COMMUNITY ORAL HEALTH IMPROVEMENT PLAN

SANTA BARBARA COUNTY

HEALTH LINKAGES

2020-2022
SANTA BARBARA COUNTY 2020-2022
COMMUNITY ORAL HEALTH PROGRAM

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based upon information from the
Oral Health Needs Assessment

conducted by
Santa Barbara Department of Public Health

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Santa Maria Valley, Santa Barbara County (11)
As Health Linkages Coordinator for the Children and Family Resource Services division of the Santa Barbara County Education Office (SBCEO), it is with great pleasure that I introduce the Community Oral Health Improvement Plan (COHIP) and my additional role serving as Project Director for the Local Oral Health Program (LOHP).

In 2018, the Santa Barbara County Public Health Department (SBCPHD) was granted funding to develop a LOHP through the California Department of Public Health, Oral Health Program (CDPH/OHP). Funds were granted to Local Health Jurisdictions (LHJ) from Proposition 56, the California Healthcare, Research and Prevention Tobacco Tax Act of 2016 (Prop 56) for the purpose and goal of education about oral health, dental disease prevention, and linkage to treatment of dental disease including dental disease caused by the use of cigarettes and other tobacco products. SBCPHD cancelled the program in the summer of 2019 and SBCEO was then given the opportunity to apply for the grant, eventually signing a contract with CDPH/OHP in January 2020.

The Santa Barbara County Education Office (SBCEO), through Children and Family Resource Services (CFRS), serves as an umbrella for a variety of programs such as the Welcome Every Baby Family Connects (WEB FC) program, which provides nurse home visits for newborns and parents, the Santa Barbara County Promotores Network, which serves our Spanish speaking and immigrant Latinx population, and Health Linkages,
which has a long-standing history of providing oral health prevention and treatment services to Head Start, State Preschools and elementary schools.

The Health Linkages Program is dedicated to enhancing the quality of life for children by initiating and strengthening the linkages between the health, safety, social services, and education communities, and the children and families they serve. Health Linkages is also the umbrella organization for several county-wide initiatives and collaboratives such as the Community Health Initiative of Santa Barbara (CHISB), SBC Coalition in Support of Promotores and the Santa Barbara County Oral Health Collaborative. The oral health projects and programs developing within our county would not be possible without Proposition 56. Health Linkages is grateful for the financial support given to us by the California Department of Public Health. We appreciate the work of the Santa Barbara County Public Health Department in developing the initial Prop 56 proposal. Additionally I would like to acknowledge the work of the former LOHP team at SBCPHD, Megan Kenney (Intern), Benjamin Lambson (Health Educator), Meredith Nasholds (Program Coordinator), Susan Liles (SBDPH Project Director) and the many partners that have come together to collaborate on the initial work to develop this plan, particularly the Oral Health Needs Assessment, which served as a guiding document for the development of this COHIP.

Healthy Regards,

MaryEllen Rehse, MSW
The overall health and wellness of an individual depends on their oral health. Oral health refers to the health of the entire mouth—teeth, gums, tongue, jaw, throat and palate and good oral health means being free of tooth decay and gum disease, chronic oral pain, oral cancer, cleft lip and palate, and other conditions. Poor oral health can also increase the chance of bacterial infections that could affect the heart, brain, lungs, and other organs and can lead to stroke, pneumonia, or other infections. Dental caries (cavities), and periodontal (gum) disease are associated with cardiovascular disease and diabetes, and the inflammation caused or exacerbated by periodontal disease is thought to also contribute to cognitive impairment (4).

Cavities are one of the most common chronic diseases of childhood in the United States. Untreated cavities can cause pain and infections that may lead to problems with eating, speaking, playing, and learning. Children who have poor oral health often miss more school and receive lower grades than children who don’t. Throughout the community, there is a high need to promote dental care and use our resources and time to address oral health to the public (4).

This Community Oral Health Improvement Plan (COHIP) for Santa Barbara County (SBC) provides an agenda for action over the next two years. The goal is to create a healthier Santa Barbara County in which fewer children experience tooth decay, more locals will have a dental home, and residents can access quality dental treatment and education in their communities.

The SBC COHIP aims to achieve four main goals with the use of multiple strategies to attain each goal. The key goals include:

- Improve Access to Care
- Improve Oral Health Data Collection
- Improve Oral Health and Prevent Tooth Decay
- Increase Oral Health Literacy
The goals and associated strategies were put together by data collected through the Oral Health Needs Assessment (OHNA) conducted by Santa Barbara County Public Health Department. The COHIP planning process incorporates the activities of many organizations and their work in the community to contribute to oral health.

