



IMPERIAL COUNTY

**ORAL HEALTH
COMMUNITY ASSESSMENT**

August 2019



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EXECUTIVE SUMMARY

Oral and dental disease are linked with many other health problems and prevalent chronic conditions that have a significant negative effect on quality of life. Risk factors for oral and dental diseases are several, namely poor oral hygiene and self-care, smoking, tobacco use, consumption of sugar-sweetened beverages, poor intake of fresh fruits and vegetables, lack of dental services, and transmission of bacteria from parents to children. Oral and dental health is a lifespan issue, starting at pregnancy to old age.

This report presents findings from the needs assessment process to identify oral health needs, oral and dental health assets, resources and service gaps, and opportunities for networking and collaboration. Primary data were collected through surveys and conversation mapping activities. Secondary data were compiled and reviewed and includes data sources from the California Health Interview Survey (CHIS), California Department of Health Care Services (CDHCS), California Department of Public Health (CDPH), Imperial County Office of Education (ICOE), and other sources.

Imperial County Community Needs Assessment Key Findings:

- The reason for the last visit was related to a routine check-up/cleaning (Imperial 53.9% vs. CA 69.1%) and a specific problem (Imperial 40.6% vs. CA 25.7%).¹
- In 2015-2016, 11.3% of children (ages 3-11) in Imperial County vs. 4.3% CA needed dental care in the last 12 months but did not get it.²
- In 2018-2019, 25% (144) of Riverside County of Education (RCOE) Migrant Head Start students had some degree of cavities and/or dental decay needing dental treatment.³
- In 2017-2018, 22% (19) of ICOE Early Head Start (ages 0-3) needed dental treatment due to cavities/dental decay.⁴
- Fewer dentists serve the population in Imperial County compared to California overall and the US (Imperial County: 3,010:1 vs. CA: 1,210:1 vs. US: 1,280:1)⁵
- Of local dental patients, 21% do not have difficulties obtaining specialty care.⁶
- In 2014-2015, less than 20% of adults 35 years of age and older used their Medi-Cal dental coverage.²⁶
- In 2019, among local dental providers, 74% conduct routine intraoral cancer exams.⁶
- In 2018, 22% of children (ages 2-11) consumed 5+ servings of fruits and vegetables, yesterday.⁷
- In 2018, 33% of children/teens consumed 1+ sugary drinks (non-soda), yesterday.⁷

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INTRODUCTION

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.

This document, created in partnership with and the guidance of the Imperial County Local Oral Health Taskforce, highlights findings from the oral health needs assessment process. The assessment process included gathering, analyzing, and interpreting data to identify community strengths, resources, needs, and gaps in order to create a framework and platform to support state-driven oral health objectives and deliverables, as well as to inform the development of a broader oral health improvement plan.

This document is based on the focus areas outlined in the table below.

Oral Health Focus Areas
Oral Health Status
Oral Health Care System (Access and Utilization)
Oral Health Behaviors
Environmental and Protective Factors
Collaboration, Networking and Linkages

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METHODS

Both qualitative and quantitative data were collected as part of the needs assessment process. Data collection methods are described in this section.

An integral part of the overall process was the support and engagement of Local Oral Health Taskforce members. They assisted with the development of a local vision and shared values, and took part in multiple processes that helped inform the needs assessment process.

Local Oral Health Taskforce

Vision & Shared Values Activity. This activity was key in identifying a framework and focus for the decisions that the Local Oral Health Taskforce would make, the direction it would move towards and the outcomes it would try to achieve. During the May 16, 2018, meeting, fifteen (15) Taskforce members worked on creating the vision and identifying the shared values listed 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		

Interest Form and Advisory Committee Forming Matrix. To better serve Taskforce members, as well as their interest and type of agency/organization they represent, a Taskforce Interest Form was distributed and collected during the June 21, 2018 meeting (Appendix A). During that same meeting, a matrix worksheet was distributed to Taskforce members in

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attendance. The purpose of that worksheet was to have an understanding of the current make-up of the Taskforce partnership, identify who was missing from the discussions, and obtain information on where to look for and recruit new Taskforce members. Potential new members identified included local school administration representatives and nurses, Women, Infants, and Child (WIC) Program, local Head Start stakeholders, and others representing local initiatives. (Appendix B).

Local Oral Health Taskforce Self-Assessment. To learn about the interests and goals of Taskforce members early on in the needs assessment process, nineteen (19) Taskforce members completed a self-assessment activity during a regularly scheduled Local Oral Health Taskforce meeting on June 21, 2019. (Appendix C). There were seventeen (17) possible goals (or choices) to vote on; Taskforce members narrowed it down to ten (10) goals. An additional meeting was scheduled to further prioritize the list. During the follow-up meeting, Taskforce members engaged in a second interactive activity. The top priorities identified by the group were listed on a large adhesive post-it paper and Taskforce members voted for their top choices using dots. The top four needs assessment goals included the following: a) Target resources to a specific population; b) Collect, update and establish baseline data; c) Network with other programs, agencies, and organizations; and d) Increase visibility of the program in agencies. From those four goals, Taskforce members used a simple consensus process to agree on their top two goals, which were to a) Target resources to specific populations and b) network with other programs, agencies, and organizations.

Satisfaction Survey. Local Oral Health Taskforce members were surveyed in September 2018. Taskforce survey questions included, but were not limited to, member longevity in oral health-related activities, taskforce meeting frequency and related logistical items, meeting facilitation and decision-making processes, feelings of cohesiveness and team spirit, participation, and if members have gained new skills and knowledge by participating in the meeting. (Appendix D).

Capacity Building Activity. Taskforce members completed this group activity to identify information and education needs of members related to oral and dental health. This activity was conducted during a regularly scheduled Taskforce meeting: over 12 members vocalized their topics of interest. Topics identified included tobacco effects on oral health, impact of sugar-sweetened beverages on dental and oral health, oral health and language disorders,

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cleft palate and oral health, and oral health and pregnancy and how it affects outcomes. (Appendix E).

Data Collection and Sources

Dental Provider Survey. To learn more about oral health needs in Imperial County, the Local Oral Health Taskforce, in coordination with the Imperial County Dental Association and Imperial County Public Health Department, administered a Provider Survey to twenty-six (26) local dental/oral health providers in Imperial County. The survey was available using both a SurveyMonkey link and pen-to-paper format. Twenty (20) providers completed the survey, resulting in a 46.5% response rate. (Appendix F).

Dental and Oral Health Public Opinion Poll. The Local Oral Health Taskforce developed an English and Spanish public opinion poll (POP) that focused on oral and dental health topics. The POP was developed and discussed during Oral Health Taskforce meetings. Once an English and Spanish draft was complete, both were piloted. The POP instrument was revised based on piloting processes. The purpose of the POP was to better understand local opinions around oral and dental health. Topics included oral self-care, Medical dental insurance, dental sealants, tobacco use, electronic smoking devices, sugar-sweetened beverages, and other areas. The data were collected between August 16-28, 2019 in community locations such as local supermarkets and family-centered businesses; 207 POPs were completed (107 Spanish and 97 English). (Appendix G).

Conversation Mapping and Subsequent Brainstorming Activity. To explore and further discuss the top two (2) needs assessment goals that the Taskforce identified, two separate Conversation Mapping exercises were simultaneously completed. This activity provided an environment and forum that allowed members with different perspectives to have a “silent conversation,” ask questions, and further discuss, explore and record their ideas. The first Conversation Map trigger was “target resources to specific populations,” while the second trigger was “networking with other programs, agencies and organizations.” (Appendix H).

Brainstorming Activity. A brainstorming activity was conducted in a follow-up Taskforce meeting to provide an opportunity for discussion of how to overcome identified challenges. Five questions were developed and Taskforce members used sticky notes to provide

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strategies and suggestions to potential answers to the questions. The questions were as follows:

- What incentives can we use to engage school (elementary, junior high school, high school, college, etc.) representatives to join the Taskforce?
- What methods can we use to engage more dental providers to join the Taskforce?
- What methods have you or your agency used to network with other agencies, organizations, and/or programs?
- How can the Local Oral Health Taskforce increase its reach in Imperial County?
- How can the Taskforce display the desire to work in unison rather than in competition with other dental programs?

Resources, Assets, and Geo-mapping. Local Oral Health Taskforce members participated in asset mapping activities during June - September 2018 Taskforce meetings. During and in between these meetings, oral and dental health focused information was gathered and incorporated into an environmental scan document. Resources included local providers, locations for fresh fruits and vegetables, transportation, school breakfast and lunch eligibility, etc. Identified resources provide opportunities for dental/oral health networking and systems change, opportunities for linkages, networking, promotion of coordinated oral health resources, and much more. The findings from this activity give light to local oral and dental health gaps that exist locally and provide data for the interactive zip code specific geo-maps that were created. (Appendix I).

Secondary Data. Multiple public data sources were used to gather secondary data that describe the oral health status in Imperial County. Indicators selected by Local Oral Health Taskforce members were based on their application to each of the Imperial County Community Health Assessment's (CHA's) topics of interest, as well as the availability of data for the county. Key sources of data included the California Health Interview Survey, the California Department of Health Care Services, and the California Department of Public Health. In addition, Oral Health Task Force members shared secondary data on oral health status and practices.

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ABOUT IMPERIAL COUNTY

Demographics.

Total Population ⁸	183,154
Total Population, African American ⁸	691
Total Population, American Indian/ Alaskan Natives ⁸	1,840
Total Population, Asian/Pacific Islander ⁸	2,714
Total Population, Hispanic ⁸	148,463
Total Population, White ⁸	24,736
Persons under 5 years ⁹	8.4%
Persons under 18 years ⁹	28.6%
Persons 65 and over ⁹	12.6%
Persons without health insurance, under age 65 ⁹	7.9%
Persons with a disability, under age 65 ⁹	9.0%
Total Live Births ¹⁰	3,159
Births to Adolescent Mothers 15-19 Years Old ¹⁰	229
Prenatal Care Begun During First Trimester of Pregnancy ¹⁰	53.4%
Deaths due to all causes ¹¹	1,088
Deaths due to all cancers ¹¹	221
Deaths due to coronary heart disease ¹¹	150
Persons under 18 in Poverty ⁹	16,920
Median Household Income ⁹	\$44,779
Unemployment Rate April 2019 ¹²	16.2%
Number of Food Insecure Persons ¹³	25,480
Number of Food Insecure Children ¹³	15,660

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Geography. Imperial County is a unique rural community located in the southeast corner of California, bordered by Riverside and San Diego Counties, State of Arizona, and Mexico. It covers 4,176 square miles of desert land with about 1,000 square miles dedicated to irrigated farmland. The climate fluctuates throughout the year from very hot (>37°C) summer months to relatively mild and low temperatures in the fall, winter and spring. The mountains, desert, and Colorado River are some of the natural recreational areas found in Imperial County. Recreational activities include hiking, bird watching, fishing, off-roading, and water skiing.

Health System. Imperial County has two (2) hospitals (El Centro Regional Medical Center and Pioneers Memorial Hospital), one (1) federally-qualified health center (Clinicas de Salud del Pueblo, Inc.), and 43 dentists. Local challenges to accessing medical, mental, dental and social services include, but are not limited to, transportation and childcare services.

Health Status and Disparities. Low socioeconomic status and high rates of unemployment and poverty affect access to health and dental care. Those factors are also key to overweight and obesity in low-income and poor families: poorer neighborhoods lack grocery stores, farmers markets and have a greater number per capita of fast-food eateries, which directly affect this population's ability to access healthy foods, which indirectly affects their oral health. In addition, there are fewer parks and recreational facilities in disadvantaged neighborhoods, thus limiting their access to healthy and safe physical environments. Some progress has been noted in efforts related to healthy and safe physical environments. Several infrastructure and non-infrastructure projects have been funded to address walkability, safety and gas emissions and improve the quality of life of its residents. Additionally, strong partnerships are maintained and new ones are formed in this close-knit community. Such partnerships continue to focus on Imperial County's Community Health Improvement Plan priorities, which are focused on healthy eating and active living, community prevention linked with high quality healthcare and healthy and safe communities and living environment.

