



# ORAL HEALTH IMPROVEMENT PLAN

2019-2022



## TABLE OF CONTENTS

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Executive Summary.....	3
Overview.....	4
Status of Oral Health in Imperial County.....	5
Oral Health Plan .....	8
Goals and Objectives .....	9
Summary and Next Steps.....	19
Acknowledgements .....	20
References .....	21

# IMPERIAL COUNTY

## ORAL HEALTH IMPROVEMENT PLAN

2019-2022

## EXECUTIVE SUMMARY

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An Oral Health Community Needs Assessment and a Health Improvement Plan were developed to provide guidance to community members and stakeholders who wish to become involved or who wish to continue to engage in oral health improvement efforts in Imperial County. The Oral Health Community Needs Assessment and Health Improvement Plan is the result of a cooperative process that took several months to complete. Key stakeholders, dental providers, community members, and others were engaged in the process. Imperial County has some efforts already in place to address the oral health needs from numerous perspectives. However, this process also identified existing gaps in services, as well as ways to build on and strengthen efforts. Insights from the Oral Health Community Needs Assessment led to the identification of priority areas, goals and several objectives focused on:

- Build and strengthen oral health programs, practices and collective efforts among children 0-5 and their families;
- Increase access to dental services and oral health education for children by integrating oral health screening and fluoride varnish application during well-child visits;
- Build capacity of local dental providers to provide oral health education to patients, specifically around sugar-sweetened beverages and tobacco use/electronic smoking devices;
- Increase access/use of Medi-Cal Dental Insurance Program among Medi-Cal enrolled adults; and
- Develop an integrated communication plan with oral health messages that can be used within and across agencies and programs.

The Oral Health Improvement Plan is a starting point for work in Imperial County with a focus on certain goals and objectives to be accomplished by the year 2022. It is a living document, meaning that it will continue to be revisited, revised, and built upon as needed to assure progress in the priority areas. It is the hope of everyone involved in this process that interested stakeholders, community members, and all others will identify with the oral health needs assessment and health improvement plan findings, and support the action steps and direction proposed for our community.

# IMPERIAL COUNTY

## ORAL HEALTH IMPROVEMENT PLAN

2019-2022

## OVERVIEW

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The Imperial County Oral Health Improvement Plan was created in partnership with and guidance of the Imperial County Local Oral Health Taskforce. As part of the needs assessment process, data was gathered, analyzed, and interpreted to identify community strengths, resources, needs and gaps, and in turn, create a framework and platform to support state-driven oral health objectives and deliverables. Results from such assessment helped inform the broader Oral Health Improvement Plan.

**Vision & Shared Values.** Imperial County Local Oral Health Taskforce members took part in key activities that helped identify a framework and focus for the decisions that the Taskforce would make, the direction it would move towards and the outcomes it would try to achieve. Early on in the process, Taskforce members identified the vision statement with actions guided by the shared values below.

### VISION STATEMENT

A community working together towards ensuring good oral health that fosters overall healthy lives

### SHARED VALUES

Leadership   Diversity   Social responsibility   Collaboration  
Creative   Ownership   Respect   Consistency  
Equality   Engagement

# IMPERIAL COUNTY

## ORAL HEALTH IMPROVEMENT PLAN

2019-2022

## STATUS OF ORAL HEALTH IN IMPERIAL COUNTY

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Oral health affects people in many ways, including physically and psychologically, and influences their quality of life and affects their feelings of social well-being. Children may experience pain, discomfort, disfigurement, acute and chronic infection, eating and sleep disruption, and loss of school days due to dental problems. Dental caries can cause impaired chewing, decreased appetite, sleep problems, and poor school and work performance. Additionally, caries among children negatively affect their nutrition, growth and weight gain. Poor oral and dental health among adults also negatively influences their quality of life, as well as their self-esteem, body image/self-confidence and ability to search for and secure employment, to name a few.

Brief highlights of the local oral health status are included below; more detailed findings can be found in the Imperial County Oral Health Needs Assessment document.

