

Santa Barbara County

**PUBLIC**



**Health**

DEPARTMENT

# Oral Health Needs Assessment

Santa Barbara County Public Health Department

Proposition 56  
Local Oral Health  
Program

December 2018

# Community Oral Health Status Report 2018

## Santa Barbara County Public Health Department Local Oral Health Program

### Acknowledgements

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## **EXECUTIVE SUMMARY**

This report presents the findings of the Santa Barbara County 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. Data were gathered via public sources available online as well as through a county-wide oral health survey, a dental provider survey, focus groups, and key informant interviews. Topics identified included general oral health status of adults and children, barriers to good oral health care, and opinions about community water fluoridation. These findings will be used to develop a Community Oral Health Improvement Plan that will outline strategies and activities to increase the oral health well-being of adults and children within Santa Barbara County.

### **Key Findings**

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

- 37% of adults reported that they have visited the dentist within the last 6 months.
- 65% of adults reported that their children have visited a dentist within the last 6 months.
- The top three reasons reported that explain why people have not seen a dentist in the last 6 months are: (1) No dental insurance, (2) Cannot afford dental care, and (3) No dentist.

## INTRODUCTION

### Background

Oral health is an important component of an individual's overall health. The California Department of Public Health defines oral health as the health of the entire mouth, including the teeth, gums, hard and soft palates, linings of the mouth and throat, tongue, lips, salivary glands, chewing muscles, and upper and lower jaws (1). There are seven diseases and conditions that relate to oral health, including dental caries (cavities), periodontal (gum) diseases, oral cancers, oral manifestations of HIV, oro-dental trauma, cleft lip and palate, and noma (necrotic disease related to malnutrition) (2). Oral health is associated with a number of adverse health outcomes. The Mayo Clinic indicates that inflammation and infections from oral bacteria may contribute to cardiovascular diseases such as clogged arteries and stroke (3). Studies show poor oral health has a relationship with increased risk of pneumonia, malnutrition in elderly adults, and the development of oral cancer (4, 5, 6), while improved oral health and frequent care can reduce the progression or occurrence of some respiratory disease (4).

The Global Burden of Disease Study 2016 estimated that oral diseases affected at least 3.58 billion people worldwide (7). Oral diseases are the most common non-communicable diseases and affect people throughout their lifetime, causing pain, discomfort, disfigurement and even death (2). In the United States, dental caries remain the most prevalent chronic disease in both children and adults (8). About 8.52% of adults age 20 to 64 have periodontal (gum) disease with African American and Hispanic adults, current smokers, and those with lower incomes and less education presenting with higher rates (9). The prevalence of periodontal disease increases to 17.20% in seniors age 65 and over (10). In 2012, there were 40,000 new cases and nearly 9,000 deaths from oral cancer in the United States (11). Oral cancer mortality is almost twice as

high in some minorities compared to whites (11). Lastly, in addition to oral disease prevalence, nearly one third of the U.S. population lacks dental health insurance (12).

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 (13). In California, Latino children and children in poverty experience more treated and untreated tooth decay than their white peers (14). African American adults not only have a higher prevalence of tooth extraction due to decay or gum disease, but higher mortality rates from oral cancers (15, 16, 17). Less than half of pregnant women in California are receiving dental care during their pregnancies (18). There exists a clear need to address inequities, increase access, and improve oral health outcomes in the state of California.

In 2000, the United States Surgeon General released the first report on oral health, titled *Oral Health in America* (19). The report detailed the “silent epidemic” of poor oral health in the U.S. as well as highlighted the inequities that existed among vulnerable populations (1). The issue of oral health in the United States was readdressed in 2011 when the Institute of Medicine published two reports titled *Advancing Oral Health in America* and *Improving Access to Oral Health Care for Vulnerable and Underserved Populations*. The IOM outlined that despite improvements since 2000, millions of Americans still lacked access to basic oral health care (20, 21). In 2014, the California Department of Public Health received funding to establish the state Oral Health Program. The goal of the program was to address the burden of oral health disease and the accessibility of dental services statewide.

In 2016, the California State Legislature passed proposition 56, The Tobacco Tax Increase Initiative, which allocated funds to establish or improve local oral health programs at the county level. The Santa Barbara County Public Health Department secured Proposition 56 funds to establish an oral health program which started in February of 2018. The goal of the oral health program is to increase dental utilization while decreasing the rates of dental caries in the county.

This report presents the findings of a community-driven oral health needs assessment that should be used to inform and educate about the oral health issues residents face in Santa Barbara County. The findings from this report will serve as base line data for future oral health needs assessments and activities.



## Demographics

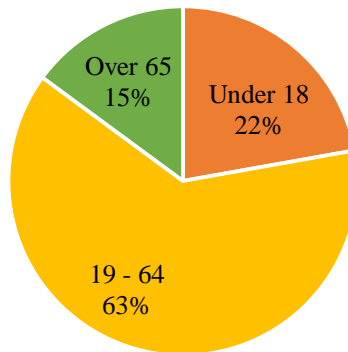
### General Demographics

The County of Santa Barbara occupies 3,789 square miles between the Santa Ynez Mountains and the Pacific Ocean on the coast of southern California. The 2018 population of Santa Barbara County is 448,150 people, with a breakdown of population by city shown below in Table 1.

| Table 1. Population by City, 2018. |            |
|------------------------------------|------------|
| City                               | Population |
| Santa Maria                        | 106,290    |
| Santa Barbara                      | 91,930     |
| Lompoc                             | 43,712     |
| Goleta                             | 30,850     |
| Carpinteria                        | 13,684     |
| Guadalupe                          | 7,321      |
| Solvang                            | 5,802      |
| Buellton                           | 5,095      |

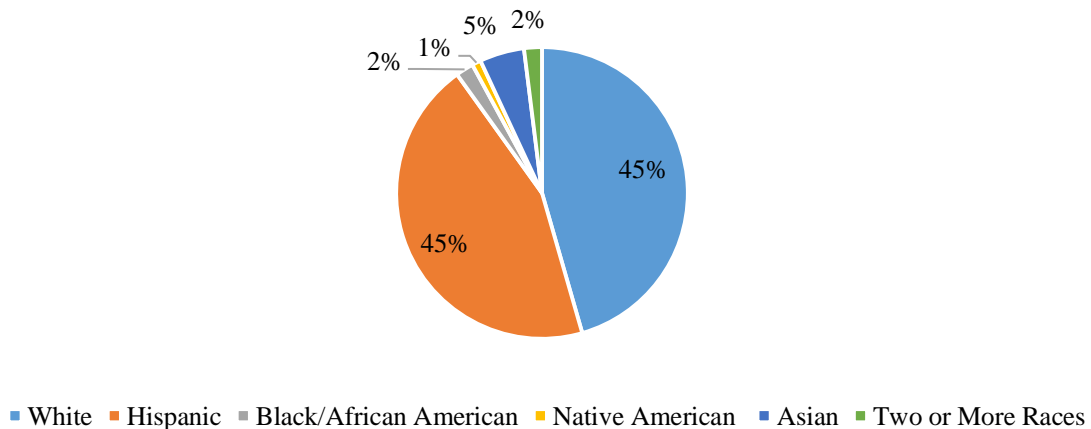
The people of Santa Barbara County represent a diverse demographic profile. Gender is nearly equal with 49.9% female and 50.1% male (22). The median age is 33.7 years old, with females presenting an average of 34.9 years old and males presenting an average age of 32.6 years old (23). The age distribution shows 22.2% of individuals being under 18, 62.9% of individuals being between 19 and 64, and 14.9% of individuals being over 65 years old, as shown below in Figure 1 (22).

**Figure 1. Santa Barbara County by Age, 2018. N=448,150**

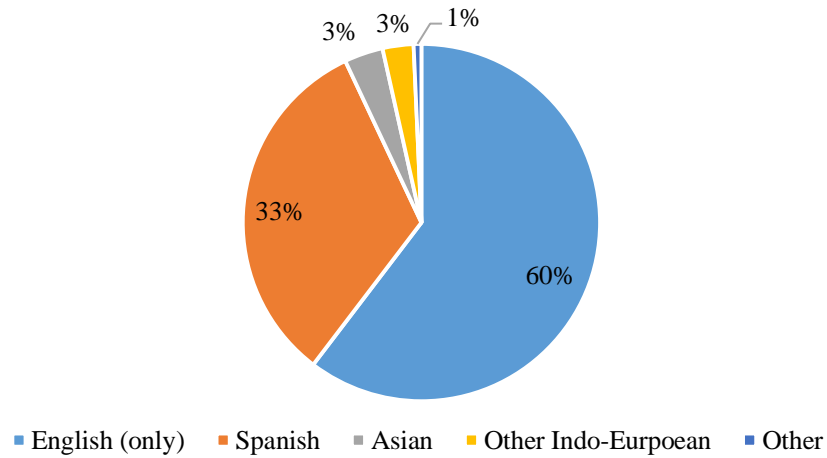


The predominant racial or ethnic groups of Santa Barbara County are white (46%) and Hispanic (45%) (25). The remaining percentages include 5% Asian, 2% African American, <1% American Indian/Alaska Native, and 2% identifying as “two or more races” (25). These proportions are shown below in Figure 2. The 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, shown below in Figure 3 (23).

**Figure 2. Santa Barbara County by Race/Ethnic Group, 2018. N=448,150**

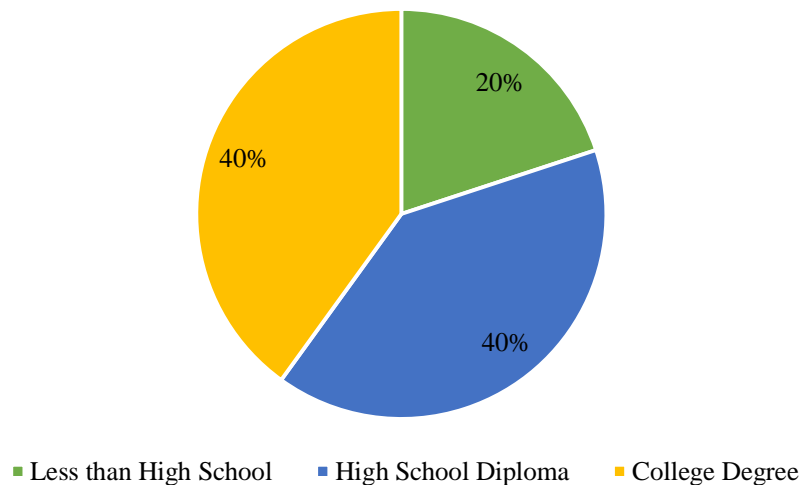


**Figure 3. Santa Barbara County by Language, 2018.**  
N=448,150



The breakdown by education shows that 40% of residents have attained a college degree, 40% have attained a high school diploma, and nearly 20% have not received a high school diploma, shown below in Figure 4 (23).

**Figure 4. Santa Barbara County by Education, 2018.**  
N=448,150



The unemployment rate in Santa Barbara County is 5.0% (26). The overall poverty rate is 15.9%, with poverty defined as the U.S. Federal Poverty level (23). There exists a visible

contrast in the poverty rates within racial or ethnic groups, with 19.65% of Hispanic residents living in poverty, and only 11% of white residents living in poverty (23). The rate for children in poverty within the county is 16%, again with 26% of Hispanic children living in poverty compared to 10% of white children (26). Currently, 60% of children in Santa Barbara County are eligible for free or reduced-price lunch (26).

### Healthcare Demographics

The County of Santa Barbara is 18<sup>th</sup> out of 57 within the 2018 California County Health rankings (26). The percentage of uninsured residents in Santa Barbara County is 12% (26). This percentage is slightly higher than California, in which 10% of all residents are uninsured (26). Further, 15% of adults are uninsured and 4% of children are uninsured in Santa Barbara County (26). 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 (26). These values are shown below in Table 2.

| <b>Table 2. Uninsured Rates in Santa Barbara County, 2018.</b> |                      |                   |
|--|----------------------|-------------------|
|  | <b>Santa Barbara</b> | <b>California</b> |
| Overall  | 12%                  | 10%               |
| Adults   | 15%                  | 12%               |
| Children   | 4%                   | 4%                |

In Santa Barbara County the primary care physician to resident ratio is 1:1320 and the dentist to resident ratio is 1:1270 (26). The California ratios for primary care physician and dentist to resident ratio are 1:1280 and 1:1210, respectively (26). These values are shown below in Figure 5.

**Figure 5. Primary Care Physician to Resident and Dentist to Resident Ratios, 2018.**



Adverse health behaviors, such as smoking, predispose an individual to a greater risk of illness and disease. In Santa Barbara County, 9% of the adult population reported cigarette smoking (27). Table 3 below shows the prevalence of smoking among different demographic groups within Santa Barbara County as compared to California and the Healthy People 2020 Target (28). In addition to this data, the age-adjusted rate of oral and pharyngeal cancer in the county is 11 per 100,000 population (29).

|                    | <b>Santa Barbara</b> | <b>California</b> | <b>Healthy People 2020 Target</b> |
|--------------------|----------------------|-------------------|-----------------------------------|
| Overall            | 9.3%                 | 12.9%             | 12.0%                             |
| Male               | 10.1%                | 16.3%             |                                   |
| Female             | 8.5%                 | 9.5%              |                                   |
| Hispanic           | 7.2%                 | 11.4%             |                                   |
| Non-Hispanic White | 10.7%                | 13.7%             |                                   |
| Other              | 8.6%                 | NA                |                                   |

Nutrition plays an important role in overall health, as well as oral health. In Santa Barbara County, 21.6% of adults are categorized as being obese (28). The current values for childhood obesity are 42.3% for Grade 5, 38.6% for Grade 7, and 38.6% for Grade 9 (30).

Among children in Santa Barbara County, 44.8% report drinking one or more sugar-sweetened beverages per day (31), while the current California value is 40.4% (31).

