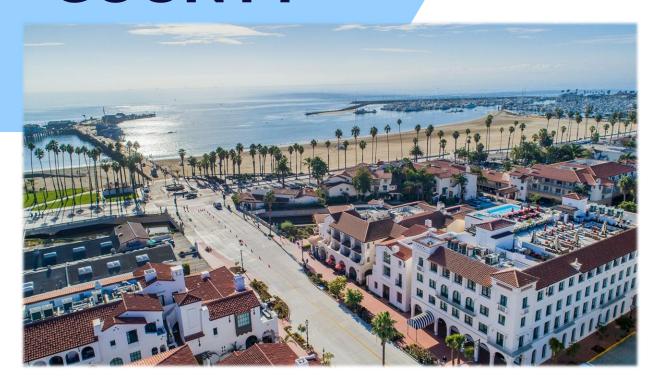
COMMUNITY ORAL HEALTH IMPROVEMENT PLAN

SANTA BARBARA COUNTY



HEALTH LINKAGES

2020-2022





SANTA BARBARA COUNTY 2020-2022 COMMUNITY ORAL HEALTH PROGRAM

Written By:

Health Linkages

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based upon information from the

Oral Health Needs Assessment

conducted by

Santa Barbara Department of Public Health

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TABLE OF CONTENTS

Letter from Health Linkages Coordinator	3
Executive Summary	
Background Data	
Community Vision and Mission Statement	
COHIP Planning Process	
Key Objectives	
Objective 1: Access to Care	
Objective 2: Surveillance	18
Objective 3: Prevention	20
Objective 4: Literacy	22
Objective 5: Case Management	
Community Needs Assessment Methodology	
COHIP Planning Individuals and Organizations	
Conclusion	
Appendices	
References	



Santa Maria Valley, Santa Barbara County (11)

LETTER FROM THE HEALTH LINKAGES COORDINATOR



As Health Linkages Coordinator for the Children and Family Resource Services division of the Santa Barbara County Education Office (SBCEO), it is with great pleasure that I introduce the Community Oral Health Improvement Plan (COHIP) and my additional role serving as Project Director for the Local Oral Health Program (LOHP).

In 2018, the Santa Barbara County Public
Health Department (SBCPHD) was granted
funding to develop a LOHP through the
California Department of Public Health, Oral
Health Program (CDPH/OHP). Funds were
granted to Local Health Jurisdictions (LHJ) from
Proposition 56, the California Healthcare,

Research and Prevention Tobacco Tax Act of 2016 (Prop 56) for the purpose and goal of education about oral health, dental disease prevention, and linkage to treatment of dental disease including dental disease caused by the use of cigarettes and other tobacco products. SBCPHD cancelled the program in the summer of 2019 and SBCEO was then given the opportunity to apply for the grant, eventually signing a contract with CDPH/OHP in January 2020.

The Santa Barbara County Education Office (SBCEO), through Children and Family Resource Services (CFRS), serves as an umbrella for a variety of programs such as the Welcome Every Baby Family Connects (WEB FC) program, which provides nurse home visits for newborns and parents, the Santa Barbara County Promotores Network, which serves our Spanish speaking and immigrant Latinx population, and Health Linkages,

which has a long-standing history of providing oral health prevention and treatment services to Head Start, State Preschools and elementary schools.

The Health Linkages Program is dedicated to enhancing the quality of life for children by initiating and strengthening the linkages between the health, safety, social services, and education communities, and the children and families they serve. Health Linkages is also the umbrella organization for several county-wide initiatives and collaboratives such as the Community Health Initiative of Santa Barbara (CHISB), SBC Coalition in Support of Promotores and the Santa Barbara County Oral Health Collaborative. The oral health projects and programs developing within our county would not be possible without Proposition 56. Health Linkages is grateful for the financial support given to us by the California Department of Public Health. We appreciate the work of the Santa Barbara County Public Health Department in developing the initial Prop 56 proposal. Additionally I would like to acknowledge the work of the former LOHP team at SBCPHD, Megan Kenney (Intern), Benjamin Lambson (Health Educator), Meredith Nasholds (Program Coordinator), Susan Liles (SBDPH Project Director) and the many partners that have come together to collaborate on the initial work to develop this plan, particularly the Oral Health Needs Assessment, which served as a guiding document for the development of this COHIP.

Healthy Regards,

MaryEllen Rehse, MSW

EXECUTIVE SUMMARY

The overall health and wellness of an individual depends on their oral health. Oral health refers to the health of the entire mouth--teeth, gums, tongue, jaw, throat and palate and good oral health means being free of tooth decay and gum disease, chronic oral pain, oral cancer, cleft lip and palate, and other conditions. Poor oral health can also increase the chance of bacterial infections that could affect the heart, brain, lungs, and other organs and can lead to stroke, pneumonia, or other infections. Dental caries (cavities), and periodontal (gum) disease are associated with cardiovascular disease and diabetes, and the inflammation caused or exacerbated by periodontal disease is thought to also contribute to cognitive impairment (4).

Cavities are one of the most common chronic diseases of childhood in the United States. Untreated cavities can cause pain and infections that may lead to problems with eating, speaking, playing, and learning. Children who have poor oral health often miss more school and receive lower grades than children who don't. Throughout the community, there is a high need to promote dental care and use our resources and time to address oral health to the public (4).

This Community Oral Health Improvement Plan (COHIP) for Santa Barbara County (SBC) provides an agenda for action over the next two years. The goal is to create a healthier Santa Barbara County in which fewer children experience tooth decay, more locals will have a dental home, and residents can access quality dental treatment and education in their communities.

The SBC COHIP aims to achieve four main goals with the use of multiple strategies to attain each goal. The key goals include:

- Improve Access to Care
- Improve Oral Health Data Collection
- Improve Oral Health and Prevent Tooth Decay
- Increase Oral Health Literacy

The goals and associated strategies were put together by data collected through the Oral Health Needs Assessment (OHNA) conducted by Santa Barbara County Public Health Department. The COHIP planning process incorporates the activities of many organizations and their work in the community to contribute to oral health.

The SBC OHNA data was gathered through public sources available online as well as through a country-wide oral health survey, a dental provider survey, focus groups, and key informant interviews. Topics identified within the surveys included the general oral health status of adults and children, barriers to good oral health care, and opinions about community water fluoridation. These findings have been used to develop outline strategies and activities to increase the oral health well-being of adults and children within Santa Barbara County.



