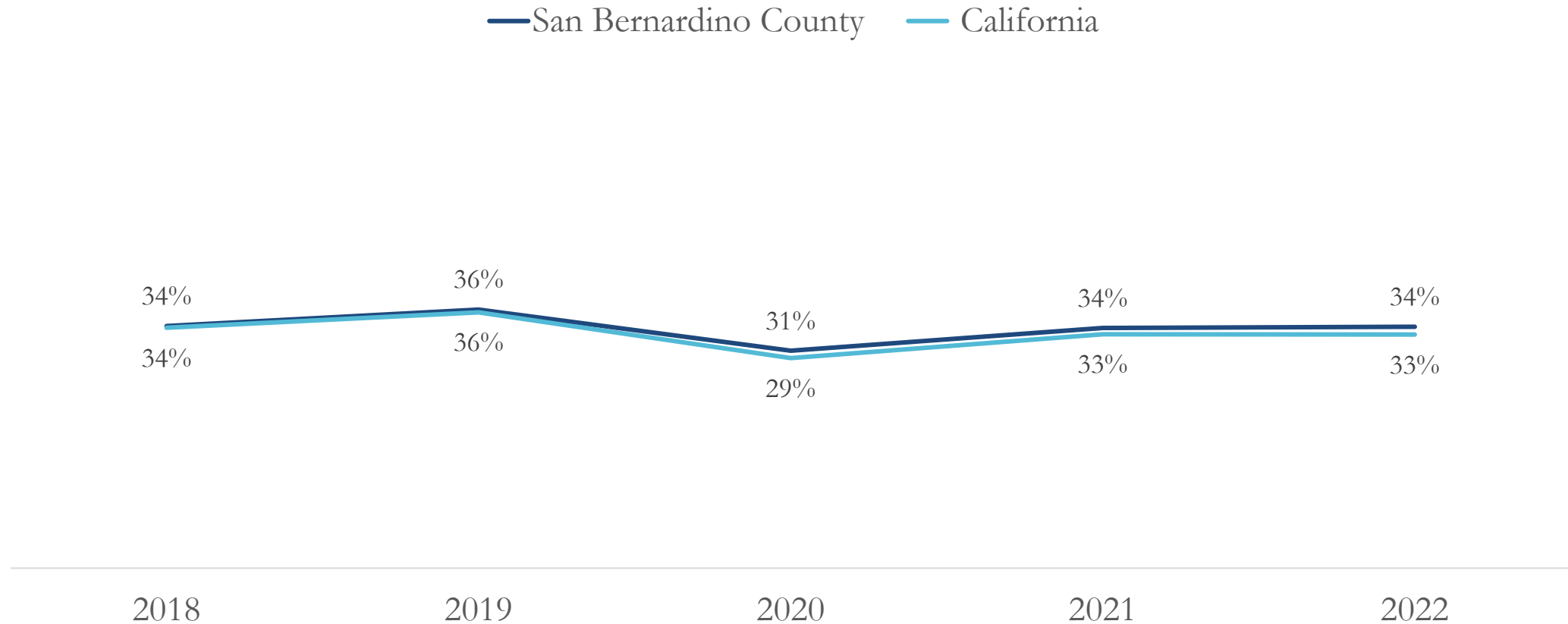
+ Older Adult (65+) Tooth Loss in San Bernardino County and California





Annual Dental Visits by Medi-Cal Recipients

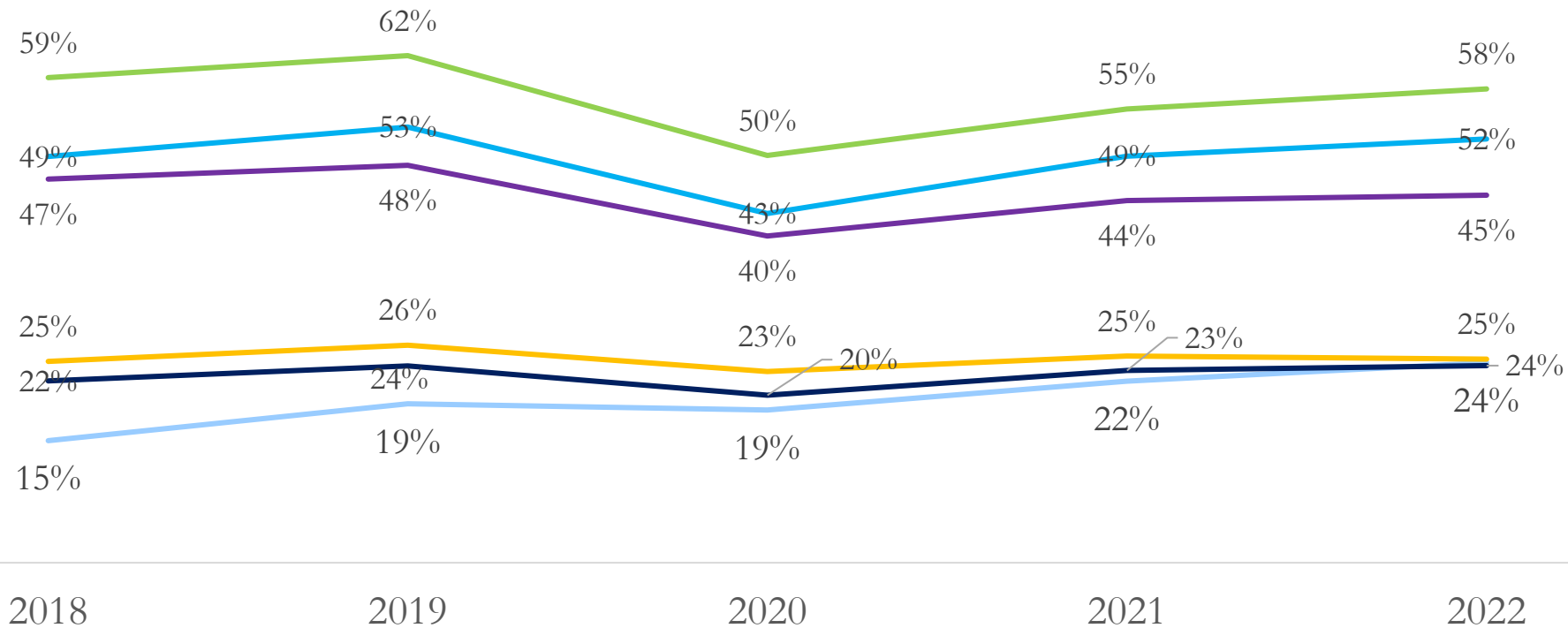
Rates in the County and California have remained unchanged