## Oral Health Demographics

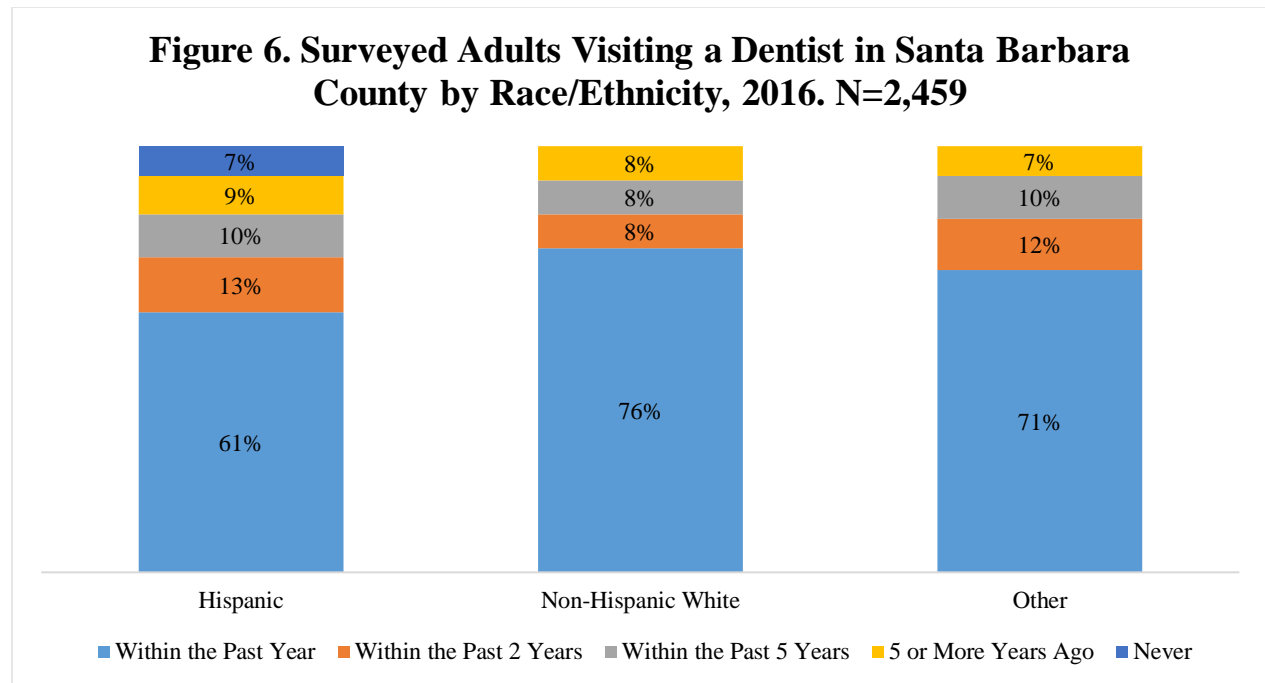
### Utilization

In 2016, Cottage Health published a Community Health Needs Assessment Report which presented findings related to oral health from the 2016 Behavioral Risk Factor Surveillance Survey (BRFSS) conducted exclusively in Santa Barbara County (28). The BRFSS focused on measuring dental health service utilization. Table 4 shows the percentages of adults who reported visiting a dentist last year in Santa Barbara County, as compared to 2014 California BRFSS data and the Healthy People 2020 target. The survey data shows that Santa Barbara County far exceeded the Healthy People 2020 target as well as 2014 California averages for all categories. It must be noted however that the Healthy People 2020 target relates specifically to children and adults 2 years old and older.

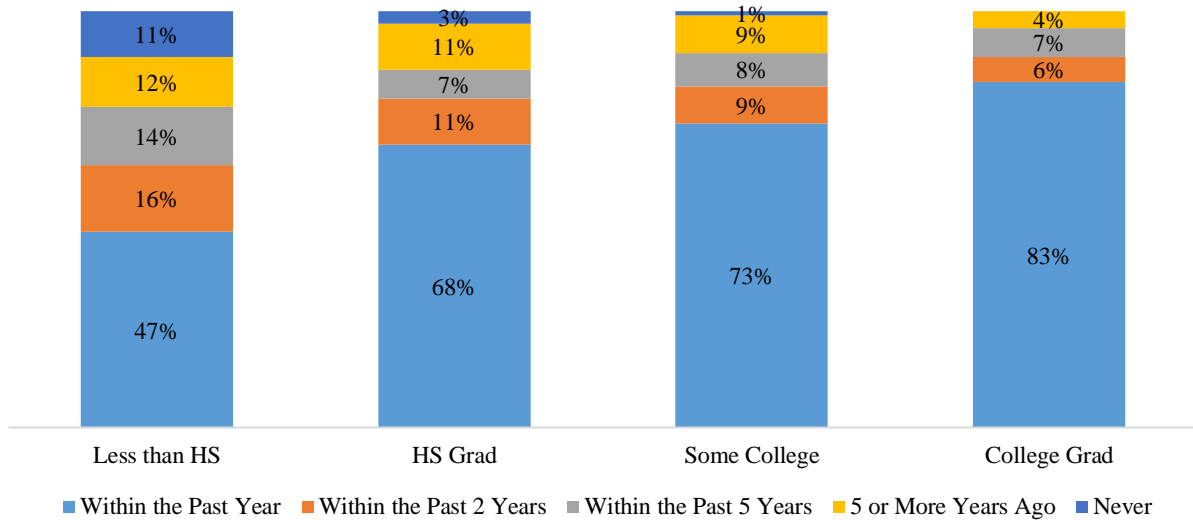
| <b>Table 4. Percentage of Adults Who Reported Visiting a Dentist, 2016.</b> |                                  |                        |                                   |
|---|----------------------------------|------------------------|-----------------------------------|
|   | <b>2016 Santa Barbara County</b> | <b>2014 California</b> | <b>Healthy People 2020 Target</b> |
| Overall   | 70.0%                            | 65.1%                  | 49.0%                             |
| Male  | 68.1%                            | 62.7%                  |                                   |
| Female  | 71.9%                            | 67.3%                  |                                   |
|   |                                  |                        |                                   |
| Hispanic  | 61.1%                            | 55.0%                  |                                   |
| Non-Hispanic White  | 76.3%                            | 72.5%                  |                                   |
| Other   | 70.8%                            | NA                     |                                   |

Dental utilization was further broken down among demographic variables using the 2016 Cottage BRFSS data. First, utilization varied among racial and ethnic groups, shown in Figure 6. Hispanics were 15% less likely to see a dentist within the last year compared to whites and 7% of

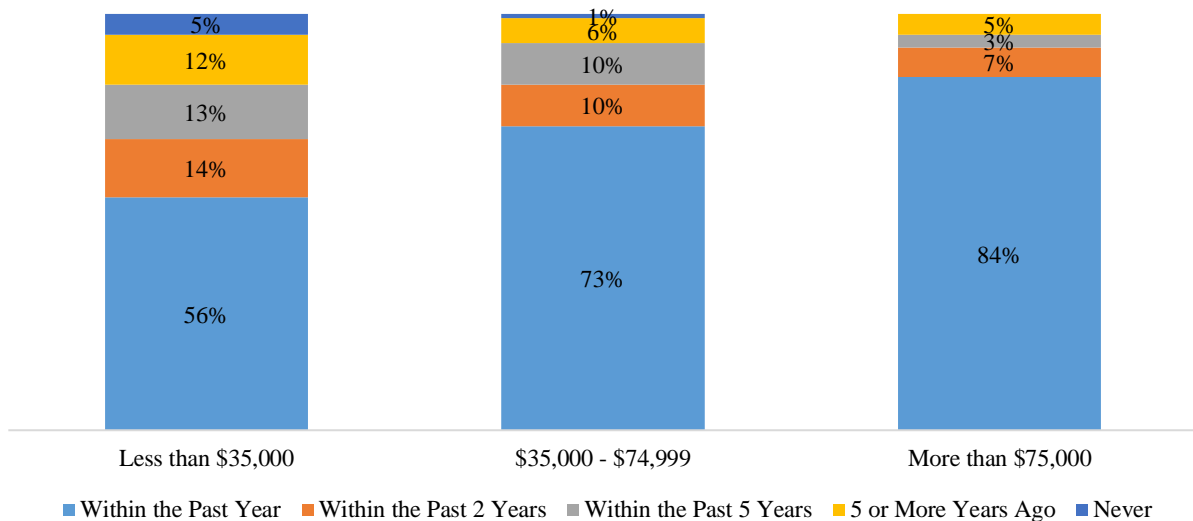
Hispanics reported never seeing a dentist. Second, Figure 7 shows that dental utilization within the last year increased with educational attainment. Third, income was predictive of dental utilization, as shown in Figure 8. Eighty-four percent of residents making more than \$75,000 per year saw a dentist within the last year, compared to only 56% of residents making less than \$35,000 per year (28).



**Figure 7. Surveyed Adults Visiting a Dentist in Santa Barbara County by Educational Attainment, 2016. N=2,459**



**Figure 8. Surveyed Adults Visiting a Dentist in Santa Barbara County by Income, 2016. N=2,459**





## Children's Oral Health

It is important to look at children's dental utilization to get a better understanding of their overall oral health status. Using the 2015 California Health Interview Survey data, Tables 5 and 6 show the estimated length of time since a child's last dental visit by age for California and Santa Barbara County (33). The percentages for 2-11 year-olds in Santa Barbara are higher than California percentages across all categories. The majority of children (76.3%) reported seeing a dentist less than 6 months ago.

**Table 5. Estimated percentage of children ages 2-17, by length of time since their last dental visit and by age group for California, 2015.**

| <b>California</b>                             |                    |                     |
|---|--------------------|---------------------|
| <b>Length of time since last dental visit</b> | <b>Ages 2 - 11</b> | <b>Ages 12 - 17</b> |
| Less than 6 months ago                        | 74%                | 78.5%               |
| 6 to 12 months ago                            | 13%                | 12.6%               |
| More than 12 months ago                       | 4.1%               | 6.8%                |
| Never had a dental visit                      | 8.9%               | 2.1%                |

**Table 6. Estimated percentage of children ages 2-17, by length of time since their last dental visit and by age group for Santa Barbara County, 2015.**

| <b>Santa Barbara</b>                          |                    |                     |
|---|--------------------|---------------------|
| <b>Length of time since last dental visit</b> | <b>Ages 2 - 11</b> | <b>Ages 12 - 17</b> |
| Less than 6 months ago                        | 76.3%              | NA                  |
| 6 to 12 months ago                            | 22.1%              | NA                  |
| More than 12 months ago                       | 1.5%               | NA                  |
| Never had a dental visit                      | NA                 | NA                  |

\*NA (not available)

The Federally Qualified Healthcare Centers (FQHC) that serve Santa Barbara County also provide dental health services to children. Table 7 shows the percent of children (ages 6 to 9) who required dental sealants on at least one of the four permanent molars (35). The 2017 data show that nearly half (44.8% and 52.9%) of all patients between the ages of 6 and 9 attending an

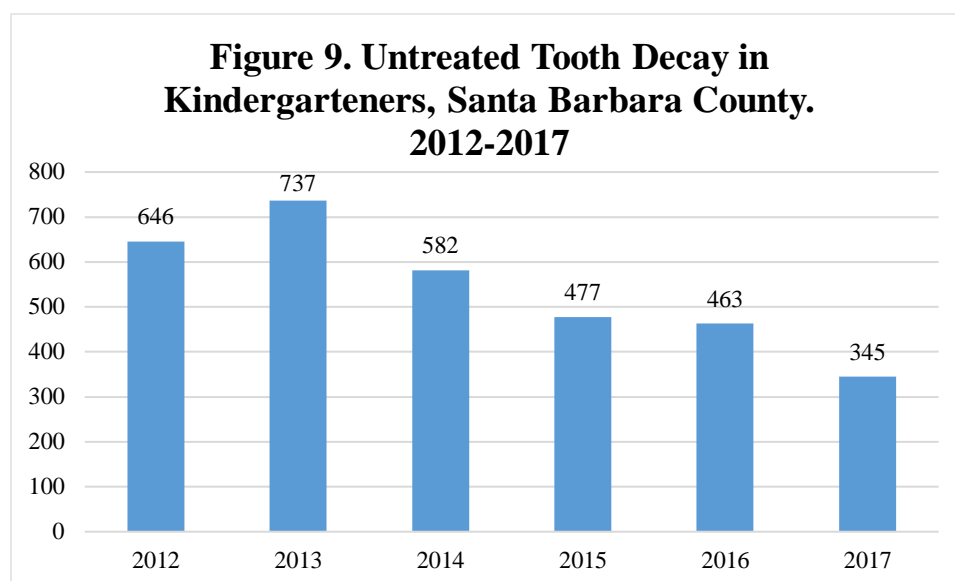
oral assessment at both Community Health Centers and the Santa Barbara Neighborhood Clinics required a sealant.

| Table 7. Percent of Patients Aged 6-9 with Sealants to First Molars, 2017. |       |
|--|-------|
| Health Center Name   |       |
| Community Health Centers/Central Coast                                     | 44.8% |
| Santa Barbara Neighborhood Clinics   | 52.9% |
| American Indian Health and Services  | 36.8% |

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 8. The table presents the total number of eligible students followed by the number of students who presented with proof of an assessment. Of the students who were assessed, the number of students who presented with untreated tooth decay are shown. The students who were waived due to financial burden, lack of access to a licensed dental professional, or lack of parental consent are also shown. Finally, the table displays the number of students who did not return either the assessment form or the waiver request to the school.

It can be seen that the number of students with untreated tooth decay has decreased from 646 in 2012 to 345 in 2017, as measured by the Kinder Assessment (Table 8). Concurrently, the number of students waived due to financial burden or lack of access to a dentist has also decreased. The numbers for total eligible and not returned have remained fairly consistent over the last five years. Figure 9 displays the data regarding untreated tooth decay.

| <b>Table 8. AB1433 Kinder Assessment Data, Santa Barbara County. 2012-2017</b> |                       |                            |                        |                                       |                                     |                                 |                     |
|--|-----------------------|----------------------------|------------------------|---------------------------------------|-------------------------------------|---------------------------------|---------------------|
| <b>Year</b>  | <b>Total Eligible</b> | <b>Proof of Assessment</b> | <b>Untreated Decay</b> | <b>Waived due to Financial Burden</b> | <b>Waived due to lack of access</b> | <b>Waived due to no consent</b> | <b>Not Returned</b> |
| 2012   | 5245                  | 2233                       | 646                    | 41                                    | 31                                  | 127                             | 2838                |
| 2013   | 5729                  | 2487                       | 737                    | 47                                    | 28                                  | 122                             | 2953                |
| 2014   | 5770                  | 2748                       | 582                    | 198                                   | 31                                  | 150                             | 2715                |
| 2015   | 5932                  | 2594                       | 477                    | 18                                    | 17                                  | 209                             | 3036                |
| 2016   | 5364                  | 2088                       | 463                    | 22                                    | 26                                  | 206                             | 2708                |
| 2017   | 5119                  | 1923                       | 345                    | 8                                     | 17                                  | 127                             | 2981                |



#### School Based Screening Programs

Santa Barbara County is fortunate to have many organizations working to improve the Oral Health of children in schools. These programs are outlined below.