The SBC OHNA data was gathered through public sources available online as well as through a country-wide oral health survey, a dental provider survey, focus groups, and key informant interviews. Topics identified within the surveys included the general oral health status of adults and children, barriers to good oral health care, and opinions about community water fluoridation. These findings have been used to develop outline strategies and activities to increase the oral health well-being of adults and children within Santa Barbara County.
Santa Barbara County’s Local Oral Health Program COHIP goals, objectives, and strategies align with the healthcare demographics from the Santa Barbara County Department of Public Health’s Oral Health Needs Assessment (OHNA) (3).

The 2018 population of Santa Barbara County is 448,150 people. The people of Santa Barbara County represent a diverse demographic profile. The predominant racial or ethnic groups of Santa Barbara County are White (46%) and Hispanic (45%). 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 (includes Mixtec dialects which has up to 54 different variations) (12).

In Santa Barbara County the primary care physician to resident ratio is 1:1320 and the dentist to resident ratio is 1:1270. The California ratios for primary care physician and dentist to resident ratio are 1:1280 and 1:1210, respectively.

**Figure 1. Primary Care Physician to Resident and Dentist to Resident Ratios, 2018**

Regarding dental demographics, Santa Barbara County appears to fall within an optimal range of dental utilization, however only 14.3% of those dentists accept Medi-Cal Dental, the rest only accept private payment or private insurance. In addition, residents and community members have responded with an increased need for oral health education and access. 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.
The key findings listed below represent the findings of the Santa Barbara County Public Health Departments 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 (3). The findings are as follows:

**Table 1. Key Findings**

<table>
<thead>
<tr>
<th>Finding</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>76% of adults reported that they had health insurance.</td>
<td>96% of adults reported that oral health was either Very Important or Important to them.</td>
</tr>
<tr>
<td>93% of adults reported that their children had health insurance.</td>
<td>72% of adults rated their own oral health from Good to Excellent.</td>
</tr>
<tr>
<td>53% of adults reported that they had dental insurance.</td>
<td>74% of adults reported that they brush their teeth twice a day.</td>
</tr>
<tr>
<td>82% of adults reported that their children had dental insurance.</td>
<td>28% of adults reported that they do not floss daily.</td>
</tr>
<tr>
<td>Of those that reported having Medi-Cal insurance, 42% reported that they did not have dental insurance.</td>
<td>34% of adults reported that they currently needed to see a dentist for a problem.</td>
</tr>
<tr>
<td>37% of adults reported that they have visited the dentist within the last 6 months.</td>
<td>65% of adults reported that their children have visited a dentist within the last 6 months.</td>
</tr>
</tbody>
</table>

**Barriers to Care:**
The top three reasons reported that explain why people have not seen a dentist in the last 6 months are:

**No Dental Insurance, Cannot Afford Dental Care, and No Dentist (No Dental Home)**
The County of Santa Barbara is 18th out of 57 within the 2018 California County Health rankings. The percentage of uninsured residents in Santa Barbara County is 12%. This percentage is slightly higher than California, in which 10% of all residents are uninsured. Further, 15% of adults are uninsured and 4% of children are uninsured in Santa Barbara County (3).

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 (3). These values are shown on Table 2 below.

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. Out of those dentists, only 20 are accepting new patients (3). A list of those that are accepting new patients can be found in the Appendix H.

Table 2. Uninsured Rates in Santa Barbara County, 2018

<table>
<thead>
<tr>
<th></th>
<th>Santa Barbara</th>
<th>California</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall</td>
<td>12%</td>
<td>10%</td>
</tr>
<tr>
<td>Adults</td>
<td>15%</td>
<td>12%</td>
</tr>
<tr>
<td>Children</td>
<td>4%</td>
<td>4%</td>
</tr>
</tbody>
</table>
According to the Oral Health Needs Assessment, conducted by the Santa Barbara County Department of Public Health, the oral health status of caries and untreated caries for Kindergarten and third graders was not specifically measured. Although the OHNA did state that 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 (3).

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 3.

It can be seen that the percentage of students with untreated tooth decay has decreased from 12% in 2012 to 6.7% in 2017, as measured by the Kinder Assessment (Table 3). Concurrently, the percentage of students waived due to financial burden or lack of access to a dentist has also decreased. The percentages for total eligible and not returned have remained fairly consistent over the last five years.

