

**2018
Glenn County
Oral Health Needs
Assessment**

**Appendix B
Key Stakeholder Interviews/Survey**

December 2018

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Key Stakeholder Interviews/Survey

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KEY STAKEHOLDER INTERVIEWS/SURVEY

Introduction and Background

Purpose of the Survey

The purpose of the key stakeholder survey was to identify views on oral health and well-being in Glenn County among key stakeholders in the community, as well as develop a baseline of available providers and services in the county. This approach is one component of the Oral Health Needs Assessment (OHNA) sponsored by First 5 Glenn, Glenn County Office of Education, Orland Unified School District, First Care Medical Association, Ampla, Willows Unified School District, Northern Valley Indian Health, Inc., and the Glenn County Health and Human Services Agency. The Oral Health Needs Assessment is coordinated by the Glenn County Oral Health Program.

Methodology

In preparing for the key stakeholder assessment, two instruments were developed. The Glenn County Oral Health Program staff developed one instrument targeting key oral health partners in the community. These key partners included oral health clinics, health and human services providers, schools, and community-based organizations. Questions were designed to solicit the experience and expertise of key partners, including their perspective on the barriers to dental care in the county, as examples. The Community Oral Health Partner Survey was conducted via pen-to-paper by program staff with members of the Glenn County Oral Health Coalition (n=16) in May 2018. The instrument was composed of 12 questions which were designed to identify oral health issues in Glenn County, and possible solutions to addressing these issues, from the perspective of community partners.

A second instrument was developed by program staff and the program's evaluation consultant targeting dental providers in Glenn County. The Dental Provider Interview/Survey questions were based on identifying elements of the dental health system using the Association of State and Territorial Dental Directors (ASTDD) Seven Step Model as a guide for collecting important information, e.g., the number of dentists, dental assistants and dental hygienists, and whether or not the provider accepts Denti-Cal patients.

The Dental Provider Interview/Survey was delivered by program staff to all seven dental offices in Glenn County between June and July, 2018. This instrument was composed of 16 questions designed to assess the types of services provided, as well as issues/challenges from the perspective of dental providers.

Both of the surveys were administered in English.

Data Entry and Analysis

Data were entered into Survey Monkey then extracted into Microsoft Excel. The data were subsequently cleaned and analyzed to tabulate percentages and frequencies for each survey question. Responses to open-ended questions were recoded based on common characteristics.

Interview/Survey Responses

The target group consisted of key community leaders and informants in Glenn County; representatives of county health and human services, county office of education, children and youth service providers, local schools and community dental clinics, among others. Of 16 members on the Glenn County Oral Health Coalition, 14 members completed the written survey.

Of 7 dental offices in Glenn County, 3 participated in the survey by phone and/or provided a completed written copy of the survey. All 3 of the participating providers were Medi-Cal/Denti-Cal providers. The remaining providers that did not participate in the interview/survey were private pay or private dentists that did not accept Medi-Cal/Denti-Cal.