#### *Community Health Centers of the Central Coast – Brush Brush Brush Program*

Based in Santa Maria – the Brush Brush Brush Program is a comprehensive school-based dental prevention program of the Community Health Centers of the Central Coast (CHCCC) lead by Joseph Mercardante, DDS, MPH. The goals of the program are to improve the oral health of children, prevent unnecessary pain, infection and swelling, and eliminate oral health disparities

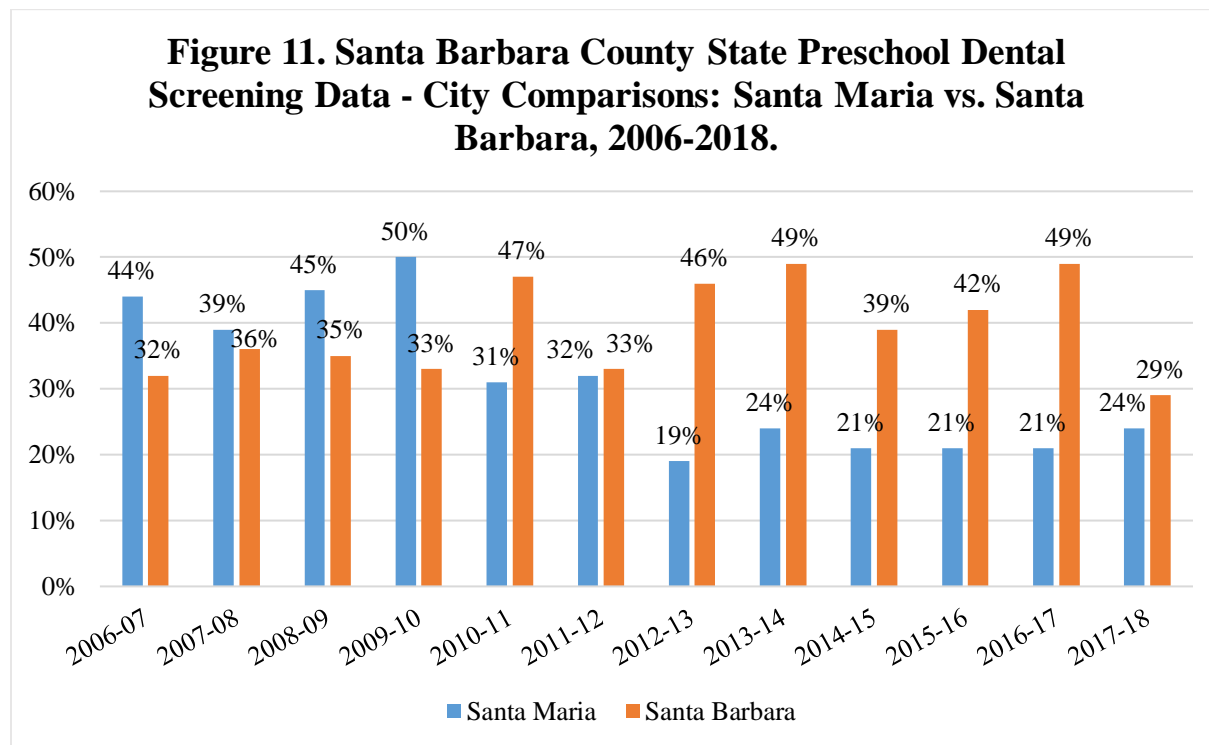
in our community. This is accomplished by teaching healthy habits of oral hygiene and nutrition to groups of 10 children at a time in their mobile dental van that visits schools throughout the school year. The program aims specifically to increase tooth brushing to 2 times a day in 90% of children, improve brushing skills so that all tooth surfaces - especially occlusal surfaces - are brushed, increase the consumption of fresh fruits and 100% fruit juice, and decrease the drinking of sugar drinks, sodas and sweetened fruit juices (40).

### *Health Linkages – Children’s Oral Health Program*

The Santa Barbara County Children’s Oral Health Program under the direction of Health Linkages housed in the Santa Barbara County Education Office, provides oral health education, dental disease including orthodontia needs identification, and treatment services to low-income children in targeted subsidized preschool, child care and elementary and middle school programs in Santa Barbara County. Health Linkages provides support to medical and dental providers to implement fluoride varnish applications within their practices. The Health Linkages program coordinates fluoride varnish application two times a year for state preschools, children centers, school readiness and Head Start programs, and kindergarten students at targeted elementary schools. The Program serves: 900 children in Head Start, 1000 children in state subsidized preschool programs, 1500 children in targeted kindergarten programs, 500 children 0-3 years old, 1110 children enrolled in migrant education and coordinates orthodontia treatment for 100 children annually (41).

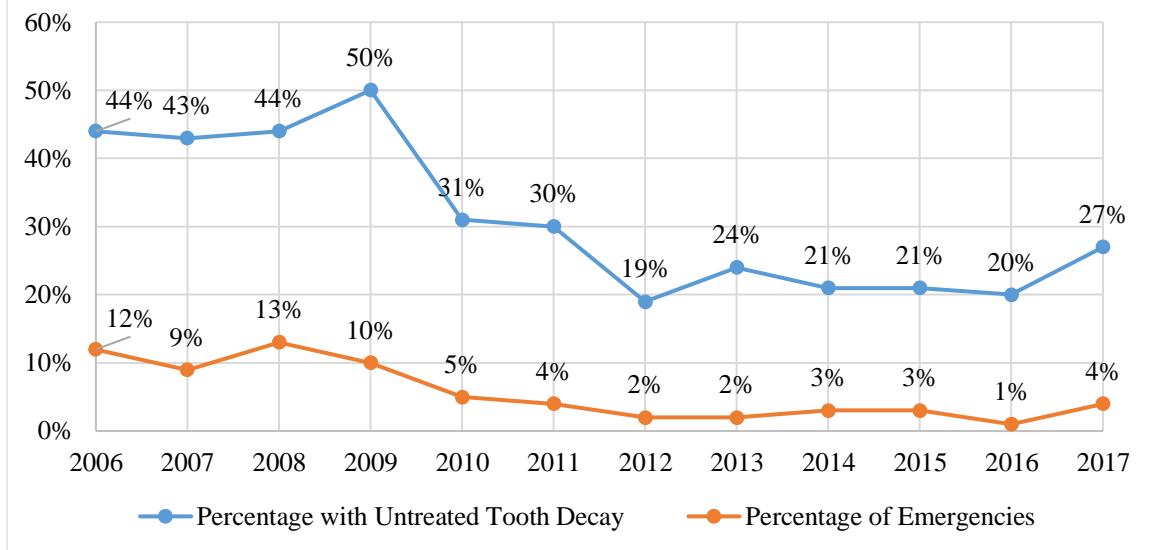
Figure 11 shows the percentage of students at state preschools that were screened in Santa Maria and Santa Barbara. In Santa Maria the population served grew from 400 to 500 a

year and had the same screeners throughout. The population served in Santa Barbara dropped from 450 to 300 a year and had different screeners over the years.



The screenings have enabled Health Linkages to gather great data on untreated tooth decay and how many dental emergencies there are. Over the last 10 years in Santa Maria the percentage of untreated tooth decay has dropped from 44% to 27% and the percentage of dental emergencies has dropped from 12% to 4%, as shown in Figure 12 (41).

**Figure 12. Santa Maria State PreSchool Dental Screenings**



### *Big Smiles*

Big Smiles is a national organization that provides mobile in-school dental care to elementary school children. The organization seeks to improve national oral health outcomes by serving children who might not otherwise attend regular visits at the dentist. Big Smiles accepts Medicaid, Children’s Health Insurance Program (CHIP), and private insurance. They state that no child is turned away due to inability to pay, and thus offer “highly discounted” self-pay options as well as a grant program. The service is at no cost to the school visited. The Big Smiles local and state licensed dental staff provide complete dental examinations, cleanings, fluoride treatments, sealants, fillings, simple extractions, pulpotomy, crowns, and oral health instruction.

In Santa Barbara County, Big Smiles visited Guadalupe Union Elementary School District, Lompoc Unified School District, and Solvang Unified School district from September through December of 2018. Big Smiles saw a total of 577 children amongst the three school districts. Out of these children, 117 required and received restorative fillings or extractions. A

total of 687 sealants were provided across the school districts. Additionally, 81 uninsured children received free preventative care including an exam, cleaning, fluoride, and sealants.

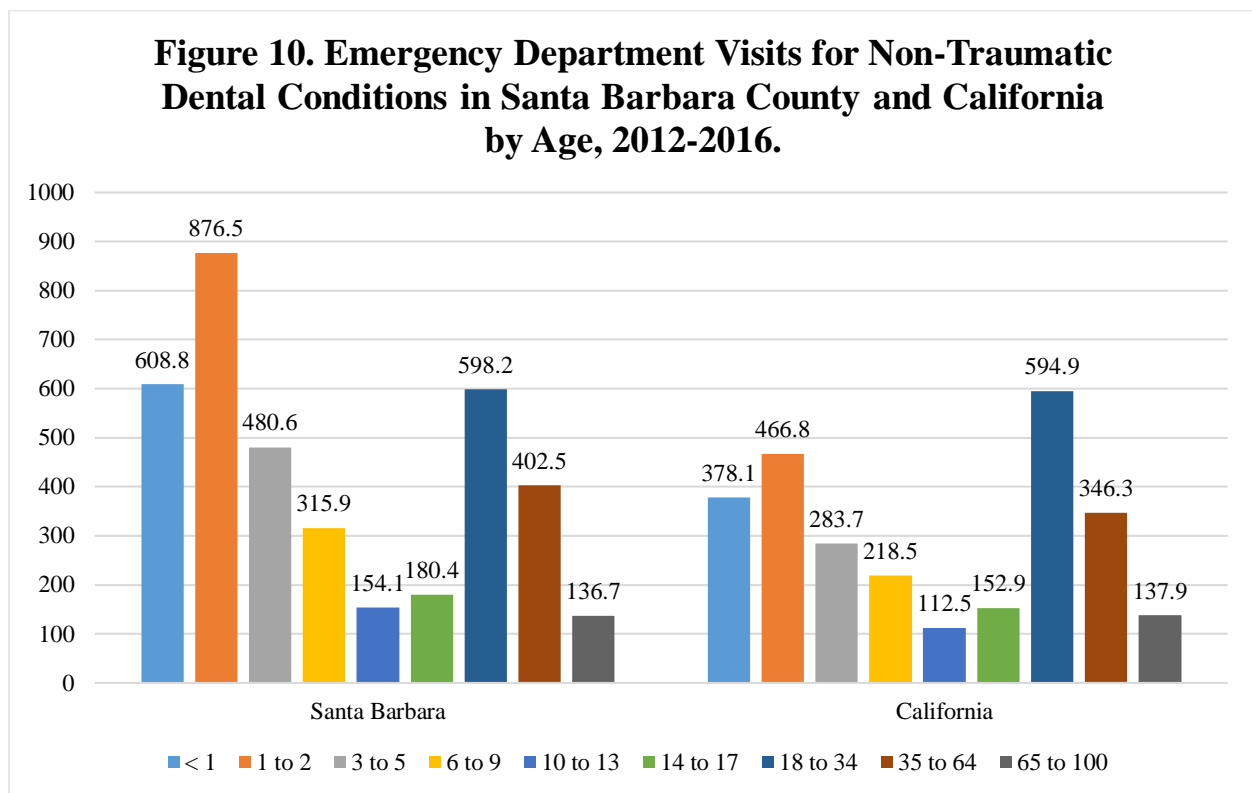
### Dental Services for Medi-Cal Enrollees

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 (37). Out of those dentists, only 20 are accepting new patients (38). A list of those that are accepting new patients can be found in the Appendix: Attachment 7. Santa Barbara County also has 10 clinics that are Federally Qualified Healthcare Centers where residents with Medi-Cal Dental can go for dental treatment. There are three in Santa Barbara, three in Lompoc, three in Santa Maria, and one in Santa Ynez, as shown in Table 9 (38).

| <b>Table 9. Santa Barbara County Federally Qualified Health Care Centers</b> |                                 |               |                 |
|--|---------------------------------|---------------|-----------------|
| <b>Dental Clinic Name</b>  | <b>Address</b>                  | <b>City</b>   | <b>Zip Code</b> |
| COMMUNITY HEALTH CTRS  | 133 N F ST                      | LOMPOC        | 93444           |
| COMMUNITY HEALTH CTRS  | 425 W CENTRAL AVE, STES 201-203 | LOMPOC        | 93436           |
| AMERICAN IND HLTH & SVS  | 4141 STATE ST                   | SANTA BARBARA | 93110           |
| EASTSIDE NEIGHBORHOOD CLINIC   | 915 N MILPAS ST                 | SANTA BARBARA | 93103           |
| WESTSIDE NEIGHBORHOOD CLINIC   | 628 W MICHELTORENA ST           | SANTA BARBARA | 93101           |
| COMMUNITY HEALTH CENTERS   | 201 W MILL ST                   | SANTA MARIA   | 93444           |
| COMMUNITY HEALTH CENTERS   | 210 N BROADWAY                  | SANTA MARIA   | 91111           |
| COMMUNITY HEALTH CENTERS   | 2801 SANTA MARIA WAY, BLDG A    | SANTA MARIA   | 93444           |
| S Y BAND OF MISSION IND  | 90 VIA JUANA RD                 | SANTA YNEZ    | 93460           |
| COMMUNITY HEALTH CTRS  | 133 N F ST                      | LOMPOC        | 93444           |

### Preventable Dental Emergency Room Visits

The Office of Statewide Health Planning and Development (OSHPD) collect data about each Emergency Department (ED) visit from all hospitals in California. The data presented below in Figure 10 are Non-Traumatic Dental Conditions (NTDC) related Emergency Department (ED) visits in California and Santa Barbara County by age groups (39). NTDCs range from caries, periodontal disease, erosion, cysts, impacted teeth and all other non-traumatic conditions in the mouth. Damage to the mouth that is deemed to be due to trauma is excluded from this list. Santa Barbara County has higher rates than California in general, especially infants' ages 0-2 (Figure 10).