Lack of access to dental care is a problem for many California children. Dental disease is one of the most common reasons for school absences and makes it hard for children to concentrate and learn. The kindergarten dental checkup requirement, AB 1433, signed into law in 2005, helps schools identify children suffering from untreated dental disease and helps parents establish a dental home for their children (13).

Unfortunately, for the year 2017, about a two-thirds of parents and guardians within the Santa Barbara Community either submitted a waiver that releases them from this requirement or simply did not submit any document before their child enters school. Increasing the number of children entering school with the mandated assessment will be a great achievement within oral health in our community.
Table 3. AB 1433 Kinder Assessment Data, Santa Barbara County, 2012-2017

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Eligible</th>
<th>Return Assessment</th>
<th>Untreated Decay</th>
<th>Waived due to Financial Burden</th>
<th>Waived due to Lack of Access</th>
<th>Waived due to No Consent</th>
<th>Not Returned</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>5245</td>
<td>42%</td>
<td>12%</td>
<td>0.7%</td>
<td>0.5%</td>
<td>2.4%</td>
<td>54%</td>
</tr>
<tr>
<td>2013</td>
<td>5729</td>
<td>43%</td>
<td>13%</td>
<td>0.8%</td>
<td>0.5%</td>
<td>2%</td>
<td>52%</td>
</tr>
<tr>
<td>2014</td>
<td>5770</td>
<td>48%</td>
<td>10%</td>
<td>3.4%</td>
<td>0.5%</td>
<td>2.5%</td>
<td>47%</td>
</tr>
<tr>
<td>2015</td>
<td>5932</td>
<td>43%</td>
<td>8.0%</td>
<td>0.3%</td>
<td>0.2%</td>
<td>3.5%</td>
<td>51%</td>
</tr>
<tr>
<td>2016</td>
<td>5364</td>
<td>39%</td>
<td>9.3%</td>
<td>0.4%</td>
<td>0.5%</td>
<td>3.8%</td>
<td>51%</td>
</tr>
<tr>
<td>2017</td>
<td>5119</td>
<td>38%</td>
<td>6.7%</td>
<td>0.1%</td>
<td>0.3%</td>
<td>2.5%</td>
<td>58%</td>
</tr>
</tbody>
</table>

The Federally Qualified Healthcare Centers (FQHC) that serve Santa Barbara County also provide dental health services to children. Table 4 shows the percent of children (ages 6 to 9) who required dental sealants on at least one of the four permanent molars. 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 (2).

Table 4. Percent of Patients Aged 6-9 with Sealants to First Molars, 2017

<table>
<thead>
<tr>
<th>Health Center Name</th>
<th>Percentage of Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Health Centers/Central Coast</td>
<td>44.8%</td>
</tr>
<tr>
<td>Santa Barbara Neighborhood Clinics</td>
<td>52.9%</td>
</tr>
<tr>
<td>American Indian Health and Services</td>
<td>36.8%</td>
</tr>
</tbody>
</table>
Vision of the COHIP

Every Santa Barbara County community member will have access to quality oral health services to prevent and treat dental disease and advance their overall health and development.

MISSION

Our mission is to improve the oral health of our community through the coordination and execution of comprehensive oral health prevention, identification, and restorative treatment program and services.

GUIDING PRINCIPLES

❖ Oral Health is Integral
❖ Preventive Efforts
❖ Long-term Partnerships
❖ Oral Health Education & Services
❖ Outreach & Case Management
❖ Routine & Health Surveillance
In December 2018, the Santa Barbara County Public Health Department presented the OHNA findings to the Oral Health Advisory Committee. To prioritize identified oral health needs, the Oral Health Advisory Committee members reviewed OHNA data on each need, engaged in small discussions, and prioritized three major oral health needs in the community (2):

- Access to care
- Oral health literacy and awareness
- Lack of comparable and consistent data

**Access to Care**
Based on key informant interviews summarized in the OHNA, access to care was identified as one of the three priorities. Some of the issues identified were a distinct lack of Medi-Cal Dental providers in specialties like oral surgery and anesthesia, especially for young children under 18 years, geographical barriers, and operating hours for dental offices, status and cost. The OHNA found that 12% of the overall SBC population is uninsured and 61% of respondents stated that they could not afford dental care.

**Oral Health Literacy and Awareness**
In addition to barriers to care, there must be more awareness, education, and culturally competent oral health education resources available to all residents. While many community partners enlist their own educational materials and support, focus groups reported during the OHNA found there is no consistent oral health messaging throughout the county.

