

LOCAL ORAL HEALTH - FACT SHEET

ORAL HEALTH OF SAN BERNARDINO COUNTY

Did you know?

Students with a toothache in the last 6 months were 4 times more likely to have a lower grade point average than their healthier counterparts¹.

Students' absences due to dental problems cost CA school districts about \$29.7 million annually².

California children miss 874,000 school days each year due to dental problems³.

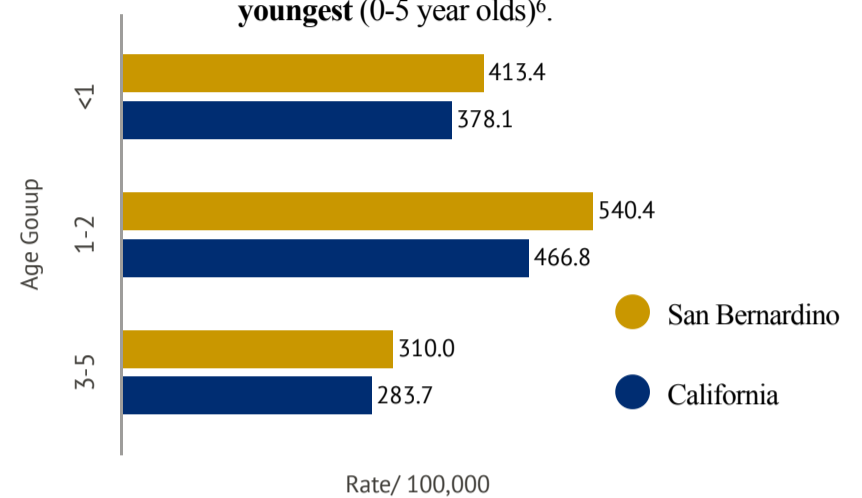
3 in 10 Californian adults avoid smiling and 1 in 4 feel embarrassment due to the condition of their mouth and teeth⁴.

Tooth decay continues to be prevalent in our County's children.

Three in ten kindergartners assessed suffer from untreated tooth decay⁵.



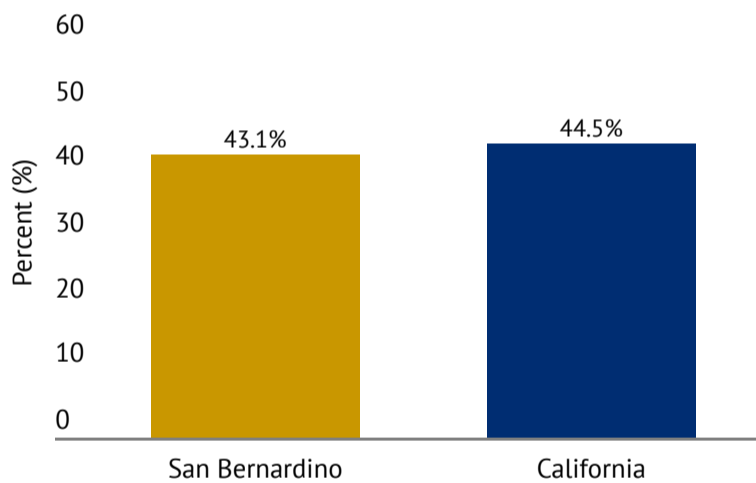
Many children end up at the Emergency Department for preventable dental conditions. Furthermore, of all children, rates were highest among our youngest (0-5 year olds)⁶.



Visits to the Emergency Department for Preventable dental conditions (e.g. tooth decay), 2012-2016.

Use of services by low-income children is lower than CA average.

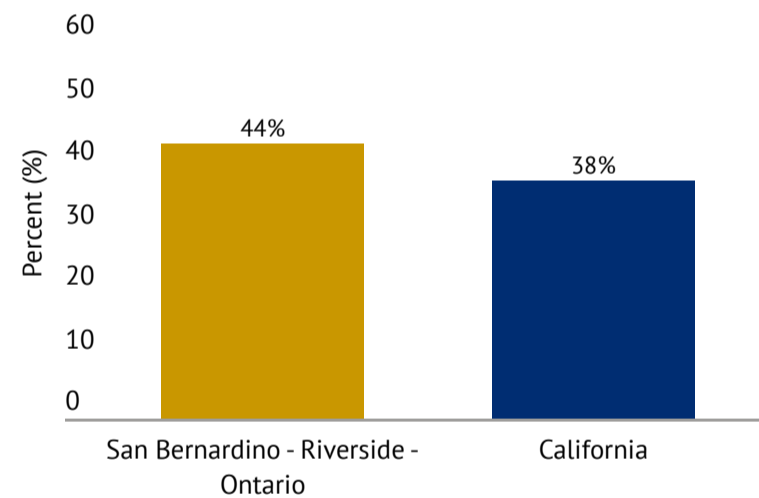
Less than half of our County's Medi-Cal eligible children had a dental visit in the past year⁷.