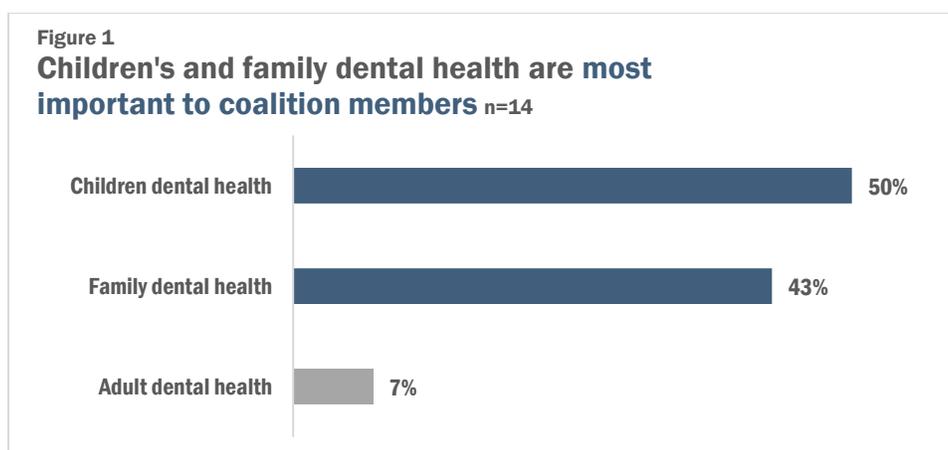
Limitations

The intent of the key informant assessment was to solicit responses from a variety of key leaders and community representatives vis-a-vis the dental health system in Glenn County, including dental providers in the county. However, there are several groups absent from the pool of informant responses. These include transportation planning agencies, local funders/foundations, as well as most of the dental providers in the community, among others. Consequently, these perspectives are underrepresented in the results. Additionally, the opinions represented are those of the participants and not necessarily representative of the entire dental health system in the county. Thus, these results are useful in conjunction with other supporting data such as the community oral health surveys, and oral health status assessment to characterize oral health in Glenn County, identify oral health issues in the community, and select priorities and strategies for action.

RESULTS

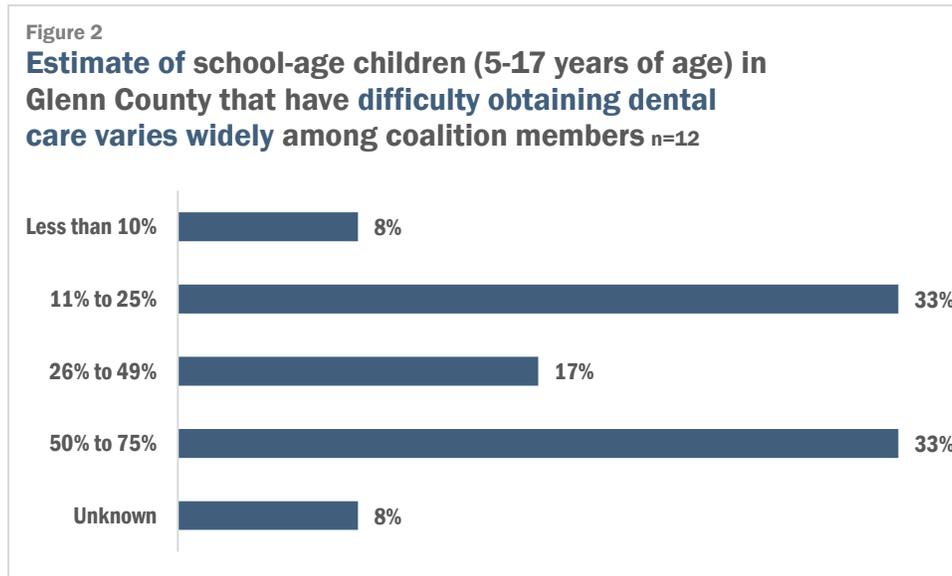
Most Important Target Populations for Coalition Members

For Glenn County Oral Health Program Coalition members, children's dental health and family dental health are the most important target populations on which their services are focused (50% and 43%, respectively) (Figure 1).



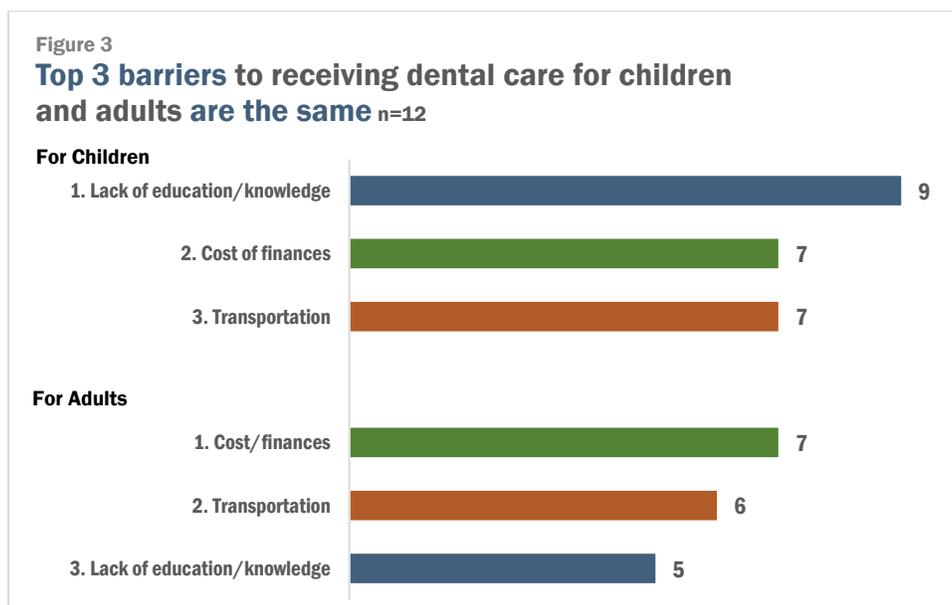
Perception of Access to Dental Care for School-Age Children (5-17 years of age)