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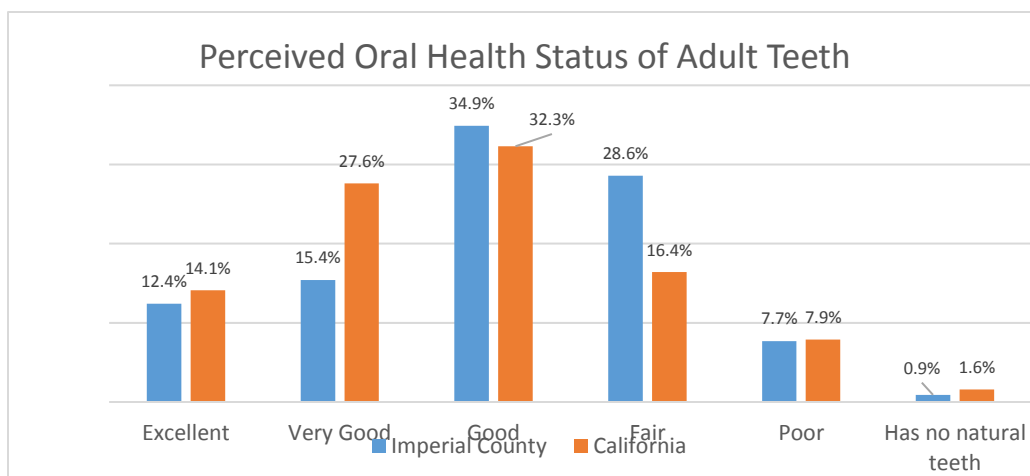
ORAL HEALTH STATUS

Oral health is more than being free from obvious cavities and dental caries; it is a key component of quality of life. The World Health Organization defines oral health as “a state of being free from chronic mouth and facial pain, oral and throat cancers, oral infection and sores, periodontal (gum) disease, tooth decay, tooth loss, and other diseases that limit an individual’s capacity in biting, chewing, smiling, speaking and psychosocial well-being.”¹⁴

Indicators of oral health status include perceived oral health status, oral cavity and pharynx cancer rates, dental insurance coverage, access to care, utilization of care, oral health behaviors, and environmental and protective factors.

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 as a whole. 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. ⁽¹⁵⁾



Source: 2017 California Health Interview Survey, 2017

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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 and alcohol use, and HPV infection.¹⁶ The age 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.¹⁷ The table below provides a retrospective look at rates between 2011 thru 2015.

**Invasive Cancer Incident Rates in Imperial County, California
Oral Cavity and Pharynx, 2011-2015**

Year		2011	2012	2013	2014	2015	2011-2015
Population at Risk		176372	177557	177579	179332	180191	891031
Total Cases		18	0	21	0	0	76
Crude Rate		10.21	0	11.83	0	0	8.53
Age-Adjusted Rate		10.50	0	11.86	0	0	8.65
95% Confidence Interval	Lower	6.19	0	7.29	0	0	6.80
	Upper	16.65	0	18.22	0	0	10.85
Statewide Age-Adjusted Rate		9.85	9.99	9.99	9.93	9.95	9.94
Statewide 95% Confidence Interval	Lower	9.53	9.67	9.68	9.62	9.65	9.81
	Upper	10.17	10.31	10.30	10.24	10.26	10.08
STATE		Note: All rates are per 100,000. Rates are age-adjusted to the 2000 U.S. Standard Population					[9.81, 10.08]

Source: 2017 California Cancer Registry, 2011-2015

Child Oral Health Status

Imperial County Office of Education (ICOE). Children enrolled in the 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.⁴

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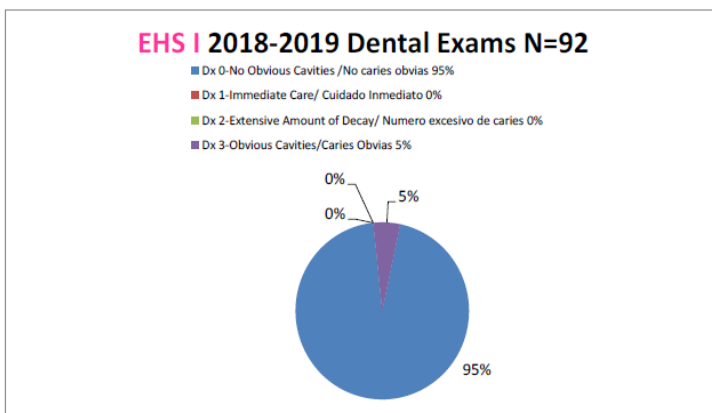
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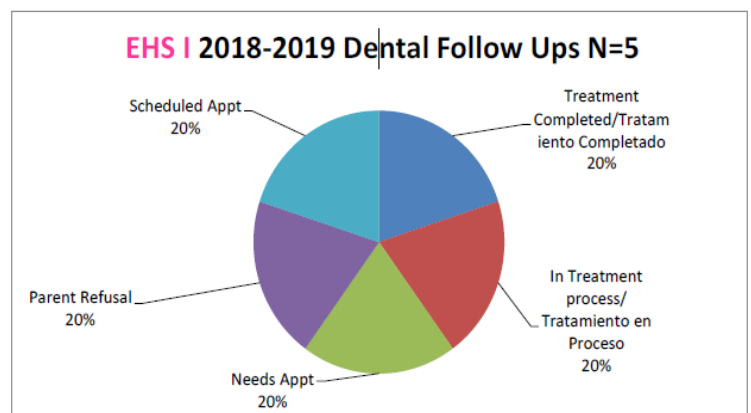
In the 2017-2018 program term, ICOE's Head Start had 254 children (ages 3-5) enrolled in their program. Dental screenings conducted found that 33% of children enrolled in the Head Start Program were in need of dental treatment. Upon follow-up, 88% of the children previously diagnosed as "needs dental treatment" had completed the recommended treatment.⁴

Riverside County of Education (RCOE) Migrant Head Start Programs. Migrant Head Start is a child development program serving farm worker children and their families in Riverside and Imperial Counties through family childcare homes (FCCH) and center-based services. The programs are funded through a Department of Health and Human Services' Head Start Office federal grant.¹⁸

Students enrolled in 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 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.



Source: RCOE, 2018-2019



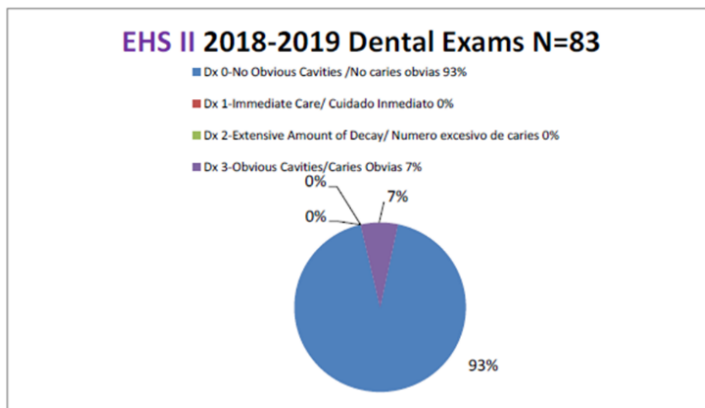
Source: RCOE 2018-2019

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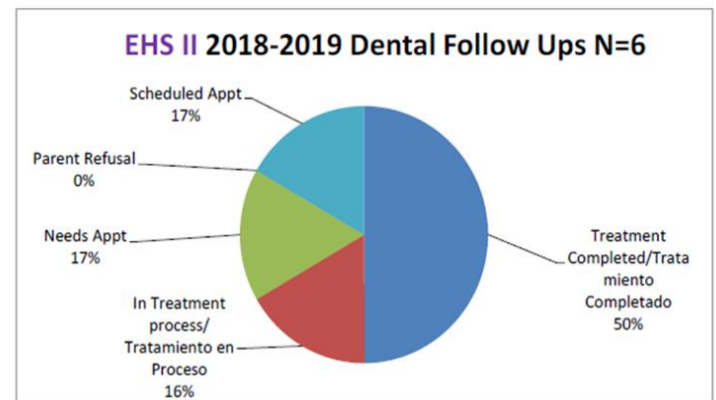
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During the 2018-2019 school year, 83 students were screened at RCOE's Migrant Early Head Start II Program. Of those, 93% were reported as having no obvious cavities. Of the 7% of students requiring dental treatment, 50% had completed it.



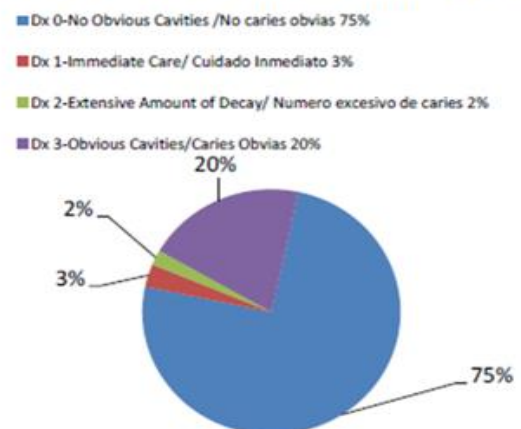
Source: RCOE, 2018-2019



Source: RCOE, 2018-2019

Migrant Head Start. 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."

MHS 2018-2019 Dental Exams N=577



Source: RCOE, 2018-2019

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Volunteers of America (VOA). VOA's El Centro Early Learning Center serves children from birth to age three. The program offers home-based programming that seeks to enhance early development with effective educational instruction in numeracy and pre-literacy skills, early childhood education, school readiness, and family strengthening.¹⁹

Data collected 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.²⁰

**Program Term: EHS 2015-2016, 2016-2017, 2017-2018,
Program Option: Home-based, Site: Imperial County**

Program Term	Child Participation	Pregnant Women	Total	PIR Report			
				17.1 Continuous Dental Care End Enroll	17.2 Continuous Dental Care Begin Enroll	20 Dental Screen	21 Dental Exam
2015-2016	77	5	82	74	76	60	5
2016-2017	102	10	112	102	102	82	9
2017-2018	101	8	109	101	101	85	7

Source: VOA, 2015-2018

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.²¹

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

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school district reported data (El Centro Elementary School District). The data indicated that 22% of the 487 students, who were assessed, had untreated decay.

AB1433 Reported Data Imperial County, 2012-2017

Year	Total Eligible	Proof of Assessment	Untreated Decay	Waived Financial Burden	Waived Lack of Access	Waived No Consent	Not Returned
2017	519	487	108	14	35	84	32
2016	2662	2658	448	105	165	390	709
2015	2303	1645	409	58	112	286	661
2014	2671	1846	558	52	75	558	693
2013	2629	1682	628	57	74	177	872
2012	4399	1724	567	1787	1787	252	780

Source: California Dental Association, 2012-2017

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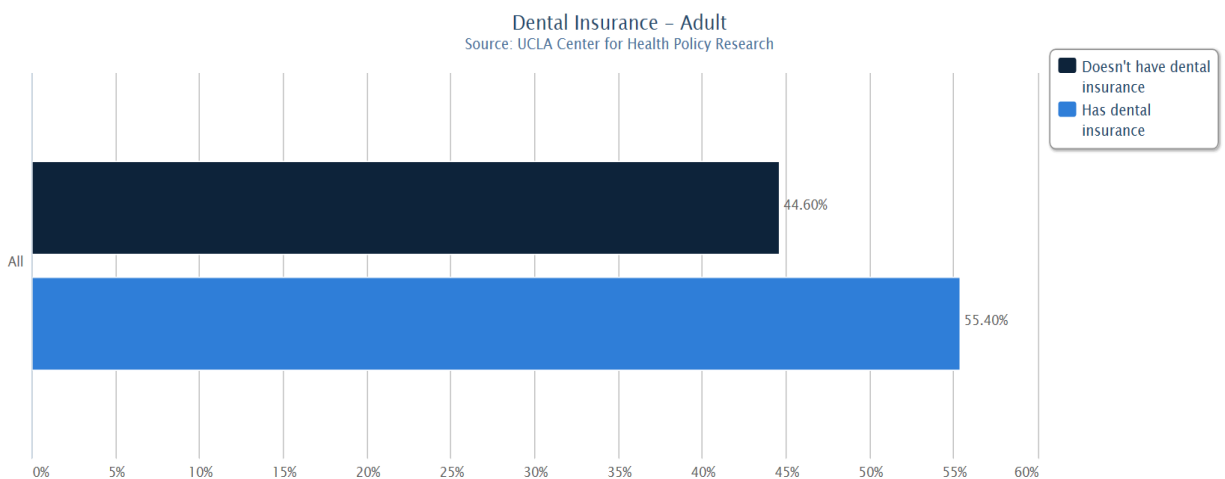
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ORAL HEALTHCARE SYSTEM

Access and utilization of oral health care services, both for preventative and treatment purposes, are important elements of a person's personal oral health care system. It is imperative that efforts and strategies are identified, discussed, and solutions are developed.