**Lack of Comparable and Consistent Data**
Finally, findings from the OHNA indicated there is a lack of oral health data in Santa Barbara County. Residents, community agencies and dental professionals explained there were no clear guidelines for consistent data collection or sufficient existing data. This is especially true for select age groups such as 12-17 years old, adults aged 21+ and the senior population 65+.
KEY OBJECTIVES

ACCESS TO CARE

SURVEILLANCE SYSTEMS

PREVENTION

LITERACY

CASE MANAGEMENT
Objective ONE

ACCESS TO CARE:
Improve access to care for the county’s most vulnerable residents in underserved areas.

Strategies for Success:

A. Increasing the percentage of low-income children in target schools who receive dental sealants on their permanent molar teeth and fluoride supplements.

B. Partnering with Federally Qualified Health Centers (FQHCs) to develop a referral system to dental providers.

C. Convene meetings with community partners to address barriers to care.
Goal 1: Improve access to care for the county’s most vulnerable residents in underserved areas.

- **Objective 1.1:** By June 2022, improve access to oral health care among school children grades Kindergarten-6th by partnering with local community organizations and dental professionals to implement school-based fluoride supplements and/or dental sealant programs.
  - **Strategy:** Increase the percentage of low-income children screened in target schools who receive dental sealants on their permanent molar teeth and fluoride supplements by 10% by 2022, through recruiting 1-2 dental professionals to perform services in target schools throughout the county.

- **Objective 1.2:** By June 2022, the LOHP will ensure at least two medical systems are referring children to dental homes.
  - **Strategy:** The LOHP will partner with FQHCs to develop a referral system to dental providers. Efforts will specifically focus on children under 18 years of age.

- **Objective 1.3:** By June 2022, the LOHP will ensure at least two medical systems are referring adults 18+ years of age to dental homes.
  - **Strategy:** The LOHP will partner with FQHCs to develop a referral system to dental providers. Efforts will specifically focus on adults reporting their need to see a dentist for a problem.

- **Objective 1.4:** By June 2022, the LOHP will coordinate with at least two community clinics on how to increase their patients’ knowledge of dental benefits.
  - **Strategy:** The LOHP will provide education and materials to pediatric medical providers such as Pediatric Medical Group of Santa Maria and Santa Barbara Neighborhood Clinics in order to distribute information and improve patient knowledge of their dental benefits.
- **Strategy**: The LOHP will launch a social media campaign that provides education on dental benefits for Medi-Cal recipients.

- **Objective 1.5**: Establish network of community partners to address barriers to care. By March 2020, identify at least three barriers to care and determine at least two activities to address barriers to care.
  - **Strategy**: Convene meeting of local programs such as First 5, MCAH, CHDP, WIC, Early Head Start, Head Start.
  - **Strategy**: As a collaborative, determine at least three barriers to care and at least two activities to address barriers to care.

Santa Maria-Bonita School District Health Fair
Objective TWO

SURVEILLANCE:
Improve oral health data collection across the county, with a specific focus in underserved areas.

Strategies for Success:
A. Increase the number of schools participating in System for California Oral Health Reporting (SCOHR).

B. Develop and implement an oral health surveillance system to measure main indicators of oral health and identify key performance measures for tracking progress.
Goal 2: Improve oral health data collection across the County, with a specific focus in underserved areas.

- **Objective 2.1:** By June 2022, increase the number of schools participating in System for California Oral Health Reporting (SCOHR) by 10%.
  - **Strategy:** Through collaboration with target school districts, identify champions through convening meetings of community partners and discuss best practice SCOHR reporting.
  - **Strategy:** Provide technical assistance to 1-2 school districts per school year beginning January 2020 through June 2022.

- **Objective 2.2:** By June 2022, develop and implement an oral health surveillance system to measure main indicators of oral health and identify key performance measures for tracking progress.
  - **Strategy:** With input from advisory committee, develop an oral health data dashboard by January 2020. Publish oral health surveillance and utilization data annually on oral health website.
Objective THREE

PREVENTION:
Improve oral health and prevent tooth decay by promoting healthy habits for county residents, with a special focus on the underserved areas and vulnerable populations.

Strategies for Success:
A. Increase number of dental offices offering referrals to tobacco cessation and Rethink Your Drink materials.
Goal 3: Improve oral health and prevent tooth decay by promoting healthy habits for county residents, with a special focus on the underserved areas and vulnerable populations.

