Oral Health Collaborative
Virtual Meeting
April 22, 2026, 10:00 a.m. – 11:30 a.m.
Meeting Highlights

In Attendance:
Anabel Bolaños, Karina Boeckler, Shyam Brahmabhatt, Iris Corpus, Marty Dellapenna, Mary E. Foley, Jose Morales, Gina Osborne, Daniele Jamarillo, Vivian Lin, Jerome Samonte, Rebeka Sanchez, Deepa Shanadi, and Henry Torres.

Welcome & Introductions:
- Anabel Bolaños welcomed all in attendance. Members and guests were invited to place their names and organizations in the chat box.
- Anabel introduced Gina Osborne as the new Local Oral Health Program Supervisor. Gina is a Registered Dietitian and has been with the OC Health Care Agency for almost 24 years. She began her career as a Public Health Nutritionist for the WIC program and then the CalFresh Healthy Living program (CFHL) and for the past 7 years a Supervising Public Health Nutritionist with the CFHL program.

Review of December 17, 2025, Meeting Highlights:
- Collaborative members reviewed the meeting highlights from 12/17/2025. No suggested changes to the highlights were made.

Collaborative Member Updates:
- Mary E. Foley from MSDA announced the CDC has a new director. This may lead to changes in dental public health, affecting the state-level Office of Oral Health and the Local Oral Health Program.
- Jerome Samonte from the Local Oral Health Program (LOHP) shared that, effective April 1, 2026, Aeries has released the KOHA data input fields into their student information system. Aeries is available to OC school districts; however, because it is a permission-based platform, districts will need permission to access it. Jerome is communicating with school district staff regarding some minor issues and will develop an FAQ for the Aeries team.

Needs Assessment 3 Year Revision Data Review:

Jerome Samonte provided an overview of a three-year revision to the Orange County Oral Health Needs Assessment, based on the 2023 assessment, as requested by the Office of Oral Health. The revision includes disparities that remain most visible and highlights key findings among children, adults, seniors, access, prevention, and systems issues. Collaborative members were encouraged to provide their feedback on why these changes have occurred. Feedback from the group can help develop the Community Oral Health Improvement Plan (COHIP).

A profile of Orange County was shared, which included population, age distribution, language, income, and housing stress. Two areas of high interest are noted below:

1. Dental insurance among children ages 3-11 dropped to 83.7% in 2024. Statewide, it was 92.3%.
2. Affordability; about 8.7% of children in Orange County (OC) needed dental care but could not afford it in 2024, compared to 7.2% statewide.

An update on the Kindergarten Oral Health Assessment (KOHA) surveillance was provided. There has been an increase in OC school districts reporting KOHA data, from 11 in 2023 to 25 in 2026. There has also been an increase in the number of proof of assessments (PoA) that have been turned in. The 2023 needs assessment indicated 4,831 PoA from the 2021-22 school year and 16,716 from the 2024-25 school year.

Despite these improvements, KOHA reporting from the 2024-2025 school year indicated that approximately 44% of eligible kindergarten students, more than 13,000 children, were not assessed.

The 3rd Grade Smile Survey (conducted every 5 years) is currently underway and contributes to oral health surveillance. New data is pending. Data from the 2020 California Smiles Survey revealed 60% of 3rd graders experienced tooth decay in CA, and 55% in Southern CA. 40% of 3rd graders had at least 1 dental sealant on a first molar. Data was aggregated from nearby Southern CA counties, including OC, Riverside, San Diego, and San Bernardino.

Collaborative members provided the following feedback and questions:

- Will the new 3rd Grade Smile Survey results include specific data for OC? LOHP has requested that the survey be implemented among OC schools.
- Which data source was used to identify the number of children with dental insurance ages 3-11 dropped to 83.7% in 2024? The data was retrieved from the California Health Interview Survey (CHIS). It was suggested to add the CHIS source to the slide.
- It was noted that the number of children with dental insurance ages 3-11 dropped to 83.7% in 2024, which appears too high. LOHP staff will review the sources and place them in the presentation.
- It was suggested to use the denominator of eligible students and the PoA as the numerator to identify the percentage of PoA turned in. This can be used as an additional metric to better measure the trend.

The following metrics compare the 2023 oral health assessment and the 2026 revised oral health needs assessment regarding dental service utilization among Medi-Cal enrolled members.

- OC Medi-Cal-enrolled children, ages 0-20, who received a preventive dental visit were at 50.2% in 2023. Using historical data beginning in 2013, the rate was 46.2%. The trend points upward, negatively affected by the COVID pandemic but climbing soon after. According to the trend, there are plenty of opportunities to increase the number of children who visit the dentist to receive preventive dental care.
- OC Medi-Cal enrolled children, ages 0-20, who received any dental visit were at 54.0% in 2023. The trend also uses historical data beginning in 2013, with 51% in that year.
- OC Medi-Cal enrolled adults, ages 21-64, who received any dental visit. There has been an increase since 2013, at 9.1%, and it reached just over 22.0% from 2015 to 2017. In 2023, it was 17.6%. OC low-income adults still use services far below their more affluent counterparts.
- OC Medi-Cal enrolled older adults, ages 65 and older, who received any dental visit. The percentage of older adults, 65 and older, has improved compared to the first years of access to dental care under Medi-Cal Dental, 8.4% in 2013 and reaching 31.9% in 2023; however, according to the National Center for Health Statistics in 2022, nationally, almost 64% of adults age 65 and older had a dental visit in the past 12 months.
- OC Medi-Cal enrolled pregnancy who received dental care. Although Orange County consistently performs 5-6 percentage points above the California average, utilization remains suboptimal, with more than half of pregnant individuals not receiving dental care during pregnancy. These findings highlight a gap in preventive oral health services during pregnancy and suggest ongoing barriers related to access, awareness, and integration of oral health within prenatal care systems.