Flower Fields, Lompoc, Santa Barbara County (10)

Santa Barbara County's Local Oral Health Program COHIP goals, objectives, and strategies align with the healthcare demographics from the Santa Barbara County Department of Public Health's Oral Health Needs Assessment (OHNA) (3).

The 2018 population of Santa Barbara County is 448,150 people. The people of Santa Barbara County represent a diverse demographic profile. The predominant racial or ethnic groups of Santa Barbara County are White (46%) and Hispanic (45%). The predominantly spoken languages within the county reflect the racial and ethnic group distribution with 60.3% speaking only English, 32.6% Spanish, 3.5% Asian languages, 2.8% other Indo-European, and 0.7% other (includes Mixtec dialects which has up to 54 different variations) (12).

In Santa Barbara County the primary care physician to resident ratio is 1:1320 and the dentist to resident ratio is 1:1270. The California ratios for primary care physician and dentist to resident ratio are 1:1280 and 1:1210, respectively.

Figure 1. Primary Care Physician to Resident and Dentist to Resident Ratios, 2018



Regarding dental demographics, Santa Barbara County appears to fall within an optimal range of dental utilization, however only 14.3% of those dentists accept Medi-Cal Dental, the rest only accept private payment or private insurance. In addition, residents and community members have responded with an increased need for oral health education and access. The goal of the oral health program is to increase the priority of oral health in Santa Barbara County while ensuring vulnerable populations are receiving adequate oral health care.



Santa Barbara County (9)

The key findings listed below represent the findings of the Santa Barbara County Public Health Departments Oral Health Needs Assessment. This assessment was conducted to get a snapshot of the oral health status of the residents in Santa Barbara County with a focus on the underserved and vulnerable (3). The findings are as follows:

Table 1. Key Findings

76% of adults reported that they had health insurance.	96% of adults reported that oral health was either
	Very Important or Important to them.
93% of adults reported that their children had health	72% of adults rated their own oral health from Good
insurance.	to Excellent.
53% of adults reported that they had dental insurance.	74% of adults reported that they brush their teeth
	twice a day.
82% of adults reported that their children had dental	28% of adults reported that they do not floss daily.
insurance.	
Of those that reported having Medi-Cal insurance,	34% of adults reported that they currently needed to
42% reported that they did not have dental insurance.	see a dentist for a problem.
37% of adults reported that they have visited the	65% of adults reported that their children have visited
dentist within the last 6 months.	a dentist within the last 6 months.

Barriers to Care:

The top three reasons reported that explain why people have not seen a dentist in the last 6 months are:

No Dental Insurance, Cannot Afford Dental Care, and No Dentist (No Dental Home)

The County of Santa Barbara is 18th out of 57 within the 2018 California County Health rankings. The percentage of uninsured residents in Santa Barbara County is 12%. This percentage is slightly higher than California, in which 10% of all residents are uninsured. Further, 15% of adults are uninsured and 4% of children are uninsured in Santa Barbara County (3).

In California, Medi-Cal serves as the state's Medicaid program. The number of Medi-Cal beneficiaries in Santa Barbara County is 148,756, which makes up 33.2% of the population (3). These values are shown on Table 2 below.

Santa Barbara County Residents who qualify and are enrolled in the Medi-Cal program receive dental insurance through the Medi-Cal Dental program. Santa Barbara County is home to about 352 dentists. Out of those dentists, only 20 are accepting new patients (3). A list of those that are accepting new patients can be found in the Appendix H.

Table 2. Uninsured Rates in Santa Barbara County, 2018

	Santa Barbara	California
Overall	12%	10%
Adults	15%	12%
Children	4%	4%



Strawberry Fields, Santa Maria, Santa Barbara County (9)

According to the Oral Health Needs Assessment, conducted by the Santa Barbara County Department of Public Health, the oral health status of caries and untreated caries for Kindergarten and third graders was not specifically measured. Although the OHNA did state that the oral health status of California is similar to the data presented at the national level. In 2004, 54% of kindergarteners and 70% of third graders experienced dental caries with nearly one third of children presenting with untreated tooth decay (3).

To further address the oral health needs of children in Santa Barbara County, assessments and screenings are routinely performed. Kindergarten oral health assessments (Kinder Assessment) are presented as one of the deliverables under Proposition 56 grant funding to local health jurisdictions (AB1433). As required by the state, schools and some community programs, such as Health Linkages, are responsible for carrying out the assessments. The data from the Kinder Assessment from 2012 to 2017 is shown below in Table 3.

It can be seen that the percentage of students with untreated tooth decay has decreased from 12% in 2012 to 6.7% in 2017, as measured by the Kinder Assessment (Table 3). Concurrently, the percentage of students waived due to financial burden or lack of access to a dentist has also decreased. The percentages for total eligible and not returned have remained fairly consistent over the last five years.

KINDERGARTEN ORAL HEALTH ASSESSMENT

Lack of access to dental care is a problem for many California children. Dental disease is one of the most common reasons for school absences and makes it hard for children to concentrate and learn. The kindergarten dental checkup requirement, AB 1433, signed into law in 2005, helps schools identify children suffering from untreated dental disease and helps parents establish a dental home for their children (13).

Unfortunately, for the year 2017, about a two-thirds of parents and guardians within the Santa Barbara Community either submitted a waiver that releases them from this requirement or simply did not submit any document before their child enters school. Increasing the number of children entering school with the mandated assessment will be a great achievement within oral health in our community.

Table 3. AB 1433 Kinder Assessment Data, Santa Barbara County, 2012-2017

Year	Total Eligible	Return	Untreated	Waived due	Waived due	Waived	Not
		Assessment	Decay	to Financial	to Lack of	due to No	Returned
				Burden	Access	Consent	
2012	5245	42%	12%	0.7%	0.5%	2.4%	54%
2013	5729	43%	13%	0.8%	0.5%	2%	52%
2014	5770	48%	10%	3.4%	0.5%	2.5%	47%
2015	5932	43%	8.0%	0.3%	0.2%	3.5%	51%
2016	5364	39%	9.3%	0.4%	0.5%	3.8%	51%
2017	5119	38%	6.7%	0.1%	0.3%	2.5%	58%

The Federally Qualified Healthcare Centers (FQHC) that serve Santa Barbara County also provide dental health services to children. Table 4 shows the percent of children (ages 6 to 9) who required dental sealants on at least one of the four permanent molars. The 2017 data show that nearly half (44.8% and 52.9%) of all patients between the ages of 6 and 9 attending an oral assessment at both Community Health Centers and the Santa Barbara Neighborhood Clinics required a sealant (2).