### Community Water Fluoridation

Community water fluoridation involves adding controlled amounts of fluoride to the community water supply (tap water) in an effort to reduce tooth decay among residents. The City of Santa Maria published a public notice in the Santa Maria Times on September 21<sup>st</sup>, 22<sup>nd</sup>, and 23<sup>rd</sup> stating that they were transitioning from a fluoridated system to a non-fluoridated system and that the addition of fluoride would be discontinued on October 15, 2018. As of November 2018, Vandenberg Air Force base, a military establishment, is the only area in Santa Barbara County that is currently fluoridated, (32). The World Health Organization's current recommendation for fluoride levels in community water is 0.5 to 1.5 mg/L (36). The annual average fluoride level for Vandenberg Air Force Base is 0.90 mg/L as shown below in Table 10.

| Table 10. Annual Average Fluoride Levels |                           |                |
|--|---------------------------|----------------|
| County                                   | Water System Name         | Annual Average |
| Santa Barbara County                     | Vandenberg Air Force Base | 0.90 mg/L      |

### Conclusion

In regards to dental demographics, Santa Barbara County falls within an optimal range of dental utilization. Despite this, residents and community members have responded with an increased need for oral health education and access. Concurrently, these values are representative of average rates and fail to acknowledge vulnerable and at-risk populations. The 2016 Cottage BRFSS data shows significantly lower utilization in Hispanic, low-income, and low-educational attainment residents (28). In the 2016 Santa Barbara County Public Health Department Community Health Assessment, Oral Health ranked 15<sup>th</sup> out of 18 issues on the list of County Health Priorities (25). 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.

## **METHODS**

### **Data Collection and Management**

Primary data was collected by the 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 this 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.

### **Surveys**

#### County Oral Health Survey

The Santa Barbara County 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 Oral Health Program partnered with Health Linkages who used Santa Barbara County Promotores to distribute an oral health survey developed by Vision y Compromiso throughout the county. This survey was specific to the oral health experiences and needs of the Hispanic community and was developed before the County Oral Health Survey.

### Dental Provider Survey

The Santa Barbara County Oral Health Program developed a survey asking local dentists if they take Medi-Cal insurance, their reasoning for doing so, or not doing so, and their experience with Medi-Cal insured patients.

### Migrant Education Teacher Survey

The Santa Barbara County Oral Health Program administered a survey to 32 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**

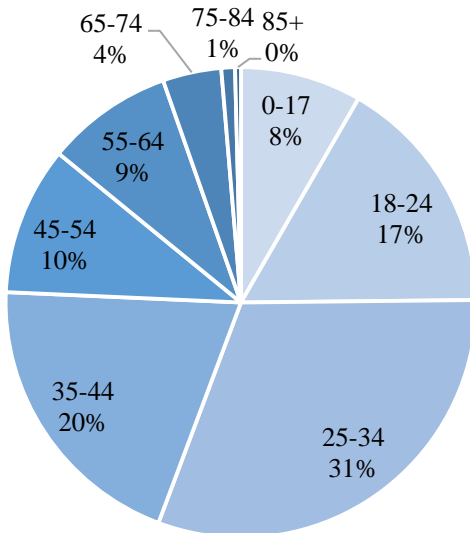
The purpose of conducting key informant interviews in Santa Barbara County was to establish existing knowledge of oral health in the community. These interviews ranged from community coalition executives to local dentists at Federally Qualified Healthcare Centers. Their insights brought forth issues 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.

## FINDINGS

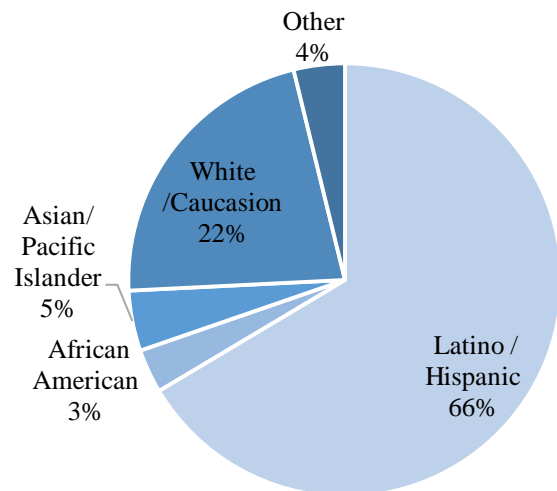
### Community Oral Health Survey

The Community Oral Health Survey was conducted from July to October of 2018 and a total of 753 surveys were collected. The surveys were either filled out physically (633, 84%) or completed digitally (120, 16%). The majority of the respondents were ages 25-34 (31%) followed by 35-44 (20%), and 18-24 (17%). Most of the responses were from those who identified as Latino/Hispanic (66%) (Figures 13 and 14).

**Figure 13. Age Range, N=753.**

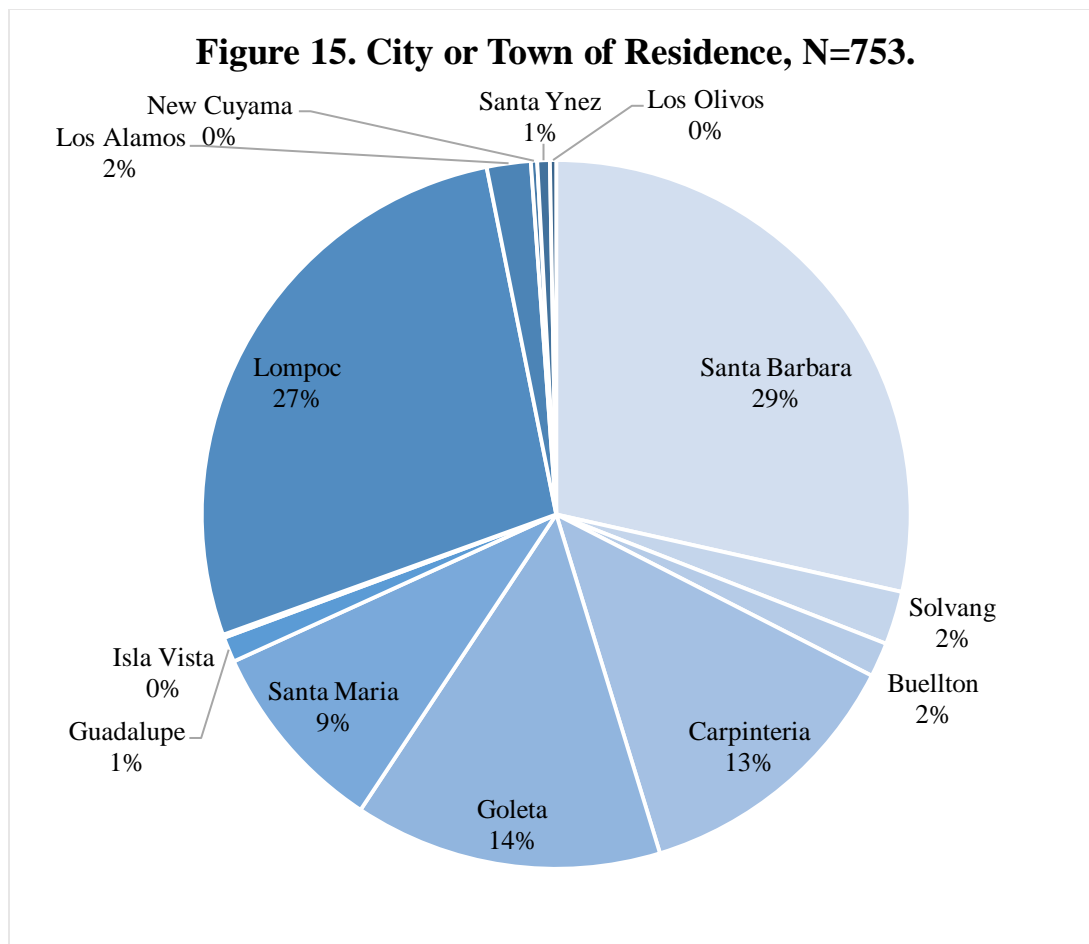


**Figure 14. Ethnic Identity, N=753.**



The survey was administered at food bank distributions in Carpinteria, Solvang, Buellton, and Los Alamos. Additionally, the survey was administered at various health fairs in Santa Barbara and Lompoc. The target population of the survey, and the Oral Health Program as a whole, consists of those that are vulnerable and underserved. The data were gathered via a convenience sample to obtain the opinions and experiences of those that are vulnerable and underserved. The data was not tested for statistical significance and the sample sizes from each

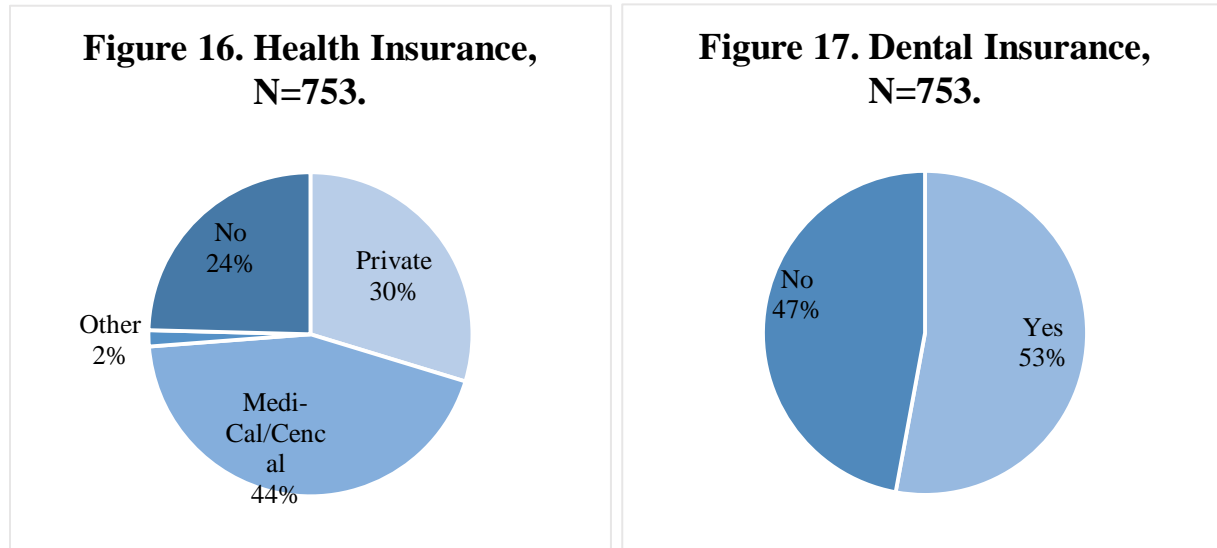
area of the county are not representative of the total population. The survey was given to as many different geographical locations within the county as was feasible. It was also available digitally and responses that were obtained from outside the County of Santa Barbara were separated and not included in the final results. The city or town of residence among the respondents is shown below in Figure 15.



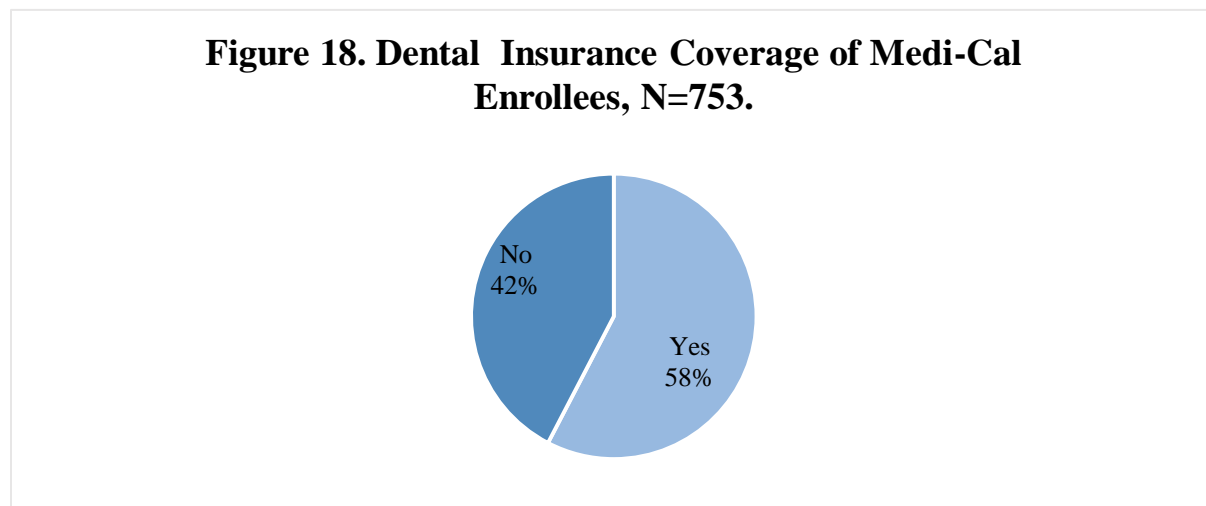
## Health Insurance

The survey found that 76% of respondents reported having some form of health insurance, with 30% having private insurance, 44% having Medi-Cal, and 2% with other forms of coverage, leaving 24% without any health insurance coverage (Figure 16). When asked about

dental insurance, only 53% responded that they had coverage. The remaining 47% reported not currently having dental insurance (Figure 17). These results show that substantially more residents identified having health insurance (76%), than having dental insurance (53%).



Lack of knowledge and education are significant barriers to oral health care. Individuals qualifying for Medi-Cal have dental coverage under the Medi-Cal Dental program, unless they are over the age of 65. Many individuals in California are unaware of this, including those in Santa Barbara County, as represented in the survey results. The Oral Health Program tracked responses for those individuals who answered that they had Medi-Cal coverage to see if they reported having dental insurance as well. A staggering 42% of those that said they had Medi-Cal

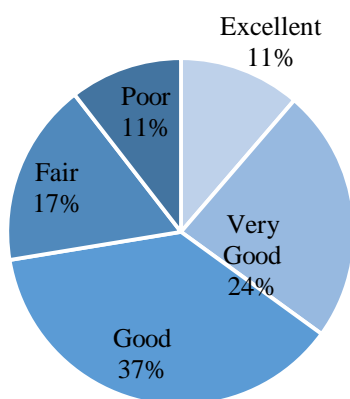


health insurance reported that they did not have any dental insurance (Figure 18). These results are indicative of the need for greater oral health education throughout Santa Barbara County. There is thus significant opportunity to enhance dental care utilization by educating Medi-Cal enrollees of their additional coverage under the Medi-Cal Dental program. This could result in a large population of individuals attending regular dental visits and receiving proper care for their teeth, who would not have otherwise.