As indicated in Figure 2, an estimate by coalition members as to the percentage of school-age children that have difficulty obtaining dental care in Glenn County varies significantly. One-third (33%) of coalition members estimate 50-75% of school-aged children have difficulty obtaining dental care, while another one-third (33%) estimate 11-25% of school-aged children have issues accessing dental care.

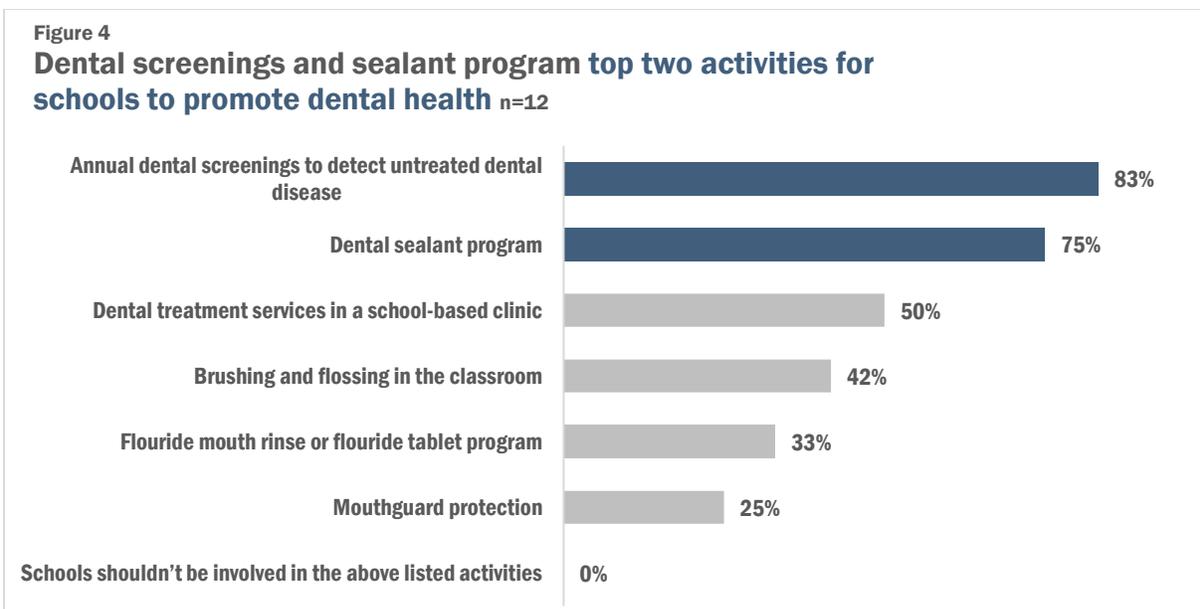


Top 3 Barriers to Dental Care

When it comes to the Top 3 Barriers to receiving dental care, coalition members defined the same barriers for children and adults: lack of education/knowledge, cost/finances, and transportation (Figure 3).



Coalition members were asked to identify the most important activities for schools to promote dental care. The top two activities were: 1) annual dental screenings; and 2) dental sealant programs (83% and 75%, respectively) (Figure 4).