+ Annual Dental Visits by Medi-Cal Recipients, by Age Group

Between 2019 and 2020, nearly all groups saw a decline in their rates

Age 0 to 2 Age 3 to 5 Age 6 to 9 Age 10 to 20 Age 21 to 64 Age 65+



+ Utilization of Dental Sealants by Children Ages 6 to 9 on Medi-Cal in San Bernardino County and California, 2018-2022

Rates for San Bernardino County and California have remained unchanged

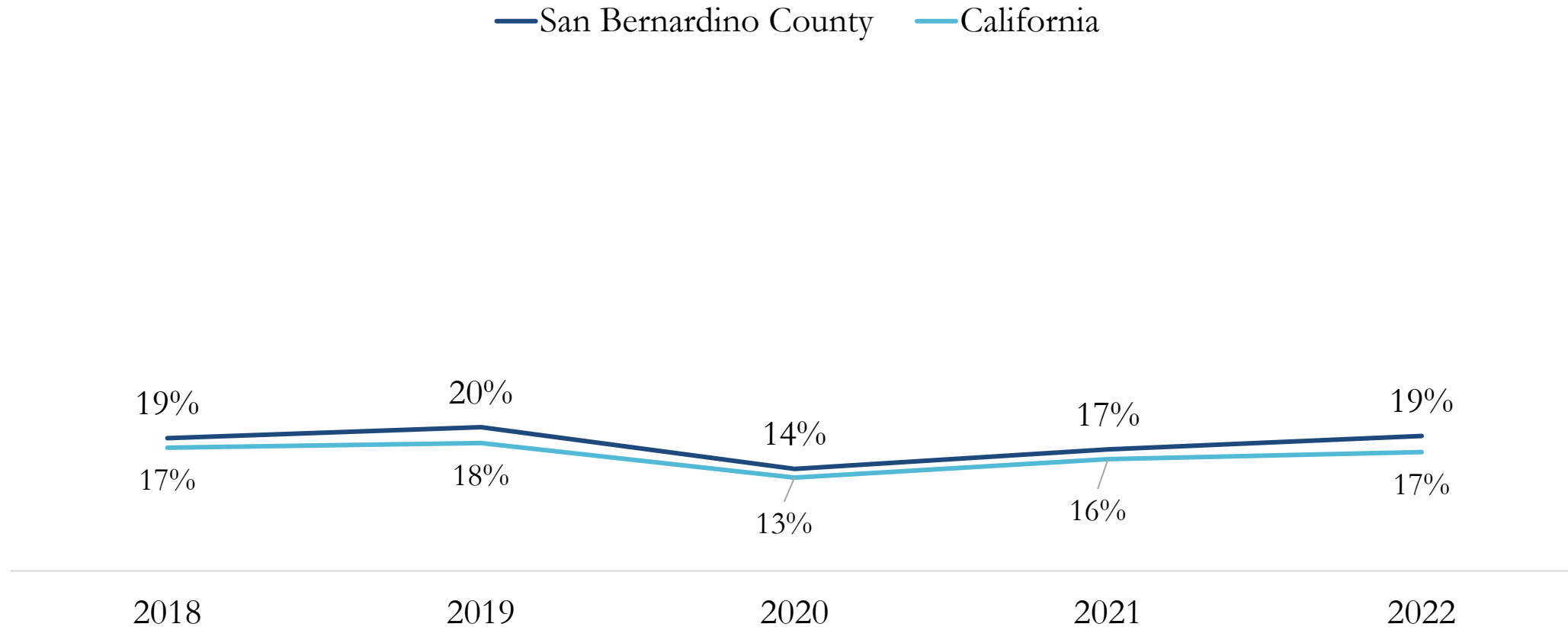




Figure 20. Preventable Dental Emergency Department (ED) Visits in California by County, 2012