Percent of Medi-Cal children who used a preventive dental service in 2016.

Adults in our County have high unmet oral health care needs.

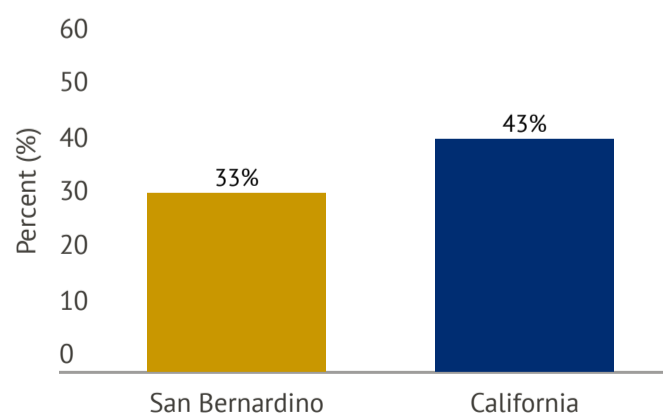
Forty-four percent (44%) of adults in our region (includes San Bernardino, Riverside and Ontario metro areas) have lost a permanent tooth to decay or gum disease⁸.



Percent of adults who lost one or more permanent tooth to dental disease, 2014.

Use of services by our County's pregnant women is lower than CA.

Only 33% of pregnant women in San Bernardino County had a dental visit during pregnancy, a rate significantly lower than CA average⁹.



Percent of pregnant women who had a dental visit during pregnancy, 2015-16.

Our County has a shortage of Medi-Cal Dental Providers.

Less than one in ten (9.7%) dentists practicing in San Bernardino County treats patients insured through Medi-Cal¹⁰.



DATA SOURCES:

(1) Pourat N and Nicholson G. Unaffordable Dental Care Is Linked to Frequent School Absences. Los Angeles, CA: UCLA Center for Health Policy Research, 2009; (2) Seirawan H, Faust S, Mulligan R. The impact of oral health on the academic performance of disadvantaged children. American journal of public health. 2012; (3) Pourat, N., & Nicholson, G. Affordability of Needed Dental Care is linked to Frequent School Absences, pre-publication manuscript. Los Angeles: UCLA Center for Health Policy Research, Oct 2009; (4) American Dental Association - Healthy Policy Institute; (5) System of Children's Oral Health Reporting (SCHOR); (6) Office of Statewide Health Planning and Development (OSHPD) and California Department of Public Health, Office of Oral Health (CDPH-OOH); (7) Department of Health Care Services - Open Data Portal; (8) Behavioral Risk Factor Surveillance System; (9) CDPH - Maternal and Infant Health Assessment (MIHA); (10) American Dental Association.



Public Health
Local Oral Health

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PROGRAM SUMMARY - GOALS AND OBJECTIVES

In 2018, a **Local Oral Health Program (LOHP)** was established in San Bernardino County. The program aims to work in **alignment with** and towards achieving goals and objectives outlined in the **California State Oral Health Plan, 2018-2028**. The California Oral Health Plan is a 10-year framework for addressing oral health disparities in local communities and statewide, built to align with the four focus areas of the California Wellness Plan: healthy communities; optimal health systems linked with community prevention; accessible and usable health information; and prevention sustainability and capacity. The program is **funded by the California Department of Public Health, Office of Oral Health** through funds generated as results of passage of the California Healthcare, Research and Prevention Tobacco Tax Act of 2016 (**Proposition 56 Tobacco Tax**).

The LOHP is tasked with **improving oral health, especially of vulnerable and high-risk populations**, through assessment, planning, health promotion and education, population-level disease control and prevention, and capacity-building. This program will also focus on coordinating county-wide efforts and building partnerships. The **first year of the grant** was devoted to conducting a **comprehensive community oral health needs assessment**, and developing a **stakeholder-informed strategic plan and evaluation plan**.

Priority Areas



ACCESS TO CARE

Increase availability, accessibility, and utilization of oral health services across the county.



KNOWLEDGE, EDUCATION, AND AWARENESS

Empower individuals/communities with information to take action to improve and maintain oral health.



COORDINATION OF COUNTYWIDE EFFORTS

Promote partnerships and collective efforts to optimize resources and achieve sustainability.



DENTAL WORKFORCE

Expand and strengthen the workforce to meet the varied oral health needs of the county.



INTEGRATION OF SERVICES

Empower service providers to improve overall health and well-being through integrated approaches.



SURVEILLANCE, MEASUREMENT, AND EVALUATION

Implement a comprehensive data collection, analysis, and reporting system to support program efforts.

Summary:

Funder: California Department of Public Health

Lead Agency: San Bernardino County Department of Public Health

Populations Served: All, with a focus on underserved and vulnerable populations

Main Focus: Public health services and population-level disease prevention



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