Overview of Dental Provider Services

Three dental providers participated in an interview or written survey. A summary of the responses of these 3 providers follows:

- 2 of the 3 are **Federally Qualified Health Centers**
- 3 **accept Medi-Cal/Denti-Cal** patients
- The 3 practices combined **see approximately 342 children 0-17 years of age** and 683 adults 18+ years of age on a monthly basis
- All 3 providers see children for the first time **at first tooth eruption and/or between 1-2 years of age**
- 2 practices are booked out for **new patient appointments less than 30 days**; 1 practice is booked out more than 90 days
- 1 practice **schedules appointments outside of business hours** due to patient school or work hours; 2 do not
- 1 practice **accepts walk-in patients**; 2 accept patients by appointment only

- 1 clinic has a **full-time pediatric specialist**
- 1 provider assesses patients 12 and older for **tobacco/cannabis use** as part of their intake procedures; 2 assess patients 18 and older only
- All 3 providers **provide tobacco cessation information**

Biggest Challenges Experienced by Dental Providers

When asked what the biggest challenges that dental providers experience as part of their practice seeing patients, especially children, the following four comments were made:

1. Getting patients to **come to scheduled appointments** (2 of 3 providers)
2. Patients **do not listen to cessation advice** (1 of 3 providers)
3. **Instilling the importance** and utilization of oral health preventive services by families **for their children** (1 of 3 providers)
4. **Accommodating scheduling requirements** of parents/caregivers for children's appointments (1 of 3 providers)

ADDENDUM A

Community Oral Health Partners (n=16)

May 2018

A total of 16 informants – representatives of county health and human services, county office of education, children and youth service providers, local schools and community dental clinics, among others - were targeted for the survey. Of those targeted, 14 completed a written survey. A list of these key informants follows.

Oral Health Clinics

Ampla Health – Claudia Mercado
Northern Valley Indian Health, Inc. – Nancy Read

Health & Human Services

Glenn County Adult Services – Amy Doyle
Glenn County Health and Human Services Agency – Mary Lou Nelson
Glenn County Maternal Child Adolescent Health– Marcy Reese
Glenn County Oral Health Program – Jenifer Norris
Glenn County Oral Health Program – Marcy Torres
Glenn County Tobacco Education Program – Carissa Kellogg
Glenn County Women Infant Children – Kelly Wilson

Schools

Glenn County Office of Education – Kylie Paulos
Glenn County Office of Education Head Start Program – Shirley Overstreet
Glenn County Office of Education Senior Nutrition Program – Jennifer Seely
Orland Unified School District – Sue Anderson
Willows Unified School District – Celeste Baker

Community-based Organizations

First 5 Glenn – Rosa Esparza
First Care Medical Association – John McDermott

ADDENDUM B

Community Oral Health Partner Survey Questions

May 2018

Glenn County Oral Health: Community Partner Survey

1. What is the most important to you?

2. Does your program counsel children or parents about dental sealants?

3. Does your program counsel children or parents about topical fluoride applications?

4. Does your program counsel children who engage in sports or their parents about protective equipment for mouth or face such as mouthguards?

5. Does your program counsel children or their parents about the need for daily fluoride supplements?

6. Approximately what percentage of school-age children (5-17) in your community would you estimate have difficulty obtaining the dental care they need?

7. For those children who have difficulty obtaining dental care, what are the top 3 barriers?

1.

2.

3.

8. Approximately what percentage of the children (5-17) seen by your program are on Medi-Cal?

9. What do you consider appropriate activities for schools in promoting dental health? (choose up to 3)

- Annual dental screenings to detect untreated dental disease.
- Fluoride mouth rinse or fluoride tablet program.
- Mouthguard protection
- Brushing and flossing in the classroom
- Dental sealant program
- Dental treatment services in a school-based clinic
- Schools shouldn't be involved in the above listed activities.

10. What are top 3 barriers do you see with adults receiving dental care?

- 1.
- 2.
- 3.