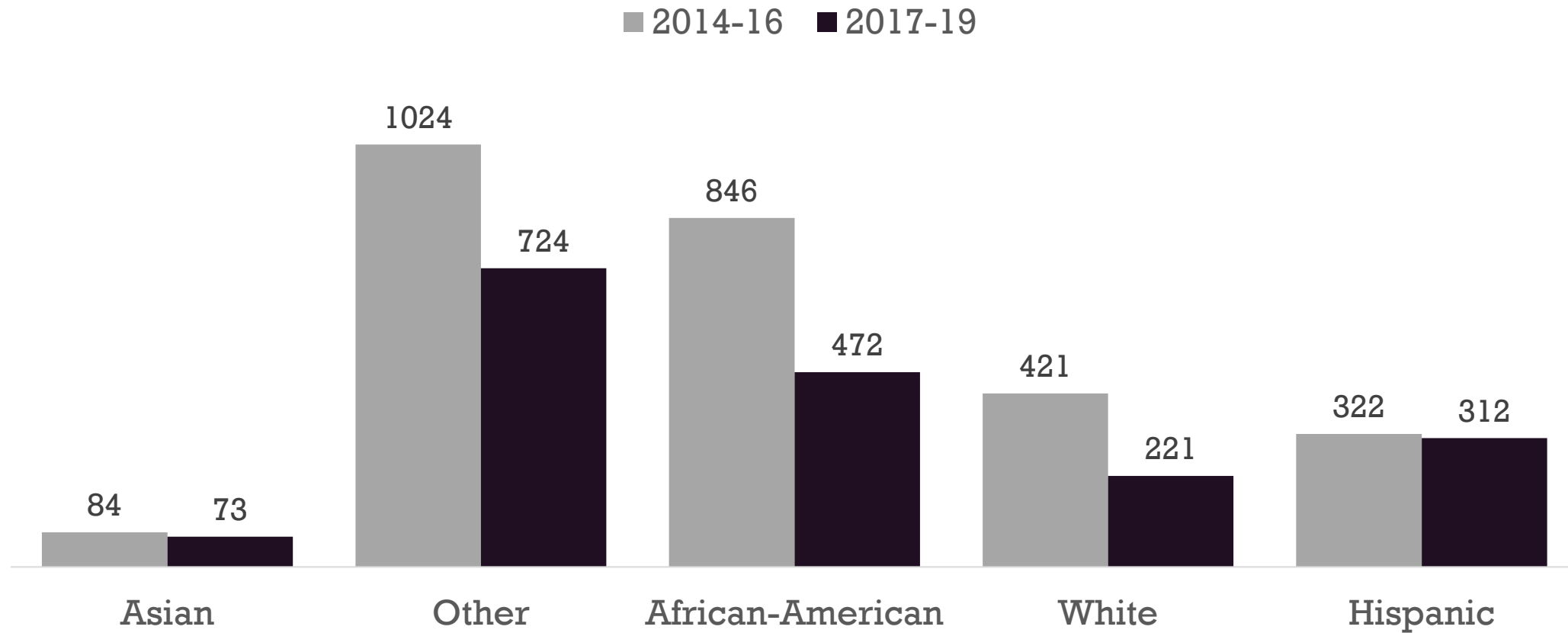


Figure 20a



Figure 20b

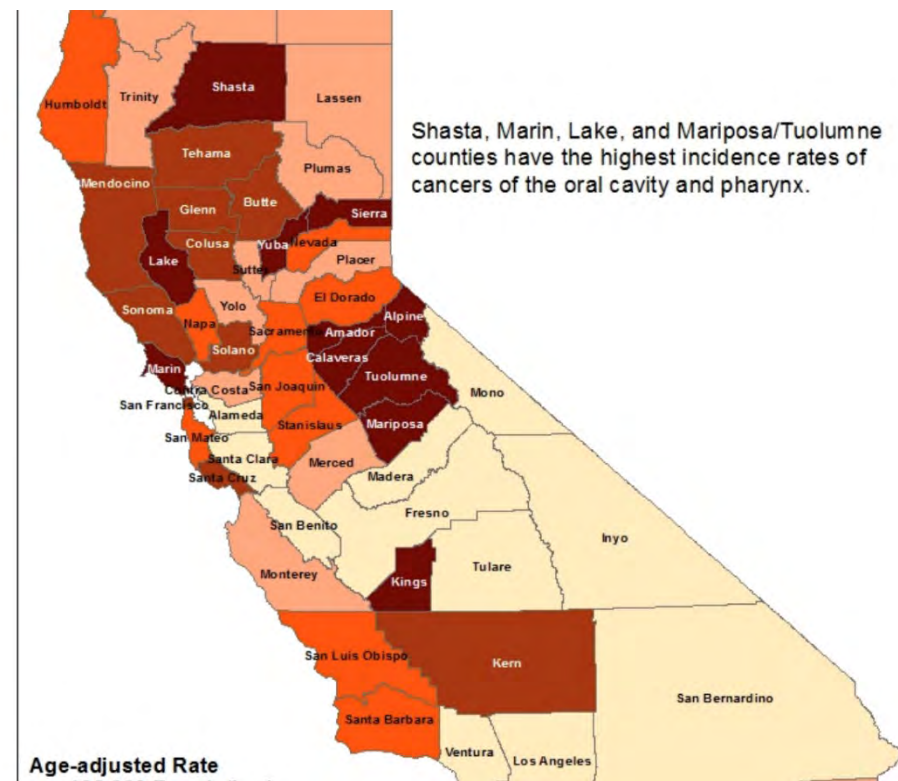
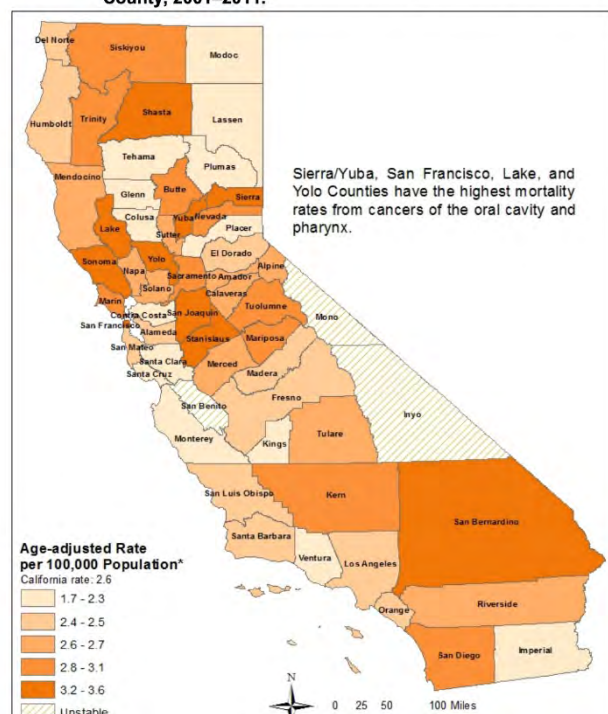
+ Number of Emergency Department Visits per 100,000 population for Non-traumatic Dental Conditions in San Bernardino County by Race/ Ethnicity