Table 4. Percent of Patients Aged 6-9 with Sealants to First Molars, 2017

Health Center Name	Percentage of Patients
Community Health Centers/Central Coast	44.8%
Santa Barbara Neighborhood Clinics	52.9 %
American Indian Health and Services	36.8%

Vision of the COHIP

MISSION

Every Santa Barbara County community member will have access to quality oral health services to prevent and treat dental disease and advance their overall health and development.

Our mission is to improve the oral health of our community through the coordination and execution of comprehensive oral health prevention, identification, and restorative treatment program and services.

GUIDING PRINCIPLES

- Oral Health is Integral
- Preventive Efforts
- Long-termPartnerships
- Oral HealthEducation &Services
- Outreach & CaseManagement
- Routine & HealthSurveillance

Santa Barbara Lighthouse, Santa Barbara (8)

COHIP PLANNING PROCESS

In December 2018, the Santa Barbara County Public Health Department presented the OHNA findings to the Oral Health Advisory Committee. To prioritize identified oral health needs, the Oral Health Advisory Committee members reviewed OHNA data on each need, engaged in small discussions, and prioritized three major oral health needs in the community (2):

- Access to care
- Oral health literacy and awareness
- Lack of comparable and consistent data

Access to Care

Based on key informant interviews summarized in the OHNA, access to care was identified as one of the three priorities. Some of the issues identified were a distinct lack of Medi-Cal Dental providers in specialties like oral surgery and anesthesia, especially for young children under 18 years, geographical barriers, and operating hours for dental offices, status and cost. The OHNA found that 12% of the overall SBC population is uninsured and 61% of respondents stated that they could not afford dental care.

Oral Health Literacy and Awareness

In addition to barriers to care, there must be more awareness, education, and culturally competent oral health education resources available to all residents. While many community partners enlist their own educational materials and support, focus groups reported during the OHNA found there is no consistent oral health messaging throughout the county.

Lack of Comparable and Consistent Data

Finally, findings from the OHNA indicated there is a lack of oral health data in Santa Barbara County. Residents, community agencies and dental professionals explained there were no clear guidelines for consistent data collection or sufficient existing data. This is especially true for select age groups such as 12-17 years old, adults aged 21+ and the senior population 65+.

KEY OBJECTIVES



ACCESS TO CARE



SURVEILLANCE SYSTEMS



PREVENTION



LITERACY



CASE MANAGEMENT



Objective ONE

ACCESS TO CARE:

Improve access to care for the county's most vulnerable residents in underserved areas.



Strategies for Success:

- A. Increasing the percentage of lowincome children in target schools who receive dental sealants on their permanent molar teeth and fluoride supplements.
- B. Partnering with Federally Qualified Health Centers (FQHCs) to develop a referral system to dental providers.
- C. Convene meetings with community partners to address barriers to care.

OBJECTIVE 1

ACCESS TO CARE

Goal 1: Improve access to care for the county's most vulnerable residents in underserved areas.

- Objective 1.1: By June 2022, improve access to oral health care among school children grades Kindergarten-6th by partnering with local community organizations and dental professionals to implement school-based fluoride supplements and/or dental sealant programs.
 - Strategy: Increase the percentage of low-income children screened in target schools who receive dental sealants on their permanent molar teeth and fluoride supplements by 10% by 2022, through recruiting 1-2 dental professionals to perform services in target schools throughout the county.
- **Objective 1.2**: By June 2022, the LOHP will ensure at least two medical systems are referring children to dental homes.
 - Strategy: The LOHP will partner with FQHCs to develop a referral system to dental providers. Efforts will specifically focus on children under 18 years of age.
- **Objective 1.3**: By June 2022, the LOHP will ensure at least two medical systems are referring adults 18+ years of age to dental homes.
 - Strategy: The LOHP will partner with FQHCs to develop a referral system to dental providers. Efforts will specifically focus on adults reporting their need to see a dentist for a problem.
- **Objective 1.4**: By June 2022, the LOHP will coordinate with at least two community clinics on how to increase their patients' knowledge of dental benefits.
 - Strategy: The LOHP will provide education and materials to pediatric medical providers such as Pediatric Medical Group of Santa Maria and Santa Barbara Neighborhood Clinics in order to distribute information and improve patient knowledge of their dental benefits.

- Strategy: The LOHP will launch a social media campaign that provides education on dental benefits for Medi-Cal recipients.
- **Objective 1.5**: Establish network of community partners to address barriers to care. By March 2020, identify at least three barriers to care and determine at least two activities to address barriers to care.
 - Strategy: Convene meeting of local programs such as First 5, MCAH, CHDP, WIC, Early Head Start, Head Start.
 - **Strategy**: As a collaborative, determine at least three barriers to care and at least two activities to address barriers to care.



Santa Maria-Bonita School District Health Fair



SURVEILLANCE:

Improve oral health data collection across the county, with a specific focus in underserved areas.



Strategies for Success:

- A. Increase the number of schools participating in System for California Oral Health Reporting (SCOHR).
- B. Develop and implement an oral health surveillance system to measure main indicators of oral health and identify key performance measures for tracking progress.

OBJECTIVE 2

SURVEILLANCE

Goal 2: Improve oral health data collection across the County, with a specific focus in underserved areas.

- **Objective 2.1**: By June 2022, increase the number of schools participating in System for California Oral Health Reporting (SCOHR) by 10%.
 - Strategy: Through collaboration with target school districts, identify champions through convening meetings of community partners and discuss best practice SCOHR reporting.
 - Strategy: Provide technical assistance to 1-2 school districts per school year beginning January 2020 through June 2022.
- **Objective 2.2**: By June 2022, develop and implement an oral health surveillance system to measure main indicators of oral health and identify key performance measures for tracking progress.
 - Strategy: With input from advisory committee, develop an oral health data dashboard by January 2020. Publish oral health surveillance and utilization data annually on oral health website.





