

Share & Learn: The Office of Oral Health Data Updates and Tools in Support of Oral Health Promotion

December 4, 2025

Speakers

Dr. Shakalpi Pendurkar, Shumaila Hashmi, & Margaret Trimble, Office of Oral Health

Facilitators

Janelle Urata, COHTAC at UCSF

Funding & Disclaimer

- **Acknowledgement:** This webinar is funded by the Office of Oral Health (OOH) within the California Department of Public Health. Funding is provided through Proposition 56 – the California Healthcare, Research and Prevention Tobacco Tax Act of 2016 – under Contract 22-10488. The California Oral Health Technical Assistance Center (COHTAC) assists OOH in advancing the California Oral Health Plan through technical assistance and training.
- **Disclaimer:** The presentations today are the content of the speakers and do not necessarily represent the views or opinions of the California Department of Public Health, California Health and Human Services Agency, OOH, or COHTAC.

Housekeeping

- Meeting is being recorded and will be posted on the COHTAC website and YouTube channel – follow-up materials and recording link will be emailed
- Questions, comments, and resource sharing are welcomed in the chat box and will be answered at the end of the presentations – please stay muted until called on
- As always, we appreciate your feedback – please take a minute at the end to complete our evaluation survey

Learning Objectives & Agenda

Objectives

- Understand the importance of oral health during pregnancy and barriers to accessing dental care.
- Learn about state-level data pertaining to dental care utilization, existing disparities, and trends over time.
- Describe the key benefits of community water fluoridation and effectively explain infographic data points to partners.

Agenda

- Welcome and overview – [Janelle Urata](#)
- Updates from the Office of Oral Health (OOH) – [Dr. Shakalpi Pendurkar](#)
- OOH Surveillance & Evaluation Unit
 - Dental Care During Pregnancy in California – [Shumaila Hashmi](#)
 - Community Water Fluoridation Infographic – [Margaret Trimble](#)
- Announcements and wrap up – [Janelle Urata](#)



Updates from the Office of Oral Health

Dr. Shakalpi Pendurkar



Updates from the Office of Oral Health

Shakalpi Pendurkar, DDS, MPH

State Dental Director

December 4, 2025

Highlights of LOHP Program Impacts

Northern California

- **Del Norte:** KOHA screening identified abscessed teeth in a special education student, enabling urgent care.
- **Mono:** Mobile dental van restored access after only dental clinic was destroyed in a wildfire.

Bay Area/Central Coast

- **Santa Barbara:** Established a Community Health Worker model to assist children with urgent needs. Secured same day dental care for preschooler in pain.
- **San Benito:** Implemented preschool screenings to ensure children enter school in a healthier state.

Highlights of LOHP Program Impacts – cont.

Central Valley

- **San Joaquin Valley:** has the highest burden of children's dental decay, with OOH-funded programs targeting this crisis.
- **Fresno:** 1,469 children screened, 629 referred for follow up, expanded access through RDHAP partnerships.

Southern California

- **Los Angeles:** Supports school-linked oral health initiatives to reduce emergency department visits.
- **Riverside:** Piloted AI-powered telehealth screenings using smartphone imaging for 60+ students to identify urgent needs and link students to care.

Outreach and Education

Local Presentations

- CPOH meeting (June 2025)
- Bay Area Expo (August 2025)
- Center for Oral Health (September 2025)
- Sacramento District Dental Society (Oct 2025)
- UCLA dental students (November 2025)

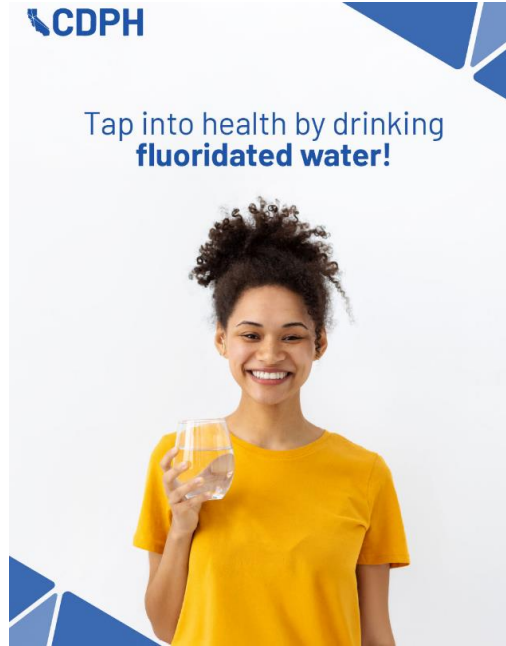
National Engagement

- American Fluoridation Society (April 2025)
- ADA SmileCon, Washington, D.C. (Oct 2025)