Oral and Pharyngeal Cancer Rates and Mortality

Figure 5. Oral and Pharyngeal Cancer Mortality Rates in California by County, 2001–2011.





+

Qualitative Data: Perspective of Key Informant Interviewees and Focus Group Participants



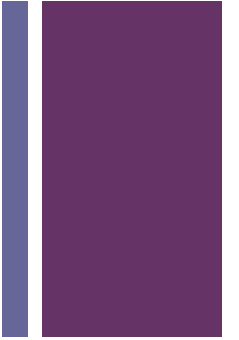
+ Qualitative Findings



- **Access to Care Barriers & Disparities**
- **Population-Specific Needs & Barriers**
- **Prevention & Early Intervention**
- **School-Based/School-Linked Programs & KOHA**
- **Access & Navigation to Care**
- **Oral Health Education, Promotion & Trust**
- **Integration & Collaboration**
- **Equity for Vulnerable Groups**



Access to Care Barrier



- **Provider-Level Context:** Dental workforce constraints and practice policies affect appointment availability.

“We wish more dentists would join Medi-Cal—we struggle to find local care,” shared a foster-youth liaison.

- **Community-Level Context:** Geographic isolation, scheduling inflexibility, and health-literacy gaps deter many families.

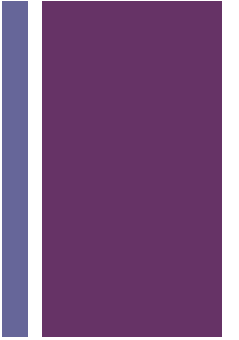
“I missed three appointments—bus schedules don’t match my work hours,” recalled a high-desert farmworker.

- **System-Level Context:** Insurance assignments and data delays disrupt coordinated outreach.

“We can’t track dental visits in our EHR...” noted a PCP, underscoring the need for real-time integration.



Population-Specific Needs and Barriers



- **Special Health Care Needs:** Sensory and motor impairments can make clinic visits overwhelming.

“Our OT taught mom adaptive brushing techniques—nobody else could,” an occupational therapist recalled.

- **Foster & Unhoused Youth:** Placement instability and survival priorities disrupt dental continuity.

“Dental is the last thing on their minds when they’re worrying about their next meal,” explained a liaison.

- **Pregnant & Perinatal Women:** Safety concerns and fragmented referrals limit prenatal care uptake.

“I thought x-rays during pregnancy were unsafe, so I skipped visits,” shared one expectant mom.

- **Spanish-Speaking & Immigrant Families:** Language and documentation fears suppress participation despite eligibility.

“We need no-ID, no-paperwork pop-ups to build trust,” urged a community promotor(a).

+ Regional Level Barriers



■ Rural/High-Desert Region

Frequent relocation for affordable housing disrupts continuity of care. As one liaison noted,

“People living out here tend to be assigned to providers in Los Angeles or Colton—it takes time to reconnect locally.” Transportation compounds these gaps: “It was a two-hour round trip on the bus just for a check-up,” a mother recalled, describing the strain of rides through unpaved desert roads.

■ Mountain Communities

In Big Bear and similar towns, families confront both weather and workforce shortages.

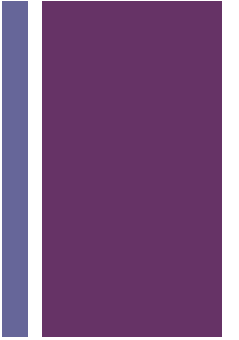
“We tried to bring in outside clinics, but when it snows two feet, they cancel,” said a Family Resource Center director. Local dentists report, “We don’t have enough pediatric specialists—most kids see generalists and never get proper follow-up.”

+ School Based and KOHA

- **Coordinating Urgent Dental Needs:** One dental provider described a child flagged six months earlier for urgent treatment—yet on return visits the child’s condition remained unaddressed.
- “The complication is that it doesn’t always reach the parent,” they noted, and added, “a lot of the people doing screenings are far away from access to care.”
Loma Linda corroborated this: “We believe children’s care is still the greatest need—many schools get screened, but not enough receive actual treatment unless they secure a dental home.”
- **Consent-Form Completion:** Providers often struggle to obtain signed parental consents.
- “Parents will agree verbally, but forms never return,” explained one coordinator. Lengthy, three-page packets can overwhelm busy families, and fewer than five consents mean no clinic day can be scheduled, even after hosting health fairs to drive sign-ups.
- **KOHA Data Entry & Follow-Up Gaps:** Friendly Flosser teams report that most districts enter KOHA data into local systems but neglect the state portal, limiting countywide tracking.
- **First-Year Uptake:** Even well-funded initiatives like “Give Kids a Smile” can see low turnout.
- **School Buy-In:** Securing administrative support remains essential.



