Executive Summary

# SAN DIEGO COUNTY ORAL HEALTH FORUM

## March 6, 2014

COUNTY OF SAN DIEGO HHSA HEALTH AND HUMAN SERVICES AGENCY

LIVE WELL SAN DIEGO

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LIVE WELL SAN DIEGO

**RON ROBERTS**
SUPERVISOR, FOURTH DISTRICT
SAN DIEGO COUNTY BOARD OF SUPERVISORS

Dear Friends:

It is my pleasure to present the *San Diego County Oral Health Forum Executive Summary Report*.

The information presented in this report was compiled on March 6, 2014, during the fifth San Diego County Oral Health Forum. The Forum was hosted by the Maternal, Child, and Family Health Services Branch, in the County of San Diego Health and Human Services Agency, and the San Diego County Dental Health Coalition. It was sponsored by the San Diego County Dental Society.

The Forum's purpose was to identify strategies to guide the oral health activities within the county for the next four years. During the Forum, potential approaches to address current oral health issues facing residents of San Diego County were identified. The proposed solutions and recommendations are presented in this Executive Summary Report.

The progress being made in San Diego County to expand oral health access, education and preventive care is commendable. Like you, I am committed to identifying and supporting strategies to reduce oral health disparities. As the former Chairman of the First 5 Commission, I directed staff to explore the potential of investing in community water fluoridation as a way to improve oral health of local children. As a result, today, most of the drinking water systems through our region are fluoridated at optimal levels.

*Live Well San Diego* is the County's long-term vision that combines the efforts of partners inside and outside County government to promote a region that is Building Better Health, Living Safely and Thriving. The County's commitment to improving the oral health of its residents through partnerships is in alignment with the *Live Well San Diego* vision.

I would like to thank all of you who attended the Forum. Your continued commitment and dedication are paramount. Together we can strengthen the oral health landscape and address and meet the needs of San Diego residents.

Sincerely,

RON ROBERTS
Supervisor, Fourth District
County of San Diego

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# Executive Summary

## Introduction

On March 6, 2014, the County of San Diego Health and Human Services Agency (HHSA) Maternal, Child, and Family Health Services Branch and the San Diego County Dental Health Coalition hosted the fifth San Diego County Oral Health Forum. The nearly 100 participants included representatives of local social service and educational agencies, dentists, dental hygienists, physicians, nurses, academics, public health experts, representatives of local hospitals and community clinics, representatives of state and county legislators, and community members. The purpose of this Forum was to identify realistic strategies to guide the oral health activities for the next four years within San Diego County.

Informative sessions on recent developments and innovations in the field of oral health were presented by experts. These experts and their topics included: (a) the importance of technology, leadership, and collaboration, presented by the Forum's keynote speaker, Dr. Jack Dillenberg, Dean of the Arizona School of Dentistry and Oral Health; (b) the status of oral health for underserved local populations, presented by Dr. Tracy Finlayson of San Diego State University; (c) innovative models of delivering health care ("Virtual Dental Home"), as described by Denise Anderson and Maureen Harrington; (d) new opportunities for access to dental care and historic barriers to access, as described by Dr. Julianne Howell and Michele Melden, J.D.; and (e) an example of a dental health program to reach large numbers of underserved populations (the California Dental Association's "CDA Cares" event), as described by Dr. Misako Hirota. The following interactive discussions on oral health were organized into six themes that included:

1. Operationalizing Public Insurance Options (including the *Patient Protection and Affordable Care Act*) in San Diego,
2. Reaching Homebound Patients and the Utilization of Mobile Dental Clinics,
3. Integration of Medicine and Dentistry,
4. Improving Availability of Oral Health Care to Children under Age 3,
5. Oral Health of Homeless and Foster Adolescent Populations, and
6. Interdisciplinary Cross-Threading of Oral Health Messages.

Each theme represented a breakout session where the discussion focused on current resources, existing gaps, and potential solutions to be considered by public and private sectors.