Objective THREE

PREVENTION:

Improve oral health and prevent tooth decay by promoting healthy habits for county residents, with a special focus on the underserved areas and vulnerable populations.

Strategies for Success:

A. Increase number of dental offices offering referrals to tobacco cessation and Rethink Your Drink materials.



Santa Maria-Bonita School District Health Fair

OBJECTIVE 3

PREVENTION



Goal 3: Improve oral health and prevent tooth decay by promoting healthy habits for county residents, with a special focus on the underserved areas and vulnerable populations.

- **Objective 3.1**: Increase the number of dental offices providing ReThink Your Drink (RYD) and tobacco cessation materials to patients by at least 10% each year beginning January 2021.
 - Strategy: The LOHP will support dental offices through providing tobacco cessation materials and training for 1-800-NO-BUTTS hotline through an established partnership with the local Tobacco Prevention Program to provide expertise and materials.
 - Strategy: Outreach and connect with 1-3 dental offices per year starting from September 2019 who will agree to partner with the LOHP to become a champion providers (CalFresh) in RYD and Champions for Change.
 - Strategy: The LOHP will survey dental offices through July December 2020 to establish a baseline percent of providers offering tobacco cessation and RYD intervention. Re-survey dental offices by December 2021 to determine percentage change from baseline.



Objective FOUR

LITERACY:

Increase oral health literacy through culturally, linguistically and age-appropriate oral health education.



Strategies for Success:

- A. Social media campaign on oral health education.
- B. Community partners to distribute oral health materials at local offices and events.
- C. Provide oral health educational sessions to schools.

OBJECTIVE 4

LITERACY

Goal 4: Increase oral health literacy through culturally, linguistically and age-appropriate oral health education.

- **Objective 4.1**: By June 2022, the LOHP will provide education about fluoride to at least 5,000 residents.
 - **Strategy**: Launch targeted social media campaign to improve education on fluoride.
 - Strategy: Provide support to local community partners such as dental offices, Family Resource Centers and City Councils to encourage communication and knowledge surrounding water fluoridation.
- **Objective 4.2**: By June 2022, children in Kindergarten-6th grade in 1-2 target elementary schools will show a 30% increase in oral health knowledge on the following topics: dental hygiene practices, fluoride varnish, and dental sealants.
 - Strategy: Starting May 2020, children in target schools from Kindergarten to 6th grade will receive 1- 2 educational sessions on oral health via classroom, health fair or school assembly. Pre- and post- tests will be completed to show existing knowledge compared to follow-up knowledge at each education session.
- **Objective 4.3**: By June 2021, deliver community education on oral health to at least 750 residents which includes, but is not limited to, pregnant women, parents of children of 0-5 years old, older and low-income adults, including those with limited English proficiency.
 - Strategy: Through digital media campaigns during National Children's Oral Health Month (February), ReThink Your Drink Day (May 8th) and other associated oral health celebrations annually, educational resources will be provided to the public via social outlets such as Instagram, Facebook and Twitter through the Santa Barbara County Education Office, Public Health Department and Tobacco Prevention Program's media channels.



Objective FIVE

CASE MANAGEMENT:

To improve treatment completion rates of identified oral health emergency cases within a specific focus in underserved areas.

Strategies for Success:

- A. Create partnerships between schools, community organizations, and dental providers.
- B. Continue identification of oral health needs and referrals to oral health screenings to classify dental emergencies.



Health Linkages s

OBJECTIVE 5

CASE MANAGEMENT

Goal 5: To improve treatment completion rates of identified oral health emergency cases within a specific focus in underserved areas.

- **Objective 5.1**: By June 2022, the LOHP will show a 75% increase in dental treatment completion of oral health emergencies within students screened in target schools with severe cases.
 - o **Strategy**: Identify students through school screenings in underserved areas.
- **Objective 5.2**: By June 2022, maintain collaboration with school districts, Head Start and Family Resource Centers to continue to follow up and manage cases of referred screened students.
 - Strategy: Establish meetings to review results of screenings and confirm referrals.



Santa Barbara County Promotores Network

COMMUNITY NEEDS ASSESSMENT METHODLOGY

Primary data was collected by the Local Oral Health Program at the Santa Barbara County Public Health Department from July 2018 to December 2018. All participants in community surveys, focus groups, and key informant interviews gave permission for their responses to be used in the Oral Health Needs Assessment. The resulting data was stored securely by the County Public Health Department and was not shared with outside entities. Data management, cleaning, and frequency analysis was performed using Microsoft Excel. The data presented was not tested for statistical significance (3). The documents for the surveys are available in the appendices of this COHIP.

Surveys

County Oral Health Survey

The Santa Barbara County Public Health Department's Local Oral Health Program developed a survey in English and Spanish that was distributed to the general public throughout the county. The Survey was shared digitally, via Google Forms, and physically with community partners, areas, and populations within the county that are underserved and or vulnerable. These sites included, but were not limited to, food bank distributions, senior centers, health fairs, and family service agencies. Data was cleaned and analyzed in Microsoft Excel.

Promotores Survey

The Santa Barbara County Public Health Department's Local Oral Health Program partnered with Health Linkages who partnered with Santa Barbara County Promotores Network to distribute an oral health survey developed by Vision y Compromiso throughout the county. This survey was conducted entirely in Spanish and was specific to the oral health experiences and needs of the Hispanic community and was developed prior to the County Oral Health Survey.

Dental Provider Survey

The Santa Barbara County Public Health Department's Local Oral Health Program developed a survey asking local dentists if they accept Medi-Cal insurance, their reasons for doing so, or not doing so, and their experience with Medi-Cal insured patients.

Migrant Education Teacher Survey

The Santa Barbara County Public Health Department's Local Oral Health Program administered a survey to 32 summer-school teachers in the Santa Maria-Bonita School District at two elementary schools during a fluoride varnish event done by Health Linkages.

Focus Groups

Four focus groups were conducted in various locations around the county. The groups were representative of different populations within the county such as the Hispanic community, student groups, low-income residents, and community member coalitions. A structured focus group discussion guide was used in each of the sessions and a Spanish interpreter was present when needed. The meetings were recorded, transcribed, and analyzed.