Strengths in the Oral Health System



- **Cross-Sector Partnerships:** Smiles San Bernardino has united public health, school districts, FQHCs, and managed-care organizations into a shared vision.
- **Collaborative Frameworks:** Programs like KOHA, Friendly Flosser, and Children's Choice demonstrate how medical, dental, and educational systems can coordinate seamlessly.
- **SBC Smiles Leadership:** The County's oral-health stewards have maintained focus and momentum, shepherding MOUs and countywide coalitions through policy and funding challenges.
- **School Dental Programs:** School-linked, and school-based programs provide consistent preventive services.



Challenges



- **Geographic Scope & Provider Shortages:** The County's sheer size and uneven provider distribution leave rural and mountain areas under-resourced.
- **Medical–Dental Coordination:** Pediatricians seldom integrate oral screening or varnish into well-child visits. One dentist noted rampant decay by age one: “Many parents only bring their child at 18 months—too late for prevention.”
- **Data Sharing & Accountability:** MCOs like IEHP report lags in Denti-Cal claim data, hindering timely follow-up. Stakeholders expressed a desire for parity between medical and dental quality tracking.
- **Post-COVID Relaunch Needs:** Long-standing MOUs (e.g., Ontario-Montclair virtual care pilot) stalled during the pandemic. Reviving these collaborations offers low-hanging fruit for expanded reach.



Opportunities



- **Leveraging Community Health Workers (CHWs) Across Sectors**

“CHWs have just recently solidified their role in health education—they teach our full curriculum, now at alternate sites, and are starting to weave in oral-health content.”

- **Optimize the Role of Managed Care Plans**

- **Maintaining an Updated Special-Needs Provider Directory**

Ensuring families know where to turn for complex care is critical. A CSF supervisor noted:

“Any resource we can give parents is appreciated—we often only tell them about Loma Linda, but there are other sedation-capable clinics that should be on the list.”

- **Expanding Mobile Dental Units in Remote Areas**

Rotating vans through high-desert and mountain zones can overcome transport gaps, bringing varnish, exams, and sealants to off-grid communities.

- **Fostering Medical-Dental Integration**

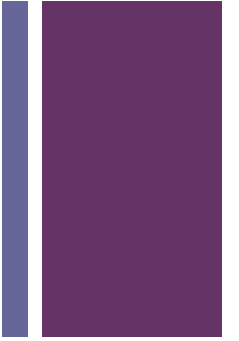
Embedding F1 varnish application and oral health assessment into pediatric visits offers a seamless preventive touchpoint. As one KII observed:



Risk Factors and Protective Factors

+ Community Water Fluoridation

- San Bernardino County has a total of 115 public water systems (PWS), but only 23 of these provide fluoridated water.





F1 Varnish Applications by Pediatric Medical Providers

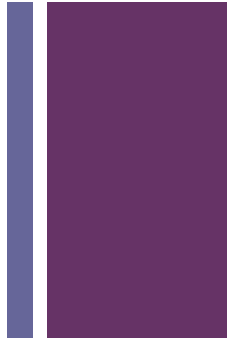
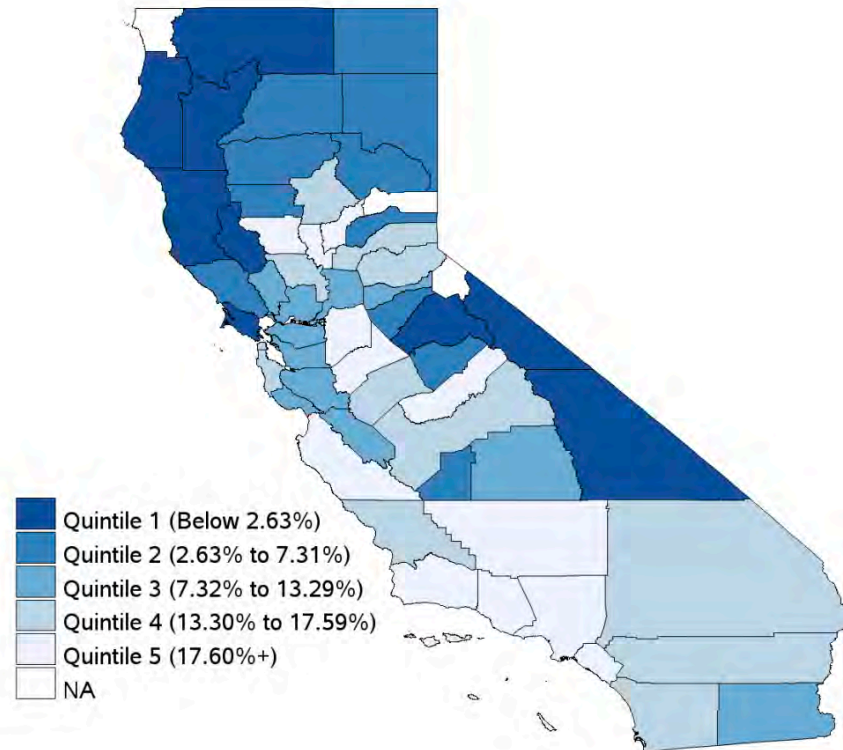


Figure 3.80—Topical Fluoride for Children—Dental or Oral Health Services—Total (TFL-DO)—County-Level Results

NA indicates the rate had a small denominator (i.e., less than 30) or small numerator (i.e., less than 11).