## Forum Summary

Based on available resources and barriers addressed, participants in each of the discussion groups were asked to provide recommendations or feasible solutions for their topic that should be considered in San Diego County, as part of the four-year action plan. The six topic areas included:

1) Operationalizing Public Dental Insurance Options in San Diego,
2) Reaching Homebound Patients via Mobile Dental Clinics,
3) Better Integration of Medicine and Dentistry,

4) Improving Availability of Oral Health Care to Children under Age 3 Years,
5) Oral Health of Homeless and Foster Adolescent Populations, and
6) Interdisciplinary Cross-Threading of Oral Health Messages.

The following sections represent the six breakout sessions, a brief description of the issue, and the recommendations.

## 1. Operationalizing Public Dental Insurance Options In San Diego

There are several existing insurance options for consumers of oral health care that do not have private insurance. The largest is Denti-Cal, the dental component that serves those who are enrolled in Medi-Cal. This includes eligible children under the age of 21, pregnant beneficiaries age 21 and older, and those living in a licensed skilled nursing facility or licensed intermediate care facility. Beginning May 1, 2014, adult dental services that were lost entirely, in July 2009, were restored to Medi-Cal. Denti-Cal is accepted by all community dental clinics, the Children's Dental Health Association, select private dental offices, and several mobile dental services that visit certain school sites and Women, Infants, and Children (WIC) clinics. Covered California™ is an insurance exchange that offers dental options via individual and small-group employer markets for those who qualify for insurance under the *Patient Protection and Affordable Care Act*. Military insurance also provides dental coverage for active duty members and dependents, eligible National Guard and Reserve members and dependents, and Uniformed Services retirees and family members.

**Recommendations**

| Feasible Solutions to Improve Access to Public Insurance Options |
| --- |
| • Develop a resource guide for providers hesitant about accepting Denti-Cal.<br>• Develop information on insurance and care for patients and their advocates.<br>• Identify patients who fail to follow-up with recommended management.<br>• Include insurance information with other oral health education.<br>• Tap graduates enrolled in San Diego State University's MPH program for creative ideas. |

## 2. Reaching Homebound Patients: Mobile Dental Clinics

Getting to a traditional dental clinic for screening and/or treatment is a barrier to care for many populations. People who are homebound, such as the elderly, as well as others who are confined to nursing homes have this problem. Yet, these residents require the same considerations for oral health prevention, treatment, and quality of care given to patients who are able to reach traditional dental offices. For those requiring extensive and complex dental work or sedation, transfer to a traditional dental setting may need to be arranged, despite the cost and planning involved. Most of those who are homebound, however, can receive basic preventive and treatment services in settings that are more convenient for them.

**Recommendations**

| Feasible Solutions to Expand Mobile Dental Services |
| --- |
| • Bring stakeholders together to assess current mobile services.<br>• Have volunteer and not-for-profit agencies study the lessons learned by for-profit mobile services.<br>• Utilize successes of mobile dental units that serve students in schools to expand mobile services to homes of the elderly and skilled nursing facilities.<br>• Link mobile dental services to community dental clinics to optimize continuity of care.<br>• Maximize use of trainees in dental professions to save costs and help address professional liability. |

## 3. Better Integration Of Medicine And Dentistry

Oral health is not always seen as a part of total physical health, as defined by the medical community. There are currently 65 schools of dentistry and about 300 dental hygiene programs in the United States. Most are not associated with medical and/or nursing schools and the teaching curriculum provided by most schools for oral health and health care professionals is based on a traditional discipline approach, with limited training integrating the medical and dental professions. As a result, pediatric dental residents often struggle with patients that are medically compromised. They do not have the training to understand these children's medical charts or the implications of the medical information they are reading once they are accessed. Emergency departments, hospital inpatient units, and even intensive care units too often miss underlying dental causes of admissions and readmissions. For example, health professionals have been known to overlook dental problems when they intubate patients – a problem that has led to avoidable morbidity and mortality.

Consent forms and patient advocates conceptualize dental and medical charts as two separate sets of health information. Currently, exchange of information between medical and dental professionals and institutions requires two separate sets of release forms. This situation does not reflect the linked nature of medical and dental information.