11. Are you aware of the new Denti-Cal covered services for adults?

12. What is the best way to conduct outreach for the adult population you serve?

ADDENDUM C

Table 1. Community Oral Health Partner Survey Results (n=14)

May 2018

	FREQ				%					
1. What is the most important to you?										
Children dental health	7				50.0%					
Family dental health	6				42.9%					
Adult dental health	1				7.1%					
None of the above	0				0.0%					
Total	14				100.0%					
2. Does your program counsel children or parents about dental sealants?										
	5		38.5%		7		53.8%		1 7.7%	
Total	13								100.0%	
3. Does your program counsel children or parents about topical fluoride applications?										
	6		46.2%		7		53.8%		0 0.0%	
Total	13								100.0%	
4. Does your program counsel children who engage in sports or their parents about protective equipment for mouth or face such as mouth guards?										
	3		25.0%		9		75.0%		0 0.0%	
Total	12								100.0%	
5. Does your program counsel children or their parents about the need for daily fluoride supplements?										
	6		50.0%		6		50.0%		0 0.0%	
Total	12								100.0%	
6. Approximately what percentage of school-age children (5-17) in your community would you estimate have difficulty obtaining the dental care they need?										
Less than 10%	1								8.3%	
11% to 25%	4								33.3%	
26% to 49%	2								16.7%	
50% to 75%	4								33.3%	
Unknown	1								8.3%	
Total	12								99.9%	
7. For those children who have difficulty obtaining dental care, what are the top 3 barriers?										
1. Lack of education/knowledge	9									
2. Cost/finances	7									
3. Transportation	7									
4. Parents don't make it a priority	3									
5. Lack of providers/no special needs providers	3									
6. No insurance	2									
7. Available dentist	1									
8. Fear of dentists	1									
9. Parents unable to leave work for appointments	1									
10. Not interested in oral hygiene	1									
11. Access	1									
12. Long waits for appointments	1									
13. No enrollments locally	1									
14. Having to travel long distance for sedation	1									

	FREQ	%
8. Approximately what percentage of the children (5-17) seen by your program are on Medi-Cal?		
Less than 50%	1	8.3%
50% to 75%	4	33.3%
Greater than 75%	3	25.0%
Unknown/Not Sure	2	16.7%
N/A	2	16.7%
Total	12	100.0%
9. What do you consider appropriate activities for schools in promoting dental health? (choose up to 3)		
Annual dental screenings to detect untreated dental disease.	10	83.3%
Fluoride mouth rinse or fluoride tablet program.	4	33.3%
Mouth guard protection	3	25.0%
Brushing and flossing in the classroom	5	41.7%
Dental sealant program	9	75.0%
Dental treatment services in a school-based clinic	6	50.0%
Schools shouldn't be involved in the above listed activities.	0	0.0%
Total (n=12)	37	
10. What are top 3 barriers do you see with adults receiving dental care?		
1. Cost/finances	7	
2. Transportation	6	
3. Lack of education/knowledge	5	
4. No insurance	5	
5. Access	3	
6. Not a priority	3	
7. Lack of providers /no special needs providers /no special providers	2	
8. Fear of dentists	2	
9. Kind dentist and nice staff	1	
10. Language barrier	1	
11. Poor nutrition	1	
11. Are you aware of the new Denti-Cal covered services for adults?		
Yes	7	58.3%
No	5	41.7%
Total	12	100.0%
12. What is the best way to conduct outreach for the adult population you serve?		
Flyers, Flyer through WIC	3	25.0%
Home visits	1	8.3%
Mail information home to parents	1	8.3%
Educational sessions	1	8.3%
Social media	3	25.0%
We conduct 2 home visits and 2 parent conferences that have adult components	1	8.3%
Presentation at the start of our WIC classes; we would love to have someone do fluoride varnish and/or sealants at the WIC office	1	8.3%
Through the kids, by providing education	1	8.3%
Community outreach, e.g., through job fairs	1	8.3%
Not sure/don't know	1	8.3%
Get them to attend meetings through incentives (i.e. free food) or meetings that have to do with the health and wellbeing of their kids.	1	8.3%
Total	15	

ADDENDUM D

Dental Provider Interview/Survey Questions

June – July 2018

Date: _____

Name of Dental Practice/Clinic: _____ City _____

Person Interviewed: _____ Title: _____

1. Is your practice/clinic a Federally Qualified Health Center (FQHC)?

Yes No

2. How many dentists, dental therapists (if any) and dental hygienists are in your practice/clinic?

____ # Dentists ____ # Dental Therapists ____ # Dental Hygienists

3. Do you accept Denti-Cal (Medi-Cal) patients?

Yes (go to 4) No (go to 3a)

3a. (If they do not accept Denti-Cal patients) Would you be willing to take Denti-Cal patients?