Please refer to Table 2.3 in the Reader's Guide for a list of MCPs operating in each county.





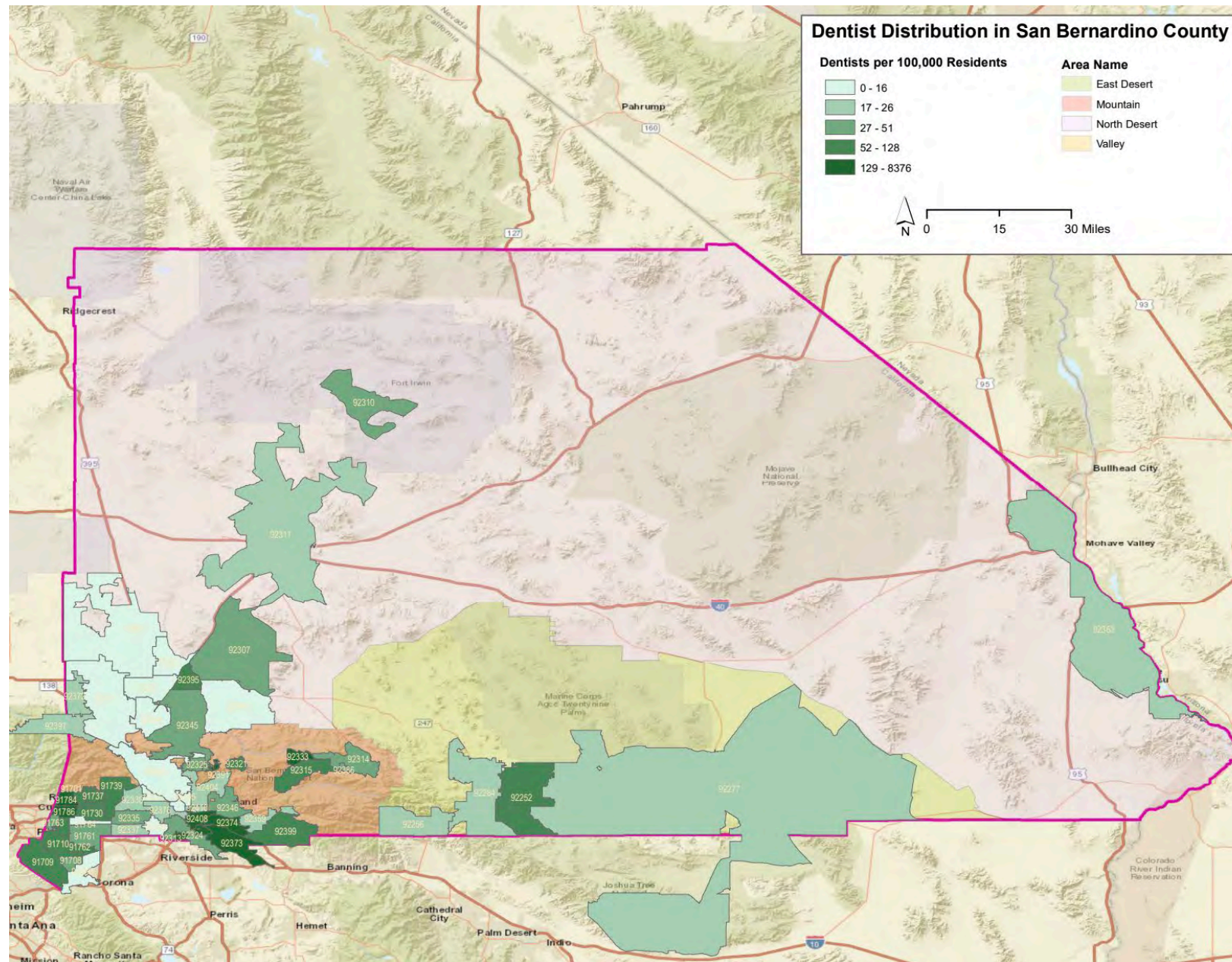
Dental Providers Distribution

+ Dental Providers Challenges



- The county has several provider shortage areas
- Lack of Medi-Cal Dental Providers in certain areas is palpable
- Specialty services, and hospital dentistry are not enough

Provider Specialty Code Desc	Ct
Anesthesiology	1
Certified Orthodontist	13
Endodontist	4
General Practioner (Dentists Only)	438
Hygienist ? RDHAP	5
Oral Surgeon	7
Pedodontist	15
Periodontist	2