### Adult Oral Health Status

**Perceived Oral Health Status.** According to the 2017 California Health Interview Survey (CHIS), 12% of Imperial County residents reported their oral health status as excellent, 15% reported their status as very good, 34% reported their oral health status as good, and 36% reported their perceived oral health status as fair or poor. Imperial County residents reported dissimilar oral health status than status reported by Californians. Less Imperial County residents reported their oral health status as excellent and very good in comparison to California residents; a similar percentage of Imperial County and California residents reported their status as good.<sup>1</sup>

**Oral and Pharyngeal Cancers.** Oral cavity cancer can form in various tissues of the oral cavity including the lips, tongue, gums, the inside lining of cheeks, the floor of the mouth, and the top of the mouth. There are multiple risk factors for oral cavity and pharyngeal cancers including tobacco use, alcohol use, and HPV infection.<sup>2</sup> The age



# IMPERIAL COUNTY

## ORAL HEALTH IMPROVEMENT PLAN

2019-2022

adjusted incident rate of oral cavity and pharynx cancers in Imperial County in years 2011-2015 was 8.6 per 100,000 compared to 9.8 per 100,000 in California.<sup>3</sup>

### Child Oral Health Status

Children enrolled in the Imperial County Office of Education (ICOE) Early Head Start and Head Start programs are subject to a dental screening once a year to determine their need for dental treatment. Out of 86 children (ages 0-3) enrolled in Early Head Start and screened in the 2017-2018 school year, 22% were diagnosed as needing dental treatment. Upon follow up, 42% of the children that had been diagnosed as needing dental treatment had completed it.<sup>4</sup> In the 2017-2018 program term, ICOE's Head Start had 254 children (ages 3-5) enrolled in their program. Dental screenings conducted found that 33% of children enrolled in the Head Start program were in need of dental treatment. Upon follow-up, 88% of the children previously diagnosed as "needs dental treatment" had completed the recommended treatment.<sup>4</sup>

Students enrolled in Riverside County Office of Education's (RCOE's) Migrant Early Head Start and Head Start programs receive dental exams in the beginning of the school year. During the 2018-2019 school year, Early Head Start I screened a total of 92 students ages (0-3). Of the students screened, 95% had no obvious cavities. Of the 5% of students that had obvious cavities, 60% had not yet completed treatment, 20% were reported as "parent refusal," and 20% had completed treatment.<sup>5</sup> For RCOE's Migrant Early Head Start II Program, during the 2018-2019 school year, a total of 83 students were screened. Of those, 93% were reported as having no obvious cavities. Of the 7% of students requiring dental treatment, 50% had completed it.<sup>5</sup>

During the 2018-2019 program term, RCOE's Migrant Head Start Program performed dental exams on 577 students. Of those 577 students, 75% had no obvious cavities, 3% required immediate care, 2% had an extensive amount of decay, and 20% had obvious cavities. Upon follow-up and out of 145 students that required dental treatment, 12% had an appointment scheduled, 44% completed treatment, 29% were in the process of receiving treatment, 8% still needed to make an appointment, and 7% were recorded as "parent refusals".<sup>5</sup>

# IMPERIAL COUNTY

## ORAL HEALTH IMPROVEMENT PLAN

2019-2022

Additionally, data collected from the Volunteer of America's (VOA's) El Centro Early Learning Center during the 2015-16, 2016-17, and 2017-18 program years indicate that 60, 82, and 85 participants (children and pregnant women), respectively, received dental screenings. Only a small percentage of participants, as seen in the table below, received recommendations for dental exams.<sup>6</sup>

**Kindergarten Oral Health Requirement.** Dental disease among our early care- and school-aged children is a contributor to school absenteeism, learning challenges, poor nutritional intake and overall wellbeing. The 2006 Kindergarten Dental Check-up law (AB 1433), provides local schools to information about their children who have unmet oral health needs. Participating schools distribute oral health education materials and the assessment-waiver form to parents who are registering their child in public school for the first time, in either kindergarten or first grade. Schools collect forms by May 31 of each school year and report collected data by December 31 of that calendar year. Data from the 2012-2013 kindergarten assessments indicated that 33%-37% of students assessed in Imperial County suffered from untreated dental decay. The assessments conducted in years 2014, 2015, and 2016 showed 17%-30% of children assessed had some form of untreated dental decay. Regarding 2017 kinder assessment data, one local elementary school district reported data (El Centro Elementary School District). The data indicated that 22% of the 487 students who were assessed, had untreated decay.<sup>7</sup>

# IMPERIAL COUNTY

## ORAL HEALTH IMPROVEMENT PLAN

2019-2022

## ORAL HEALTH PLAN

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The Imperial County Oral Health Plan was developed to provide guidance to community members and stakeholders who wish to become involved in or continue to engage in oral health and wellness improvement in Imperial County.