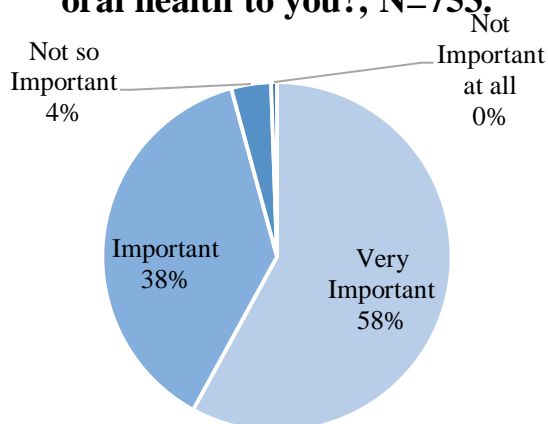
### Oral Health Status

The survey asked a variety of questions that pertained to the respondents' oral health status. Figure 19 shows that almost three-fourths (72%) of respondents rated that their own oral health was positive (Good 37%, Very Good 24%, and Excellent 11%) and about a quarter of them (28%) rated that their own health was Fair or Poor. Additionally, respondents were asked to reflect on how important oral health was to them (Figure 20). The majority of individuals reported that oral health was either Very Important (58%) or Important (38%). The remaining 4% of respondents reported that oral health was Not So Important to them.

**Figure 19. How would you rate your own oral health?, N=753.**



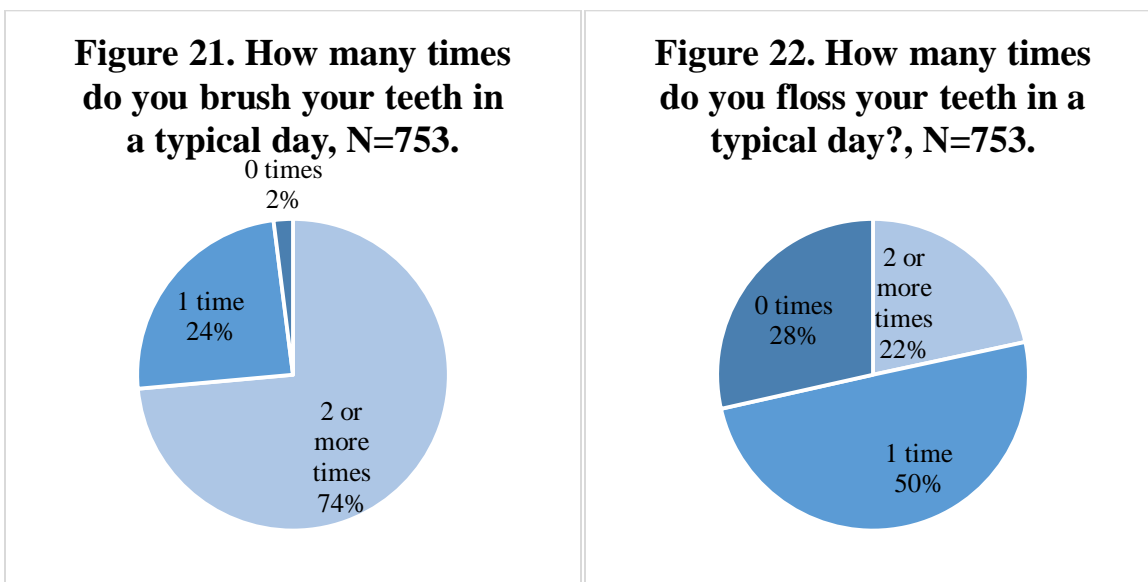
**Figure 20. How important is oral health to you?, N=753.**





## Oral Health Behaviors

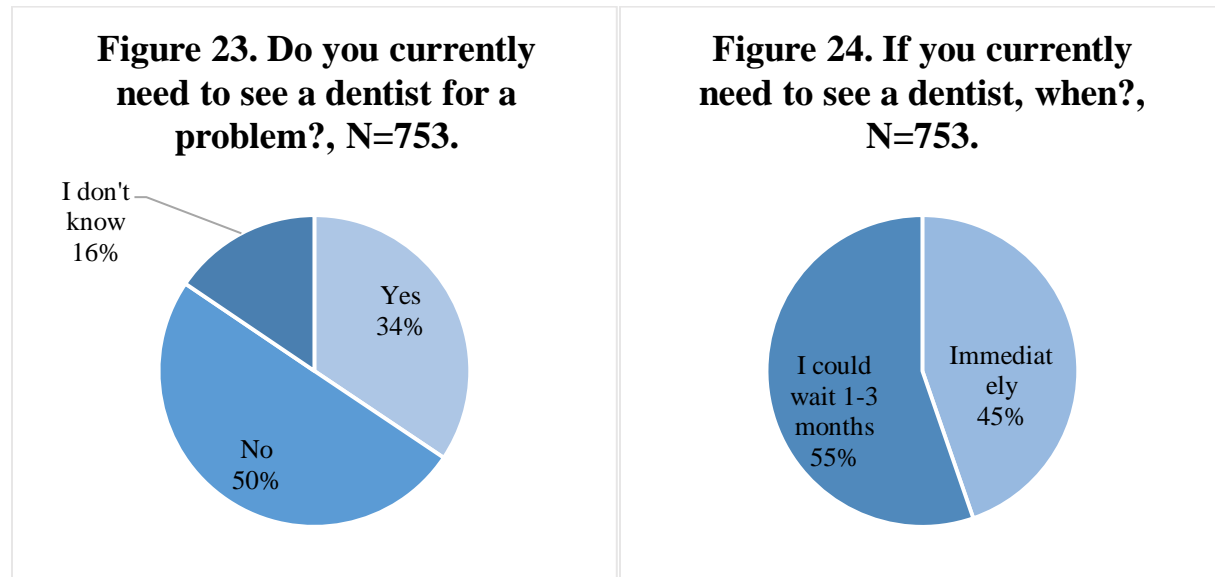
The survey sought to capture trends in oral health behaviors among Santa Barbara County residents. Respondents were asked how many times they brushed their teeth every day. Two thirds (74%) of individuals reported brushing at least two or more times a day, and 24% reported brushing one time a day, as shown below in Figure 21. Two percent (2%) of individuals stated that they did not brush their teeth every day. Additionally, respondents were asked about their flossing frequency. Half (50%) of the individuals reported flossing their teeth at least once a day, while 22% reported flossing two or more times, and 28% reporting that they did not floss their teeth in a typical day, as shown below in Figure 22.



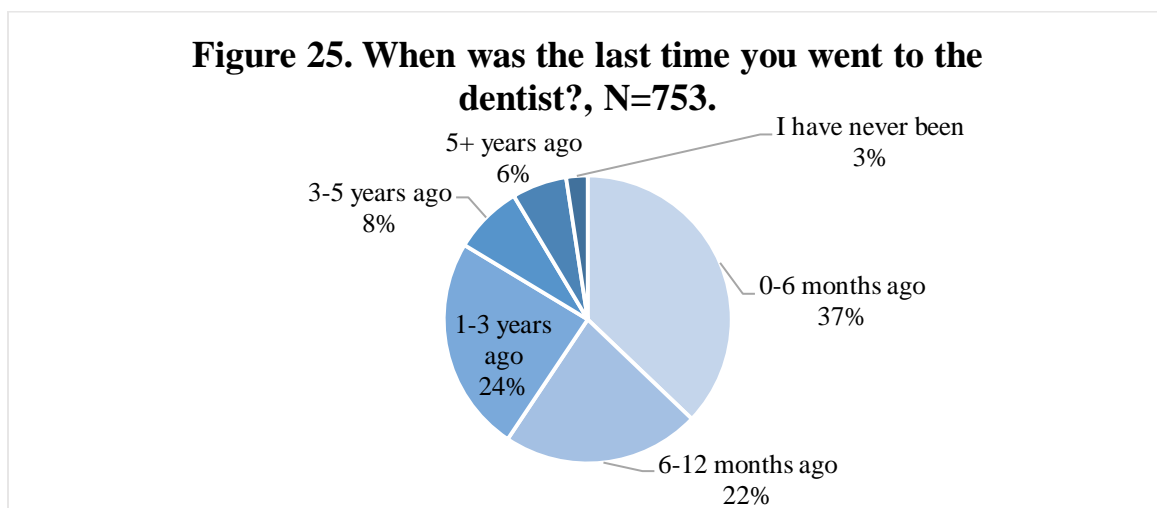
## Dental Utilization

Maintaining optimal oral health requires regular visits to a dentist for check-ups and cleaning. The Community Oral Health Survey asked the residents of Santa Barbara County about their dental care utilization. First, respondents reported whether they currently needed to see a dentist for an oral health problem. Half of the residents (50%) stated that they did not need to see

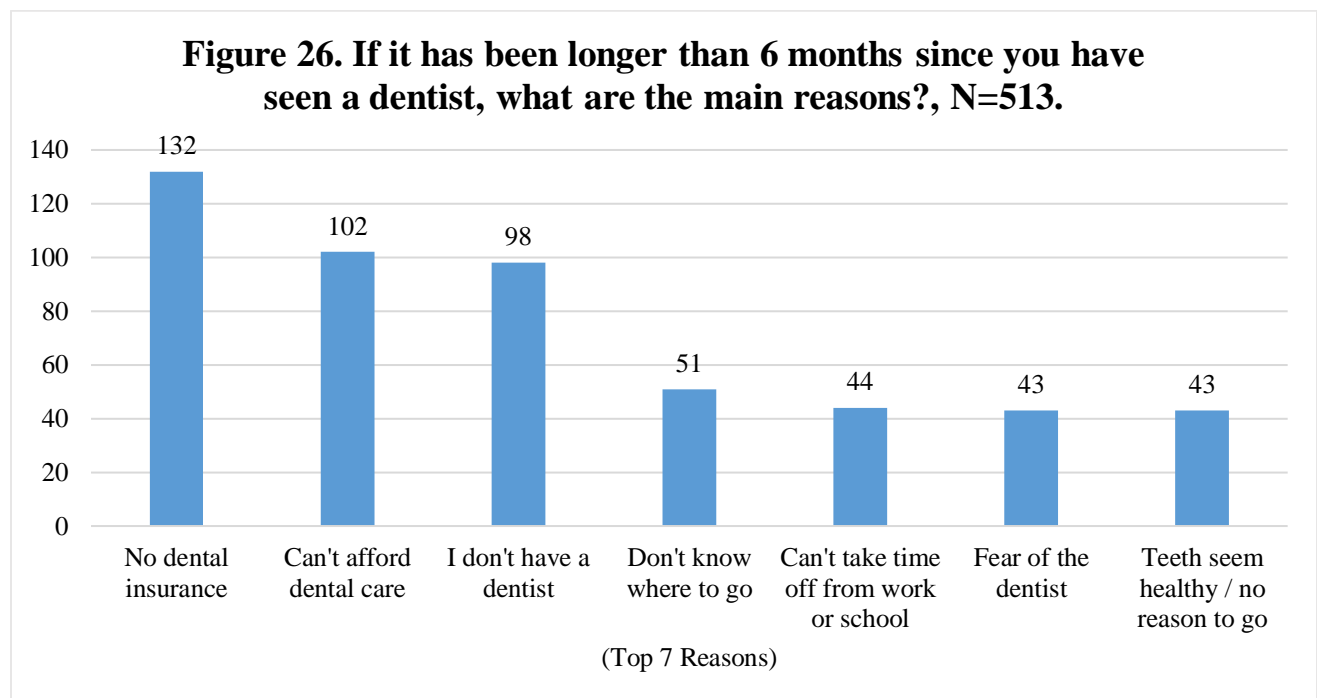
a dentist, while 34% said that they did, as shown below in Figure 23. Second, of the respondents who reported needing to see a dentist, 45% stated that the need was immediate and 55% stated that they could wait one to three months (Figure 24).



Third, respondents were asked about their last dental visit. The survey showed that 37% of residents had seen a dentist within 6 months and 22% within a year, as shown below in Figure 25. A quarter of respondents (24%) reported not seeing a doctor for at least one to three years, followed by 8% reporting 5 or more years, and 3% reported having never been to a dentist.



Finally, those who reported having not seen a dentist for more than six months reported their reasoning why, shown below in Figure 26. The top seven reasons included: No dental insurance (132), can't afford dental care (102), don't have a dentist (98), don't know where to go (51), can't take time off work or school (44), fear of the dentist (43), and teeth seem healthy or no reason to go (43).



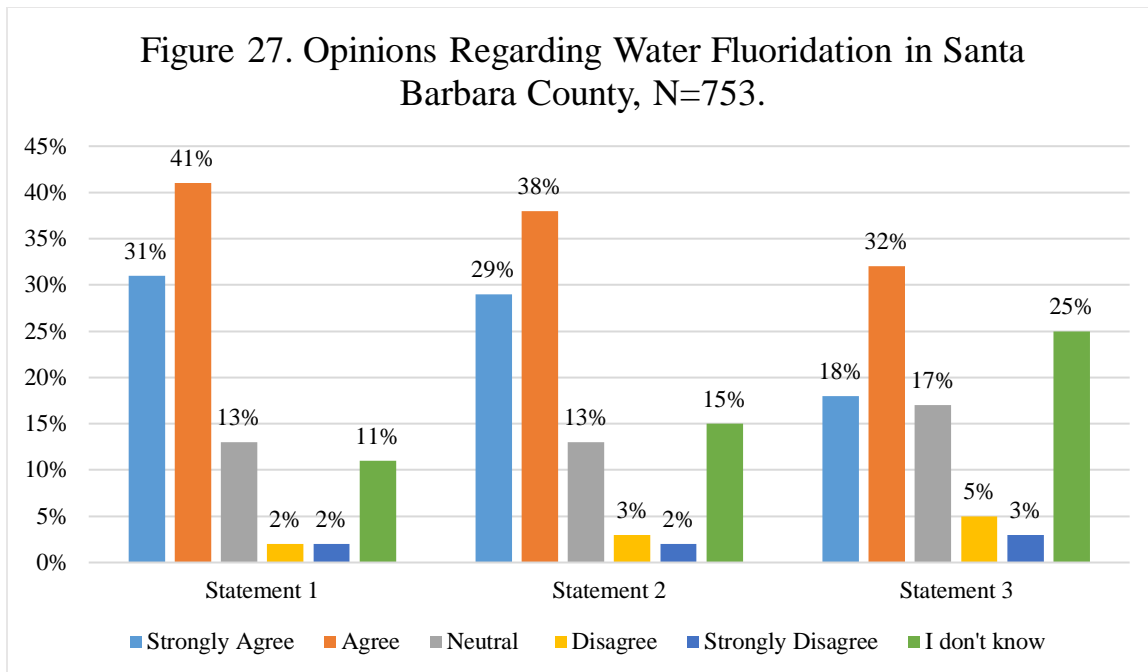
### Opinions Regarding Oral Health

The Oral Health Program was interested in understanding the popular opinions regarding oral health among Santa Barbara County residents. The survey thus contained questions to gauge residents' opinions on oral health topics of interest. Residents were asked to report their feelings, ranging from strongly agree to strongly disagree, on four statements. Respondents were additionally given the option to choose "I don't know".