**Recommendations**

| Feasible Solutions to Enhance Medical-Dental Integration |
| --- |
| • Physicians reliably recognize dental consequences of medical conditions (e.g., diabetes).<br>• Dentists reliably recognize medical consequences of dental conditions.<br>• Physicians and dentists understand the clinical language of one another's records and the implications.<br>• Improve utilization rates of those accessing dental care so they are more closely aligned with the utilization rates for those accessing medical care.<br>• Improve chances that patients referred from one profession to the other follow through. |

## 4. Improving Availability Of Oral Health Care To Children Under Age 3 Years

According to the organization Children Now, it is estimated that 37% of 2- and 3-year-olds in California have never seen a dentist. For the poorest children, these rates are even lower, as only one in four Denti-Cal beneficiaries, from birth to 3 years old, has had a dental visit. Reasons that so few children, between the ages of 0-3 years, visit a dentist are based on more than financial, policy, and training issues. Many general dentists do not feel comfortable seeing patients from ages 0-3 years. They do not accept these children into their practices until the children are older. Part of the reason for this is that dental schools often do not have adequate practical experience for dental students to work with children in this age group. Additionally, there are too few pediatric dentists and general dentists with a focus on young pediatric populations; so many parents report difficulty getting appointments for their youngest children, in facilities near their homes and where other members of their families receive dental care.

Many parents of children ages 0-3 do not understand the importance of dental visits at that stage of life. This problem occurs most frequently when there are cultural barriers to understanding the point of preventive dental care. For example, parents who are teenagers or immigrants, or parents with low health literacy, may not access dental services for their infants and toddlers. Transportation-related barriers, common to many low-income groups, are exacerbated when the patient is a child of such a young age. If restorative care requires multiple visits (common with Denti-Cal payment options), transportation issues are multiplied.

**Recommendations**

| Feasible Solutions to Improve Access to Dental Care for Children Ages Birth to Three Years |
|---|
| • Expand programs like Pediatric Oral Health Access Program (POHAP) that train general dentists for competence with young children.<br>• Increase the range of services provided at preschool sites, and the number of preschools reached.<br>• Work with several local California Health Districts on providing inpatient sedation for young children.<br>• Advocate for changes or waivers to Medi-Cal rules on sedation limited to inpatient settings. |

## 5. Oral Health Of Homeless And Foster Adolescent Populations

There are several reasons that adolescents in the foster system, or who are homeless, experience less than desirable access to oral health. Although all youth in the foster system qualify for dental benefits, since 2013, the compliance rate has been steady at 75%, leaving 25% of these youth with inadequate dental screenings. Under the McKinney-Vento Homeless Assistance Act, homeless youth are defined as individuals under the age of eighteen who lack parental, foster, or institutional care, or who may be living with a friend, a relative, or someone else because they lost their home and cannot afford housing. This definition also includes children and youth staying in a motel, hotel, or campground, due to

lack of adequate alternative accommodations; those living in an emergency or transitional shelter, or a domestic violence shelter; and those awaiting foster care placement. Any child or adolescent whose primary nighttime location (private or public) is not ordinarily used as a regular sleeping accommodation for human beings (e.g., a car, park, public space, abandoned building, bus station, train station, or similar setting) is also considered to be homeless. These young people are sometimes referred to as "unaccompanied" youth.

In California, there are approximately 20,000 homeless youth identified per year. Not all are homeless for the entire year. On any one day, there are 8,500 homeless people in San Diego, of which 25% are children. Parents of these children are often linked to self-sufficiency programs. Unaccompanied youth (typically ages 12-17 years) are the neediest subset of the homeless youth population. Many are “couch surfing” with their friends and their friends’ families. Their embarrassment of being homeless or a foster youth is often compounded with embarrassment of the condition of their teeth. These teenagers are prone to developing self-esteem issues, if their foster/homeless situation is compounded by issues of poverty and access to oral health care.