### Goals

The following three (3) goals were identified for Imperial County:

- GOAL 1:** Improve oral health and prevent tooth decay using a healthy habits approach in children 0-5 years of age and their families.
- GOAL 2:** Increase the dissemination of oral health information and improve health literacy through community awareness, education and engagement strategies/efforts that are culturally, linguistically and age appropriate.
- GOAL 3:** Increase access to oral health care by addressing barriers of receiving dental care and promoting integration of oral health, primary care, and community services and support.

To help achieve the goals and objectives of the Oral Health Improvement Plan, three overarching areas were developed: 1) Oral Health Behaviors, 2) Awareness, Coordination and Integration, and 3) Access to and Utilization of Oral Health Services.

A communication plan with strategic messaging and activities will be developed to support the efforts of the Local Oral Health Program (LOHP) and Community Health Improvement Plan (CHIP). LOHP and CHIP messages and efforts will be showcased using multiple media channels and leveraging resources. The communication will include paid advertisement, earned media, and social media. Specific channels will vary, but may include Facebook, Twitter, websites, radio, television, printed and digital announcement boards, and other platforms.



# IMPERIAL COUNTY

## ORAL HEALTH IMPROVEMENT PLAN

2019-2022

## GOALS AND OBJECTIVES

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### Oral Health Behaviors

**GOAL 1:** Improve oral health and prevent tooth decay using a healthy habits approach in children 0-5 years of age and their families.

**AUDIENCE:** Children 0-5 and their families

**APPROACH:** Prevention through education and awareness

**COMMUNICATION TYPE:** 1) Paid advertisement [newspaper (print & online), radio, announcement boards (billboards, bus shelter/stop boards, mall announcement boards), 2) Earned media (letters to the editor, public service announcements), 3) Social media (Facebook, Twitter, websites, and other appropriate platforms), and 4) Word of mouth (outreach events, workshops, conferences).

**DELIVERY METHOD/COLLABORATIVE PARTNERS:**

- Home visitation programs
- Early care and education providers
- Head Start and Early Head Start Programs
- Imperial County Office of Education
- Imperial County Early Care and Education Council
- Imperial County Head Start Health Services Advisory Committee
- First Five Imperial County and other similar programs
- Pediatric, family and OB/GYN providers
- Dental Society
- Dental Hygienists Association
- Imperial Valley Children's Coalition
- Imperial County Public Health Department Programs (i.e., NEOP, Tobacco Education Program, Maternal, Child and Adolescent Health, etc.)
- Other traditional and non-traditional public and private partners

# IMPERIAL COUNTY

## ORAL HEALTH IMPROVEMENT PLAN

2019-2022

**Objective 1:** By June 2022 increase the proportion of children and their families (of those that receive Early Care Services); who engage in oral hygiene habits that prevent oral health diseases by 25%.

### Strategies

- Expand and enhance access to oral health instruction, information, education, and preventive services in settings that serve the 0-5 years of age population (Early Care and Education, Women Infants and Children, etc.)
- Enhance and expand mechanisms/opportunities for capacity building among providers of 0-5 years of age (online training, webinar opportunities, etc.).
- Meet with parents/family members to provide information on dental and oral health
- Collaborate with existing community-based organizations through special events to strengthen and enhance oral health knowledge in the community.

### Tactics

- Provide train-the-trainer sessions to providers who serve children 0-5 years of age and their families.
- Provide dental/oral health information, educational materials, and other items to providers who serve children 0-5 years of age and their families.
- Meet with parents/family members to provide information on dental and oral health.
- Partner with Early Care and Education parents, caregivers, as well as the Imperial County Home Visiting Program to provide presentations on the importance of oral health to pregnant women and parent/caregivers.

**Objective 2:** Increase the proportion of children aged 0-5 and their families (of those that receive Early Care Services) who engage in healthy beverage/eating habits that promote good oral health by 5% by June 2022.

### Strategies

- Provide technical assistance to interested partners in creating and/or enhancing wellness policies that include a robust oral health component.