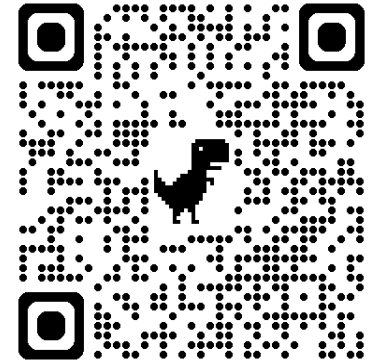
Communication Assets

Social Media Posts on CWF

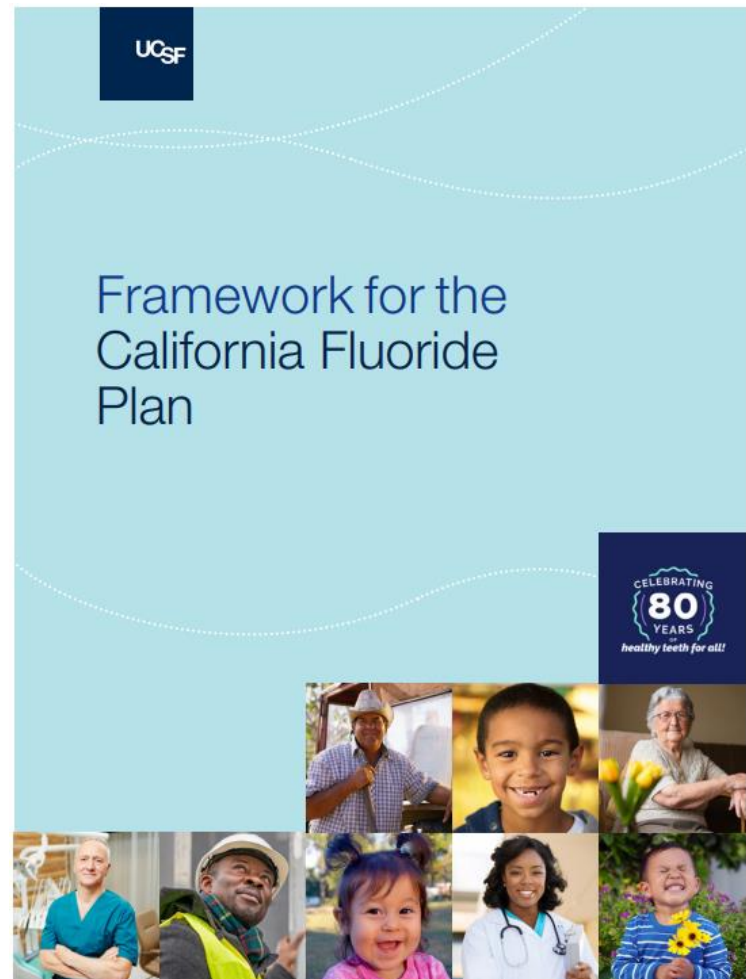


DYK? Cavities are one of the most common diseases people get during their lifetime. They can also cause other health problems. Prevent cavities by drinking tap water, which has safe levels of fluoride.

 Learn more
cdph.ca.gov/Programs/CCDPH...



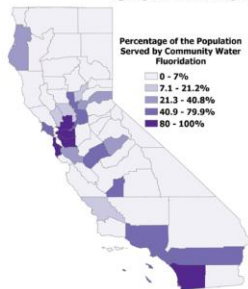
Coming Soon



Return on Investment

Maximizing Public Health Impact

Community Water Fluoridation [YOUR] County



Population Served by Community Water Fluoridation:

1,042,000 (65.3% of the population served by fluoridated water)



Communities with fluoridated water save an average of \$44 per person each year in dental treatment costs¹⁻².

This Amounts to a Collective Annual Savings of \$45.8M.