- **Objective 3.1**: Increase the number of dental offices providing ReThink Your Drink (RYD) and tobacco cessation materials to patients by at least 10% each year beginning January 2021.
  - **Strategy**: The LOHP will support dental offices through providing tobacco cessation materials and training for 1-800-NO-BUTTS hotline through an established partnership with the local Tobacco Prevention Program to provide expertise and materials.
  - **Strategy**: Outreach and connect with 1-3 dental offices per year starting from September 2019 who will agree to partner with the LOHP to become a champion providers (CalFresh) in RYD and Champions for Change.
  - **Strategy**: The LOHP will survey dental offices through July – December 2020 to establish a baseline percent of providers offering tobacco cessation and RYD intervention. Re-survey dental offices by December 2021 to determine percentage change from baseline.
Objective
FOUR

LITERACY:
Increase oral health literacy through culturally, linguistically and age-appropriate oral health education.

Strategies for Success:
A. Social media campaign on oral health education.
B. Community partners to distribute oral health materials at local offices and events.
C. Provide oral health educational sessions to schools.
Goal 4: Increase oral health literacy through culturally, linguistically and age-appropriate oral health education.

- **Objective 4.1**: By June 2022, the LOHP will provide education about fluoride to at least 5,000 residents.
  - **Strategy**: Launch targeted social media campaign to improve education on fluoride.
  - **Strategy**: Provide support to local community partners such as dental offices, Family Resource Centers and City Councils to encourage communication and knowledge surrounding water fluoridation.

- **Objective 4.2**: By June 2022, children in Kindergarten-6th grade in 1-2 target elementary schools will show a 30% increase in oral health knowledge on the following topics: dental hygiene practices, fluoride varnish, and dental sealants.
  - **Strategy**: Starting May 2020, children in target schools from Kindergarten to 6th grade will receive 1-2 educational sessions on oral health via classroom, health fair or school assembly. Pre- and post-tests will be completed to show existing knowledge compared to follow-up knowledge at each education session.

- **Objective 4.3**: By June 2021, deliver community education on oral health to at least 750 residents which includes, but is not limited to, pregnant women, parents of children of 0-5 years old, older and low-income adults, including those with limited English proficiency.
  - **Strategy**: Through digital media campaigns during National Children’s Oral Health Month (February), ReThink Your Drink Day (May 8th) and other associated oral health celebrations annually, educational resources will be provided to the public via social outlets such as Instagram, Facebook and Twitter through the Santa Barbara County Education Office, Public Health Department and Tobacco Prevention Program’s media channels.
Objective FIVE

CASE MANAGEMENT:
To improve treatment completion rates of identified oral health emergency cases within a specific focus in underserved areas.

Strategies for Success:

A. Create partnerships between schools, community organizations, and dental providers.

B. Continue identification of oral health needs and referrals to oral health screenings to classify dental emergencies.
Goal 5: To improve treatment completion rates of identified oral health emergency cases within a specific focus in underserved areas.

- **Objective 5.1**: By June 2022, the LOHP will show a 75% increase in dental treatment completion of oral health emergencies within students screened in target schools with severe cases.
  - **Strategy**: Identify students through school screenings in underserved areas.

- **Objective 5.2**: By June 2022, maintain collaboration with school districts, Head Start and Family Resource Centers to continue to follow up and manage cases of referred screened students.
  - **Strategy**: Establish meetings to review results of screenings and confirm referrals.
Primary data was collected by the Local 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 the Oral Health 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 (3). The documents for the surveys are available in the appendices of this COHIP.

**Surveys**

**County Oral Health Survey**
The Santa Barbara County Public Health Department’s Local 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 Public Health Department’s Local Oral Health Program partnered with Health Linkages who partnered with Santa Barbara County Promotores Network to distribute an oral health survey developed by Vision y Compromiso throughout the county. This survey was conducted entirely in Spanish and was specific to the oral health experiences and needs of the Hispanic community and was developed prior to the County Oral Health Survey.
Dental Provider Survey
The Santa Barbara County Public Health Department’s Local Oral Health Program developed a survey asking local dentists if they accept Medi-Cal insurance, their reasons for doing so, or not doing so, and their experience with Medi-Cal insured patients.