# IMPERIAL COUNTY

## ORAL HEALTH IMPROVEMENT PLAN

2019-2022

- Provide technical assistance to interested partners in creating a site-specific oral health policy statement.
- Review and provide feedback and suggestions in order to revise/update wellness policies and/or oral health policy statements.
- Partner with Early Care and Education parents/care givers, as well as the Imperial County Home Visiting Program to provide presentations for pregnant women and parent/caregivers.

### Tactics

- Review and provide feedback and suggestions in order to revise/update wellness policies and or oral health policy statement.
- Partner with Early Care and Education parents/care givers, as well as the Imperial County Home Visiting Program to provide presentations on the correlation between eating habits and oral health to pregnant women and parent/caregivers.
- Facilitate Rethink you Drink and healthy eating information/presentations to parent groups
- Facilitate Rethink you Drink and healthy eating information/skill development (brushing/flossing) with children
- Develop a tool kit that provides activities, educational materials, and dental health models to educate on the correlation between healthy eating habits and oral health.

# IMPERIAL COUNTY

## ORAL HEALTH IMPROVEMENT PLAN

2019-2022

### Awareness, Coordination and Integration

**GOAL 2:** Increase the dissemination of oral health information and improve health literacy through community awareness, education and engagement strategies/efforts that are culturally, linguistically and age appropriate.

**AUDIENCE:** Children 6-18 and adults

**APPROACH:** Prevention through education and awareness

**COMMUNICATION TYPE:** 1) Paid advertisement [newspaper (print & online), radio, announcement boards (billboards, bus shelter/stop boards, mall announcement boards), 2) Earned media (letters to the editor, public service announcements), 3) social media (Facebook, Twitter, websites, and other appropriate platforms), and 4) Word of mouth (outreach events, workshops, conferences).

**DELIVERY METHOD/COLLABORATIVE PARTNERS:**

- Imperial County Office of Education and School districts
- City and county agencies (e.g. libraries, parks & recreation centers, detention facilities, water departments, health department, etc.)
- Pediatric, family, OB/GYN providers
- School districts
- Dental offices
- Dental Health Plans
- Imperial Valley Children's Coalition
- Other traditional and non-traditional public and private partners

# IMPERIAL COUNTY

## ORAL HEALTH IMPROVEMENT PLAN

2019-2022

**Objective 1:** By 2022 increase access to oral health education by integrating information into existing community services, programs, and agencies by 50%.

### Strategies

- Expand and enhance the reach of messages highlighting the importance of oral health throughout the county.
- Enhance existing community and partner events and activities, by incorporating oral health books, educational materials, resources and messaging.
- Incorporate oral health messaging, resources and materials (displays), into existing community events and activities.
- Partner with local agencies and organizations to incorporate oral health materials, books, and messaging into overall health promotion and education efforts.
- Partner with organizations, agencies and plans to increase the awareness about the link between the Medi-Cal program and Medi-Cal Dental Insurance Program.

### Tactics

- Expand and enhance the reach of oral health messages through use of innovative strategies such as social media, interactive computer-mediated technologies, and other means.
- Identify community events taking place and contact event coordinators to identify the event's target population.
- Adapt oral health education materials to meet the needs of target populations of a variety events taking place throughout the community.

**Objective 2:** By June 2022, increase family and caregiver understanding of oral health best practices for infants and young children by 25%.

### Strategies

- Incorporate oral health educational materials and resource information into school-based settings.
- Disseminate information and guidance on proper oral healthcare to parent and care givers.

# IMPERIAL COUNTY

## ORAL HEALTH IMPROVEMENT PLAN

2019-2022

### Tactics

- Incorporate oral health educational materials within early childcare and school registration forms.
- Distribute oral health books (Potter the Otter goes to the Dentist, Brush Book Bed, Brush, Brush, Brush! etc.) to families with young children.
- Provide train-the-trainer sessions to providers who serve children 0-5 and their families.
- Provide dental/oral health information, educational materials, and other items to Providers who serve children 0-5 and their families.

**Objective 3:** By June 2022 increase the community's awareness about the safety, effectiveness and cost benefit of water fluoridation by 10%.