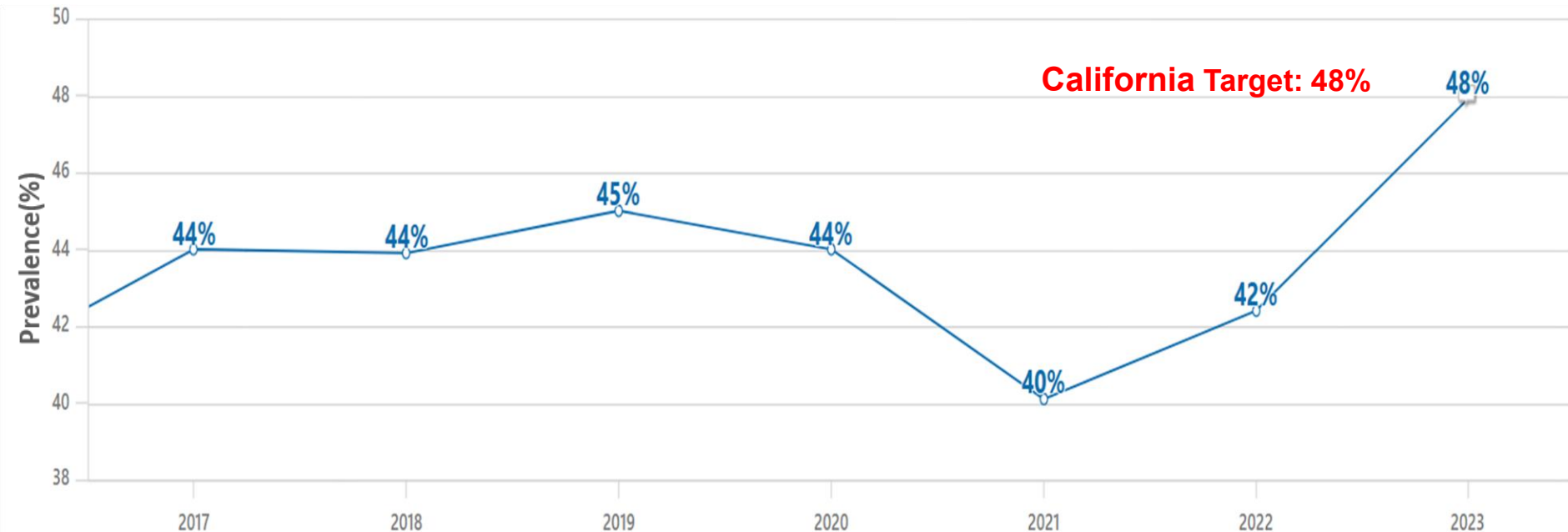


If residents spend the \$44 on taxable purchases instead of non-taxable dental treatments:

Annual Potential Sales Tax Revenue for Local Use: \$802K

- Delayed dental care is associated with increased Emergency Department utilization³, where the cost of care can be triple that of preventive dental care⁴.
- On average, communities with water fluoridation experience 25% fewer cavities than communities without water fluoridation. This means less pain, fewer fillings and teeth pulled, and fewer [missed days of school](#) and work⁵.
- According to new research from the American Dental Association, cessation of community water fluoridation would cost California **\$4.8 billion** within five years⁶.

Percentage of CA Residents With a Dental Visit During Pregnancy



Source: Maternal and Infant Health Assessment (MIHA) Survey. MIHA Question: "During your most recent pregnancy, did you visit a dentist, dental clinic, or get dental care at any other health clinic?" Respondents could report Yes or No. Target: Health Resources and Services Administration, Perinatal and Infant Oral Health Quality Improvement Program Performance Measure.

**FDA restricts the sale of
unapproved ingestible
fluoride prescription
drug products for children
under age 3**



American Academy of Pediatric Dentistry (AAPD)

The AAPD strongly supports fluoride supplementation as a method to prevent caries, particularly in communities without fluoridated water, and for all children with high caries risk.

American Dental Association (ADA)

“The research shows that daily use of fluoride tablets or drops at home are a safe and effective way to strengthen teeth and prevent cavities in children who are at high risk for tooth decay and whose water is deficient in fluoride,” said Richard J. Rosato, D.M.D., president of the American Dental Association. “A doctor’s clinical judgment, not a new warning label, should remain the guiding factor in determining appropriate fluoride use for children, ensuring both safety and access to essential oral health care.”





OOH Surveillance & Evaluation Unit

Shumaila Hashmi & Margaret Trimble



Dental Care Utilization During Pregnancy in California

Shumaila Hashmi, MBBS, MPH
Epidemiology and Surveillance Lead
Office of Oral Health
Surveillance & Evaluation Unit

December 4, 2025



Learning Objectives

- To understand the importance of oral health during pregnancy.
- To review key findings from data pertaining to dental care utilization as well as barriers to accessing dental care during pregnancy.
- To explore existing disparities in dental care utilization during pregnancy and trends over time.
- To discuss ongoing efforts for advancement of equitable oral health care during pregnancy.