Migrant Education Teacher Survey
The Santa Barbara County Public Health Department’s Local Oral Health Program administered a survey to 32 summer-school 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.
1. American Indian Health and Services
2. Carpinteria Children’s Project
3. Catholic Charities of Santa Barbara County
4. CenCal Health
5. Area Agency on Aging (Central Coast Commission for Senior Citizens)
6. Santa Barbara County Education Office
   a. Children and Family Resource Services
      i. Health Linkages Program
7. Child Health & Disability Prevention Program (CHDP)
8. Community Action Commission of Santa Barbara County, Inc. (CAC)
9. Community Health Centers of the Central Coast, Inc. (CHC)
10. Cottage Health
11. Dentistry for Children Santa Maria
12. Family Service Agency
   a. Santa Maria Healthy Start
13. First 5 Santa Barbara County
14. Lompoc Valley Community Healthcare Organization
15. Santa Barbara Public Health Department
   a. Maternal Child Adolescent Health (MCAH)
   b. Nutrition Services Santa Barbara County Public Health Department
      i. Women, Infants, and Children (WIC)
      ii. CalFresh Healthy Living
   c. Child Health and Disability Prevention Program
   d. Tobacco Prevention Program (TPP)
16. Santa Ynez Valley People Helping People
17. Santa Barbara -Ventura County Dental Society
18. Santa Ynez Tribal Health Clinic (SYTHC)
19. The Cecilia Fund
20. Tri-Counties Regional Center
CONCLUSION

The Santa Barbara County Oral Health Needs Assessment (OHNA) and COHIP represent the combined efforts of the Santa Barbara County Public Health Department, Oral Health Collaborative (Health Linkages) members, the Advisory Committee and community members. This plan outlines the priority oral health needs in Santa Barbara county, as well as effective and concrete actions that local government agencies and community organizations can take to help address those needs in order to improve oral health in the county.

Priority oral health needs in Santa Barbara County demonstrate the of lack consistent and comparable data, access to care, literacy and awareness.

Santa Barbara County’s LOHP will support efforts to improve access to care for the County’s most vulnerable residents, such as providing assistance to increase the percentage of low-income children receiving dental sealants and fluoride supplements. Through a partnership with local Federally Qualified Health Centers (FQHCs) and regular meetings, it is anticipated a referral system can be created to address barriers to care.

Santa Barbara County schools will also receive support to increase reports to the System for California Oral Health Reporting (SCOHR), resulting in improved oral health data collection.

Throughout the remainder of the CDPH grant, the LOHP will work to promote healthy habits for county residents. By partnering internally with both the Tobacco Prevention and CalFresh Healthy Living Programs, the LOHP hopes to support local dental offices by providing tobacco cessation and ReThink Your Drink materials. Social media will be used effectively to increase oral health literacy through culturally, linguistically and age-appropriate education to target groups.
Santa Barbara County’s LOHP, in partnership with its Advisory Committee and the Oral Health Collaborative, has created a Strategic Plan to provide guidance on the implementation of the COHIP with key tasks, timelines, and responsibilities to ensure progress towards the county’s oral health goals. By 2022, the LOHP aims to implement key strategies to sustainably improve the oral health of county residents (2).
APPENDICES

Appendix A: Oral Health Asset Map
Appendix B: County Oral Health Survey
Appendix C: Promotores Survey
Appendix D: Dental Providers Survey
Appendix E: Migrant Education Teacher Survey
Appendix F: Focus Group Questions
Appendix G: Key Informant Interviews
Appendix H: Santa Barbara Dentists Accepting New Patients by Specialty

Santa Barbara Coastline (5)
APPENDIX A
ORAL HEALTH ASSET MAP

1. Nutrition Services SBC PHD
   a. Women, Infant & Children (WIC)
   b. CalFresh Healthy Living
2. Maternal Child Adolescent Health (MCAH)
3. Child Health & Disability Prevention Program (CHDP)
4. Tobacco Prevention Program (TPP) SBC PHD

1. Early Childhood and Family Wellness Coalition
2. Promotores Network
3. Community Health Initiative of SB (CHISB)
4. Children’s Oral Health Initiative

1. Catholic Charities Of SBC
2. The Cecilia Fund

1. Dr. Jean Seamount
2. Dr. Scott R. Harper
3. Dentistry for Children Santa Maria

2. Cottage Health
3. Cornelia M Moore Free Dental Foundation
4. First S Santa Barbara County
5. Lompoc Valley Community Healthcare Organization
6. Tri-Counties Regional Center
7. SB St. Medicine-Doctors Without Walls
8. Santa Barbara County Education Office
   a. Children & Family Resource Services
      i. Health Linkages
9. Area Agency on Aging (Central Coast Commission for Senior Citizens)
10. SB Ventura County Dental Society

1. Isla Vista Youth Project (IVYP)
2. People Helping People
3. Family Service Agency (FSA)
   a. Dorothy Jackson Family Resource Center (DJFRC)
   b. Little House by the Park
   c. Santa Maria Healthy Start
   d. Carpinteria Children’s Project
   e. Cuyama Valley Family Resource Center