The first statement was as follows: *Fluoride helps prevent tooth decay*. Results are shown below in Figure 27 above Statement 1. The majority of residents showed a positive response to fluoride, with 31% strongly agreeing and 41% agreeing. Thirteen percent (13%) of individuals felt neutral, and only 2% disagreed and 2% strongly disagreed. The final 11% reported not knowing.

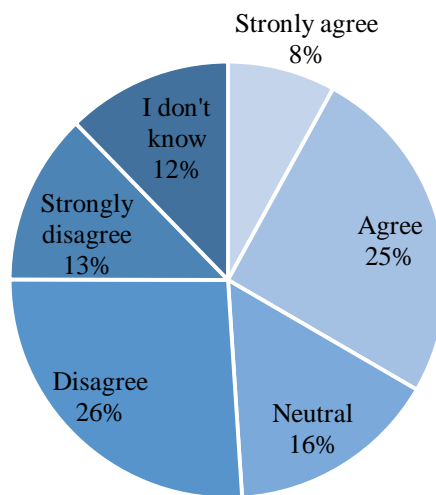
The second statement used to gauge resident opinion on fluoride was: *Fluoride can be used to help protect the teeth of infants and children*. The response results are shown below in Figure 27 above Statement 2. Respondents answered similarly to this question as they did the first, with 29% strongly agreeing, 38% agreeing, 13% neutral, 3% disagreeing, 2% strongly disagreeing, and 15% not knowing.

Finally, residents were asked their opinions on whether: *Community water fluoridation is a safe and effective way to prevent tooth decay in the community*. When compared with the previous question about fluoride, more individuals responded as not knowing if fluoride is a safe and effective way to prevent tooth decay in the community, 25%, as shown in Figure 27 above Statement 3. This is indicative of the confusion regarding community water fluoridation. Additionally, 18% strongly agreed, 32% agreed, 17% were neutral, 3% disagreed, and 3% strongly disagreed.



The last question used to understand community opinion focused on tooth loss. Residents were asked to respond to whether they: *Felt tooth loss was an expected part of getting older*. The results showed confusion over the non-normality of tooth loss. A quarter of individuals (25%) agreed and 8% strongly agreed that tooth loss was expected when getting older, with comparable proportions disagreeing (26%) and strongly disagreeing (13%), as shown below in Figure 28. Additionally, 12% stated that they did not know.

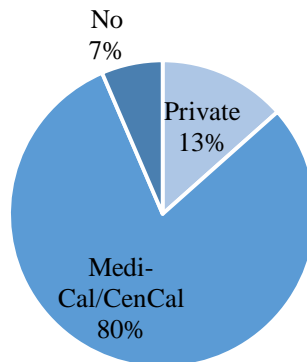
**Figure 28. Opinion: Tooth loss is an expected part of getting older, N=753.**



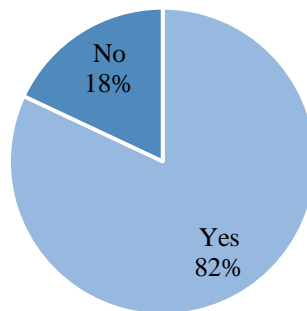
### Child Oral Health Statistics

The Oral Health Program administered a General Community Survey asking residents of Santa Barbara County about oral health. The survey provided important data regarding oral health access and utilization among children in Santa Barbara County. To capture this, 393 parents were asked if their child was covered under a health insurance plan and if so, what type. Respondents reported that 80% of children were enrolled in a Medi-Cal plan, 13% had private insurance, and 7% did not currently have medical insurance, as shown in Figure 29. Second, parents were asked the status of their child's dental insurance coverage. The survey found that 82% of children currently have dental insurance, while 18% do not, as shown in Figure 30.

**Figure 29. Does your child have Health Insurance?,  
N=393.**



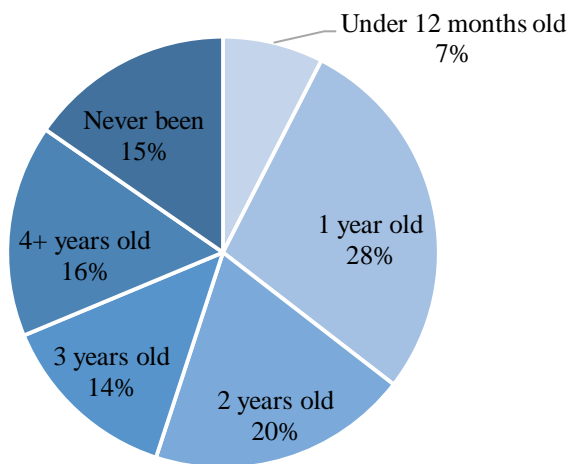
**Figure 30. Does your child have Dental Insurance?,  
N=393.**



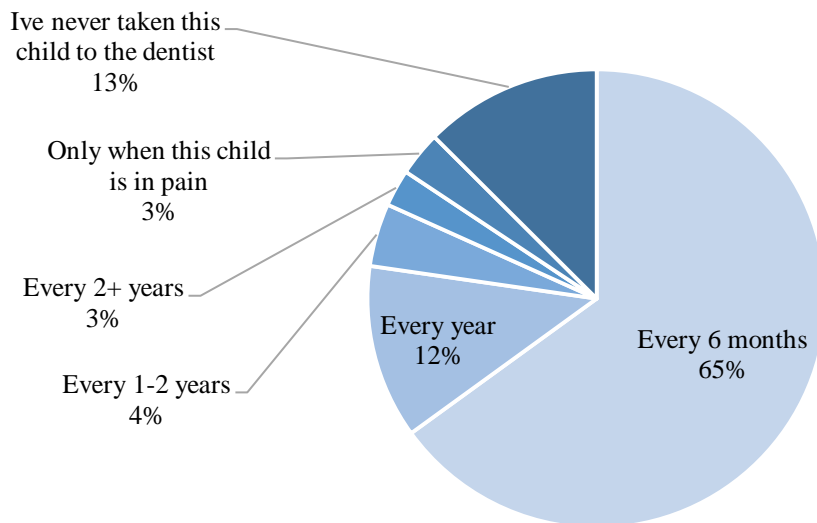
The survey further asked parents about their child’s dental visit history. Parents were asked to report the age at which their youngest child first went to the dentist. Results are shown below in Figure 31. The percentages varied moderately with 7% of children first attending a visit under twelve months old, 28% at 1 year old, 20% at 2 years old, 14% at 3 years old, and 16% at 4 or more years old. Fifteen percent (15%) of children were reported to have never been to a dentist. Parents were then asked the frequency of the child’s dental visits. The survey found that 65% of the children were reported to visit a dentist every 6 months, as shown below in Figure 32. Further, 12% of children visited a dentist every year, 4% every 1 to 2 years, and 3% every 2 or

more years. A small percentage of parents (3%) said that they only took their child to the dentist when the child was in pain. Finally, 13% of children were reported to have never been taken to the dentist.

**Figure 31. Age of Youngest Child's First Dental Visit, N=393.**



**Figure 32. Frequency of Child's Dental Visits, N=393.**



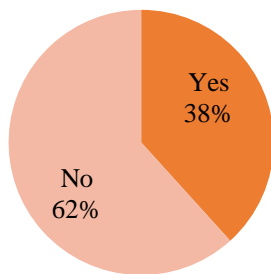


## Promotores Survey

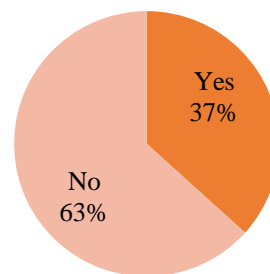
The Santa Barbara County Promotores Network is a community lead organization actively involved in promoting health throughout the county by way of education, policy change, and linking resources to health services. The Promotores Network administered an Oral Health survey to 444 Hispanic/Latino residents living within the County regarding oral health. Data was collected from each of the 3 regions, North County (150), Mid County (142), and South County (152). The goal was to assess the oral health needs specific to the Hispanic/Latino Community.

The survey first inquired about dental access. Among adults who participated, 38% of respondents said that they currently have a dentist, shown below in Figure 33. Only 37% of adults reported having some form of dental insurance, shown below in Figure 34. In regards to child dental access, 68% of respondents stated that their child has a dentist and 68% reported their child to have dental insurance, shown below in Figures 35 and 36.

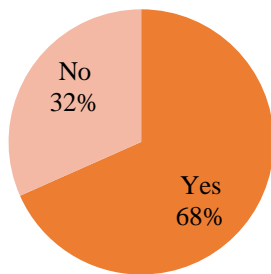
**Figure 33. Do you have a Dentist?, N=444.**



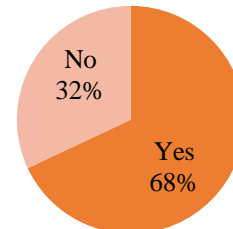
**Figure 34. Do you have Dental Insurance?, N=444.**



**Figure 35. Does your child have a Dentist?, N=444.**

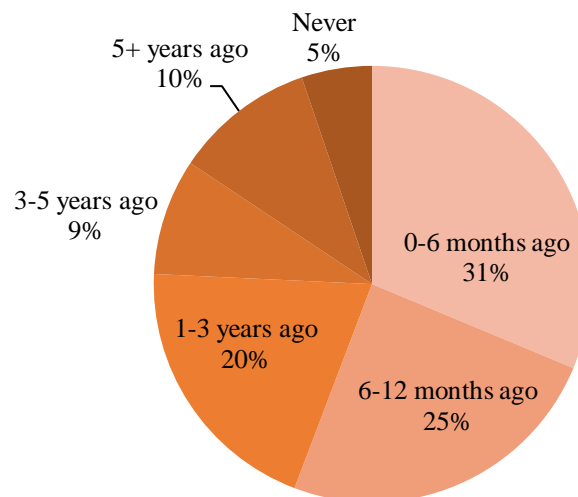


**Figure 36. Does your child have Dental Insurance?, N=444.**

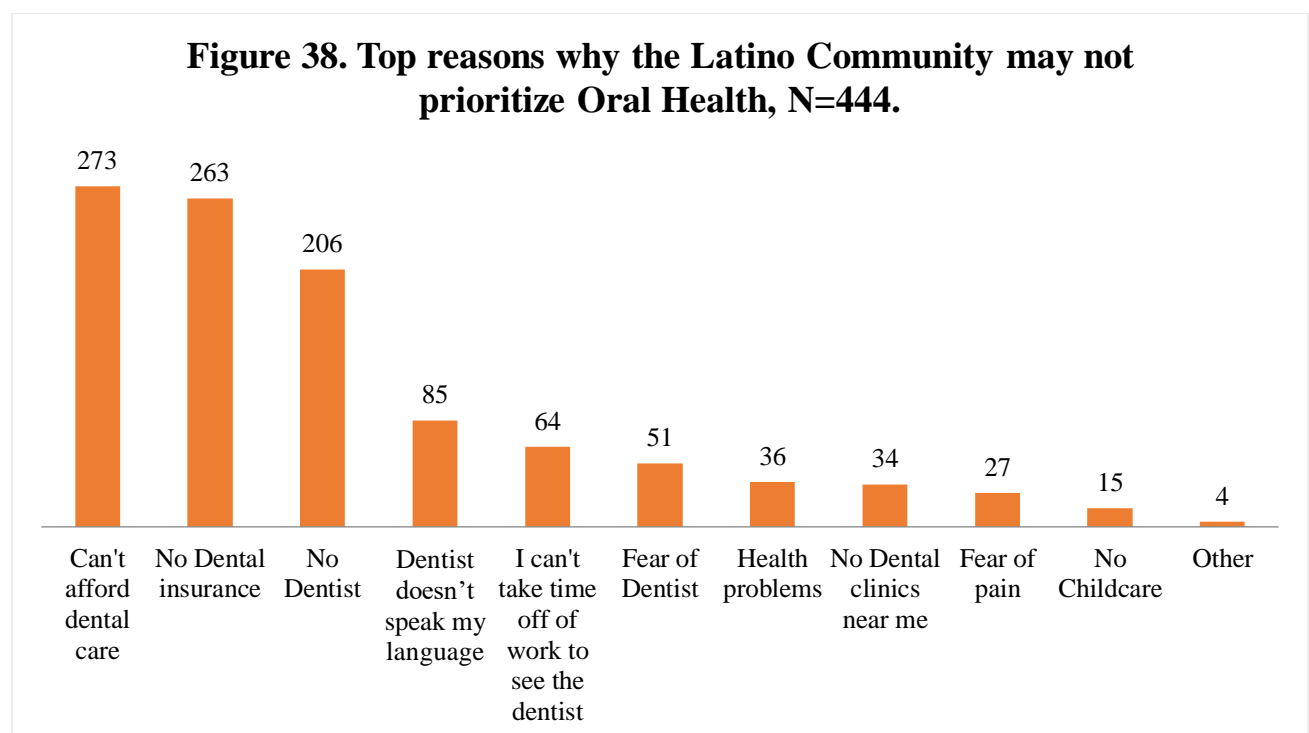


Respondents were further asked when their last dental visit was held. Only 31% of those surveyed said that they had visited a dentist within the last six months. A quarter of the respondents (25%) reported visiting a dentist between 6 and 12 months ago, 20% reported visiting a dentist between 1 and 3 years ago, and 19% reported visiting a dentist over three years ago. Finally, 5% of those surveyed reported having never been to a dentist. The resulting data are shown below in Figure 37.

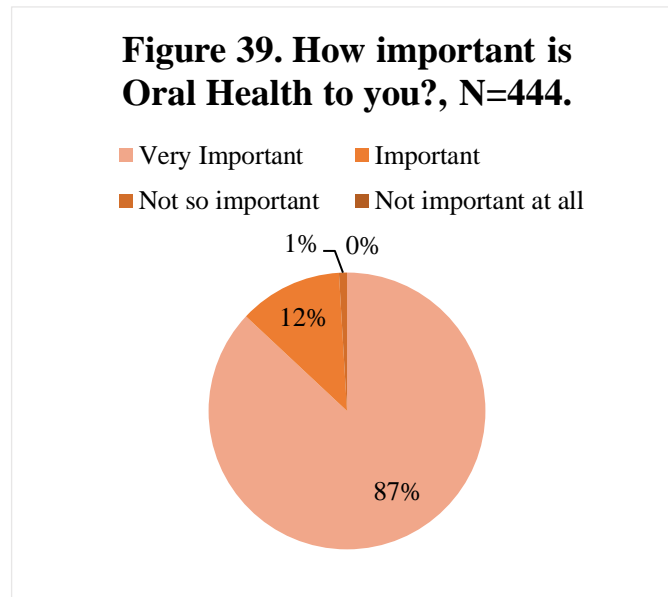
**Figure 37. When was the last time you went to the Dentist?, N=444.**



The survey sought to enumerate the top reasons why the Latino Community in Santa Barbara County may not prioritize oral health. The top reason, as stated by 273 respondents (61%), was the inability to afford healthcare. In a close second was lack of dental insurance, as selected by 263 respondents (59%). Following were not having a dentist (46%), failure of dentist to speak native language (19%), inability to take time off work to see a dentist (14%), and fear of the dentist (11%), as shown below in Figure 38.