### Strategies

- Develop/adapt messages highlighting the importance of water fluoridation and promoting oral health.
- Incorporate water fluoridation and oral health messaging, resources and materials (displays), into existing community events and activities.
- Partner with local agencies and organizations to incorporate water fluoridation and oral health messaging into overall health promotion and education efforts.

### Tactics

- Expand and enhance the reach of water fluoridation and oral health messages through use of innovative strategies such as social media, interactive computer-mediated technologies, and other means.
- Reach city and county officials and the community through water fluoridation and oral health presentations.
- Convene an Ad Hoc committee that includes city representatives to develop a water fluoridation plan of action.



# IMPERIAL COUNTY

## ORAL HEALTH IMPROVEMENT PLAN

2019-2022

### Access to & Utilization of Oral Health Services

**GOAL 3:** Increase access to and utilization of oral health care by addressing barriers of receiving dental care and promoting integration of oral health, primary care, and community services and support.

**AUDIENCE:** Adults and healthcare (e.g., pediatric, family, OB/GYN) and dental providers

**APPROACH:** Prevention through education, training, and policy and systems change

**COMMUNICATION TYPE:** 1) Paid advertisement [newspaper (print & online), radio, announcement boards (billboards, bus shelter/stop boards, mall announcement boards), 2) Earned media (letters to the editor, press releases, public service announcements), 3) Social media (Facebook, Twitter, websites, and other appropriate platforms), and 4) Word of mouth (outreach events, workshops, conferences, trainings).

**DELIVERY METHOD/COLLABORATIVE PARTNERS:**

- Local and regional dental providers
- Pediatric, family and OB providers
- Medi-Cal Dental Program
- Dental health plans
- Imperial County Public Health Department Programs (i.e., NEOP, Tobacco Education Program, Child Health and Disability Prevention (CHDP), Maternal, Child and Adolescent Health, etc.)
- Imperial Valley Food Bank
- Congregate Meal Sites
- Area Agency on Aging
- Dental foundations, associations, and organizations (California Dental Association (CDA) Foundation/CDA Cares, American Dental Association/Give Kids a Smile, Dentistry from the Heart, etc.)

# IMPERIAL COUNTY

## ORAL HEALTH IMPROVEMENT PLAN

2019-2022

**Objective 1:** By June 2022 increase the proportion of children 0-5 years of age (of those that receive Early Care services) who have an established dental home by 10%.

### Strategies

- Increase families' access to information in regards to local dental providers.
- Work with dental insurance providers to ensure that dental benefits are promoted.
- Work with local home visiting programs and early care settings to ensure families have access to information about dental insurance benefits and dental provider information.

### Tactics

- Publish a list of dental providers in the county.
- Frequently update lists of dental providers, to include those that accept Medi-Cal Dental Program insurance, in Imperial County.
- Partner with the dental insurance outreach programs to increase the use of benefits.
- Collaborate with existing agencies and social service providers to inform families of insurance dental benefits.

**Objective 2:** By June 2020, increase the proportion of adults who access local dental providers as a result of using their Medi-Cal Dental Program benefits by 10%.

### Strategies

- Increase access to information in regards to local dental providers currently serving Medi-Cal Dental Program beneficiaries.
- Work with Medi-Cal Delta Dental provider representatives to ensure the availability of dental benefits are promoted to new Medi-Cal insurance beneficiaries.

### Tactics

- Publish a list of providers accepting Medi-Cal Dental Program beneficiaries.
- Frequently update lists of dental providers accepting Medi-Cal Dental Program beneficiaries in Imperial County.
- Partner with the Medi-Cal Dental Program's outreach sector to increase the use of Medi-Cal dental insurance program.

# IMPERIAL COUNTY

## ORAL HEALTH IMPROVEMENT PLAN

2019-2022

- Collaborate with existing agencies and social service providers to inform current and new Medi-Cal beneficiaries of their dental benefits.
- Introduce Medi-Cal Dental Program's Delta Dental provider representatives to local dental providers to increase the number of providers accepting Medi-Cal Dental Program insurance.

**Objective 3:** By June 2022, increase the proportion of older adults who access local dental providers by increasing the availability of a portable clinic [dentist/staff arrive at a host site (school/community center/congregate meal site, etc.) unpack and set up equipment, dental chairs, where individuals wait for services] by 10%.

### Strategies

- Implement methods to improve the availability and ability of local dental providers to serve populations lacking access to regular dental care.