Adult Access to Care

Dental Insurance Coverage. According to the California Health Interview Survey, the rate of adults that do not have dental insurance has decreased from 57% reported in 2016 to 45% in 2017.¹⁵



Source: 2017 California Health Interview Survey

In Imperial County, there were 63 dentists in 2017; the patient to dentist ratio was approximately 1:2,900. The patient to dentist ratio in Imperial County was significantly higher than the ratio for California, which was reported as 1:1,200 in 2017.²²

Preliminary findings from the Oral and Dental Health POP indicated that, when asked if someone who receives Medi-Cal, automatically has dental coverage, almost half (95, 46.12%) of those who responded did not know, and only 33.98% (70) indicated some level of

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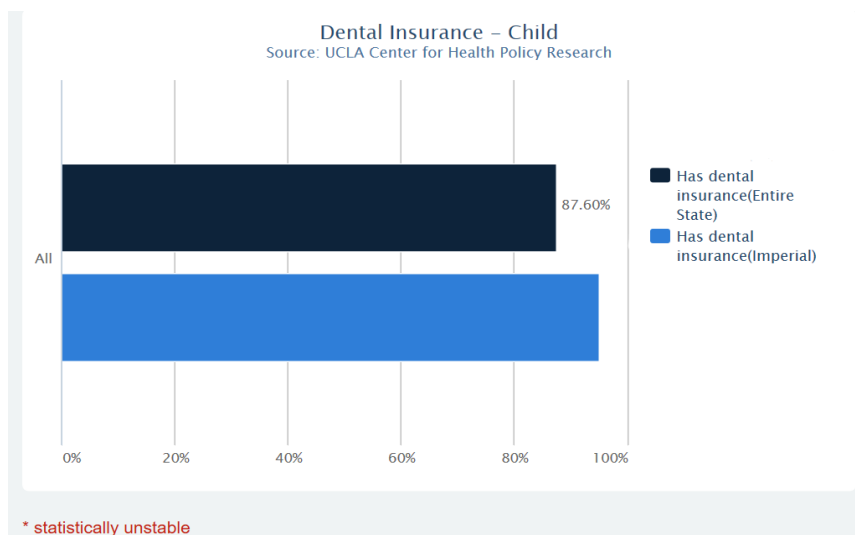
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agreement. The remaining responses, reflected disagreement. Further, of those who responded to the question about their own dental insurance, 67% (136) indicated they currently have dental insurance, where as the remaining 35% (65) said no and just a couple of individuals did not know if they had any dental insurance coverage. However, most had been to the dentist for care in the past 12 months (80%, 165).

Child Access to Care

Dental Insurance Coverage. Based on the results of the 2017 California Health Interview Survey, 95.1% of children in Imperial County have dental insurance; this does not differ greatly in comparison to 87.6% of children with dental coverage in California overall.¹⁵



Source: 2017 California Health Interview Survey

- U.S Census Bureau's America Community Survey shows that 50.1% of children/youth (ages 0-21) in Imperial County had Medi-Cal or CHIP coverage between 2012 and 2016; this is a relatively high percentage in comparison to 38.6% of Californians of the same age group enrolled in Medi-Cal or CHIP.²³
- As of December 28, 2013, Imperial County had 17,400 children enrolled in Medi-Cal's dental program and only 12 general dental service offices and providers willing to accept new Medi-Cal patients. The ratio of providers to beneficiaries during this point in time was 1:1,450.²⁴

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- 2015-2016 CHIS results found that 11.3% of children (ages 3-11) in Imperial County needed dental care in the past year but did not receive it this is more than half the rate of children in California (4.3%) who gave the same response. ²

Emergency Department Use for Preventable Dental Conditions. Hospital emergency departments (EDs) are safety-net providers by attending to people who are unable to obtain the medical attention they need, including dental care, in a traditional primary care or dental care setting. However, most hospital EDs and emergency personnel are not equipped nor are they trained to diagnose and treat dental diseases effectively. As a result, the vast majority of patients who visit an ED with a dental problem do not receive definitive dental treatment. Instead, ED patients with oral health issues receive only prescriptions for painkillers, antibiotics, or both. ²⁴⁻²⁷

Imperial County's overall rate of emergency department visits due to non-traumatic dental conditions was 384.8 per 100,000 population during 2012-2016. The County's rate is higher than the statewide rate of 353.3 per 100,000 population during the same four-year period. The County's rate for ED visits due to NTDC was higher among females (445.0) than males (328.0).

The rate of emergency department visits for non-traumatic dental conditions varied by age group, with 18- to 34-year-olds seeking emergency care for these conditions at a higher rate (545.3) than other age groups. The other age groups seeking emergency care at higher rates include 1- to 2-year-olds (416.7) and 35- to 64-year-olds (412.3). In addition, children aged 3 to 5 years and infants less than 1 year old sought care at a higher rates (348.3 and 347.8, respectively) compared to other age groups. See the graph below.

Barriers to Care. Dentists were asked what they believe are the top barriers people face when trying to access dental care, and how the dental community is providing care for individuals who have difficulty obtaining dental care. Top responses of barriers to care are ranked in order below. (N=19)

Barriers to Care

- Financial issues
- No health insurance
- Fear or anxiety of dentist
- Dental care is low priority

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Care for Those in Need

- Refer to free/low cost-dental provider
- Provide list of local providers who offer free/low-cost care
- Unaware of efforts to provide care to those in need

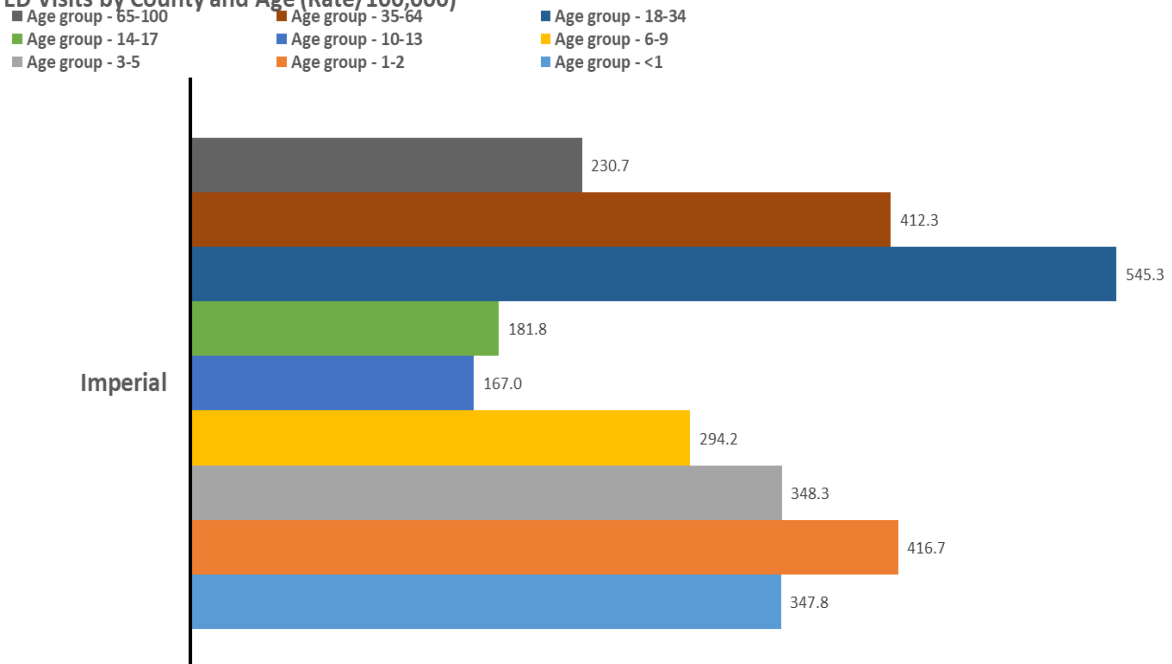
Dental Specialties and Referrals. Dental providers were asked if patients had difficulty obtaining specialty care and reported that only 21% (4) of patients *did not* have difficulty in obtaining specialty care. They were asked to identify the top dental specialties needed locally. Their responses are listed in ranked order below. (N=19)

Locally Needed Dental Specialties

- Oral Maxillofacial Surgeon
- Pediatric Dentist
- Endodontist
- Periodontist
- Prosthodontist

Non-Traumatic Dental Conditions (NTDC) related Emergency Department (ED) Visits in California by County, Age groups 2012-2016

NTDC ED Visits by County and Age (Rate/100,000)



Source: California Office of Statewide Health Planning and Development (OSHPD) Emergency Department Data, 2012-2016

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Adult Utilization of Care

Reason for Last Visit

- 65% of adults interviewed reported a routine check-up/cleaning as the reason for their last dental visit. ¹⁵
- 36% of adults interviewed reported having both a specific problem and needing a routine check-up/cleaning as the reason for their previous dental visit. ¹⁵
- 4.8% of adults reported never having been to the dentist. ¹⁵

Medi-Cal's Dental Program

- In 2015, 16.6% (ages 35-44), 18.5% (ages 45-64), and 17.1% (ages 65+) of adults enrolled in Medi-Cal's Dental Program utilized their dental coverage. ²⁹
- In 2014, 16.8% (ages 35-44), 18.8% (ages 45-64), and 14.4% (ages 65+) of adults enrolled in Medi-Cal's Dental Program utilized their dental coverage. ²⁹
- In 2013, 8.4% (ages 35-44), 8.3% (ages 45-64) and 4.6 % (ages 65+) of adults enrolled in Medi-Cal's Dental program utilized their dental coverage. ²⁹

Dental Care Utilization-Pregnant Women

- In 2015-2016, 31.9% of women in Imperial County visited the dentist during pregnancy, while 43% of women in California overall received dental care while pregnant. ³⁰

Child Utilization of Care

Dental Visits

- The fee-for-service dental service utilization rates for child beneficiaries living in Imperial County and enrolled in the Medi-Cal Dental Program in 2011 was 28.1% the following year the rates decreased to 27.3% (2012) and in 2013 decreased to 25.5%. ²⁹
- In 2015, 19% of children 3-11 years old in Imperial County were reported as not having a dental visit for more than a year and up to two years; 24% of children surveyed been more than 6 months and up to a year since their previous dental visit. ²
- In 2016 51.4% of children (ages 6-9) received sealants on their first molars at the Federal Qualified Health Center, Clinicas de Salud de Pueblo, Inc.; in 2017, this rate dropped to 27.14% .³¹

Utilization of Dental Sealant Benefits by Medi-Cal Beneficiaries. Sealants are a thin coating applied on the surfaces of the molar teeth by licensed professionals. Sealants are

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more effective if they are applied by the time a child is in second grade and by sixth grade when the molars are respectively 6 and 12 years old. Sealants work to protect molar teeth by creating a barrier around the molar that keeps sticky and sugary foods from becoming stuck in the fissures of molar teeth, leading to tooth decay and eventually caries.³²

Sealants prevent tooth decay and in the process aid children living in low-income households who may not be able to receive dental care if they develop caries. Children who have not received sealants have almost three times more cavities than those with sealants.³³ Although some dental materials used to treat or prevent caries can contribute to a very low-level bisphenol A (BPA) exposure for a few hours after placement, current evidence, BPA exposure from dental materials is of no concern for overall health. Sealants on permanent molars reduce the risk of cavities by 80%.³⁴

According to a 2013 Medi-Cal Utilization dataset, including both Fee-For-Service and Dental Managed Care beneficiaries in Imperial County, only 12.3% of children ages 6-9 were reported as having received dental sealants under Medi-Cal's insurance coverage. In a similar set of data for 2014, 10.4% and 4.9% of 6-9 year-olds and 10-14 year-olds, in Imperial County were reported as utilizing their dental sealant benefits. In 2015, the utilization of sealants in children age groups 6-9 and 10-14 decreased even further, 9.7% and 4.3%, respectively. In 2016, the utilization of dental sealants increased in children ages 6-9 and ages 10-14: 10.5% and 5.3%, respectively. The rate of utilization of dental sealants by children receiving Medi-Cal services continued to increase further in 2017: 11.5% of children ages 6-9 and 5.8% of children ages 10-14, received sealants.³⁵

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ORAL HEALTH BELIEFS AND BEHAVIORS

Oral health behaviors are actions that play a major role in the prevention and outcomes of the most common oral health issues. Imperial County residents are affected by poor oral health behaviors. Mostly affected are those from low socio-economic groups and other at-risk population such as those with addiction or over weight/obesity. Poor oral health can result from lack of access to regular preventive dental care and low oral health knowledge that leads to poor oral health self-care behaviors. Risk factors for oral health disease can include an unhealthy diet (e.g., consumption of sugar-sweetened beverages), tobacco use, harmful alcohol use, poor oral hygiene, and social determinants.