Oral Health and Pregnancy

- Increased susceptibility to develop periodontal disease and dental caries.
- Lack of dental care during pregnancy- exacerbation of periodontal disease.
- Poor oral health - maternal systemic diseases - adverse pregnancy outcomes.
- Maternal periodontal disease may increase the risk of bacterial transmission to the newborn baby.
- Oral health care is a safe and important part of prenatal care.
- Dental visits during pregnancy
 - Oral health screening
 - Communicating preventive messages



Oral Health Care During Pregnancy- Practice Guidelines

- [California Dental Association Foundation. Oral health during pregnancy and early childhood: evidence-based guidelines for health professionals.](#) Sacramento (CA): California Dental Association Foundation; 2010.
- [Oral Health During Pregnancy: A Resource Guide \(3rd ed.\) © 2020](#) by National Maternal and Child Oral Health Resource Center, Georgetown University.
- Oral Health Care During Pregnancy Expert Workgroup. [Oral Health Care During Pregnancy: A National Consensus Statement](#) © 2012 by the National Maternal and Child Oral Health Resource Center, Georgetown University, Washington, D.C.

CA Oral Health Plan and Dental Care During Pregnancy

- The Office of Oral Health's mission is to improve the oral health of all Californians through prevention, education and organized community efforts.
- California Oral Health Plan identifies pregnant people as a high-risk population in need of focused efforts and performance measures to track progress.
- OOH utilizes Maternal and Infant Health Assessment as an on-going state- and local-level surveillance system for dental care utilization during pregnancy.