Collaborative members provided the following feedback and questions:

- Is the data source used for Medi-Cal-enrolled pregnant people who received dental care from DHCS? The data source is from the CDPH Maternal and Infant Health Assessment (MIHA), which includes Medi-Cal-enrolled pregnancies. The source will be updated on the presentation slide as needed.

- Incidence of oral pharyngeal cancer (OPC) per 100,000 residents. During the 2023 OC needs assessment, statewide data showed an increase in OPC rates in California from 10.4 per 100,000 residents in 2014 to 10.6 per 100,000 residents in 2018. More recent data indicate that the California rate declined to 10.2 in 2022. At the same time, OC recorded a rate of 10.4 in 2022 across all stages of OPC.
- Rate of non-traumatic dental visits to the hospital emergency department. Rates included: dental caries, disease of the pulp or periapical tissue, loss of teeth, and similar disorders of teeth/supporting structures, and other conditions. All 4 measures tracked were lower in Orange County compared to California averages. It is essential that individuals and families are linked to a dental home and engage in routine dental care.
- OC residents who receive optimally fluoridated drinking water. OC has 48 water systems. There has been a 14.8% increase in the number of water systems reporting optimally fluoridated drinking water, from 27 serving a population of 2,475,639 in 2018 to 31 serving a population of 2,627,125 in 2024.

Collaborative members provided the following feedback and questions:

- It would be helpful to place the percentage rate of populations served.
- OC relies primarily on groundwater. Some OC water systems purchase drinking water from the Metropolitan Water District of Southern California (MWDSC) during parts of the year when groundwater begins to fall below the water table. Water from the MWDSC is fully fluoridated. This means that at certain parts of the year, the drinking water in OC is optimally fluoridated. Water quality reports are reviewed annually due to ongoing changes in fluoridation levels.

Orange County Health Needs Assessment Survey:

Deepa Shanadi, HCA Senior Research Analyst, provided an overview of the LOHP's 2026 needs assessment report that was submitted to the state. The needs assessment has two primary purposes:

1. Identify community dental needs and gaps in care.
2. Improve dental services and strengthen school-based and school-linked oral health programs.

The needs assessment covers five topics: 1) the condition of children's teeth, 2) dental insurance, 3) access and barriers to dental care, 4) school dental health, and 5) demographics: race, ethnicity, school district, home zip code, and the child's school grade.

The methodology included: a survey was developed on the Qualtrics platform in English, Spanish, Vietnamese, and Farsi for families with children in preschool through 12th grade. Survey outreach efforts included collaborating with several organizations through tabling and posting multilingual flyers with the survey link.

At the time the report was submitted on March 2, 2026, 164 people completed the survey. As of April 8, 2026, 244 families completed the survey. At the time of the Collaborative meeting, 250 surveys had been completed. The following top data points were highlighted.

- Type of dental insurance (N=145): 46.9% stated they have private dental insurance, 44.8% had Medi-Cal, 5.5% did not have insurance, and 2.8% were not sure.
- Factors that make it difficult to take their child to the dentist (N=145): no difficulties/no issues, 51.7%, dental clinic hours don't work for my schedule, 20.7%, and cost, 17.9%.

- School dental health offerings (N=145): 20.0% stated child had participated in a school dental screening this school year, 30.6% indicated they received a Kindergarten Oral Health Assessment (KOHA) form for their child, and 30.3% were aware their child's school offers free dental screenings.
- Demographics (N=139): Race/Ethnicity, 45.7% identified as Hispanic/Latino, 18% as Asian, and 15.8% as White. 61.9% stated Spanish as their primary language spoken at home and 28.1% stated English.

The following two recommendations were shared from the preliminary findings of the 2026 LOHP Needs Assessment Survey:

1. Focus on increasing awareness of school-based dental services.
2. Educate parents, caregivers, and children on dental screenings to reduce fear and anxiety.

2026 LOHP Needs Assessment Survey next steps.

- The survey link will be open until June 30, 2026. After identifying different sampling sizes, the goal is to have 384 surveys completed.
- The survey has been translated into Arabic, Chinese, Farsi, Korean, Russian, Spanish, and Vietnamese.
- Collaborative members were asked to help the LOHP continue to disseminate the survey to community members who are parents or caregivers of children in pre-school-12th grade. Links to the survey flyers were placed in the chat box to share with community members and partners. The flyers will also be attached when the meeting highlights are emailed to the collaborative.

Analysis & Community Oral Health Improvement Plan (COHIP) Strategy for Orange County

Jerome asked Collaborative members to share their feedback, suggestions, and interpretation of findings that were notable. Collaborative members provided the following feedback:

- The LOHP has experienced tremendous growth and improvement which can provide leverage to help the state continue with the program in the future. Results from the needs assessment and the COHIP can help identify primary oral health objectives for the next grant cycle.

The possibility of convening a workgroup to help with the development of the COHIP was shared with the collaborative.

Oral Health Collaborative Satisfaction Survey

The Oral Health Collaborative Satisfaction Survey helps the LOHP understand what is going well with the Collaborative and areas for improvement that the program can continue to work on. A link to the survey will be emailed to members to complete by May 11, 2026. Survey results will be shared during the next meeting.

Next Steps:

- LOHP will review data sources used for the presentation and provide percentage rates on current findings.
- LOHP will email members the link to the OH Collaborative Satisfaction Survey.
- LOHP will revise and finalize the meeting highlights from 12/17/2025 and post on www.SmileHabitsOC.org/LOHP/.

Next Meeting: June 17, 2026, 10:00 a.m. – 11:30 a.m.