Currently, the overweight/obesity rate in Imperial County is among the highest in California, spiking from 30% in early childhood, to 49% in adolescence, and 77% by the time they reach adulthood.³⁶⁻³⁸ Less than a quarter of 2-11 year olds consumed 5+ servings of fruits & vegetables the previous day. Consumption of fast food is high with 63% of adults & 80% of children ages 2-17 consuming it 1+ times per week. Additionally, of our 2-17 years old, 33% consumed 1+ sodas the day before data collection took place. As far as the adults, an average of 17% consumed one or more sodas daily. In addition, 65% of Supplemental Nutrition Assistance Program – Education (SNAP-Ed) eligible adults reported always finding fruits and vegetables in their neighborhood; however, only 36% reported always finding affordable fruits and vegetables in their neighborhood. Data also shows that of the total population, 48% are eligible for Cal-Fresh/SNAP-Ed, and 75% of students qualify for the Free & Reduced Price Meal Program.⁷ Healthy Stores for a Healthy Community Campaign 2016 data indicate that 15% of Imperial County adults smoke cigarettes and 15% of youth use any type of tobacco product.³⁹

Over the last couple of months, our local dental community was surveyed around a variety of oral/dental health topics. The following sentences highlight a few of the findings. Out of the 43 dentists that received the survey, 20 (46.5%) responded. The data showed that in regards to tobacco-related activities currently conducted during a dental visit in Imperial County, 74% (14) dentists perform routine intraoral cancer exams, 47% (9) provide patient counseling on not using tobacco products; 26% (5) do not provide tobacco related activities/information; and 16% (3) provide patient instruction on conducting oral cancer self-exams or tobacco cessation.⁶

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The Oral and Dental Health Community Survey included several different statements including those related to tobacco products, electronic smoking devices and sugar-sweetened beverages. Based on the results, it is not surprising that most of the respondents agree (97.54%) that tobacco products are linked to oral and dental disease; however, for electronic smoking devices, it is interesting the number of respondents who agree that it is linked (83.50%). Regarding the “I don’t know responses” (12.62%) to the electronic cigarettes, this can be an opportunity for information, education and media. See the table below.

Statements	Responses
The use of tobacco products (cigarettes, cigars, cigarillos) is linked to oral and dental disease	97.54% (199) agree or strongly agree 1.96% (4) don't know
The use of electronic smoking devices (e-cigarettes, e-hookah, e-pens, e-cigars) is linked to oral and dental disease	83.50% (172) agree or strongly agree 12.62% (26) don't know
Drinking sugary beverages (sodas, juice, and sweet tea) are linked to oral and dental disease.	96.57% (197) agree or strongly agree 3.43% (7) either don't know or disagree

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PROTECTIVE AND ENVIRONMENTAL FACTORS

The fluoridation of community water initiated in the United States in the late 1940's. Fluoridated water, along with the use of other fluoride products is associated with the significant reduction of tooth decay in the United States. Studies demonstrate that community water fluoridation not only helps prevent the formation of cavities, but also slows the progression of and may reverse newly forming cavities.⁴¹ Among the recommendations made by the Centers for Disease Control and Prevention (CDC), it is suggested that communities in the United States continue and expand fluoridation of its community drinking water systems.

It is regulation that a water fluoridation system is required for any public water system with 10,000+ service connections. The maximum level of naturally occurring fluoride in drinking water is 2.0mg/L for the State requirements and 4.0 mg/L for Federal requirements. At this time, Imperial County does not have communities that meet the 10,000+ water service connections requirement; hence, there are no local water fluoridation systems in place. In Imperial County, there is surface and ground water sources. Over the last four years, in our local surface waters, the average fluoride has been 0.39 mg/L.⁴²

Although cities in Imperial County do not meet the threshold for water fluoridation, efforts to raise awareness and educate about the benefits of water fluoridation and oral health will take place. Active participation will be sought from water policy professionals, healthcare and dental providers, public health officials, city representatives, and interested key stakeholders and community members to help encourage behavior change to facilitate community water fluoridation in Imperial County.

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COLLABORATION, NETWORKING AND LINKAGES

Collaboration and networking refers to the way in which different entities in Imperial County work together to ensure good oral health for all residents. This includes dental referrals to different providers or specialists, as well as linking individuals with services. Based on the 2019 data collected, the local dental provider community (N=20), some (8: 40%) of the local dental practices accept referrals from community dental clinics and fewer dental practices (3: 15%) refer patients to community clinics. Unfortunately, there are local dentists (5: 25%) that indicated they have no relationships with local community dental clinics. Of the dental practices, 94% (18) reported referring patients to oral maxillofacial surgeons; 63% (12) reported referrals to pediatric dentists and endodontists; and 53% (10) dental offices reported referring patients to orthodontists. Lastly, there is a lack of oral health specialists locally, including pediatric dentists. As a result of this challenge and local service gap, local dentists refer patients needing treatment (particularly pediatric patients) out of the area: San Diego referrals (13: 68%); Indio referrals (11:58%); Yuma referrals (7:37%).

Further, local dentists (N=19) reported that they begin seeing patients at different ages: 37% (7) between 6-11 months of age, 21% (4) at 1 year of age, and 16% (3) at 3 years of age. The remaining providers who responded to this question indicated they begin seeing patients when they are 5 years and older, and older than 12 years of age. Almost all local dentists (90%, 18) provide dental sealants in their practice. Lastly, regarding length of practice, 55% (11) of dentists had been practicing for 20 years or more, and 90% (18) described themselves as a general dentist. Respondents reported that patients pay for services through a variety of means including private or public-funded insurance (such as Medi-Cal Dental Coverage), and cash.

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SUMMARY AND NEXT STEPS

The Imperial County Oral Health Assessment summarizes primary and secondary data, offering a snapshot of the oral health needs within the local jurisdiction. This Assessment also highlights strengths and opportunities for improvement. Overall, the Oral Health Improvement Plan will be developed based on the following points:

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

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APPENDIX

- A. Local Oral Health Taskforce (Taskforce) Interest Form
- B. Advisory Committee Forming Matrix
- C. Taskforce Self-assessment
- D. Taskforce Satisfaction Survey
- E. Taskforce Capacity Building Activity
- F. Dental Provider Survey
- G. Public Opinion Poll
- H. Conversational Mapping
- I. Resources, Assets, and Geo Mapping

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Imperial County Local Oral Health Taskforce

INTEREST FORM

In March 2018, a local Oral Health Program was launched with an aim to provide a) oral health education, b) dental disease prevention and c) linkages to treatment of dental disease, including dental disease caused by the use of cigarettes and other tobacco products Imperial County. This will take place over three phases that will focus on development, implementation and evaluation activities. As part of the first phase of the program, an Oral Health Taskforce was convened to help lead needs assessment process, prioritize issues, and develop a community health improvement plan and action plan to address local oral health needs.

If you would like to become a Taskforce member, please complete this Interest Form and return it via email to xochitlfausto@co.imperial.ca.us or fax to (442) 265-1417 with attention to Xochitl Fausto.

I would like to become a Local Oral Health Taskforce Member as:

☐ Community Member ☐ An employee of an agency

Name: _____

Title: _____

Phone: _____

E-mail address: _____

If becoming a member as an employee of an agency/organization, please complete the following section:

Agency Name: _____

Phone, if different from above: _____

Address: _____

Website: _____

Please indicate the type of agency that you represent. (Check all that apply)

☐ Childcare/Preschool ☐ Community-Based ☐ Health Care

☐ Law Enforcement ☐ School (K-12) ☐ Dental Office

☐ Government Organization, please specify: _____

☐ Other, please specify: _____

Please indicate the workgroup(s) that you would like to take part in:

☐ Design Team ☐ Environmental Scan and Geo Mapping

Hosted by the Imperial County Public Health Department, Local Oral Health Program



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STEP 3: PLAN THE NEEDS ASSESSMENT

Worksheet #1 – Forming an Advisory Committee: Potential Committee Members				
Potential Organizations & Agencies	Advisory Committee? (Y/N)	Person	Email Address	Telephone/Fax
Oral Health				
State or Local Dental Association (American/National)				
American Academy of Pediatric Dentistry, state chapter				
State or Local Dental Hygienists' Association				
Schools of Dentistry				
Schools of Dental Hygiene				
Other State or Local Agency Dental Personnel (e.g., mental health, corrections, tribal)				
Education Programs				
School of Public Health, Public Policy (or equivalent)				
Other State/Local Programs				
State Maternal and Child Health (Title V)				
State Children with Special Health Care Needs (CSHCN)				
Early and Periodic Screening, Diagnosis and Treatment (EPDST)				
Medicaid and SCHIP Program				
Women, Infants, and Children (WIC) Program				
Epidemiology				

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STEP 3: PLAN THE NEEDS ASSESSMENT

Worksheet #1 – Continued				
Potential Organizations & Agencies	Advisory Committee? (Y/N)	Person	Email Address	Telephone/Fax
Other State/Local Programs (continued)				
Health Promotion/ Health Education				
Department of Education/School Administration				
Head Start Association/Grantees				
Special Population Organizations (e.g., homeless, developmental disabilities, rural)				
Primary Care Association (Community/ Migrant Health Centers)				
Local Health Officers / MCH Directors				
Allied Health Associations / Institutions				
State or Local Medical Association / Academy of Pediatrics				
State Public Health Association				
Hospitals (Children's)				
Other				
Advocacy Organizations				
Federal Agency Representatives (e.g., Regional field offices)				

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STEP 2: CONDUCT A SELF-ASSESSMENT

Worksheet #2 – Needs Assessment Goals					
TO WHAT EXTENT DO YOU HOPE TO ACCOMPLISH EACH OF THE FOLLOWING THROUGH YOUR NEEDS ASSESSMENT? (circle the most appropriate number for each item)					
	NOT AT ALL		MODERATE		HIGH
Fulfill the requirements of the MCH Block Grant	1	2	3	4	5
Network with other programs / agencies / organizations	1	2	3	4	5
Build a constituency for oral health issues	1	2	3	4	5
Establish baseline data	1	2	3	4	5
Update existing data	1	2	3	4	5
Prioritize programs	1	2	3	4	5
Justify budget (maintenance / expansion / reallocation)	1	2	3	4	5
Increase visibility of program in agency	1	2	3	4	5
Target resources to specific populations	1	2	3	4	5
Fulfill expectations of administration / legislature	1	2	3	4	5
Monitor compliance with legal requirements	1	2	3	4	5
Publish findings in professional journal(s)	1	2	3	4	5
Educate decision makers	1	2	3	4	5
Collect data in a timely fashion	1	2	3	4	5
Collect valid (accurate) / reliable (reproducible) data	1	2	3	4	5
Generalize findings to target population	1	2	3	4	5
Evaluate existing programs	1	2	3	4	5
Other					
	1	2	3	4	5
	1	2	3	4	5

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Satisfaction Survey

Imperial County Oral Health Taskforce is a collaborative effort with the intent to better understand local oral health issues, complete a needs assessment, develop and implement a community health improvement plan. This work is currently taking place because taskforce stakeholders and community members are leveraging resources, working collectively, and participating in capacity building activities. In an effort to gauge the taskforce's current direction and activities, please take a few minutes to complete this survey. The questions and respective results will help inform upcoming work and changes if needed. This survey should take 4-5 minutes and your responses will be kept confidential. We are asking that you complete this by September, 20th, 2018, 6 pm. Survey results will be presented at our next taskforce meeting. If you have any questions, please call Kim Dhaliwal, local oral health program coordinator, 1-442-265-1454.