**Recommendations**

| Feasible Solutions to Reach Homeless and Foster Youth |
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| • Promote oral assessments/prevention.<br>• Maximize use of existing free and reduced cost resources.<br>• Educate dental care providers about these youths’ special needs.<br>• Improve care coordination.<br>• Develop innovative solutions to transportation problems.<br>• Educate these youth directly.<br>• Expand and adopt successful models of care.<br>• Increase web-based information sites with accurate information.<br>• Consider teledentistry. |

## 6. Interdisciplinary Cross-Threading Of Oral Health Messages

San Diego residents are exposed to several public health campaigns that, to varying degrees, have successfully reached them to encourage health-related behavior improvements. There are barriers to incorporating oral health messages into all existing public health campaigns. Some are valid (e.g., messages on mental health). For others, there are logistic issues, but ones that are amenable to correction. For example, medical and nutritional experts in obesity may, at first, consider oral health issues as secondary and distracting to their main message about calories.

**Recommendations**

| Feasible Solutions to Expand Interdisciplinary Cross-Threading of Oral Health Messages |
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| • Create a centralized website that the public can view to see all local public health campaigns.<br>• Develop and promote tablet and smart phone applications to provide oral health message(s). |

## Opportunities for Improvement

Most public health campaigns have not yet considered incorporating oral health messages consistently into their programs, even when oral health messages may be reasonably considered very appropriate. Many experts feel that too many messages in a campaign make the campaign less effective, and that, if anything, these messages need to be streamlined, not expanded. As children have many caretakers (e.g., parents, schools, preschools, babysitters, grandparents), having multiple messages in a campaign makes the audience too broad to reach anyone effectively.

## Public Health Campaigns and Oral Health

The following are examples of mostly local public health campaigns (Table 1). The campaigns designated with a "red" box do not include any type of oral health message. Those with a "green" box do incorporate some type of oral health message in the campaign.

**Table 1. Comparison Of Public Health Campaigns To Show Oral Health Messages**

| Public Health Campaigns | Incorporation of Oral Health |
|---|---|
| **"Rethink Your Drink" –** The campaign aims to shift consumption toward healthier, more affordable beverages, like water. | Recently modified the San Diego County Childhood Obesity Initiative's version of this document, so that the acidity of the drink and its relevance to oral health is understood. |
| **Partnership for a Healthier America and "Let's Move!"** – Encourages drinking more water, portion control, and reduction in childhood obesity. | Addresses physical activity, water, and reduced calories, but not specific to tooth decay and oral health, nor injury protection for teeth during physical activity. |
| **"3-4-50" Campaign** – Three (3) behaviors (diet, inactivity, and smoking) lead to four (4) chronic diseases (cancer, heart disease and stroke, diabetes, respiratory disease), accounting for over 50% of deaths (54% in San Diego, 2012). | This campaign does not yet incorporate oral health. There is potential to incorporate oral health, given that some exercise requires mouth guards, snacking is not just about content, but also frequency, drinks need not only be low-sugar, but low in acid and water should be fluoridated. Also, tobacco leads to oral cancer. |
| **Tobacco Control Resource Program** – Works to increase awareness about the health risks of tobacco use. | Does not yet incorporate oral health into its messages. But the County of San Diego HHSA's Tobacco Control Resource Program (TCRP) interchanges messages with the County of San Diego HHSA's Dental Health Initiative/Share the Care (DHI/STC) Program. |
| **"5-2-1-0" Campaign** – Promotes daily: "5+" servings of fruit/vegetables, "2" hours or less of recreational screen time, "1+" hour physical activity, and "0" sugary drinks. | There is potential to expand the "no sugary drinks" and include acidity and fluoride (for water). Carrots and apples are promoted by hygienists as ways to "clean the grooves of your teeth" from sticky carbohydrate foods, when tooth brushing is not feasible. |