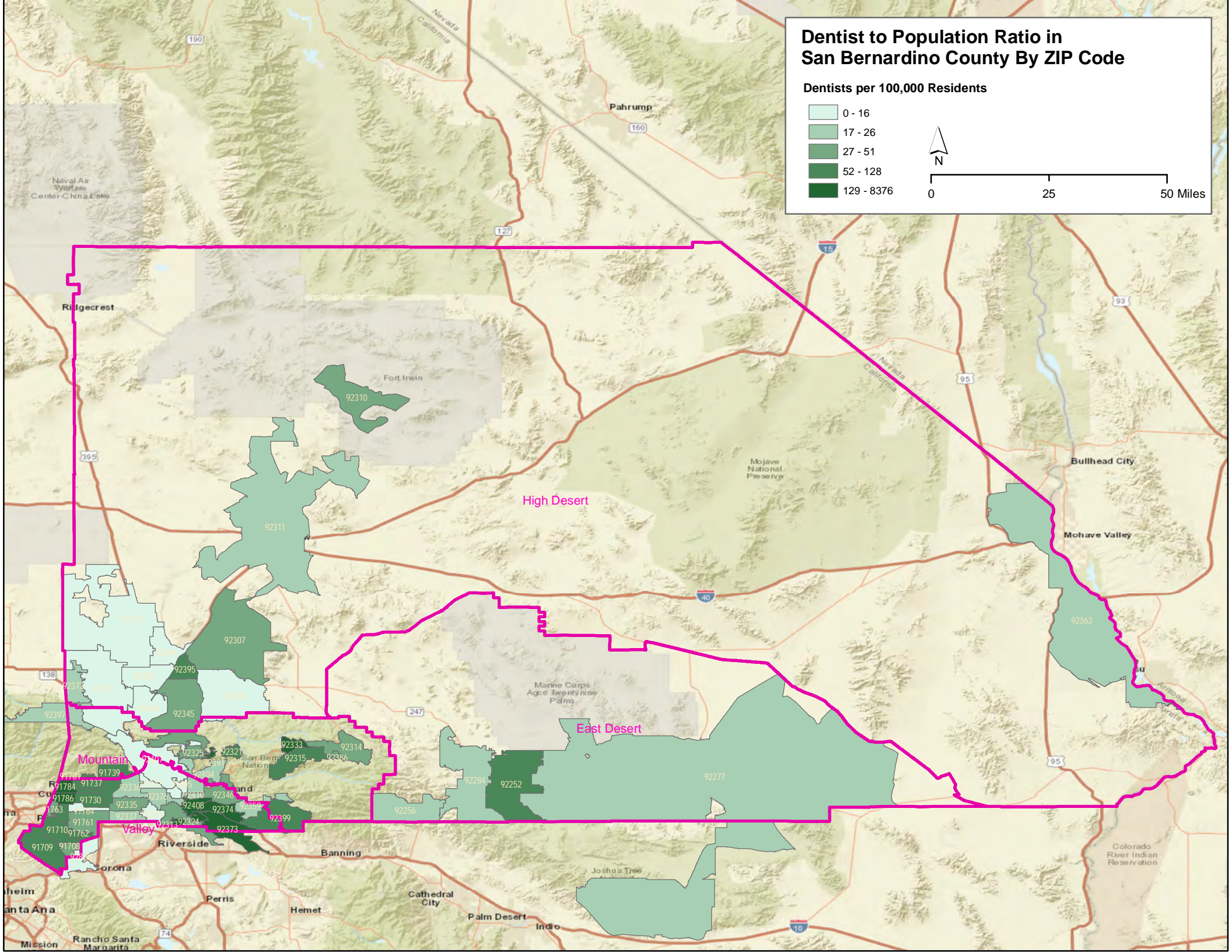
Dentist to Population Ratio in San Bernardino County By ZIP Code