1. How many years (have you/has your agency) worked in oral health related activities? (Please check any that apply)

- ☐ Less than 1 year
- ☐ 1-3 years
- ☐ 4-5 years
- ☐ 6-10 years
- ☐ More than 10 years

2. For each of the following statements, please check the response that best describes your opinion about the agency that brings this taskforce together, organizes and facilitates the meetings. (Strongly Disagree Disagree Agree Strongly Agree Don't know)

The facilitating agency...

- ☐ Provides the taskforce with the necessary logistical support (e.g., arranges meetings, keeps records, etc.).
- ☐ Has a good system for recruiting members.
- ☐ Does a good job with member orientation.
- ☐ Communicates well with taskforce members.
- ☐ Makes an effort to solicit all members' opinions.
- ☐ Responds effectively to challenges.
- ☐ If you have further comments on the facilitation organization, please write them here.

3. Coalition Meetings

Oral Health Taskforce meetings are held:

- ☐ Too often
- ☐ As often as needed
- ☐ Not often enough

Meetings start and end in a timely manner:

- ☐ Often

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- ☐ Sometimes
- ☐ Rarely

You are invited to provide suggestions for meeting agenda items:

- ☐ Often
- ☐ Sometimes
- ☐ Rarely

The agenda is followed during meetings:

- ☐ 5 Often
- ☐ Sometimes
- ☐ Rarely

Discussions during meetings are well-facilitated:

- ☐ Often
- ☐ Sometimes
- ☐ Rarely

Activities during meetings contribute to your understanding of what is to be accomplished :

- ☐ Often
- ☐ Sometimes
- ☐ Rarely

If you have any comments you'd like to add about taskforce meetings, please write them here.

4. Taskforce Strengths

For each of the following statements, please check the response that best describes your opinion.
(Strongly Agree Agree Disagree Strongly Disagree Don't know)

- ☐ The taskforce has a feeling of cohesiveness and team spirit.
- ☐ The decision-making process during Taskforce meetings is fair.
- ☐ The taskforce is connected to groups in the community.
- ☐ Taskforce structure, operating rules, and procedures are clear and followed.
- ☐ The members of this taskforce worked collectively to develop a shared vision statement.
- ☐ The members of this taskforce worked collectively to develop list of shared values.
- ☐ The taskforce activities are in line with its vision.
- ☐ The taskforce makes good use of what I have to offer.
- ☐ Serving on this taskforce is a good use of my time.
- ☐ I have gained new skills and knowledge by participating in this taskforce.

What, if any, improvements would you like to see made to the taskforce?

Does the taskforce membership reflect the diversity within the community?

- ☐ Yes
- ☐ Don't know
- ☐ No, the following group(s) should also be represented:

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What additional skills and/or experiences, if any, are needed?

5. Taskforce's Planning, Progress, and Future Direction

For each of the following statements, please check the response that best describes your opinion about the quality, current efforts, and direction of the Oral Health Taskforce. (Strongly Disagree, Disagree, Agree, Strongly Agree, Don't Know)

- ☐ The activities are contributing to the needs assessment process/development of a local oral health improvement plan.
- ☐ The taskforce does what it says it is going to do.
- ☐ The taskforce provides capacity building opportunities for members.
- ☐ The taskforce's work is changing attitudes about oral health in the community.

If you have additional comments on the coalition impact, please write them here.

During the last couple of months, the taskforce has met 4 times, how many of the meetings have you been able to attend?

- ☐ No meetings
- ☐ 1 meeting
- ☐ 2 meetings
- ☐ 3 meetings
- ☐ All 4 meetings

Please mark one or more of the following responses that best represents you.

6. Taskforce Membership

I represent:

A health care organization

- ☐ A social service organization (government or private/non-profit)
- ☐ An education-related organization (teaching and/or research)
- ☐ Dental provider
- ☐ Correctional facility
- ☐ Community member
- ☐ Early care and education
- ☐ K-12 education
- ☐ Health plan
- ☐ Other, please specify

What questions or response choices, if any, were unclear on this survey?

What other questions or issues, if any should have been addressed on this survey?

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Topics of Interest

Local Oral Health Program Taskforce

Topics Related to Oral Health

- Oral health and language disorders
- Cleft palate
- Nutrition
 - Prevention (Baby Bottle Tooth Decay/Sugary Drink)
- Oral health and pregnancy and how it affects outcomes

Which oral health related services are available in the following areas?

- Niland
- Winterhaven

Which oral health-related services do the following programs provide?

- Regional Center
- Salvation Army
- Behavioral Health
 - Transition & Engagement
- Drug & Alcohol
 - Resource Center
- Foster Care
- Homeless Taskforce
- Older Adults
 - Skilled Nursing Facility
 - Adult Living Facility

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Dental Provider Survey

Dear Local Dentist,

The Imperial County Oral Health Taskforce is currently working on completing a needs assessment and oral health action plan. The Taskforce is comprised of a diverse group of partners and agencies, including the local dental association, Sheriff's Office, Women Infants and Children (WIC), Early Care and Education Centers, Real Hope Center, Molina Healthcare, and many others. As part of the needs assessment process, the Taskforce is very interested in hearing from local dentists about their practice, barriers and opportunities to care, strategies for education and prevention, and much more.

The overall goal of the Oral Health Taskforce is to identify local oral health needs, build capacity, engage community stakeholders, strengthen local oral health networks, and promote oral/dental health. In an effort to have a better understanding about our local dentistry practices, we are asking you to complete this survey. It should take 6-8 minutes and your responses will provide information that will inform the process, identify priorities, build a local network and coordinated oral health plan. Your participation is voluntary and responses will be confidential.

This survey will be available to complete until Wednesday, February 13, at 9 pm. Please feel free to forward this survey link to your colleagues so that they can also provide feedback and information. Please complete this survey only one time.

If you have any questions about this survey, please call Kim Dhaliwal, Imperial County Public Health Department Local Oral Health Program Coordinator at 1-442-265-1454.

Imperial County Dental Care Provider Survey

1. How long have you been in practice?

- ☐ 1-4 years
- ☐ 5-9 years
- ☐ 10-14 years
- ☐ 15-19 years
- ☐ 20 years or more (please specify)

2. Please indicate which response below best describes what type of dentist you are. (Mark the best answer)

- ☐ General dentist (family dentist who takes care of a patient's oral health on a regular basis)
- ☐ Pediatric dentist (specialized training and qualifications for providing care to children - beyond general dentistry)
- ☐ Endodontist
- ☐ Oral and maxillofacial surgeon
- ☐ Orthodontist
- ☐ Periodontist
- ☐ Prosthodontist
- ☐ Other (please specify)

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3. Does this dental practice have a 24-hour on-call dentist available for dental emergencies? (check the best answer)

- ☐ Yes
- ☐ No
- ☐ Other (please specify)

4. Does this dental practice have: (Check all that apply)

- ☐ A single location
- ☐ Two or more locations
- ☐ A mobile dental van clinic
- ☐ A portable clinic (dentist/staff arrive at a host site [school/community center, etc.] unpack and set-up equipment, dental chairs, etc., where patients are waiting for services).
- ☐ Other (please specify)

5. Please indicate which response below best represents your current type of practice model. (Check all that apply)

- ☐ Dentist owned and operated practice (single dentist)
- ☐ Dentist owned and operated group practice (multiple dentists in practice)
- ☐ Non-profit practice
- ☐ Insurer-provider group practice (example: Kaiser Permanente Northwest)
- ☐ Not-for-profit group practice (example: Federally Qualified Health Center)
- ☐ Government agency group practice (example: Veteran's administration)
- ☐ Hybrid group practice
- ☐ Other (please specify)

6. Please indicate how patients pay for dental services in this practice. (Check all that apply)

- ☐ Private health insurance (Blue Shield, Blue Cross, etc.)
- ☐ Veteran's Affairs Dental Insurance
- ☐ Medi-Cal dental coverage (formerly known as Denti-Cal)
- ☐ Managed care (California Health & Wellness)
- ☐ Pay cash
- ☐ Services are provided at no-cost if patient is unable to pay
- ☐ Other (please specify)

7. Please indicate the city (s) that you currently practice in. (Check all that apply)

- ☐ El Centro, 92243
- ☐ Holtville, 92250
- ☐ Imperial, 92251
- ☐ Desert Hot Springs, 92241
- ☐ Brawley, 92227
- ☐ Calexico, 92231
- ☐ Calipatria, 92233
- ☐ Other (please specify)

8. Type of patients in this practice. (Check the best answer)

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- ☐ Children
- ☐ Children and adults
- ☐ Adults only
- ☐ Other (please specify)

9. At what age do you first start seeing children in this practice? (Check the best answer)

- ☐ Six - 11 months of age
- ☐ Age 1
- ☐ Age 2
- ☐ Age 3
- ☐ Age 4
- ☐ Age 5-6
- ☐ Age 7
- ☐ Age 8 or older
- ☐ Other (please specify)

10. Are dental sealant treatments a service provided in this practice? (check the best answer)

- ☐ Yes
- ☐ No
- ☐ Other (please specify)

11. Approximately what percentage of your child patients (5-17 years) receive dental sealant treatments in your office? (Check the best answer)

- ☐ 0% of child patients are offered sealants
- ☐ 1-24% of child patients
- ☐ 25-50% of child patients
- ☐ 51-75% of child patients
- ☐ 76-99% of child patients
- ☐ 100% of child patients
- ☐ Other (please specify)

12. Who in this practice does the dental sealants for child patients? (Check all that apply)

- ☐ Dentist
- ☐ Registered dental hygienist
- ☐ Registered dental assistant
- ☐ We don't offer dental sealants to our children patients
- ☐ Other (please specify)

13. How does this practice work with community dental clinics in the Imperial County area?

- ☐ No relationship
- ☐ This practice accepts referrals from community dental clinics
- ☐ This practice refers patients to community dental clinics
- ☐ N/A we are a community dental clinic
- ☐ Other (please specify)

14. Do you provide dental care to pregnant patients (routine teeth cleaning, dental X-rays, local anesthesia, etc.)?

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- ☐ No, never
- ☐ Not currently, but we did in the past
- ☐ Yes, throughout the pregnancy
- ☐ Yes, but only in the 1st and 2nd trimesters
- ☐ This question isn't applicable to our patient population
- ☐ Other (please specify)

15. How often do you consult with a pregnant patient's prenatal care provider about a dental treatment plan? (Check the best answer)

- ☐ Never
- ☐ Always
- ☐ Only when I am aware or concerned about a problem
- ☐ This question isn't applicable to our patient population
- ☐ Other (please specify)

16. In your opinion, what are the top three (3) barriers that our community faces when trying to access dental care? (Check the top three)