Key Informant Interviews

The purpose of conducting key informant interviews in Santa Barbara County was to establish existing knowledge of oral health in the community. These interviews ranged from community coalition executives to local dentists at Federally Qualified Healthcare Centers. Their insights brought forth issues and themes that were hard to come by elsewhere and are a key asset to this report. Analyzing data from key informant interviews is challenging. It is difficult to judge the validity of information received from one person, as perceptions can differ.

INDIVIDUALS AND ORGANIZATIONS INVOLVED

- 1. American Indian Health and Services
- 2. Carpinteria Children's Project
- 3. Catholic Charities of Santa Barbara County
- 4. CenCal Health
- 5. Area Agency on Aging (Central Coast Commission for Senior Citizens)
- 6. Santa Barbara County Education Office
 - a. Children and Family Resource Services
 - i. Health Linkages Program
- 7. Child Health & Disability Prevention Program (CHDP)
- 8. Community Action Commission of Santa Barbara County, Inc. (CAC)
- 9. Community Health Centers of the Central Coast, Inc. (CHC)
- 10. Cottage Health
- 11. Dentistry for Children Santa Maria
- 12. Family Service Agency
 - a. Santa Maria Healthy Start
- 13. First 5 Santa Barbara County
- 14. Lompoc Valley Community Healthcare Organization
- 15. Santa Barbara Public Health Department
 - a. Maternal Child Adolescent Health (MCAH)
 - b. Nutrition Services Santa Barbara County Public Health Department
 - i. Women, Infants, and Children (WIC)
 - ii. CalFresh Healthy Living
 - c. Child Health and Disability Prevention Program
 - d. Tobacco Prevention Program (TPP)
- 16. Santa Ynez Valley People Helping People
- 17. Santa Barbara Ventura County Dental Society
- 18. Santa Ynez Tribal Health Clinic (SYTHC)
- 19. The Cecilia Fund
- 20. Tri-Counties Regional Center

CONCLUSION

The Santa Barbara County Oral Health Needs Assessment (OHNA) and COHIP represent the combined efforts of the Santa Barbara County Public Health Department, Oral Health Collaborative (Health Linkages) members, the Advisory Committee and community members. This plan outlines the priority oral health needs in Santa Barbara county, as well as effective and concrete actions that local government agencies and community organizations can take to help address those needs in order to improve oral health in the county.

Priority oral health needs in Santa Barbara County demonstrate the of lack consistent and comparable data, access to care, literacy and awareness.

Santa Barbara County's LOHP will support efforts to improve access to care for the County's most vulnerable residents, such as providing assistance to increase the percentage of low-income children receiving dental sealants and fluoride supplements. Through a partnership with local Federally Qualified Health Centers (FQHCs) and regular meetings, it is anticipated a referral system can be created to address barriers to care.

Santa Barbara County schools will also receive support to increase reports to the System for California Oral Health Reporting (SCOHR), resulting in improved oral health data collection.

Throughout the remainder of the CDPH grant, the LOHP will work to promote healthy habits for county residents. By partnering internally with both the Tobacco Prevention and CalFresh Healthy Living Programs, the LOHP hopes to support local dental offices by providing tobacco cessation and ReThink Your Drink materials. Social media will be used effectively to increase oral health literacy through culturally, linguistically and age-appropriate education to target groups.

Santa Barbara County's LOHP, in partnership with its Advisory Committee and the Oral Health Collaborative, has created a Strategic Plan to provide guidance on the implementation of the COHIP with key tasks, timelines, and responsibilities to ensure progress towards the county's oral health goals. By 2022, the LOHP aims to implement key strategies to sustainably improve the oral health of county residents (2).



Solvang, Santa Barbara County (7)

APPENDICES

Appendix A: Oral Health Asset Map

Appendix B: County Oral Health Survey

Appendix C: Promotores Survey

Appendix D: Dental Providers Survey

Appendix E: Migrant Education Teacher Survey

Appendix F: Focus Group Questions

Appendix G: Key Informant Interviews

Appendix H: Santa Barbara Dentists Accepting New Patients by Specialty



Santa Barbara Coastline (5)

APPENDIX A ORAL HEALTH ASSET MAP

- 1. Nutrition Services SBC PHD
 - a. Women, Infant & Children (WIC)
 - b. CalFresh Healthy Living
- 2. Maternal Child Adolescent Health (MCAH)
- 3. Child Health & Disability Prevention Program (CHDP)
- 4. Tobacco Prevention Program (TPP) SBC **PHD**

- 1. Catholic Charities Of SBC
- 2. The Cecilia Fund

Charity

- 1. Community Action Commission of SBC Inc.
- 2. Cottage Health

Non-

Profit

Agencies

Private

Dentists

- 3. Cornelia M Moore Free Dental Foundation
- 4. First 5 Santa Barbara County
- 5. Lompoc Valley Community Healthcare **Organization**
- 6. Tri-Counties Regional Center
- 7. SB St. Medicine-Doctors Without Walls
- 8. Santa Barbara County Education Office
 - a. Children & Family Resource **Services**
 - i. Health Linkages
- 9. Area Agency on Aging (Central Coast **Commission for Senior Citizens**)
- **10. SB Ventura County Dental Society**

1. Early Childhood and Family Wellness **Coalition**

- 2. Promotores Network
- 3. Community Health **Initiative of SB** (CHISB)
- 4. Children's Oral Health Initiative

SBCEO

Centers

Public

Health

Coalitions

Health Linkages

Family FQHC Resource

- 1. Dr. Jean Seamount
- 2. Dr. Scott R. Harper
- 3. Dentistry for **Children Santa** Maria

- 1. Isla Vista Youth Project (IVYP)
- 2. People Helping People
- 3. Family Service Agency (FSA)
 - a. Dorothy Jackson Family Resource Center (DJFRC)
 - b. Little House by the Park
 - c. Santa Maria Healthy Start
 - d. Carpinteria Children's Project
 - e. Cuyama Valley Family Resource Center

1. American Indian Health & Services

- 2. Santa Barbara Health Care **Centers PH Dept. SBC**
- 3. Santa Barbara **Neighborhood Clinics (SBNC)** Eastside Dental Clinic
- 4. Community Health Centers of the Central Coast Inc. (CHC)
- 5. Santa Ynez Tribal Health Clinic (SYTHC)

APPENDIX B COUNTY ORAL HEALTH SURVEY



ORAL HEALTH SURVEY



Thank you for taking the time to fill out this questionnaire. Your opinions and experience concerning oral health (teeth, gums) will improve services for children and adults in Santa Barbara County.