1. American Indian Health & Services
2. Santa Barbara Health Care Centers PH Dept. SBC
3. Santa Barbara Neighborhood Clinics (SBNC) Eastside Dental Clinic
4. Community Health Centers of the Central Coast Inc. (CHC)
5. Santa Ynez Tribal Health Clinic (SYTHC)
# APPENDIX B

## COUNTY ORAL HEALTH 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
   - □ 18-24
   - □ 25-34
   - □ 35-44
   - □ 45-54
   - □ 55-64
   - □ 65-74
   - □ 75-84
   - □ 85+

2. **What ethnicity do you identify as?**
   - □ White/Caucasian
   - □ Latino/Hispanic
   - □ Black/African American
   - □ Asian/Pacific Islander
   - □ Other

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)**

<table>
<thead>
<tr>
<th>Activity</th>
<th>0 times</th>
<th>1 time</th>
<th>2 or more times</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brush your teeth</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Floss your teeth</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

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
    - □ 3-5 years ago
    - □ 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]

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

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?
   - Every 6 months
   - Once a year
   - Every 1 - 2 years
   - 2+ years
   - When in pain
   - I’ve never taken them to the dentist

THANK YOU!

For questions please call Santa Barbara County Health Department at (805) 881-5389
## Oral Health Survey

**Zip Code where you live:**

**2015 Vision y Compromiso Annual Conference**

### Name of Agency you work or volunteer for:

<table>
<thead>
<tr>
<th>Type of Agency you work or volunteer for:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Services</td>
<td>Social Services</td>
</tr>
<tr>
<td>Advocacy</td>
<td>Education</td>
</tr>
</tbody>
</table>

### Do you have a dentist?  Yes ☐  No ☐

### Do you have dental insurance?  Yes ☐  No ☐

### Do you have children under the age of 18?  Yes ☐  No ☐

### Does your child(ren) have a dentist?  Yes ☐  No ☐

### Does your child(ren) have dental insurance?  Yes ☐  No ☐

### How important is oral health to you?

<table>
<thead>
<tr>
<th>Very important</th>
<th>Important</th>
<th>Not so important</th>
<th>Not important at all</th>
</tr>
</thead>
</table>

### When was the last time you went to the dentist?

<table>
<thead>
<tr>
<th>0-6 months</th>
<th>6-12 months</th>
<th>1-3 years</th>
<th>3-5 years</th>
<th>More than 5 years</th>
<th>Never</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>☐</th>
<th>☐</th>
<th>☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health problems</td>
<td>Can’t take time off from work to go to the dentist</td>
<td>Fear of dentists</td>
</tr>
<tr>
<td>No dentist</td>
<td>No dental insurance</td>
<td>Fear of pain</td>
</tr>
<tr>
<td>No child care</td>
<td>Dentist doesn’t speak my language</td>
<td>Dental health can wait</td>
</tr>
<tr>
<td>No dental clinics near home</td>
<td>Can’t afford dental care</td>
<td>Other</td>
</tr>
</tbody>
</table>

### Have you participated in any training about oral health?  Yes ☐  No ☐

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

<table>
<thead>
<tr>
<th>Not at all</th>
<th>Sometimes</th>
<th>Frequently</th>
<th>All of the time</th>
</tr>
</thead>
</table>

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

**Name:** ________________________________ **Telephone:** ________________________________

**Email:** __________________________________________

**What would you be willing to do? Mark all that apply**
- ☐ Come to a meeting to brainstorm ideas
- ☐ Participate on an Advisory Committee
- ☐ Share information about oral health with the community
- ☐ Share your own oral health story
- ☐ Recruit community members to get involved
- ☐ Other: __________________________________________
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: ________________________________
APPENDIX E
MIGRANT EDUCATION
TEACHER SURVEY

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?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Class/Grade/Ages Taught:____________________________________
Date:________________________________________
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?
Key Informant Interviews

Dates: March– May 2018

Interviews:
1. Dr. Sam Burg (Dentistry for Children of Santa Maria)
2. Dawn Dunn (Tobacco Prevention Program)
3. Trina Long (Nutrition and Obesity Prevention Program)
4. MaryEllen Rehse (SBCEO: Health Linkages – Children’s Oral Health Program)
5. Arcelia Sencion (Santa Ynez Valley: 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. Rea Goumas (Child Health & Disability Prevention Program – Healthcare Clinics)
10. Dr. Domenic Caluori (Santa Barbara Neighborhood Clinics – Chief Dental Officer)
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 (CHC) – (Dental Director)
18. Dr. Joseph Mercardante (Brush! Brush! Brush! Program (CHC) – Dentist)
# APPENDIX H