| Public Health Campaigns | Incorporation of Oral Health |
|---|---|
| **"It's Up to Us"** (HHSA Behavioral Health Services) – A campaign designed to empower people to talk about mental illness, recognize symptoms, utilize local resources, and seek help. | Oral health is not incorporated into this campaign. |
| **First 5 San Diego** – Provides the Kit for New Parents, the kits are distributed to parents in hospitals, by calling the toll-free number and through Public Health Nurses. | An Oral Health section was incorporated, and includes information on when to bring your child to the dentist, basic care of children's teeth, and an educational DVD that includes oral health information. |
| **Potter the Otter: A Tale about Water** – Developed by First 5 Santa Clara County to promote water consumption. | Although water promotion is consistent with oral health, inclusion of information on importance of fluoridated water would be helpful. |
| **Senate Bill 1000** – Requires health warning labels for all sugary drinks. | This bill, in its current format, does address problems of tooth decay, not just obesity. |
| **"The 4 B's of Bedtime"** – A program of the American Academy of Pediatrics (AAP) focused on Bathing/Brushing/ Books/Bedtime. | This pilot campaign includes tooth brushing as part of the bedtime routine. |

## Next Steps

The San Diego County Oral Health Executive Summary will be shared with oral health stakeholders and serve as a guide to developing a countywide strategic plan to improve the oral health of children within San Diego County. The recommendations from the Oral Health Forum will be discussed during upcoming San Diego County Dental Coalition, North County Dental Task Force, and East County Dental Task Force meetings. The Coalition and each Task Force will identify their priority area(s), select recommendations, develop objectives, and establish work plans and subcommittees to implement activities to achieve the objectives.

## Conclusion

The 2014 San Diego Oral Health Forum generated many potential strategies and activities to address current oral health issues facing residents of San Diego County. The continued efforts towards improving oral health outcomes among San Diego County residents are predicated on the strong collaborations that exist and the formation of new interdisciplinary partnerships. Proposed solutions/recommendations will serve as a starting point, as the San Diego County Dental Health Coalition partners, which include oral health community members and stakeholders (Appendix A), determine next steps and identify which recommendation(s) the existing coalition and task forces members will target.

# APPENDIX A

## List of Oral Health Stakeholders

| | | |
|---|---|---|
| Alexander | Karen | San Diego County Office of Education, Foster Youth and Homeless Education Services |
| Ali | Alla'a | Graduate Student, San Diego State University |
| Anderson | Denise | Registered Dental Hygienist in Alternative Practice, Reaching Smiles Program |
| Anderson | Joel | Senator, State of California |
| Atkins | Toni | Assembly Member, State of California |
| Bagheri | Amin | Dentist, San Diego County |
| Barbee | Ashley | County of San Diego HHSA, East Region |
| Becerra | Karen | Dentist, San Diego County |
| Bell | Darcie | Registered Dental Hygienist, San Diego County Dental Hygienist Society |
| Bello | Dorth | Registered Dental Hygienist, University of California, San Diego (UCSD) - Dental Health Initiative/Share the Care |
| Block | Marty | Senator, State of California |
| Bourque | Dianne | Public Health Nurse, County of San Diego HHSA, Central Region |
| Bundang | Mary Ann | Council of Community Clinics, Oral Health Initiative Program |
| Carson | Damon | Neighborhood House Association (NHA) Head Start |
| Christiansen | Douglas | Dentist, San Diego County |
| Coleman | Thomas | Chief, County of San Diego HHSA, Maternal, Child, and Family Health Services |
| Copland | Bonnie | Public Health Nurse, County of San Diego HHSA, Central Region |
| Connelly | LaVonna | El Cajon Collaborative |
| Coogan | Heidi | Registered Dental Hygienist, San Diego County |
| Cornille | Rebecca | Dentist, Vista Community Clinic |
| Cuevas | Sergio | Dentist, San Ysidro Health Center |
| Dadios | Grace | Operation Samahan Health Centers |
| Dillenberg | Jack | Dentist, Keynote Speaker, Dean, Arizona School of Dentistry and Oral Health |
| Dorn | Jessica | Community Development Institute (CDI) Head Start |
| Dalay | Douglas | Graduate Student, San Diego State University |
| Drinkwater | Joanne | American Red Cross / WIC program |
| Duke | Gayle | California Department of Health Care Services |
| Fidler | Cheri | Rady Children's Hospital, Center for Healthier Communities |