- ☐ Childcare
- ☐ Financial issues
- ☐ Misinformed about when to go to a dentist
- ☐ No health insurance
- ☐ Incomplete health insurance
- ☐ Lack of transportation
- ☐ Fear/anxiety of dentist
- ☐ Dental care is low priority for population
- ☐ People don't know how/where to obtain dental care
- ☐ Dental services/care is not available locally
- ☐ Lack/shortage of dentists in the community
- ☐ Other (please specify)

17. In your opinion, how is the local dental community providing care for those individuals who have difficulty obtaining dental care? (Check all that apply)

- ☐ Local dentists see a certain number of patients free of charge
- ☐ Refer to free/low cost dental provider (SAGE Initiative, Clinicas de Salud del Pueblo)
- ☐ Provide a list of local providers who are available to offer free/low cost care
- ☐ Provide a list of providers outside the area (Mexico, Arizona etc.) who are available to offer free/low cost care
- ☐ I am not aware of any efforts to provide care to those who have difficulty obtaining dental care
- ☐ Other

18. Do you currently see patients enrolled in the Medi-Cal dental program (formerly known as Denti-Cal)? (Check the best answer)

- ☐ Yes, in this practice
- ☐ Yes, but only on a voluntary basis elsewhere (e.g., health fairs)
- ☐ No, I have never seen patients with Medi-Cal dental
- ☐ No, not currently

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- ☐ I am unfamiliar with the Medi-Cal dental program
- ☐ Other (please specify)

19. As a Medi-Cal dental program provider, what factors influenced your decision to be a provider? (Check all that apply)

- ☐ Helpful source of revenue
- ☐ Increases my patient base
- ☐ Provide services/care to patients who otherwise might not receive care
- ☐ Submitting claims/reimbursement from Denti-Cal is similar to a commercial insurance company
- ☐ Other

20. For each statement, indicate how likely you would be willing to schedule patients enrolled in the Medi-Cal dental program (formerly known as Denti-Cal) if the following changes were made. (please specify)

- ☐ administrative/claims processing burden
- ☐ Strategies/help to minimize no shows patient compliance issues
- ☐ Better reimbursement rates
- ☐ Easier process to become a Medi-Cal dental provider
- ☐ Comments

21. How much of an increase in the current Medi-Cal dental (formerly known as Denti-Cal) reimbursement rates could make a difference to your practice to begin accepting patients enrolled in the Medi-Cal dental program? (Check the best answer)

- ☐ At least 10%
- ☐ 10%-20%
- ☐ 21%-30%
- ☐ 31%-40%
- ☐ 41%-50%
- ☐ 51%-60%
- ☐ 61%-70%
- ☐ 71%-80%
- ☐ 81%-90%
- ☐ More than 90%
- ☐ I am unfamiliar with the current reimbursement rates for the Medi-Cal dental program
- ☐ Other (please specify)

22. Are there any limitations in regards to scheduling patients enrolled in the Medi-Cal dental program (formerly known as Denti-Cal) patients in this practice? (Check the best answer)

- ☐ No, we make appoints for Denti-Cal patients the same way we do with our other patients
- ☐ Yes, we limit to a certain number of appointments per day/week
- ☐ Yes, we have a limited time period during the day to see Medi-Cal Dental patients (formerly known as Denti-Cal)
- ☐ Other

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23. How many weeks in advance are appointments for a routine, non-urgent visit for your patients enrolled in the Medi-Cal dental program? (Check the best answer)

Children/youth patients

Adult patients

N/A Practice does not
see Medi-Cal patients

- ☐ Within one week
- ☐ One to two weeks
- ☐ Two to three weeks
- ☐ Three to four weeks
- ☐ Four to five weeks
- ☐ Six weeks
- ☐ More than six weeks

24. How many weeks in advance are appointments for a routine, non-urgent visit for your private pay/commercially insured patients? (check the best answer)

Children/youth patients

Adult patients

- ☐ Within one week
- ☐ One to two weeks
- ☐ Two to three weeks
- ☐ Three to four weeks
- ☐ Four to five weeks
- ☐ Six weeks
- ☐ More than six weeks

25. Based on your experience, what dental specialties are needed locally. (Check all that apply)

- ☐ Endodontist
- ☐ Oral and maxillofacial surgeon
- ☐ Orthodontist
- ☐ Pediatric dentist
- ☐ Periodontist
- ☐ Prosthodontist
- ☐ None
- ☐ Other (please specify)

26. What dental specialties do you usually refer to. (check all that apply)

- ☐ Endodontist
- ☐ Oral maxillofacial surgeon
- ☐ Orthodontist
- ☐ Pediatric dentist
- ☐ Periodontist
- ☐ Prosthodontist
- ☐ I don't provide referrals
- ☐ Other (please specify)

27. In general, referrals you provide to your patients are usually: (check all that apply)

- ☐ Local, in the Imperial County
- ☐ To the San Diego area

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- ☐ To the Yuma area
- ☐ To the Indio area
- ☐ To México (Mexicali, Algodonas, etc.)
- ☐ Other (please specify)

28. Are your patients experiencing difficulties obtaining specialty care? (check best answer)

- ☐ No
- ☐ Yes, primarily children/youth patients
- ☐ Yes, primarily adult patients
- ☐ Yes, both children and adult patients
- ☐ Other

29. Are you confident in discussing the oral health topics below? (Check the best response for each below)

- ☐ Oral health and tobacco among adults (cigarettes, dip, e-cigarettes, etc.)
- ☐ Oral health and tobacco among youth (cigarettes, dip, e-cigarettes, etc.)
- ☐ Oral health and pregnancy
- ☐ Oral health and sugar-sweetened beverages
- ☐ Oral health and youth sports
- ☐ Oral health and piercings
- ☐ Oral health and water fluoridation
- ☐ Oral health and toddler breastfeeding/nursing
- ☐ Oral health among the incarcerated community
- ☐ Oral health and oral sexually transmitted infections (STIs)
- ☐ Comments

Conclusion Questions

30. Which of the following activities related to tobacco use are you performing in your office? (check all that apply)

- ☐ Routine intraoral cancer exams
- ☐ Patient instructing on conducting oral cancer self-exams
- ☐ Patient counseling on not using tobacco products
- ☐ Patient counseling on tobacco cessation
- ☐ Prescribing nicotine gum/patch
- ☐ Referring patients to tobacco cessation programs locally
- ☐ Currently, no tobacco related activities/information is provided
- ☐ Other

31. Which of the following information/materials would best help you to conduct an active tobacco prevention program in your office? (check all that apply)

- ☐ Opportunities for continuing education for staff/dentist on tobacco cessation strategies
- ☐ Patient education materials on oral cancer self-exams
- ☐ Educational materials for use in schools community
- ☐ Continuing education opportunities on oral effects of tobacco use
- ☐ Legislative updates on tobacco initiatives

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- Current and trending information of e-cigarettes, effects, use etc.,
- Not interested in tobacco prevention efforts in the practice
- Other (please specify)

32. Would you be willing to participate, in an upcoming group activity to help develop an action plan to improve oral health in Imperial County? (check the best answer)

- No, thank you
- Yes, I am interested in participating

Please provide your name and contact information here:

33. What is one (1) thing you would change in Imperial County to improve dental and oral health of our children, and adults?

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Public Opinion Poll

Good Morning/Afternoon,

My name is _____ and I am working with the Imperial County Oral Health Taskforce, in an effort to better understand local opinions around oral and dental health. Currently, we are gathering information from community members on this topic. Do you have a couple of minutes to go through a series of questions?

Your responses will be combined with other responses and nothing you say will be linked to you in any reports that result from this survey. Anything you tell me is confidential.

Please know that your participation is complete voluntary. You have the right to stop your participation at any time. If you have any questions about this survey please feel free to contact Imperial County Public Health Department, Kim Dhaliwal, Oral Health Program Coordinator at, 1-442-265-1454.

Imperial County Oral Health Taskforce Public Opinion Poll

The Imperial County Oral Health Taskforce—would like your opinion on the following statements. Please circle the answer that best represents your agreement or disagreement for each.

1. Dental Visits are only necessary if you have a dental emergency.
Strongly Disagree Disagree Don't Know Agree Strongly Agree
2. Oral self-care such as brushing teeth at least twice a day is a way to prevent cavities and dental disease.
Strongly Disagree Disagree Don't Know Agree Strongly Agree
3. Oral self-care such as flossing at least once a day is a way to prevent cavities and dental disease.
Strongly Disagree Disagree Don't Know Agree Strongly Agree
4. Dental disease is linked to other health problems and chronic diseases.
Strongly Disagree Disagree Don't Know Agree Strongly Agree
5. If someone receives Medi-Cal, they automatically have dental coverage.
Strongly Disagree Disagree Don't Know Agree Strongly Agree
6. Children should have their first dentist visit when their first tooth erupts:
Strongly Disagree Disagree Don't Know Agree Strongly Agree
7. "Baby teeth" are not important because they are going to fall out anyway.
Strongly Disagree Disagree Don't Know Agree Strongly Agree

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8. Babies who are put to bed with a bottle are more likely to develop cavities.
Strongly Disagree Disagree Don't Know Agree Strongly Agree
9. Dental sealants reduce cavities among school age children.
Strongly Disagree Disagree Don't Know Agree Strongly Agree
10. I support school-based dental sealant programs.
Strongly Disagree Disagree Don't Know Agree Strongly Agree
11. How likely would you finish a needed dental treatment if it took more than one visit.
Wouldn't finish Unlikely to finish Undecided about finishing Likely to finish Definitely finish
12. Smoking tobacco products (such as cigarettes, cigars, cigarillos, etc.) is linked to oral and dental disease.
Strongly Disagree Disagree Don't Know Agree Strongly Agree
13. The use of electronic smoking devices (such as e-cigarettes, e-hookas, e-pens, e-cigars) is linked to oral and dental disease.
Strongly Disagree Disagree Don't Know Agree Strongly Agree
14. Drinking sugary beverages (sodas, juice, sweet tea) are linked to oral and dental disease.
Strongly Disagree Disagree Don't Know Agree Strongly Agree

Where do you currently get your dental care?

Private dental office Hospital ED Dental Clinic Urgent Care/Walk-in Clinic I do not get dental care

Do you currently have dental insurance?

Yes No I don't know

In the past 12 months, have you been to the dentist for care? Yes No

Have you ever been to the dentist for care? Yes No

What city do you live in? _____

Gender: M F

Age group: 16-17 18-25 26-35 36-50 51-64 65 and older

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Buenos días/tarde,

Mi nombre es _____ y estoy trabajando con el Grupo de Trabajo de Salud Oral del Condado Imperial, para poder entender mejor las opiniones locales sobre la salud oral y dental. Actualmente, estamos recopilando información de los miembros de la comunidad sobre este tema. ¿Tiene un par de minutos para hacerle algunas preguntas?

Sus respuestas se combinarán con otras respuestas y nada de lo que diga se vinculará a usted en los informes que resulten de esta encuesta. Cualquier cosa que me diga es confidencial.

Por favor, sepa que su participación es completa voluntaria. Usted tiene derecho a detener su participación en cualquier momento. Si tiene alguna pregunta sobre esta encuesta, no dude en comunicarse con Kim Dhaliwal, Coordinadora del Programa de Salud Oral del Departamento de Salud Pública del Condado Imperial al 1-442-265-1454.

Grupo de Trabajo de Salud Oral del Condado Imperial Encuesta de opinión pública

El Grupo de Trabajo de Salud Oral del Condado Imperial—le gustaría saber su opinión sobre las siguientes declaraciones. Por favor, circule la respuesta que mejor represente que tan de acuerdo o en desacuerdo esta con cada una.

1. Las visitas dentales solo son necesarias si tiene una emergencia dental.

Totalmente en desacuerdo Desacuerdo No sé De acuerdo Totalmente de acuerdo

2. El autocuidado oral como cepillarse los dientes al menos dos veces al día es una manera de prevenir caries y enfermedades dentales.

Totalmente en desacuerdo Desacuerdo No sé De acuerdo Totalmente de acuerdo

3. El autocuidado oral, como el uso de hilo dental al menos una vez al día, es una manera de prevenir caries y enfermedades dentales.