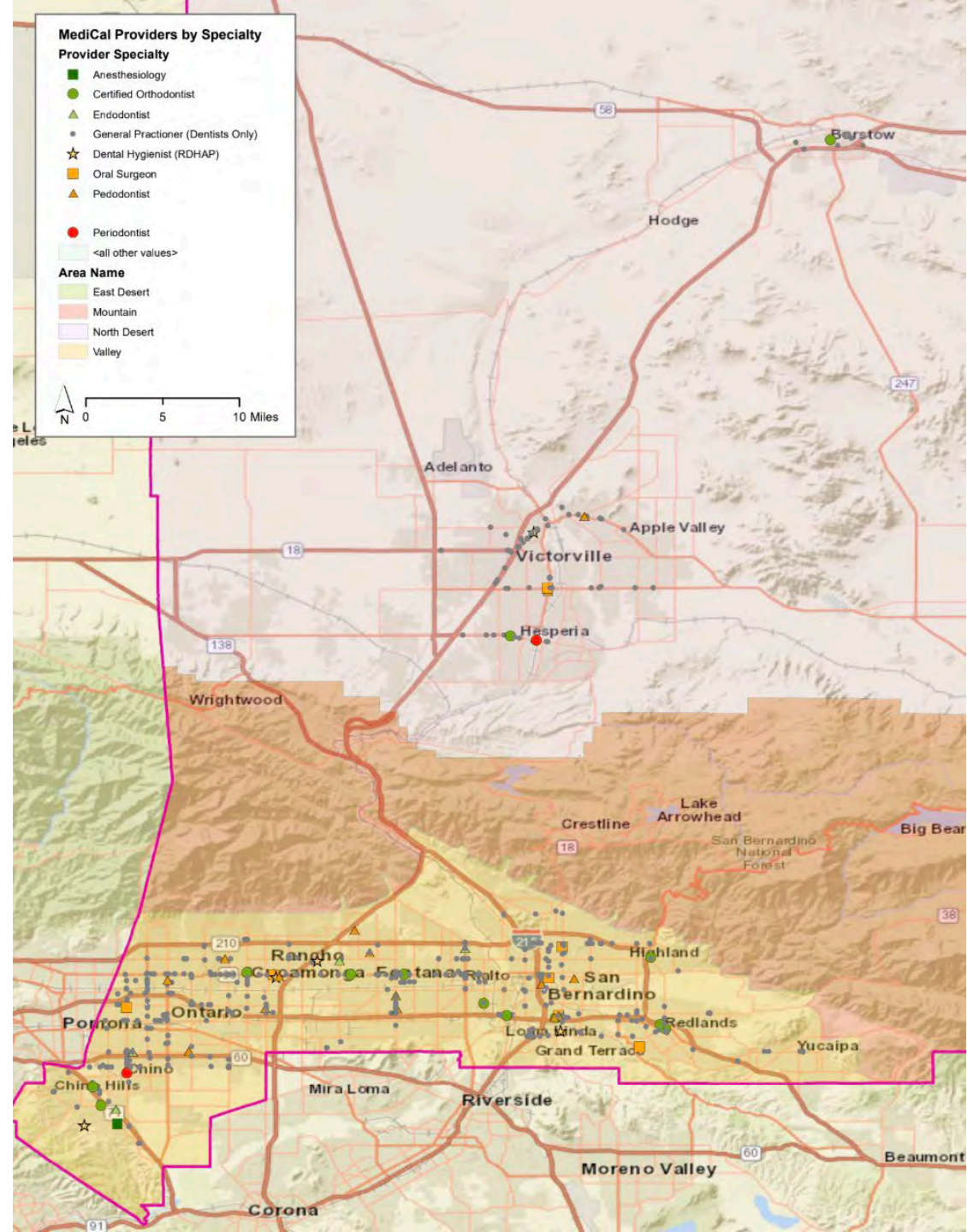
Dentists per 100,000 Residents

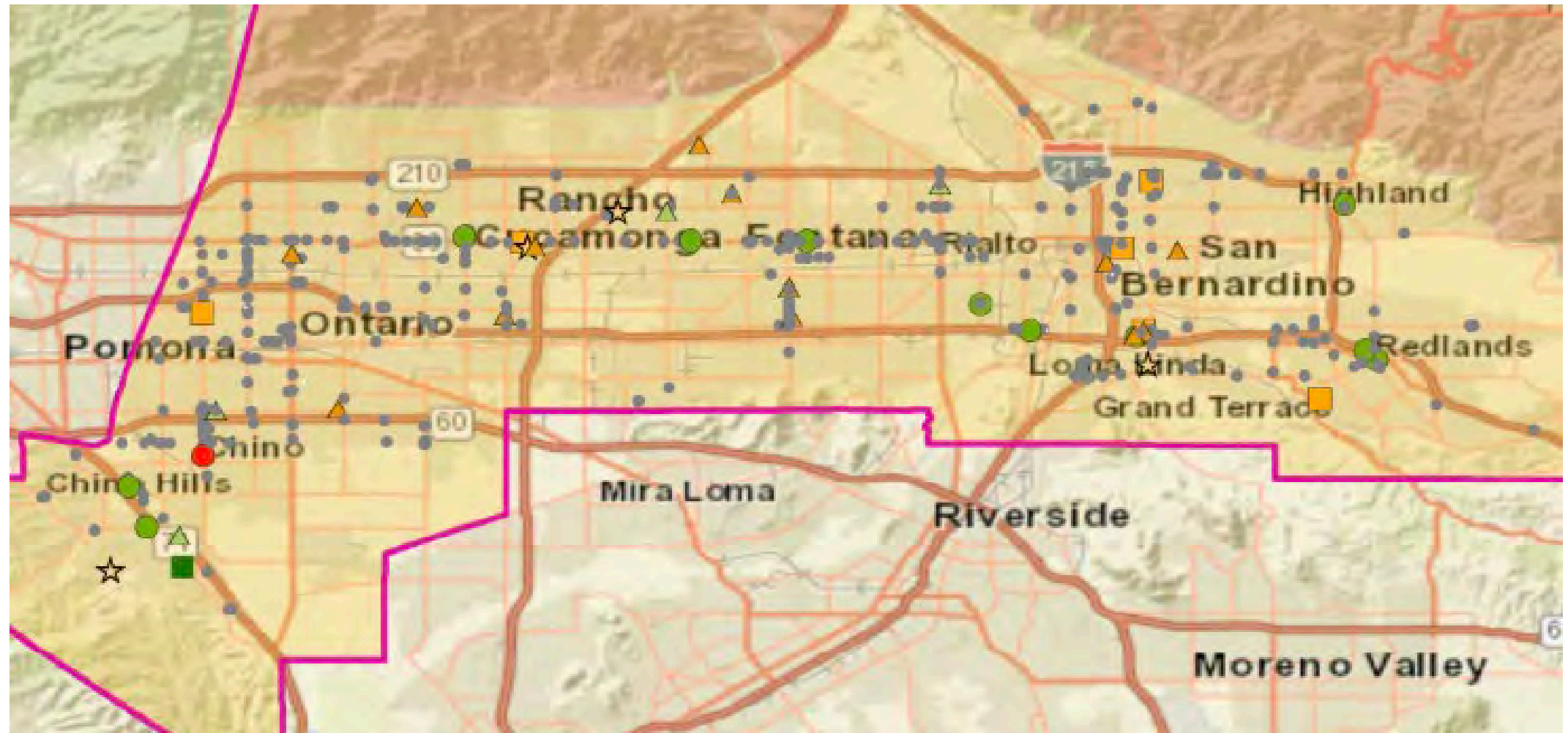
0 - 16
17 - 26
27 - 51
52 - 128
129 - 8376

N

0 25 50 Miles











Q & A Discussions

- Any questions about the Needs Assessment?
- Any implications of the data? What stood up?
- What are some other opportunities?
- How can we best disseminate the Results?



Special Thank You to the Key Informants for sharing their time and expertise with us!