Yes Maybe, need more information No

4. How many patients (of all ages, for any reason) do you see in a month?

____ Total number ____ # 0-17 years olds (if available) ____ # 18+ years old (if available)

5. How far are you booked out for a new patient appointment?

Less than 30 days 30-59 days 60-89 days 90+ days

6. Do you schedule appointments outside of business hours due to patient school or work hours?

Yes No

7. Are you an appointment-only site or do you accept walk-in patients (other than for emergency care)?

Appointments only Accept walk-ins

ADDENDUM E

Table 2. Dental Provider Interview/Survey Results (n=3)

June – July 2018

	FREQ	%
1. Is your practice/clinic a Federally Qualified Health Center (FQHC)?		
Yes	2	66.7%
No	1	33.3%
Total	3	100.0%
2. How many dentists, dental therapists and dental hygienists are in your practice/clinic?		
Dentists	3	
Dental Therapists	1	
Dental Hygienists	2	
Total	6	
3. Do you accept Denti-Cal (Medi-Cal) patients?		
Yes	3	100.0%
No	-	-
Total	3	100.0%
4. How many patients (of all ages, for any reason) do you see in a month?		
0-17 years of age	342	
18+ years	683	
Total	1,025	
5. How far are you booked out for a new patient appointment?		
Less than 30 days	2	66.7%
30-59 days	-	-
60-89 days	-	-
90+ days	1	33.3%
Total	3	100.0%
6. Do you schedule appointments outside of business hours due to patient school or work hours?		
Yes	1	33.3%
No	2	66.7%
Total	3	100.0%
7. Are you an appointment-only site or do you accept walk-in patients (other than for emergency care)?		
Appointments only	2	66.7%
Accept walk-ins	1	33.3%
Total	3	100.0%
8. Do you see children ages 0-17 in your practice?		
Yes	3	100.0%
No	-	-
Total	3	100.0%

	FREQ	%
8a. (If they do see children) At what point or age do you FIRST see children? Check all that apply.		
First tooth eruption	3	100.0%
1-2 years old	3	100.0%
3-4 years old	1	33.3%
5 years old	1	33.3%
6-17 years old	1	33.3%

9. Do you have a pediatric specialist provider?

Yes	1	33.3%
No	2	66.7%
Total	3	100.0%

9a. (If they do have a pediatric specialist) How many hours a week are they in the office?

32-40- hours/week	1	100.0%
21-30 hours/week	-	-
10-19 hours/week	-	-
Less than 10 hours/week	-	-
Total	1	100.0%

10. Do you assess patients 12 and older for tobacco/cannabis use as part of your intake procedures?

Yes (12 and older)	1	33.3%
Yes (only 18 and older)	2	66.7%
No	-	-
Total	3	100.0%

10a. (If they do not assess patients for tobacco/cannabis use) Would you like some information and technical assistance to help you assess for tobacco/cannabis use?

Yes	3	100.0%
No	-	-
Total	3	100.0%

11. For patients that indicate they use tobacco products of any kind, do you provide tobacco cessation information?

Yes	3	100.0%
No, but would like to provide it	-	-
No	-	-
Total	3	100.0%

12. What are the biggest challenges that you experience as part of your practice seeing patients, especially children? (n=3)

Patients do not listen to cessation advice.	1
Getting patients to come to their appointments.	2
Instilling the importance and utilization of oral health preventative services by families for their children.	1
Accommodating scheduling requirements of parents/caregivers for children's appointments.	1