## DENTISTS ACCEPTING NEW PATIENTS

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>General</td>
<td>Western Dental Services Inc</td>
<td>5680 Calle Real Goleta</td>
</tr>
<tr>
<td>General</td>
<td>Parmar, Prasan Mohansinh, DDS Inc</td>
<td>1133 N H St Ste L Lompoc</td>
</tr>
<tr>
<td>General</td>
<td>Mikowicz, Edward M, DDS, Inc</td>
<td>112 S B St Lompoc</td>
</tr>
<tr>
<td>General</td>
<td>Dr Daniel Hyun Dental Inc</td>
<td>214 S H St Lompoc</td>
</tr>
<tr>
<td>General</td>
<td>Kashfi, Shahrarjasean, DDS 1532 Anacapa St</td>
<td>Ste 8 Santa Barbara</td>
</tr>
<tr>
<td>General</td>
<td>Pacheco-Medina Dental Corp 601 E Arrellaga</td>
<td>Ste 201 Santa Barbara</td>
</tr>
<tr>
<td>General</td>
<td>Gonzalez and Carlos A Prof Dental Corp</td>
<td>532 N Milpas St Santa Barbara</td>
</tr>
<tr>
<td>General</td>
<td>Peppard, Jeff D, DDS 7 Ashley Ave</td>
<td>Santa Barbara</td>
</tr>
<tr>
<td>General</td>
<td>Zak, Boris, DDS Inc 5168 Hollister Ave</td>
<td>Santa Barbara</td>
</tr>
<tr>
<td>General</td>
<td>Burg, Samuel, DDS &amp; Rick J Kleinsasser</td>
<td>1430 E Main St Ste 203 Santa Maria</td>
</tr>
<tr>
<td>General</td>
<td>Naumescu, Ion, DDS 120 S College Dr</td>
<td>Santa Maria</td>
</tr>
<tr>
<td>General</td>
<td>Parmar, Prasan Mohansinh, DDS Inc</td>
<td>1414 S Miller St Ste 7 Santa Maria</td>
</tr>
<tr>
<td>General</td>
<td>Qiao, Bing S, DDS Inc 1414 S Miller St</td>
<td>Ste S Santa Maria</td>
</tr>
<tr>
<td>General</td>
<td>Reyes, Sol J, DDS 1414 S Miller St</td>
<td>Ste G Santa Maria</td>
</tr>
<tr>
<td>General</td>
<td>Karapetian, Hamlet, DMD Inc 1670 S</td>
<td>Broadway Santa Maria</td>
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<td>General</td>
<td>Kim, Jesse, DDS Inc 1774 S Broadway</td>
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<td>Nolan, Sean J, DDS 2528 S Broadway</td>
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<td>Tang, Yat Yeung, DDS Inc 2050 S Broadway</td>
<td>Ste E Santa Maria</td>
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<td>Barky, Alice, DDS Inc 1023 W Main St</td>
<td>Santa Maria</td>
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<tr>
<td>Oral Surgeon</td>
<td>Western Dental Services Inc</td>
<td>5680 Calle Real Goleta</td>
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<tr>
<td>Oral Surgeon</td>
<td>Walsh, Gregg G, DDS 38 S La Cumbe Rd</td>
<td>Ste 5 Santa Barbara</td>
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<tr>
<td>Oral Surgeon</td>
<td>Merrell, Jerry D, DDS 2028 Village Ln</td>
<td>Ste 101 Solvang</td>
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<tr>
<td>Certified Orthodontist</td>
<td>Western Dental Services Inc</td>
<td>5680 Calle Real Goleta</td>
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<tr>
<td>Certified Orthodontist</td>
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<td>2206 S Broadway Santa Maria</td>
</tr>
<tr>
<td>Pedodontist</td>
<td>Burg, Samuel, DDS &amp; Rick J Kleinsasser</td>
<td>1430 E Main St Ste 203 Santa Maria</td>
</tr>
<tr>
<td>Periodontist</td>
<td>Western Dental Services Inc 5680 Calle</td>
<td>Real Goleta</td>
</tr>
</tbody>
</table>

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/)
REFERENCES


6. Hotel California, https://www.hotelcalifornian.com/location_contact/