Totalmente en desacuerdo Desacuerdo No sé De acuerdo Totalmente de acuerdo

4. La enfermedad dental está relacionada con otros problemas de salud y enfermedades crónicas.

Totalmente en desacuerdo Desacuerdo No sé De acuerdo Totalmente de acuerdo

5. Si alguien recibe Medi-Cal, automáticamente tiene cobertura dental.

Totalmente en desacuerdo Desacuerdo No sé De acuerdo Totalmente de acuerdo

6. Los niños deben tener su primera visita al dentista cuando brote su primer diente:

Totalmente en desacuerdo Desacuerdo No sé De acuerdo Totalmente de acuerdo

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7. Los "dientes de bebé o de leche" no son importantes porque se van a caer de todos modos.

Totalmente en desacuerdo Desacuerdo No sé De acuerdo Totalmente de acuerdo

8. Los bebés que se acuestan con un biberón son más propensos a desarrollar caries.

Totalmente en desacuerdo Desacuerdo No sé De acuerdo Totalmente de acuerdo

9. Los sellantes dentales reducen las caries en los niños de edad escolar.

Totalmente en desacuerdo Desacuerdo No sé De acuerdo Totalmente de acuerdo

10. Yo apoyo a los programas de sellantes dentales en las escuelas.

Totalmente en desacuerdo Desacuerdo No sé De acuerdo Totalmente de acuerdo

11. ¿Qué tan probable es de que terminaría un tratamiento dental necesario si se necesitara más de una visita?

No terminaría Probablemente no lo terminaría Indeciso sobre si lo terminaría Probablemente lo terminaría Definitivamente lo terminaría

12. Fumar productos de tabaco (como cigarrillos, cigarros, cigarros, etc.) está relacionado con enfermedades orales y dentales.

Totalmente en desacuerdo Desacuerdo No sé De acuerdo Totalmente de

13. El uso de dispositivos electrónicos para fumar (como cigarrillos electrónicos, e-hookas, e-pens, e-cigars) está relacionado con enfermedades orales y dentales.

Totalmente en desacuerdo Desacuerdo No sé De acuerdo Totalmente de acuerdo

14. Beber bebidas azucaradas (sodas, jugos, té dulce) están relacionados con enfermedades orales y dentales.

Totalmente en desacuerdo Desacuerdo No sé De acuerdo Totalmente de acuerdo

¿Dónde obtiene actualmente su atención dental?

Oficina dental privada Sala de Emergencia de un Hospital Clinica Dental
Centro de Urgencias/Clinica ambulatoria No recibo atención dental

¿Tiene actualmente seguro dental?

Sí No No lo sé

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En los últimos 12 meses, ¿Ha ido dentista para recibir cuidado dental? Sí No

¿Alguna vez ha ido al dentista para recibir cuidado dental? Sí No

¿En qué ciudad vives? _____

Género: M F

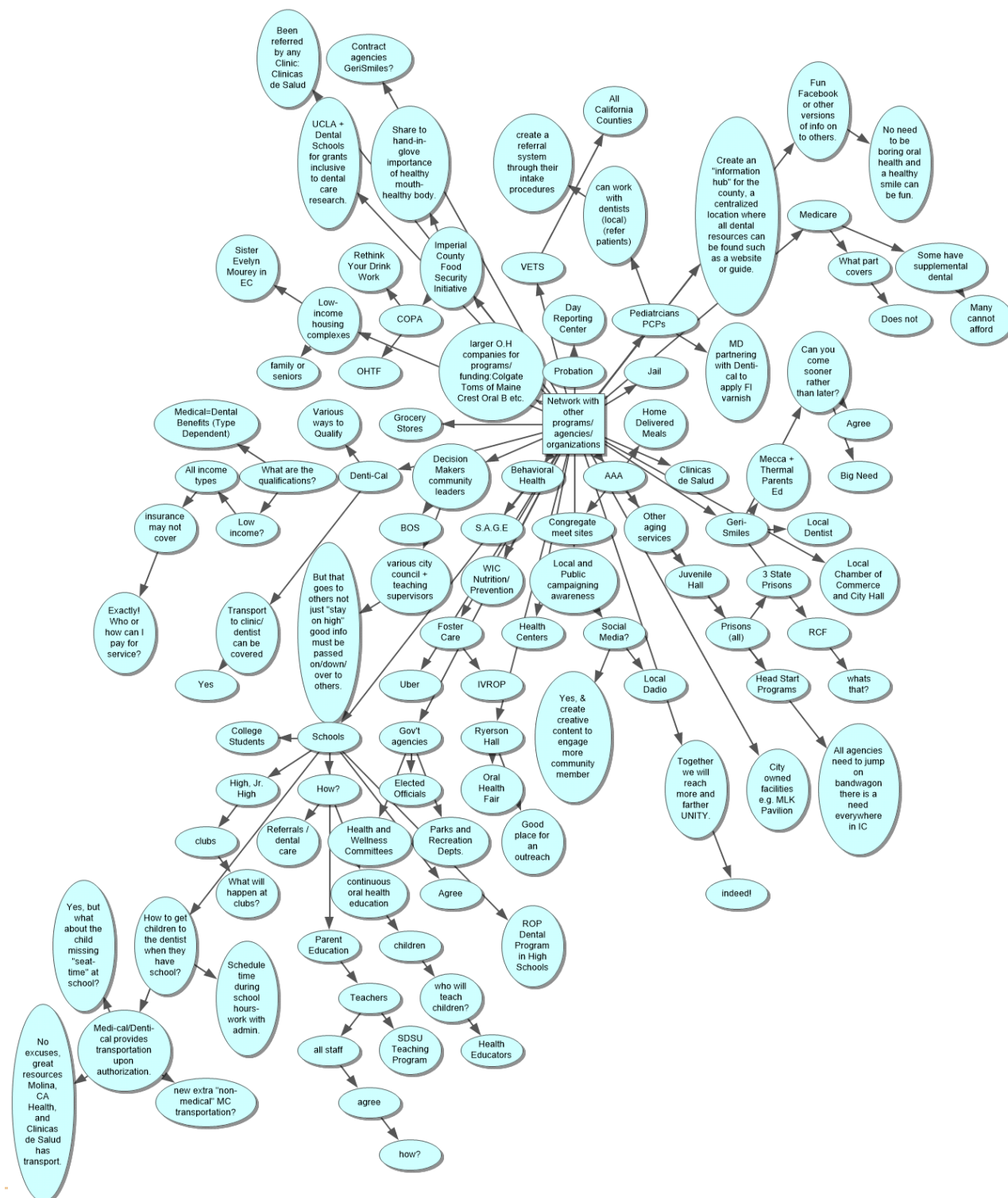
Grupo de edad: 16-17 18-25 26-35 36-50 51-64 65 y mayores

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Conversational Mapping



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Agency/ Organization Or Provider	Director/CEO or Provider	Oral Health- Related Services/Program s	Service/Program Goal(s)	Target Population & Eligibility Criteria	Insurance, Fees or Type of Payment Accepted	Service/ Program End Date(s)	Service Program Contact	Service or Program Funding Source(s)	Member of local groups (coalition, taskforce, etc.)	Data Source s
S.A.G.E Initiative	Name: Dr.Javad Aghaloo, DDS Title: President/CEO Phone: 760-482- 5505 Address: 1502 S La Brucherie Rd, El Centro, CA 92243	General dentistry, Endodontics, Oral and maxillofacial Surgery and Dentofacial Orthopedics	Mission is to take the money out of dental care. Vision is to systematically revolutionize overall delivery of dental care.	Low income individuals, undocumented immigrants, disabled, no income, no insurance and veterans	Medi-Cal Donations	Subject to funding.	Name: Front Office Title: Front Office Phone: (760) 482-5505 El Centro	Self-funded by Dr. Aghaloo Donations Fund-raising	Local Oral Health Program Taskforce Catholic Charities Outreach	https://www.sageinitiativeiv.org
Clinicas De Salud del Pueblo, Inc. Brawley Dental Clinic	Name: Brian Shue Title: Chief Dental Officer Phone: 760-344- 3583 Address: 1166 K Street, Suite C Brawley, CA 92227	Comprehensive services including examinations, teeth cleaning, operative treatment (fillings), sealants, endodontic procedures (root canals) minor surgery and preventative education.	Competent, timely, family-centered care, emphasizing preventative strategies	Adults Children Adolescents Elderly	Medi-Cal Operates under SLIDING scale model.	Subject to funding	Name: Front Office Title: Front Office Phone: (760) 344-3583	-Federal Grants -Donations - Foundations	Local Oral Health Program Taskforce	http://www.cdscdp.org/BrawleyDen.aspx

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Clinicas De Salud del Pueblo, Inc. Calexico Medical & Dental Clinic	<p>Name: Brian Shue</p> <p>Title: Chief Dental Officer</p> <p>Phone: 760-344-3583</p> <p>Address:</p> <p>223 W Cole Blvd, Calexico, CA 92231</p>	Comprehensive services including examinations, teeth cleaning, operative treatment (fillings), sealants, endodontic procedures (root canals) minor surgery.	Competent, timely, family-centered care, emphasizing preventative strategies	<p>Adults</p> <p>Children</p> <p>Adolescents</p> <p>Elderly</p>	Medi-Cal Operates under SLIDING scale model.	Subject to funding	<p>Name: Front Office</p> <p>Phone: (760) 357-2748</p>	-Federal Grants -Donations -Foundations		http://www.cdscdp.org/Calexico.aspx
Ft Yuma Indian Health Services	<p>Name: Wayne Tomkinson</p> <p>Title: Dentist</p> <p>Phone: 760-572-4233</p> <p>Address:</p> <p>1 Indian Hill Rd, Winterhaven, CA 92283</p>	Dental Care					<p>Name: Front Office</p> <p>Phone: (760) 572-4233</p>			www.ihs.gov
Southwest Dental Group-Javad Aghaloo DDS	<p>Name: Dr. Javad Aghaloo, DDS</p> <p>Title: Dentist</p> <p>Phone: 760-482-5505</p> <p>Address:</p>	General dentistry, Endodontics, Oral and maxillofacial Surgery and Dentofacial Orthopedics		<p>Adults</p> <p>Children</p> <p>Adolescents</p> <p>Elderly</p>	Medi-Cal Most dental Insurances accepted Care Credit and major credit cards		<p>Name: Front Office</p> <p>Title: Front Office</p> <p>Phone: (760) 482-5505</p>	Dental office	Local Oral Health Program Taskforce	m.djsouthwestdentalgroup.com

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	1502 S La Brucherie Rd, El Centro, CA 92243						Fax: (760) 482-5501			
Smile Paradise Orthodontics	Name: Dr. Richard Gutierrez Title: Dentist Phone: 760-370-0770 Address: 2011 Ross Ave, El Centro, CA 92243	Orthodontics and Dentofacial Orthopedics		All Ages	All PPO and Medi-Cal		Name: Front Office Title: Front Office Phone: 760-370-0770	Dental office	None	www.smileparadise.com
Pranab K. Dutt	Name: Dr. Pranab Dutt Title: Dentist Phone: 760-352-2773 Address: 1540 S Imperial Ave, El Centro, CA 92243	General dentistry	General dentistry	All Ages	Medi-Cal, Blue Shield, Premier Principle, Blue Cross, Anthem, Gardian, Cigna, Delta Dental (New Jersey and Minnesota)	Dental Office	Name: Front Office Title: Front Office Phone: 760-352-2773	Dental office		