	Adults							
1.	What is your age rang	e?	227				1022	
	☐ 18 and under	35-44					65-74	
	☐ 18-24 ☐ 25-34		☐ 45-54 ☐ 55-64				-	75-84 85+
	□ 25-34		□ 55-64				П	85+
2.	What ethnicity do you	identify as?						
	☐ White/Caucasian				Asian/Pacific Islander			
	☐ Latino/Hispanic				Other			
	☐ Black/African Ame	erican						
3.	City or Town of Reside	ence?			_ Zip code	?		(fill in the blank)
4.	Do you have Health in	surance?						
	☐ Private ☐ M		☐ No		Other:			
5	Do you have Dental in	suranca?						
-	□ Yes □ N							
	16570 6073 11 12510 10	17.1						
6.	How would you rate y							
	☐ Excellent	☐ Very Goo	d		Good	☐ Fair		□ Poor
7.	How important is oral ☐ Very Important		nt		Not so Imp	ortant		Not important at all
0	How many times do y							
٥.	now many times do y	0 time		pica	1 time	k the box)	2	or more times
	Brush your teeth		ľ					
	Floss your teeth			8		3		
9.	Do you currently need ☐ Yes ☐ N		for a probl don't kno					
10	. If yes, when?							
	☐ Immediately	☐ I could pr	obably wai	t 1-3	months			
11	. When was the last tim	e vou went to th	ne dentist?					
	☐ 0-6 months ago		☐ 1-3 ye		ago			5+ years ago
	☐ 6-12 months ago		☐ 3-5 ye	ears	ago			Never
	sessi sessemasinades la				1024			
	Plea	se turn the pape	over and c	omn	lete the sun	vev 7		
	LOCATION AND ADDRESS OF THE PARTY OF THE PAR		SCALE IN SECTION			ACTOR DISTRICT		

For questions please call Santa Barbara County Health Department at (805) 681-5389

12	If it has been more	than 6 man	the since year	or your family	members have seen the	dontist what are		
12.	the main reasons?		102.0	or your raining	members have seen the	dentist, what are		
п			10					
	Health problems Can't take time off	from work o	r school	☐ Dental health can wait				
0.00000	No dentist	HOIH WOLK C	SCHOOL	☐ Dentist doesn't speak my language				
- N	Don't know where	to go			t afford dental care			
	Afraid of the dentis	A A			ist is too far away			
100	No dental insurance			☐ Teeth seem healthy/ no reason to go				
100	Fear of pain	_		☐ Other (please describe below)				
	No childcare			2				
				8				
Your O	pinion:			<u>85</u>				
13.	Fluoride helps prev	ent tooth de	ecay.					
	☐ Strongly agree	☐ Agree	☐ Neutral	☐ Disagree	☐ Strongly disagree	☐ I don't know		
14.	Fluoride can be use	ed to protect	the teeth of	infants and chi	ldren.			
	☐ Strongly agree	☐ Agree	☐ Neutral	☐ Disagree	☐ Strongly disagree	☐ I don't know		
15.	Community water	fluoridation	is a safe and e	effective way to	prevent tooth decay in	n the community.		
	☐ Strongly agree	☐ Agree	☐ Neutral	☐ Disagree	☐ Strongly disagree	☐ I don't know		
16.	Tooth loss is an exp	pected part of	of getting olde	er.				
	☐ Strongly agree	☐ Agree	☐ Neutral	☐ Disagree	☐ Strongly disagree	☐ I don't know		
Part II.	CHILDREN							
OTT 100	75 ACC 1000 TO 1000	r 18. please	complete this	s section for vo	ur youngest child. Thai	nk vou!		
	This child's age?			, , , , , , , , , , , , , , , , , , , ,	,	,		
2.	How old was this cl	hild when he	she first wer	nt to the dentis	t?(fill in the	blank)		
3.	Does your child have	ve Health in:	surance?					
	☐ Private ☐	Medi-Cal/0	CenCal	No 🗆 0	Other:			
4.	Does your child have		surance?					
	☐ Yes ☐ No	•						
5.	How often do you	Office on to Marketine	this child to th					
	Every 6 months	5			2+ years			
	Once a year				☐ When in pain			
	☐ Every 1 - 2 year	s			☐ I've never taken the	em to the dentist		
			THA	NK YOU!				

For questions please call Santa Barbara County Health Department at (805) 681-5389

APPENDIX C PROMOTORES SURVEY

Visión y Compromiso™

655
Visión y Compromiso
Compromiso
734

Oral Health Survey

Zip C	ode where you live:		015 Vision y Compromiso Annual Conference
Name of Agency you work or volunteer for:		Health S	Agency you work or volunteer for: services ☐ Social Services ☐ Government ☐ School ☐ sy ☐ Education ☐ Other
Do yo	u have a dentist? Yes□ No□		Do you have dental insurance? Yes ☐ No ☐
Do yo	u have children under the ag	e of 18?	Yes□ No□
Does	your child(ren) have a dentis	t? Yes□	No□
Does	your child(ren) have dental in	surance	e? Yes□ No□
How i	mportant is oral health to you	ı?	
Very im	portant⊡ Important⊡ Not so import	tant	ot important at all □
	was the last time you went to nths ☐ 6-12 months ☐ 1-3 years ☐		ntist? rs□ More than 5 years□ Never□
Pick thealth		, 2, 3 wh	y the Latino Community may not prioritize oral
	Health problems		Can't take time off from work to go to the dentist
	No dentist		Fear of dentists
	No dental insurance		Fear of pain
	No childcare		Dental health can wait
	Dentist doesn't speak my language		Can't afford dental ca re
	No dental clinics near home		Other
Have	you participated in any trainii	ng abou	t oral health? Yes□ No□
How o	often do you talk about oral he all		th community members? the time□
Could	oral health messages be into	egrated	into the work you do? Yes ☐ No ☐ Not sure ☐