The final question the survey inquired about was the importance of oral health. Of the respondents, only 87% reported that oral health was Very Important to them. The remaining individuals, stated that oral health was either just Important (12%) or Not So Important (1%), as shown below in Figure 39.

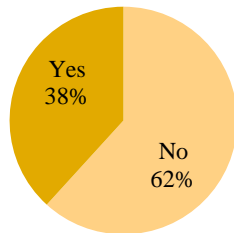


## Dental Providers Survey

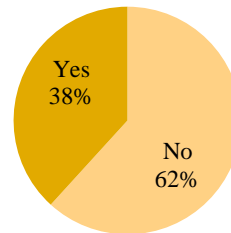
One of the most common complaints heard around the county in regards to oral health is the lack of dental providers accepting Medi-Cal Dental insurance plans. The Santa Barbara County Oral Health Program developed a survey asking local dentists if they take Medi-Cal Dental insurance. Dentists who accept Medi-Cal Dental were asked about their experience with Medi-Cal Dental insured patients. Dentists who do not accept Medi-Cal Dental insurance were asked about barriers to being Medi-Cal Dental providers.

Thirty-four (34) dentists in Santa Barbara County completed and returned the survey. Of the dentists, 13 (38%) accepted both adult and child Medi-Cal Dental patients and 21 (62%) did not, shown below in Figures 40 and 41. It should be noted that the same dentists who took adult Medi-Cal Dental patients, also took children.

**Figure 40. Dentists Accepting ADULT Medi-Cal Dental Beneficiaries?, N=34.**

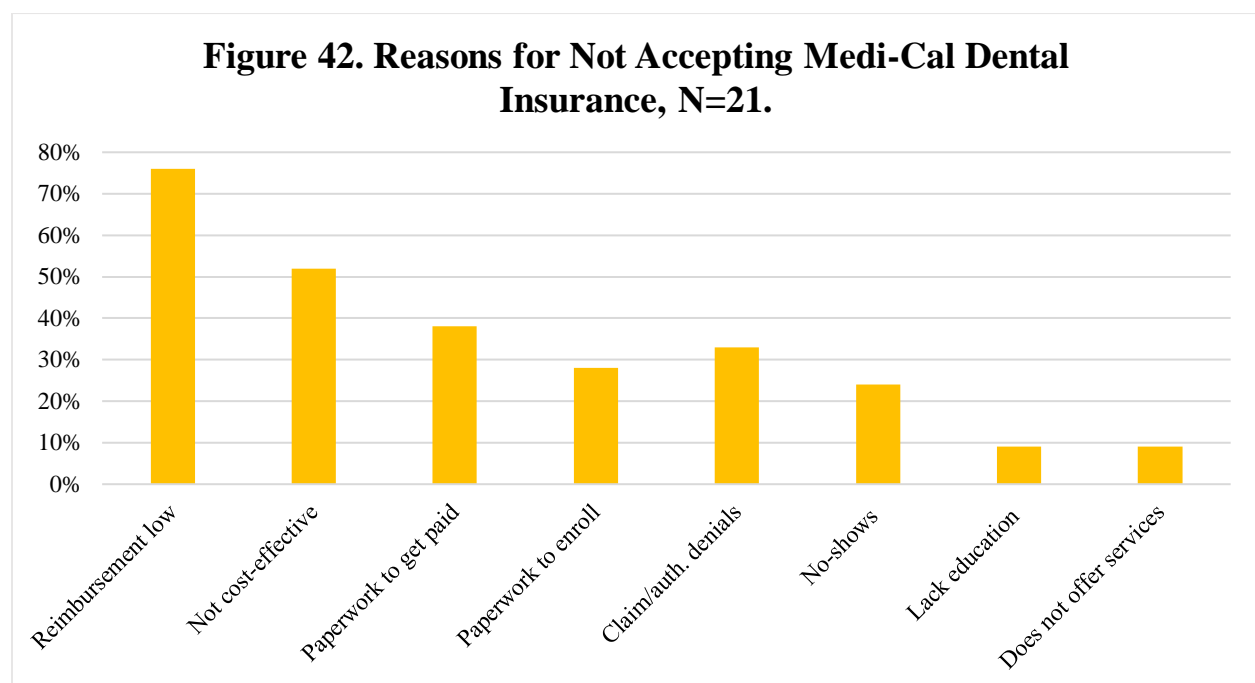


**Figure 41. Dentists Accepting CHILD Medi-Cal Dental Beneficiaries?, N=34.**



The dentists who reported not accepting Medi-Cal Dental insurance plans were asked to select phrases that best represented their reasoning as to why they do not take Medi-Cal Dental. The results are shown below in Figure 42. The majority of dentists (76%) who do not accept Medi-Cal Dental stated that Medi-Cal Dental reimbursement fees are too low. Half of these

dentists (52%) also reported that the reimbursement for service versus the time spent on procedures is not cost effective for Medi-Cal Dental patients. Many of the dentists stated that there was too much paperwork required to enroll in Medi-Cal Dental (28%) and too much paperwork required to get paid (38%). Another complaint was too many claims or pre-authorization denials, as mentioned by 33% of dentists. A quarter of the dentists (24%) were concerned about Medi-Cal Dental patients not attending their scheduled appointments. Finally, two dentists (9%) stated that Medi-Cal Dental beneficiaries are not properly educated on procedures (such as what is covered) and two dentists reported that their practice does not offer services covered under Medi-Cal Dental.

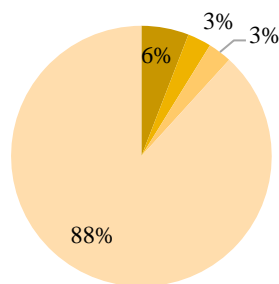


All of the dentists (regardless of Medi-Cal Dental insurance acceptance) were additionally asked their opinions regarding community oral health topics. Dentists were first asked whether they felt local legislation should prioritize oral health. The majority of dentists (88%) responded yes, local legislation should prioritize oral health, while 6% responded with no,

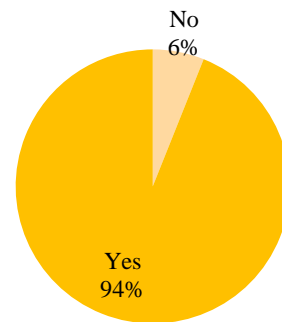
3% responded with no opinion, and 3% were unsure, as shown below in Figure 43. Second, dentists were asked if primary care providers, public health programs, or school-based dental programs conducting screenings, providing oral health education and applying fluoride varnish were helpful. Nearly all of the dentists (94%) reported that they found these activities helpful, shown below in Figure 44. Lastly, all of the dentists (100%) agreed that community water fluoridation is a safe and effective way to prevent tooth decay in the community.

**Figure 43. Opinion: Local legislation should prioritize oral health., N=34.**

■ No ■ No Opinion ■ Unsure ■ Yes



**Figure 44. Opinion: Are the oral health efforts of PCPs, Public Health Programs, and Schools Helpful?, N=34.**



## **Migrant Education Teacher Survey**

On June 22<sup>nd</sup> and 25<sup>th</sup> the Santa Barbara County Oral Health Program administered a survey to 32 teachers in the Santa Maria-Bonita School District at two elementary schools during a fluoride varnish event. The goal was to find out how the students felt about the event, assess how often the teachers talk about oral health in their classrooms, determine teacher willingness to participate in efforts to raise oral health awareness, learn of their opinions about water fluoridation and tooth loss, and to ask what they think the oral health priorities of their communities are. The Oral Health Program was able to extract the following results from the collected surveys.

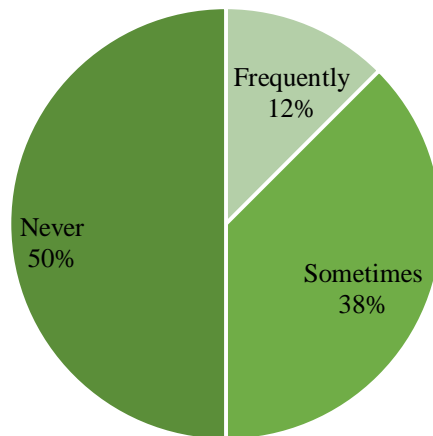
The teachers were first asked about student perception of the fluoride varnish event. Eleven of the teachers (34%) said that their students were apathetic about the fluoride varnish event. The other teachers reported that their students were either scared, nervous, confused, or a combination of the above. Teachers reported that the students wanted to know more about the event (i.e. what was being done, why it was being done, and what to expect).

Second, teachers explained their engagement with oral health in the classroom. A majority of teachers reported never talking about (38%) or only sometimes talking about (50%) oral health with their students, as shown below in Figure 45. Twenty-one teachers (66%) were willing to participate in efforts to raise oral health awareness in their classrooms. Many teachers advocated for the need of bilingual oral health education for parents of their students. Two-thirds of the teachers reported that the best way to incorporate oral health education into their teaching would be to have someone demonstrate good oral health practices to the students. As one sixth



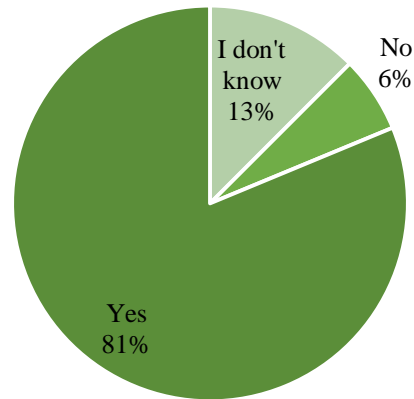
grade teacher noted, “I think our community needs awareness on how important oral health is! They need to be taught how to floss. For example, for a long time I'd been doing it wrong.”

**Figure 45. How often do you talk about Oral Health with your class?, N=32.**

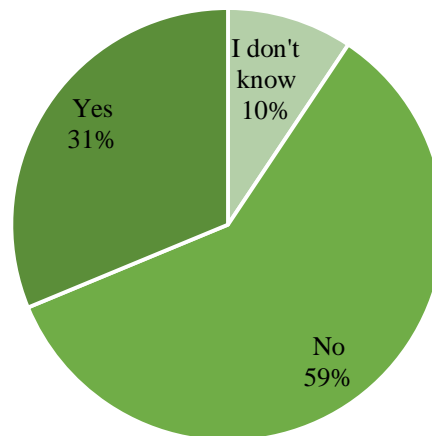


Lastly, teachers responded with their personal opinions regarding water fluoridation and tooth loss. A large majority of the teachers (81%) believe that community fluoridation is a safe and effective way to prevent tooth decay in the community, as shown below in Figure 46. Only 59% of teachers said that tooth loss was not an expected part of getting older, shown below in Figure 47.

**Figure 46. Opinion: Community fluoride is a safe and effective way to prevent tooth decay in the community, N=32.**



**Figure 47. Opinion: Tooth loss is an expected part of getting older, N=32.**



## Focus Group Findings

Four focus groups were conducted throughout Santa Barbara County which included a total of 44 participants (Table 11). Two focus groups were conducted in Spanish and two were in English. The majority of the participants were 20-60 years of age, and one group consisted of college age students (18-28).

| Table 11. Focus Groups Conducted by Oral Health Team |  |   |              |
|--|--|---|--------------|
|  | Site   | Characteristics   | Participants |
| 1  | Lompoc Promotores                            | Hispanic; Spanish speaking group of adults; mostly women                | 18           |
| 2  | Santa Barbara City College Students          | White and Hispanic; mostly women, college age                           | 6            |
| 3  | Franklin Elementary School Parents           | Hispanic; Spanish speaking group of adults with children; mixed genders | 5            |
| 4  | Lompoc Dental Access Resource Team Coalition | White and Hispanic; mostly women, adults                                | 15           |
| Total  |  |   | 44           |

All participants voted unanimously that oral health was extremely important (rating of 5) to their overall health. They all also had good ideas of what factors besides dental care contribute to good oral health. The consensus was that better personal nutrition, avoiding alcohol consumption, prevention of smoking, and good treatment and management of other diseases like diabetes would all contribute to good dental health. When asked if the participants came in contact with any oral health information in their daily lives, they responded that they never did unless they went to the dentist.

Regular dental service utilization was discussed among the focus groups. Santa Barbara City College (SBCC) students all reported having received dental services in the past year at private dental offices. The students felt satisfied with the care they were receiving at these visits. The promotores respondents reported that their children had indeed received dental care in the

past year as well, but through both the Community Health Clinic (CHC) in Lompoc and private clinics in Santa Maria. However, the promotores respondents mentioned a significant degree of dissatisfaction with the services provided. It was mentioned that many low-income and migrant residents do not regularly attend dental visits because they do not value oral health care. They choose to see a dentist when issues arise, rather than for preventative check-ups or cleanings. Additionally, it was mentioned that some migrant workers will travel to Mexico to receive dental care in the event of an issue because of the reduced costs.

Dental utilization is predicated on access to dental health services. Once again, the SBCC students, representing those of high socioeconomic status (SES), were able to get dental appointments with ease. One of the focus group attendees even noted, “it’s harder for me to get regular appointments with the doctor than it is with the dentist.” The increased accessibility of dental services was attributed to having private insurance and the substantial number of providers in the area. Quite oppositely, respondents representing lower SES populations lamented on the difficulties of securing dental appointments. Many attendees discussed the lack of availability for appointments, not just for check-ups, but for emergencies and procedures requiring children to be placed on anesthetics. The current wait for a child to be put under for a dental procedure is over 6 months in Santa Barbara County. This lack of access was mainly attributed to having Medi-Cal Dental insurance coverage. As it was mentioned, “dental clinics give priority to those with private insurance and those that don’t have insurance get a later appointment.” When dentists were asked about this problem in the focus groups, they reported that their offices actually lose money when they see a Medi-Cal Dental patient for an

appointment. Concurrently, they lose money for no-show appointments and Medi-Cal Dental patients have higher rates of no-shows.