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| Finch | Amy | Mountain Health and Community Services |
| Finlayson | Tracy | Professor, San Diego State University Graduate School of Public Health |
| Freeman | Rhonda | County of San Diego HHSA, Maternal, Child, and Family Health Services |
| Gastelum | Edith | UCSD – Dental Health Initiative/Share the Care |
| Garcia | Emma | La Maestra Community Health Centers |
| Garcia | Vanessa | Public Health Nurse, County of San Diego HHSA, Aging & Independence Services |
| Gee | Barbara | Public Health Nurse, County of San Diego HHSA, South Region |
| Gomez | Shelby | First 5 San Diego |
| Gonzalez | Lorena | Assembly Member, State of California |
| Graff | Nancy | Pediatrician, UCSD |
| Hall | Joselyn | County of San Diego HHSA, Maternal, Child, and Family Health Services |
| Hall | Rose | Registered Dental Hygienist in Alternative Practice, San Diego County |
| Hanlon, Jr. | Robert | Dentist, California Dental Political Action Committee (PAC) |
| Harrington | Maureen | University of the Pacific College |
| Harris | Yvonne | San Diego State University Foundation / WIC |
| Hashemian | Tony | Dentist, Arizona School of Dentistry and Oral Health |
| Heilig | George | County of San Diego HHSA, Maternal, Child, and Family Health Services |
| Hersh | Allen | Big Smiles Educational Partnership |
| Herwehe | Rynna | Alpha Kappa Alpha (AKA) Head Start |
| Hirota | Misako | Dentist, San Diego County |
| Hodge | Kym | County of San Diego HHSA, Maternal, Child, and Family Health Services |
| Honny | Jean | Registered Dental Hygienist, San Joaquin Valley College Dental Hygiene Program |
| Hopkins | Karee | Public Health Nurse, County of San Diego HHSA, North Central Region |
| Howell | Julianne | County of San Diego HHSA, Health Care Policy Administration |
| Hueso | Ben | Senator, State of California |
| Hughes | Barbara | County of San Diego HHSA, Maternal, Child, and Family Health Services |
| Iniguez | Sofia | Palomar Pomerado Health |
| Israel | Kimberly | Escondido Union School District |
| Kendall | Gabriel | 2-1-1 San Diego |
| Kennedy | Meredith | American Academy of Pediatrics – San Diego and Imperial Counties |
| Kimbrough-Walls | Vicki | Registered Dental Hygienist, Southwestern Community College Dental Hygiene Program |
| Koonce | Mike | Executive Director, San Diego County Dental Society |
| Kostas | Betsy | Registered Dental Hygienist, Southwestern Community College Dental Hygiene Program |