### Tactics

- Recruit dental providers and hygienists willing to volunteer their services to create an organization that aims to provide community dental clinics monthly, free of cost.
- Research and collect data on time spent on dental procedures due to lack of preventative care to engage dental providers and hygienists.

**Objective 4:** By June 2022, increase the number of local pediatric providers and staff who conduct oral health screenings and apply fluoride varnish to eligible children during their well child visits by 30%.

### Strategies

- Engage pediatricians and primary healthcare providers to participate in oral health improvement efforts.
- Improve the ability of pediatricians and primary healthcare providers to implement oral health improvement efforts within their practice.

### Tactics

# IMPERIAL COUNTY

## ORAL HEALTH IMPROVEMENT PLAN

2019-2022

- Coordinate evening workshops with pediatric providers and staff on the importance of integration of oral health care within their practice.
- Provide training to pediatric providers and staff on applying flouride varnish to school age children during well child visits.
- Identify and implement a tracking form for flouride varnish application.
- Implement a referral process to enable pediatricians and primary care providers to refer patients to local dental providers.
- Create, train and distribute a tool box [ flouride varnish starter kit (dental stickers, toothbrushes, press in seal, gloves, gauze, etc.)]
- Identify pediatric and/or primary healthcare provider champion(s) to increase support and engagement of other providers.

**Objective 5:** By June 2022, increase the proportion of dental providers who promote overall wellness through tobacco and healthy eating/beverage education as it relates to oral health by 15%.

### Strategies

- Engage dental providers in overall wellness efforts.
- Improve the ability of dental providers to implement tobacco, healthy eating and healthy beverage messaging in their practice.

### Tactics

- Coordinate meetings with dental providers and staff to discuss the importance of integrating tobacco, healthy eating, healthy beverage and overall wellness messages in their practice.
- Provide training to dental providers and staff related to tobacco and healthy eating/beverage messages.
- Implement a referral process to enable dental providers to refer patients to additional wellness resources.
- Distribute tobacco and healthy eating/beverage materials to dental provider staff for further dissemination to clients.
- Identify a dental provider champion to increase support and engagement of other providers.
- Provide dental providers and staff needed technical assistance.

# IMPERIAL COUNTY

## ORAL HEALTH IMPROVEMENT PLAN

2019-2022

## SUMMARY AND NEXT STEPS

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The Community Health Improvement Plan (CHIP) provides a multi-faceted approach to addressing local oral health needs and priorities. This approach includes elements of education, prevention, referral and linkages, with an emphasis of serving our underserved areas in the county. The Imperial County Oral Health Taskforce will lead local efforts and spearhead the implementation of the CHIP through coordination with community partners and other key agencies to ensure successful completion of the plan. This taskforce meets on a quarterly basis to review and discuss progress and address any challenges.

For more information or to get involved, please contact Xochitl Fausto of the Imperial County Oral Health Program at 442-265-1417 or [xochitlfausto@co.imperial.ca.us](mailto:xochitlfausto@co.imperial.ca.us).

# IMPERIAL COUNTY

## ORAL HEALTH IMPROVEMENT PLAN

2019-2022

## ACKNOWLEDGEMENTS

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A special thanks to those who participated in the Imperial County Local Oral Health Taskforce, and/or workgroup activities.

Area Agency on Aging  
Big Smiles Dental  
Bright Light Dental  
California Health and Wellness  
Clinicas de Salud de Pueblo, Inc.  
El Centro Dental Group  
GeriSmiles Mobile Dental Clinic  
Imperial County Dental Society  
Imperial County Office of Education  
Imperial County Public Health Department  
Imperial County Sheriff's Office  
Imperial County Department of Social Services  
Imperial County Veterans Service Office  
Kupiec Orthodontics  
Medi-Cal Dental Program  
Molina Health Care  
Imperial County Probation Department  
Riverside Office of Education Migrant Head Start  
S.A.G.E. Initiative  
United Families, Inc.  
Volunteers of America  
Dr. Maxmillian Chambers  
Melanie Banuelos-Registered Dental Hygienist  
Rachael Birn-Registered Dental Hygienist



# IMPERIAL COUNTY

## ORAL HEALTH IMPROVEMENT PLAN

2019-2022

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