What would be the best way to integrate oral h	ealth messages? Mark all that apply
 □ Receive training with specific messages to use □ Receive training on how to integrate messages into your w □ Use flyers or handouts with basic information and/or pictur 	
□ Refer community members to dentists/dental clinics □ Other	☐ Share statistics about oral health
How willing would you be to participate in efforabout oral health?	rts to raise awareness in your community
Yes! Sign me up! ☐ Interested, but I don't have the time ☐	Not Interested □
Name:Te	ephone:
Email:	
What would you be willing to do? Mark all that	apply
☐ Come to a meeting to brainstorm ideas ☐ Share information about oral health with the community ☐ Recruit community members to get involved	□ Participate on an Advisory Committee□ Share your own oral health story□ Other:

APPENDIX D DENTAL PROVIDER SURVEY



Dental Provider Survey



1.	Do	you	currently accept CHILD Denti-Cal beneficiaries?
			Yes
			No
2.	Do	you	currently accept ADULT (21+) Denti-Cal beneficiaries?
			Yes
			No
3.	If y	ou d	o not accept Denti-Cal (adults OR children), please select at least one of the following:
		Rei	mbursement fees are too low.
		To	o many <mark>n</mark> o-shows.
		De	nti-Cal beneficiaries are not properly educated on procedures (what is covered, etc.)
		Ou	r practice does not offer covered services (i.e. stainless steel crowns, dentures, etc.)
		The	ere is too much paperwork required to enroll.
		The	ere is too much paperwork required to get paid.
		To	many claim or pre-authorization denials.
		Rei	mbursement for services vs. time spent on procedures is not cost-effective.
		Oth	ner
			ride is a safe & effective way to prevent tooth decay in the community.
your		fluo	ride is a safe & effective way to prevent tooth decay in the community.
		fluo	ride is a safe & effective way to prevent tooth decay in the community. Yes
		fluo	ride is a safe & effective way to prevent tooth decay in the community. Yes No
		fluo	ride is a safe & effective way to prevent tooth decay in the community. Yes No
ommu	unity	fluo	ride is a safe & effective way to prevent tooth decay in the community. Yes No
ommu	unity	fluo	ride is a safe & effective way to prevent tooth decay in the community. Yes No Other:
ommu	unity	fluo □ □ □	ride is a safe & effective way to prevent tooth decay in the community. Yes No Other: should prioritize oral health.
ommu	unity	fluo	ride is a safe & effective way to prevent tooth decay in the community. Yes No Other: should prioritize oral health. Yes No
ommu	unity	fluo	ride is a safe & effective way to prevent tooth decay in the community. Yes No Other: should prioritize oral health.
ommi	unity	or fluo	ride is a safe & effective way to prevent tooth decay in the community. Yes No Other: should prioritize oral health. Yes No Other:
ommu	unity egisla	of fluo	ride is a safe & effective way to prevent tooth decay in the community. Yes No Other: should prioritize oral health. Yes No Other:
ommu	unity egisla	of fluo	ride is a safe & effective way to prevent tooth decay in the community. Yes NO Other: should prioritize oral health. Yes NO Other: Other: n Primary Care Providers, Public Health programs or school-based dental programs conduct
ommu	unity egisla	r fluo	ride is a safe & effective way to prevent tooth decay in the community. Yes NO Other: should prioritize oral health. Yes NO Other: In Primary Care Providers, Public Health programs or school-based dental programs conductivide oral health education and fluoride varnish application.

APPENDIX E MIGRANT EDUCATION TEACHER SURVEY







1.	W	hen	told about the fluoride varnish event today, were the children:
			Nervous
			Excited
			50/50 (Nervous & Excited)
			Didn't care
			Other
		-	outer
2.	Но	w o	ften do you talk about oral health with your class?
		No	t At All
		So	metimes
	2000 B	100.7	equently
			The Time
		All	THE TIME
3.	W	hat v	would be the best way to integrate oral health messages into the classroom?
			Receive training with specific messages to use
			Receive training on how to integrate messages into my teaching
			Use flyers or handouts with basic information and/or pictures.
			사람은 사용하다는 사용을 하는 사용을 하는 사람들이 아니라 아이들의 사용을 하는 사용을 하는 것이다. 이 사용을 하는 것이다.
		7.5	Other
		7	
4.	Но	w w	illing would you be to participate in efforts to raise oral health awareness in your
			om?
	П	Ye	s! Sign me up!
			erested, but I don't have time.
			t Interested.
	ш	INC	t litterested.
Opinio	on qu	uesti	ions:
1.	Co	mm	unity fluoride is a safe & effective way to prevent tooth decay in the community.
		Ye	
		No	
		ID	on't Know
2.	To	oth	loss is an expected part of getting older.
		Ye	S 20 20 20 20 20 20 20 20 20 20 20 20 20
		No	ę
		ID	on't Know
3.	W	hat o	do you see as oral health needs in Santa Barbara County?
5			
-			
-			
Class/0	Grade	/Age	es Taught:
Date:_			

APPENDIX F FOCUS GROUP QUESTIONS

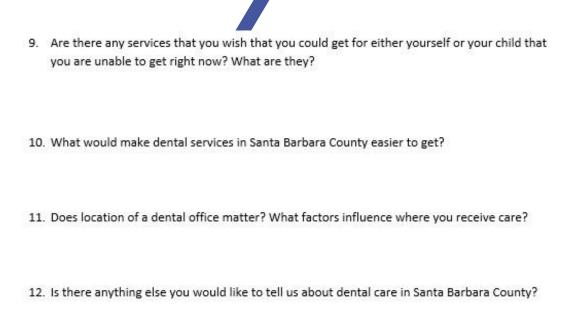


Oral Health Focus Group Guide

Welcome them warmly. Explain the reason for the meeting. Express our gratitude for their time. Explain that we will have them each fill out a personal survey and then we would like to ask them some more open ended questions about their Oral Health experiences and knowledge about their community.

Date:	Location:	Number of participants:
Questions		
1.		ol care (care of our teeth) to our overall health? Numeric scale from to 5=much more important?
2.		mally eat for a snack? If you have kids, what do you like to give them do you like to celebrate with?
3.	get information about s	Information about dental care? From where? How would you like to staying healthy and getting the care you need - text message, email, nedia, community event, doctor's office?
4.		received dental services in the past year? vere those services provided
	i. Private	dentist office? What services did your child receive?
	ii. Did you	or child receive dental services at school? If yes, what services?
	iii. Other-	- low income clinic. If yes, what services?
	b. If no dental ser	vices received, why not?