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Neverland Kids Dental	Name: Sangho Park Title: Dentist Phone: 760-370-0070 Address: 603 Wake Ave, El Centro, CA 92243	General Dentistry	General Dentistry	All Ages	Medi-Cal All insurances except Blue Shield and Blue Cross	Dental Office	Name: Front Office Title: Front Office Phone: 760-370-0070 Fax: 760-370-0078	Dental Office	none	
David S. Park	Name: David S. Park Title: Dentist Phone: 760-312-5888 Address: 617 S 8TH ST El Centro, CA 92243	General Dentistry	General Dentistry	All Ages	Medi-Cal All Insurances	Dental Office	Name: Front Office Title: Front Office Phone: 760-312-5888 Fax: 760-312-5918	Dental Office		
Siman Dental Corp. El Centro Dental Group	Name: Dr. Simon Title: Dentist Phone: 760-336-2600 Address: 1111 S 4th St # B, El Centro, CA 92243	General Dentistry	General Dentistry	All Ages	Medi-Cal All Insurances No Molina HMO, Brand New Day	Dental Office	Name: Front Office Title: Front Office Phone: 760-336-2600 Fax-760-336-2662	Dental Office	none	

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Nasrin Jahangiri-Haghi	<p>Name: Nasrin Jahangiri-Haghi</p> <p>Title: Dentist</p> <p>Phone: 760-353-0084</p> <p>Address:</p> <p>1550 Pepper Dr Ste F, El Centro, CA 92243</p>	General Dentistry	General Dentistry	All Ages	<p>Medi-Cal</p> <p>All PPO and EPO</p>	Dental Office	<p>Name: Front Office</p> <p>Title: Front Office</p> <p>Phone: 760-353-0084</p>	Dental Office		
Western Dental Services Inc	<p>Name: Western Dental Services Inc</p> <p>Title: Dentist</p> <p>Phone: 760-370-3950</p> <p>Address:</p> <p>1450 N Imperial Ave, El Centro, CA 92243</p>	General Dentistry, Orthodontics and Dentofacial Orthopedics	General Dentistry	All Ages	Medi-Cal	Dental Office	<p>Name: Front Office</p> <p>Title: Front Office</p> <p>Phone: 760-370-3950</p>	Dental Office		www.westerndental.com

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Imperial Valley Dental Practice- Georgene T. Kelley-Rondero	Name: Dr.Georgene T. Kelley-Rondero Title: Dentist Phone: 760-353- 7670 Address: 1745 S Imperial Ave, El Centro, CA 92243	General Dentistry	General Dentistry	All Ages	Medi-Cal All PPO, California Health and Wellness	Dental Office	Name: Front Office Title: Front Office Phone:760-353- 7670	Dental Office	None	www.mvivdental.com
Dr. Arash Khorsand	Name: Dr. Arash Khorsand Title: Dentist Phone: 760-339- 9992 Address: 2026 N Imperial Ave Suite B El Centro, CA	General Dentistry	General Dentistry	All Ages	Medi-Cal only by referral for extractions All PPO plans DHS- assigned to	Dental Office	Name: Front Office Title: Front Office Phone:760-339- 9992	Dental Office	None	www.drkhorsand.com

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Sun Dental Office-Ricard Cervantes	Name: Dr. Richard Cervantes Title: Dentist Phone: 760-353- 5100 Address: 2387 US HIGHWAY 86 IMPERIAL, CA 92251	General Dentistry	General Dentistry	All Ages	Medi-Cal All PPO Deltacare- HMO	Dental Office	Name: Front Office Title: Front Office Phone: 760- 353-5100 FAX: 760-353- 0576	Dental Office	none	
Hector A. Villarreal	Name: Dr. Hector A. Villarreal Title: Dentist Phone: 760-357- 1632 Address: 2300 North Imperial Ave Ste E Calexico Ca 92231	General Dentistry	General Dentistry	All Ages	Medi-Cal starting last week in September All PPO No HMO	Dental Office	Name: Front Office Title: Front Office Phone:760-357- 1632	Dental Office	none	

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Kamran Ghoreyshi	Name: Dr. Kamram Ghoreyshi Title: Dentist Phone: 760-357-9000 Address: 408 E 3rd St Ste C, Calexico, CA 92231	General Dentistry	General Dentistry	All Ages	Medi-Cal All PPO No HMO	Dental Office	Name: Front Office Title: Front Office Phone: 760-357-9000	Dental Office	none	
Leon R. Parrilla	Name: Dr. Leon R. Parrilla Title: Dentist Phone: 760-344-2341 Address: 114 J St, Brawley, CA 92227	General Dentistry	General Dentistry	All Ages	Medi-Cal All PPO	Dental Office	Name: Front Office Title: Front Office Phone: 760-344-2341	Dental Office	Imperial County Society-San Diego	

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Ryan J. Kim	<p>Name: Dr. Ryan J. Kim</p> <p>Title: Dentist</p> <p>Phone: 760-344-1613</p> <p>Address: 580 G St Brawley, CA 92227</p>	General Dentistry	General Dentistry	All Ages	<p>Mede-Cal</p> <p>PPO</p>	Dental Office	<p>Name: Front Office</p> <p>Title: Front Office</p> <p>Phone: 760-344-1613</p>	Dental Office		
Randall Miles	<p>Name: Dr. Randall Miles DDS</p> <p>Title: Dentist</p> <p>Phone: 760-352-1371</p> <p>Address: 333 S 8th St, El Centro, CA 92243</p>	<p>General Treatment</p> <p>Implants</p> <p>Cosmetic Dentistry</p>	General Dentistry	All Ages	<p>No Medi-Cal</p> <p>Most insurance policies and a preferred provider for Delta Dental, First Dental Health and United Concordia</p>	Dental Office	<p>Name: Front Office</p> <p>Title: Front Office</p> <p>Phone: 760-352-1371</p>	Dental Office	none	www.randallmilesdds.com

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Patricia Billings	Name: Dr. Patricia Billings DDS Title: Dentist Phone: 760-352-1166 Address: 444 S 8th St Ste C1, El Centro, CA 92243	General Dentistry	General Dentistry	Children & Adolescents	No Medi-Cal PPO accepted No HMO	Dental Office	Name: Front Office Title: Front Office Phone: 760-352-1166	Dental Office	none	www.patriciabillingsdds.com
William Quan	Name: Dr. William Quan Title: Dentist Phone: 760-352-7011 Address: 480 W Olive Ave Ste 5, El Centro, CA 92243	General Dentistry	General Dentistry	All Ages	No Medi-Cal Self Pay	Dental Office	Name: Front Office Title: Front Office Phone: 760-352-7011 Fax: 760-352-7012	Dental Office	none	
Desert Family Dentistry-Golnar Sedghi-Berenji	Name: Golnar Sedghi-Berenji Title: Dentist Phone: 760-337-8868 Address:	General Dentistry	General Dentistry	All Ages	Delta dental, Aetna, Cigna, Guardian, blue cross, and most PPO plans No Medi-Cal	Dental Office	Name: Front Office Title: Front Office Phone: 760-337-8868	Dental Office	None	Desertfamilydentistry.com

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	1501 Ocotillo Dr Ste A, El Centro, CA 92243									
Edward Ainza	Name: Dr Edward Ainza Title: Dentist Phone: 760-352-3077 Address: 1560 Pepper Dr. El Centro Ca 92243	General Dentistry	General Dentistry	All Ages	No Medi-Cal All PPO No HMO	Dental Office	Name: Front Office Title: Front Office Phone: 760-352-3077	Dental Office	San Diego Dental Society AAP California Dental Assos.	
Gayle A. Cheatwood	Name: Dr. Gayle Cheatwood Title: Dentist Phone: 760-348-5286 Address: 538 Holt Ave, Holtville, CA 92250	General Dentistry	General Dentistry	All Ages		Dental Office	Name: Front Office Title: Front Office Phone: 760-348-5286	Dental Office		

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Betsy Lindbergh	<p>Name: Dr. Betsy Lindbergh</p> <p>Title: Dentist</p> <p>Phone: 760-355-8606</p> <p>Address: 2411 Imperial Business Park Dr, Imperial, CA 92251</p>	General Dentistry	General Dentistry	All Ages		Dental Office	<p>Name: Front Office</p> <p>Title: Front Office</p> <p>Phone: 760-355-8606</p> <p>Fax: 760-355-8670</p>	Dental Office		
Clay Nichols	<p>Name: Dr..Clay Nichols</p> <p>Title: Dentist</p> <p>Phone: 760-355-4444</p> <p>Address: 508 W Aten Rd, Imperial, CA 92251</p>	General Dentistry	General Dentistry	All Ages		Dental Office	<p>Name: Front Office</p> <p>Title: Front Office</p> <p>Phone: 760-355-4444</p>	Dental Office		www.claynicholsdds.com

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Karson Kupiec-Kupiec Orthodontics	Name: Dr.Karson Kupiec DDS Title: Dentist Phone: 760-355-3800	Orthodontics	Orthodontics	All Ages	No Medi-Cal All PPO that cover orthodontics	Dental Office	Name: Front Office Title: Front Office Phone: 760-355-3800	Dental Office	President of Imperial County Dental Society	www.drkupiec.com
Thomas G. Acierno	Name: Dr. Thomas G. Acierno DDS Title: Dentist Phone: 760-353-7605 Address: 1745 S IMPERIAL AVE STE 108 EL CENTRO, CA 92243	Endodontics	Endodontics	All Ages	No Medi-Cal PPO Plans	Dental Office	Name: Front Office Title: Front Office Phone: 760-353-7605 760-353-7378	Dental Office	none	www.mysandiegoendodontist.com
Imperial County Public Health Department	Name: Robin Hodgkin Title: Director of Imperial County Public Health Department Phone: (442) 265-1444	Local Oral Health Program Implement education, prevention, linkage to treatment, surveillance, and	Preventative Education	Subject to Needs Assessment		12/2022 (Subject to Funding)	Name: Kismatdeep Dhaliwal Title: Local Oral Health Program Coordinator Phone: (442) 265-1444	Grant Funding Proposition 56	Local Oral Health Program Taskforce	

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	Address: 935 Broadway El Centro, CA 92243	case management services in the community.					Email: kismatdeepdhaliwal@co.imperial.ca.us			
Imperial Valley Regional Occupational Program Southwest High School Dental Assistant Program	Name: Luis De La Torre Title: Director of Business and Human Resources Phone: (760) 482-2611	The Dental Assistant course is designed to give the student the knowledge, skills, and practice for those who would like to obtain entry-level employment within a dental facility. This course is designed to provide training in the fundamentals of assisting the dentist, chair side duties, equipment sterilization, preparation of dental materials, patient communication,	Education Career Readiness Job Placement	Minimum: High school Junior or at least 16 years of age.		Subject to Funding	Name: Jackie Valadez Title: Course Instructor Phone: (760) 336-4152	Grant Funded		

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		and general office procedures.								
GeriSmiles Mobile Dental Hygiene Practice	CEO: Travis Tramel RDHAP, BS	At GeriSmiles, they aim to promote dental health and wellness. They provide oral hygiene services, as well as preventative educational services.	Oral health screenings Teeth cleanings Fluoride Dental sealants Preventative education	All Ages			Phone: (951) 428-1714 Fax: (951) 848-0955			
Big Smiles	Founders: Dr. Marcy Borofsky & Dr. Margo Woll	Big Smiles is an in-school dental program designed to address today's dental crisis and keep children healthy. Our innovative model offers state of the art dental care to students in the comfortable and familiar surroundings of their school;	Complete Oral Exam Cleaning Fluoride Sealants X-Rays Fillings Pulpotomies Simple Extractions Oral Health Education	School Aged-Children	Medi-Cal CHIP Private Insurances Self-Pay Grant Program for those unable to pay.	Mobile Dental Clinic	To sign-up a child Phone: (855) 481-8638 For more information Phone: (888) 833-8441 Website: www.bigsmile dental.org			

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		keeping them in class and learning.								
Bright Light Dental		At Bright Light Dental, the goal is to provide a positive dental experience for every child they see. They have portable dental equipment that they take to different locations and set up in a classroom, gym, library, or any available room.	Pediatric Dentistry including the following: Oral Exam & Cleaning Digital X-Rays Sealants Fluoride Treatment Local Anesthetic Fillings Crowns Root Canals	School-Aged Children	Medi- Cal Limited Private Insurances	Mobile Dental Clinic	Phone: (626) 691-5035 Website: www.BrightLightDental.com			

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