Many barriers to optimal oral health were discussed among the focus groups. The most common barrier to dental utilization noted was the lack of Medi-Cal Dental providers in the area. Second, a proportion of county residents are immigrants who do not qualify for Medi-Cal because of their legal status and can't afford private health insurance. These individuals are left to pay out of pocket for costly treatments. Third, time and geographic barriers such as working hours and transportation contributed to decreased utilization and lack of access to dental services. Fourth, many mentioned how dental offices failed to provide adequate explanations of coverage and billing. Respondents also mentioned a general lack of procedural explanation. Lastly, across all of the focus groups, the lack of oral health education was seen as a major barrier to optimal oral health for the residents of Santa Barbara County. As one attendee stated, "For many of them it is not a priority. A lot of them just aren't informed. Dental health care education is probably lacking." The parents at Franklin Elementary did, however, report outstanding educational efforts at both the school and neighborhood clinics, proving that focused efforts on small communities has potential for improvement in this regard.

Recommendations from the focus groups mainly revolved around increasing the number of dental offices and providers that accept Medi-Cal Dental insurance plans. Concurrently, attendees would like to see more procedural and benefits explanation and overall honesty from dental offices. The focus group attendees all agreed that in order to improve the oral health

outcomes in Santa Barbara County, there must be more awareness, education, and resources available to residents.

## **Key Informant Interviews**

A selection of dentists in private practice and community clinics, as well as stakeholders from non-profits, family service agencies and local partners discussed current issues facing dental health in Santa Barbara County. A majority of respondents discussed the high need for more Medi-Cal Dental providers for adults throughout the county, and for more surgery/anesthesiology providers for children who require extensive dental surgery.

Both American Indian Health and Services' Dental and Executive Directors explained dental was of high importance to their patients. The American Indian Health and Services Clinic is dual qualified as an FQHC and Indian Health Clinic – and is able to secure extra dental grants to meet patient demand. However, there are only two clinics in the County, one in Santa Barbara and one in Santa Ynez: The Santa Ynez Tribal Clinic. The Santa Ynez Tribal Clinic meets the needs of local patients and accepts Medi-Cal Dental, however they explain that they often do not accept new Medi-Cal Dental patients due to the high demand placed on the clinic.

Santa Barbara Street Medicine volunteers and nurses explain the limited options for the homeless population. “A dentist [as part of the volunteer team] is like a unicorn! You rarely see them!” – Matt Sumethasorn, Medical Volunteer. Caitlin Dunn, a Public Health Nurse for the Healthcare for the Homeless Program at Santa Barbara County's Public Health Department

discussed the need for clean water for patients to brush their teeth, without this, it is difficult to encourage the homeless population to take care of their oral health.

The Non-Profit Unity Shoppe explains there are many undocumented people in Santa Barbara County. Unity Shoppe has a food pantry that serves a diverse group in the community, including seniors on Medicare. These individuals, over the age of 65, do not receive Medi-Cal Dental. Dr. Stefanie Lopez, a local dentist, noted the high need for senior dental services in Skilled Nursing Facilities. These people are unable to make it to the dentist due to health problems or transport. Tri-Counties Dental Care Coordinator voiced the same difficulties for those with disabilities in the community.

Consensus shows many community members are concerned about the lack of Medi-Cal Dental providers, which include specialties such as endodontics and oral surgery/sedation services for both children and adults. There is also a lack of oral health awareness and literacy throughout the county, as well as inconsistent messaging between community partners. The lack of consistent, comparable data was also an issue discussed with stakeholders and the community. While many community partners do have an oral health focus, there is no clear guidelines for data or sufficient existing data to compare efforts with and see progress.

In conclusion, community partners agreed to consistent oral health messaging throughout all regions of the county, support to provide sufficient data and clear communication between stakeholders, and programs to improve the oral health of Santa Barbara County residents.

## **Appendices**

Attachment 1: County Survey

Attachment 2: Promotores Survey

Attachment 3: Dental Providers Survey

Attachment 4: Teacher Survey

Attachment 5: Focus Group Questions

Attachment 6: Key Informant Interviews

Attachment 7: Santa Barbara Dentists Accepting New Patients by Specialty



## Attachment 1: County 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.*

#### Part I. Adults

1. What is your age range?

☐ 18 and under

☐ 35-44

☐ 65-74

☐ 18-24

☐ 45-54

☐ 75-84

☐ 25-34

☐ 55-64

☐ 85+

2. What ethnicity do you identify as?

☐ White/Caucasian

☐ Asian/Pacific Islander

☐ Latino/Hispanic

☐ Other

☐ Black/African American

3. City or Town of Residence? \_\_\_\_\_ Zip code? \_\_\_\_\_ (fill in the blank)

4. Do you have Health insurance?

☐ Private

☐ Medi-Cal/CenCal

☐ No

☐ Other: \_\_\_\_\_

5. Do you have Dental insurance?

☐ Yes

☐ No

6. How would you rate your own oral health?

☐ Excellent

☐ Very Good

☐ Good

☐ Fair

☐ Poor

7. How important is oral health to you?

☐ Very Important

☐ Important

☐ Not so Important

☐ Not important at all

8. How many times do you do these activities in a typical day? (check the box)

0 times                      1 time                      2 or more times

|                  |                          |                          |                          |
|------------------|--------------------------|--------------------------|--------------------------|
| Brush your teeth | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Floss your teeth | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

9. Do you currently need to see a dentist for a problem?

☐ Yes

☐ No

☐ I don't know

10. If yes, when?

☐ Immediately

☐ I could probably wait 1-3 months

11. When was the last time you went to the dentist?

☐ 0-6 months ago


☐ 1-3 years ago

☐ 5+ years ago

☐ 6-12 months ago

☐ 3-5 years ago

☐ Never

Please turn the paper over and complete the survey 

*For questions please call Santa Barbara County Health Department at (805) 681-3389*

12. If it has been more than 6 months since you or your family members have seen the dentist, what are the main reasons? [Check up to 3]

- |  |  |
|--|--|
| <input type="checkbox"/> Health problems                         | <input type="checkbox"/> Dental health can wait              |
| <input type="checkbox"/> Can't take time off from work or school | <input type="checkbox"/> Dentist doesn't speak my language   |
| <input type="checkbox"/> No dentist                              | <input type="checkbox"/> Can't afford dental care            |
| <input type="checkbox"/> Don't know where to go                  | <input type="checkbox"/> Dentist is too far away             |
| <input type="checkbox"/> Afraid of the dentist                   | <input type="checkbox"/> Teeth seem healthy/ no reason to go |
| <input type="checkbox"/> No dental insurance                     | <input type="checkbox"/> Other (please describe below)       |
| <input type="checkbox"/> Fear of pain                            |  |
| <input type="checkbox"/> No childcare                            |  |

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**Your Opinion:**

13. Fluoride helps prevent tooth decay.

- ☐ Strongly agree   ☐ Agree   ☐ Neutral   ☐ Disagree   ☐ Strongly disagree   ☐ I don't know

14. Fluoride can be used to protect the teeth of infants and children.

- ☐ Strongly agree   ☐ Agree   ☐ Neutral   ☐ Disagree   ☐ Strongly disagree   ☐ I don't know

15. Community water fluoridation is a safe and effective way to prevent tooth decay in the community.

- ☐ Strongly agree   ☐ Agree   ☐ Neutral   ☐ Disagree   ☐ Strongly disagree   ☐ I don't know

16. Tooth loss is an expected part of getting older.

- ☐ Strongly agree   ☐ Agree   ☐ Neutral   ☐ Disagree   ☐ Strongly disagree   ☐ I don't know

**Part II. CHILDREN**

*Parents with children under 18, please complete this section for your youngest child. Thank you!*

1. This child's age? \_\_\_\_\_ (fill in the blank)

2. How old was this child when he/she first went to the dentist? \_\_\_\_\_ (fill in the blank)

3. Does your child have **Health** insurance?

- ☐ Private   ☐ Medi-Cal/CenCal   ☐ No   ☐ Other: \_\_\_\_\_

4. Does your child have **Dental** insurance?

- ☐ Yes   ☐ No

5. How often do you usually take this child to the dentist?

- |  |   |
|--|---|
| <input type="checkbox"/> Every 6 months    | <input type="checkbox"/> 2+ years                             |
| <input type="checkbox"/> Once a year       | <input type="checkbox"/> When in pain                         |
| <input type="checkbox"/> Every 1 - 2 years | <input type="checkbox"/> I've never taken them to the dentist |

**THANK YOU!**

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*For questions please call Santa Barbara County Health Department at (805) 681-3389*

## Attachment 2: Promotores Survey

### SBCEO Health Linkages SBC Promotores Oral Health Survey

Total surveys:

Do you have a dentist?

Do you have dental insurance?

Do you have children under the age of 18?

Does your child(ren) have a dentist?

Does your child(ren) have dental insurance?

How important is oral health to you?

- Very important
- Important
- Not so important
- Not important at all

When was the last time you went to the dentist?

- 0-6 months
- 6-12 months
- 1-3 years
- 3-5 years
- More than 5 years
- Never

Pick the top three reasons using 1, 2, 3 why the Latino Community may not prioritize oral health.

- can't afford dental care
- No dental insurance
- No dentist
- Dentist doesn't speak my language
- I can't take time of work to go to the dentist
- Fear of dentists
- Health problems
- No dental clinics near
- Fear of pain
- No childcare
- Other \_\_\_\_\_

Have you participated in any training about oral health?

How often do you talk about oral health with community members?

- Not at all
- Sometimes
- Frequently
- All of the time

**Could oral health messages be integrated into the work you do?**

- Yes
- No
- Not sure

**What would be the best way to integrate oral health messages? Mark all that apply**

- Use flyers or handouts with basic information and/or pictures
- Advocate for improved dental services
- Refer community members to dentists/dental clinics
- Promote ~~Denti~~-Cal enrollment
- Demonstrate good oral health practices
- Receive training with specific messages to use
- Receive training on how to integrate messages into your work
- Share statistics about oral health
  
- Other \_\_\_\_\_

**How willing would you be to participate in efforts to raise awareness in your community about oral health?**

- Yes! Sign me up!
- Interested, but I don't have the time
- Not Interested

**What would you be willing to do? Mark all that apply**

Come to a meeting to brainstorm ideas  
Share your own Oral Health history  
Recruit community members to get involved

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## Attachment 3: Dental Providers 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 you do not accept Denti-Cal (adults OR children), please select at least one of the following:  
☐ Reimbursement fees are too low.  
☐ Too many no-shows.  
☐ Denti-Cal beneficiaries are not properly educated on procedures (what is covered, etc.)  
☐ Our practice does not offer covered services (i.e. stainless steel crowns, dentures, etc.)  
☐ There is too much paperwork required to enroll.  
☐ There is too much paperwork required to get paid.  
☐ Too many claim or pre-authorization denials.  
☐ Reimbursement for services vs. time spent on procedures is not cost-effective.  
☐ Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In your opinion:

Community fluoride is a safe & effective way to prevent tooth decay in the community.

- ☐ Yes  
☐ No  
☐ Other: \_\_\_\_\_

Local legislation should prioritize oral health.

- ☐ Yes  
☐ No  
☐ Other: \_\_\_\_\_

It is helpful when Primary Care Providers, Public Health programs or school-based dental programs conduct screenings, provide oral health education and fluoride varnish application.

- ☐ Yes  
☐ No  
☐ Other: \_\_\_\_\_

## Attachment 4: Teacher Survey



Local Oral Health Program  
Region 22 (Santa Maria-Bonita) Migrant Education - Summer School Survey  
June 22<sup>nd</sup> & 25<sup>th</sup> 2018



1. When told about the fluoride varnish event today, were the children:
  - ☐ Nervous
  - ☐ Excited
  - ☐ 50/50 (Nervous & Excited)
  - ☐ Didn't care
  - ☐ Other \_\_\_\_\_
2. How often do you talk about oral health with your class?
  - ☐ Not At All
  - ☐ Sometimes
  - ☐ Frequently
  - ☐ All The Time
3. What 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.
  - ☐ Demonstrate good oral health practices
  - ☐ Other \_\_\_\_\_
4. How willing would you be to participate in efforts to raise oral health awareness in your classroom?
  - ☐ Yes! Sign me up!
  - ☐ Interested, but I don't have time.
  - ☐ Not Interested.

### Opinion questions:

1. Community fluoride is a safe & effective way to prevent tooth decay in the community.
  - ☐ Yes
  - ☐ No
  - ☐ I Don't Know
2. Tooth loss is an expected part of getting older.
  - ☐ Yes
  - ☐ No
  - ☐ I Don't Know
3. What do you see as oral health needs in Santa Barbara County?

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Class/Grade/Ages Taught: \_\_\_\_\_

Date: \_\_\_\_\_

## Attachment 5: 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. How important is dental care (care of our teeth) to our overall health? Numeric scale from 1=much less important to 5=much more important?
2. What do you like to normally eat for a snack? If you have kids, what do you like to give them for a snack? What food do you like to celebrate with?
3. Have you received/read information about dental care? From where? How would you like to get information about staying healthy and getting the care you need - text message, email, brochure, flyer, social media, community event, doctor's office?
4. Have you or your child received dental services in the past year?
  - a. If yes, where were those services provided
    - i. Private dentist office? What services did your child receive?
    - ii. Did your child receive dental services at school? If yes, what services?
    - iii. Other – low income clinic. If yes, what services?
  - b. If no dental services 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?



9. Are there any services that you wish that you could get for either yourself or your child that you are unable to get right now? What are they?
10. What would make dental services in Santa Barbara County easier to get?
11. Does location of a dental office matter? What factors influence where you receive care?
12. Is there anything else you would like to tell us about dental care in Santa Barbara County?

## **Attachment 6: Key Informant Interviews**

Dates: March– May 2018

Interviews:

1. Dr. Sam Burg (Santa Maria Children’s Dentistry)
2. Dawn Dunn (Tobacco Prevention Program)
3. Trina Long (Nutrition and Obesity Prevention Program)
4. MaryEllen Rehse (Health Linkages – Children’s Oral Health Program)
5. Arcelia Sencion (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. Goumas (Child Health and Disability Prevention Program – Healthcare Clinics)
10. Domenic Caluori (Santa Barbara Neighborhood Clinics – Dental Director)
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 (CHCCC) – Dental Director)
18. Dr. Joseph Mercardante (Brush! Brush! Brush! Program (CHCCC) – Dentist)
19. Kayla Sejera – RDAHP Dental Coordinator Tri Counties Medical Center.

## Attachment 7: Santa Barbara Dentists Accepting New Patients by Specialty

| 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 ORTHODONTIST  | 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                        |

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/](https://www.denti-cal.ca.gov/Beneficiaries/Denti-Cal/Provider_Referral_List/)

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