5. Tell me about your experiences getting dental care for you or your child. a. How easy was it to get an appointment? b. Did you understand what services were provided? c. Did the dentist explain the services your child received? d. Were you satisfied with the care you received? e. Was follow-up dental care needed? What type? 6. At what age was your (oldest) child when you first took him/her to the dentist? 7. For this population, what are the biggest problems/needs in getting dental care? 8. What barriers prevent children from low-income families from getting the dental care they need? If the following are not mentioned, ask a. Are costs for dental services that you must pay for yourself too much to afford? Do your children have dental insurance? What type? If yes, have you been able to find a dentist who accepts this form of payment? b. Is transportation to take your child to a dentist a problem? c. Do cultural attitudes and beliefs affect how and when you obtain dental care for you or your children? What are they?



APPENDIX G KEY INFORMANT INTERVIEWS

Key Informant Interviews

Dates: March-May 2018

Interviews:

- 1. Dr. Sam Burg (Dentistry for Children of Santa Maria)
- 2. Dawn Dunn (Tobacco Prevention Program)
- 3. Trina Long (Nutrition and Obesity Prevention Program)
- 4. MaryEllen Rehse (SBCEO: Health Linkages Children's Oral Health Program)
- 5. Arcelia Sencion (Santa Ynez Valley: People Helping People)
- 6. Scott Black (American Indian Health and Services Executive Director)
- 7. Dr. Alice Huang (American Indian Health and Services Dental Director)
- 8. Joyce Ellen Lippman (Area Agency on Aging)
- 9. Dr. Rea Goumas (Child Health & Disability Prevention Program Healthcare Clinics)
- 10. Dr. Domenic Caluori (Santa Barbara Neighborhood Clinics Chief Dental Officer)
- 11. Elly Bible (Parish Nurse Catholic Charities/Cottage Health)
- 12. Nikki Rickard (Dental Coordinator the Cecilia Fund)
- 13. Matt Sumethasorn (Santa Barbara Street Medicine Volunteer)
- 14. Caitlin Dunn (Healthcare for the Homeless Program Public Health Nurse)
- 15. Elvira Marin (Unity Shoppe Non-profit Director)
- 16. Dr. Stefanie Lopez (Dentist Private Practice)
- 17. Dr. Malia Johnson (Community Healthcare Centers of the Central Coast (CHC) (Dental Director)
- 18. Dr. Joseph Mercardante (Brush! Brush! Program (CHC) Dentist

APPENDIX H DENTISTS ACCEPTING NEW PATIENTS

SANTA BARBARA COUNTY DENTISTS ACCEPTING NEW PATIENTS BY SPECIALTY
GENERAL WESTERN DENTAL SERVICES INC 5680 CALLE REAL GOLETA
GENERAL PARMAR, PRASAN MOHANSINH, DDS INC 1133 N H ST STE L LOMPOC
GENERAL MIKOWICZ, EDWARD M, DDS, INC 112 S B ST LOMPOC
GENERAL DR DANIEL HYUN DENTAL INC 214 S H ST LOMPOC
GENERAL KASHFI, SHARHARIARSEAN, DDS 1532 ANACAPA ST STE 8 SANTA BARBARA
GENERAL PACHECO-MEDINA DENTAL CORP 601 E ARRELLAGA ST, STE 201 SANTA BARBARA
GENERAL GONZALEZ AND CARLOS A PROF DENTAL CORP 532 N MILPAS ST SANTA BARBARA
GENERAL PEPPARD, JEFF D, DDS 7 ASHLEY AVE SANTA BARBARA
GENERAL ZAK, BORIS, DDS INC 5168 HOLLISTER AVE SANTA BARBARA
GENERAL BURG, SAMUEL, DDS & RICK J KLEINSASSER 1430 E MAIN ST STE 203 SANTA MARIA
GENERAL NAUMESCU, ION, DDS 120 S COLLEGE DR SANTA MARIA
GENERAL PARMAR, PRASAN MOHANSINH, DDS INC 1414 S MILLER ST STE 7 SANTA MARIA
GENERAL QIAO, BING S, DDS INC 1414 S MILLER ST STE S SANTA MARIA
GENERAL REYES, SOL J, DDS 1414 S MILLER ST STE G SANTA MARIA
GENERAL KARAPETIAN, HAMLET, DMD INC 1670 S BROADWAY SANTA MARIA
GENERAL KIM, JESSE, DDS INC 1774 S BROADWAY SANTA MARIA
GENERAL WESTERN DENTAL SERVICES INC 2205 S BROADWAY SANTA MARIA
GENERAL NOLAN, SEAN J, DDS 2528 S BROADWAY STE C SANTA MARIA
GENERAL TANG, YAT YEUNG, DDS INC 2050 S BROADWAY, STE E SANTA MARIA
GENERAL BARKY, ALICE, DDS INC 1023 W MAIN ST SANTA MARIA
ORAL SURGEON WESTERN DENTAL SERVICES INC 5680 CALLE REAL GOLETA
ORAL SURGEON WELSH, GREGG, DDS 38 S LA CUMBRE RD STE 5 SANTA BARBARA
ORAL SURGEON MERRELL, JERRY D, DDS 2028 VILLAGE LN STE 101 SOLVANG
CERTIFIED ORTHODONIIST WESTERN DENTAL SERVICES INC 5680 CALLE REAL GOLETA
CERTIFIED ORTHODONTIST WESTERN DENTAL SERVICES INC 2205 S BROADWAY SANTA MARIA
PEDODONTIST BURG, SAMUEL, DDS & RICK J KLEINSASSER 1430 E MAIN ST STE 203 SANTA MARIA PERIODONTIST WESTERN DENTAL SERVICES INC 5680 CALLE REAL GOLETA
PERIODONIISI WESTERN DENTAL SERVICES INC 5000 CALLE REAL GOLETA

Sources of information: organization websites; interviews with organization representatives; Medi-Cal Dental Services Program, accessed on 12/07/2018 at https://www.denti-cal.ca.gov/Beneficiaries/Denti-Cal/Provider_Referral_List/

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