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|---|---|---|
| Krotz | Sheila | San Ysidro High School |
| Laignelet | Martha | Episcopal Community Services (ECS) Head Start |
| Lambert | Carrie | Dentist, Indian Health Council |
| La Plant, Jr. | Lloyd | Dentist, Southern Indian Health Council |
| Linayao-Putnam | Irene | County of San Diego HHSA, Maternal, Child, and Family Health Services |
| Liu | Nathaniel | Dentist, Tooth Fairy Dental Group |
| Lockwood | Steve | Dentist, San Diego County |
| Lovelace | Susan | Rady Children's Hospital-Center for Healthier Communities/Anderson Center for Dental Care |
| Lukacs | Linda | Dentist, Southwestern Community College Dental Hygiene Program |
| Lustig | Michelle | San Diego County Office of Education, Foster Youth and Homeless Education Services |
| Macchione | Nick | Director, County of San Diego HHSA |
| Macias | Carmen | Julian Pathways |
| Manriquez | Arnulfo | Metropolitan Area Advisory Committee (MAAC) Head Start |
| Manzano | Carolina | Southern Indian Health Council |
| Martinez | Wendy | County of San Diego HHSA, Maternal, Child, and Family Health Services |
| Medeiros | Kim | First 5 San Diego |
| Melden | Michele | Attorney, Legal Aid Society of San Diego |
| Melendrez | Blanca | Network for a Healthy California – UCSD |
| Moder | Cheryl | San Diego County Childhood Obesity Initiative at Community Health Improvement Partners |
| Mustari | Laura | Home Start |
| Nagatsuka | Melissa | County of San Diego HHSA, Maternal, Child, and Family Health Services |
| Nemour | Heather | Chula Vista Community Collaborative |
| Neves | John | Dentist, American Academy of Pediatric Dentistry – Advanced Education Program in Pediatric Dentistry of Southern California |
| Norton | Jon | Dentist, Neighborhood Health Care |
| O'Brien | Olga | County of San Diego HHSA, Maternal, Child, and Family Health Services |
| Orozco | Mario | Dentist, Glass Ionomer & Fluoride Varnish Trial (GIFVT) Project, UCLA |
| Paulson | Adriana | San Diego County Office of Education, Migrant Education |
| Perez | Yolanda | AKA Head Start |
| Pham | Chris | Dentist, San Diego County |
| Pizzola | Elaine | UCSD – Dental Health Initiative/Share the Care |
| Ramirez | Marina | UCSD – Dental Health Initiative/Share the Care |
| Richardson | Chelsea | Dentist, San Diego American Indian Health Center |
| Riera | Esther | Dentist, San Diego County |

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| Roberts | Melissa | County of San Diego HHSA, North Inland Region |
| Roberts | Ron | San Diego County Supervisor, Fourth District |
| Romney | Richard | Dentist, North County Health Services |
| Rosas | Sergio | National City Collaborative |
| Ross | Cecil | Major, 6252nd United States Army Hospital |
| Sadile | Mary Grace | County of San Diego HHSA, Maternal, Child, and Family Health Services |
| Salvadori | Jeanne | San Diego County Office of Education, School Nursing Services Program |
| Sawaya | Ibrahim | Dental Director, Family Health Centers of San Diego |
| Saxton | Barbara | Educational Enrichment Systems |
| Secor | Anita | Public Health Nurse, County of San Diego HHSA, Maternal, Child, and Family Health Services |
| Seldin | Harriet | Dentist, San Diego County |
| Seligman | Fe | Operation Samahan Health Centers |
| Shechet | Robert | Dentist, Health Net of California |
| Sidelinger | Dean | Child Health Medical Officer, County of San Diego HHSA |
| Silverstein | Irvin | Dentist, UCSD Student Run Free Clinics |
| Smith | Sharon | San Diego Black Nurses Association |
| Soto | Tayde | Hispanic Dental Association of San Diego/Baja |
| Stump | Don | Alliance for Regional Solutions |
| Taras | Howard | Pediatrician, UCSD – Dental Health Initiative/Share the Care |
| Tran | Pauline | Dentist, La Maestra Community Health Centers |
| Vargas | Josie | Registered Dental Hygienist, UCSD – Dental Health Initiative/Share the Care |
| Vrielink-Capito | Joan | Registered Dental Hygienist, UCSD – Dental Health Initiative/Share the Care |
| Warner | Barbara | Spring Valley Youth and Family Coalition |
| Waters | Jocelyn | Public Health Nurse, County of San Diego HHSA, Maternal, Child, and Family Health Services |
| Weber | Shirley | Assembly Member, State of California |
| Wong-Kerberg | Linda | The Children's Initiative |
| Wooten | Wilma | Public Health Officer, County of San Diego HHSA, Public Health Services |
| Wyland | Mark | Senator, State of California |
| Yamagata | Peggy | Registered Dental Hygienist, San Diego County |
| Zirkle | Dorothy | Price Charities |
| Zschaschel | Diana | Dentist, San Ysidro Health Center |

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# Executive Summary

COUNTY OF SAN DIEGO
HHSA
HEALTH AND HUMAN SERVICES AGENCY

LIVE WELL
SAN DIEGO