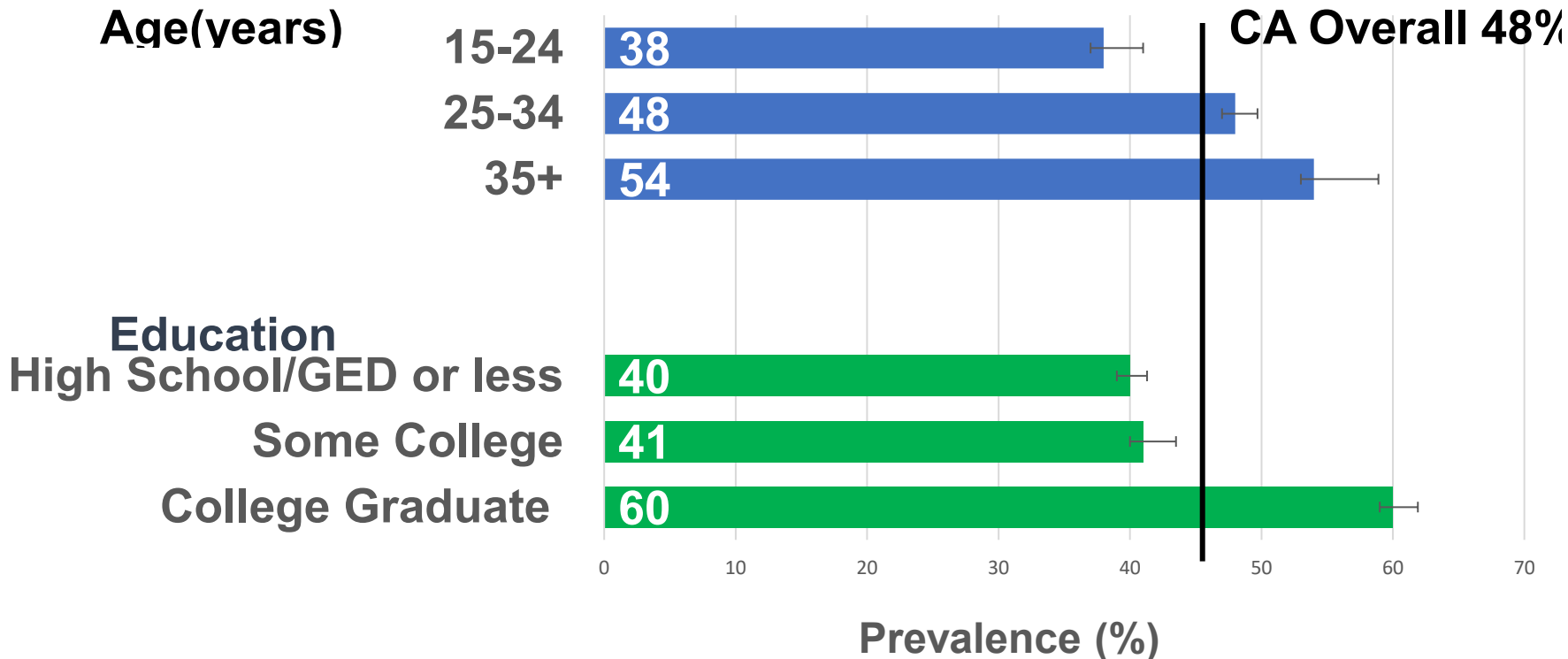


Maternal and Infant Health Assessment (MIHA)

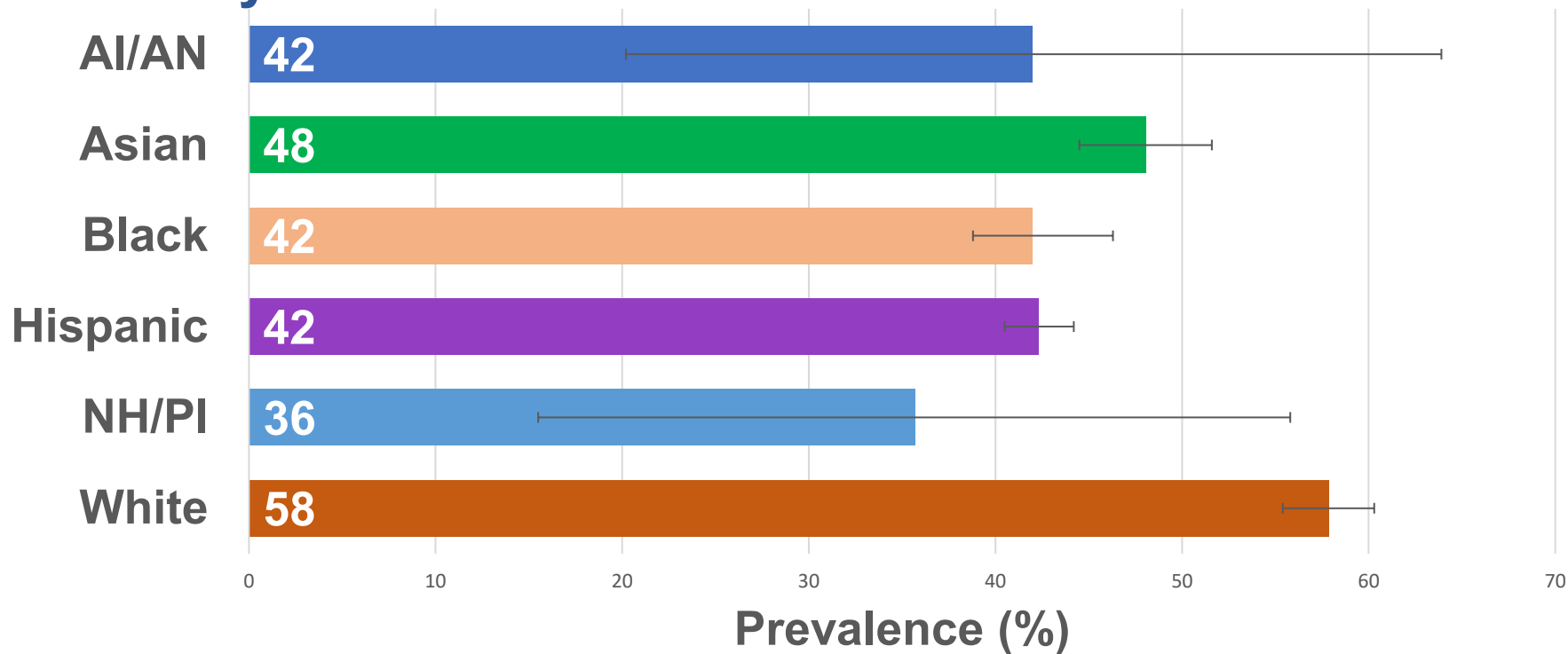
- MIHA is an annual population-based survey of California residents with a recent live birth.
- CDPH, Maternal, Child and Adolescent Health (MCAH) Division and the University of California, San Francisco Center for Health Equity.
- Captures information about maternal experiences, attitudes and behaviors during pregnancy.
- Used by state programs and other partners to monitor maternal and infant health outcomes and guide health policies and programs in California.



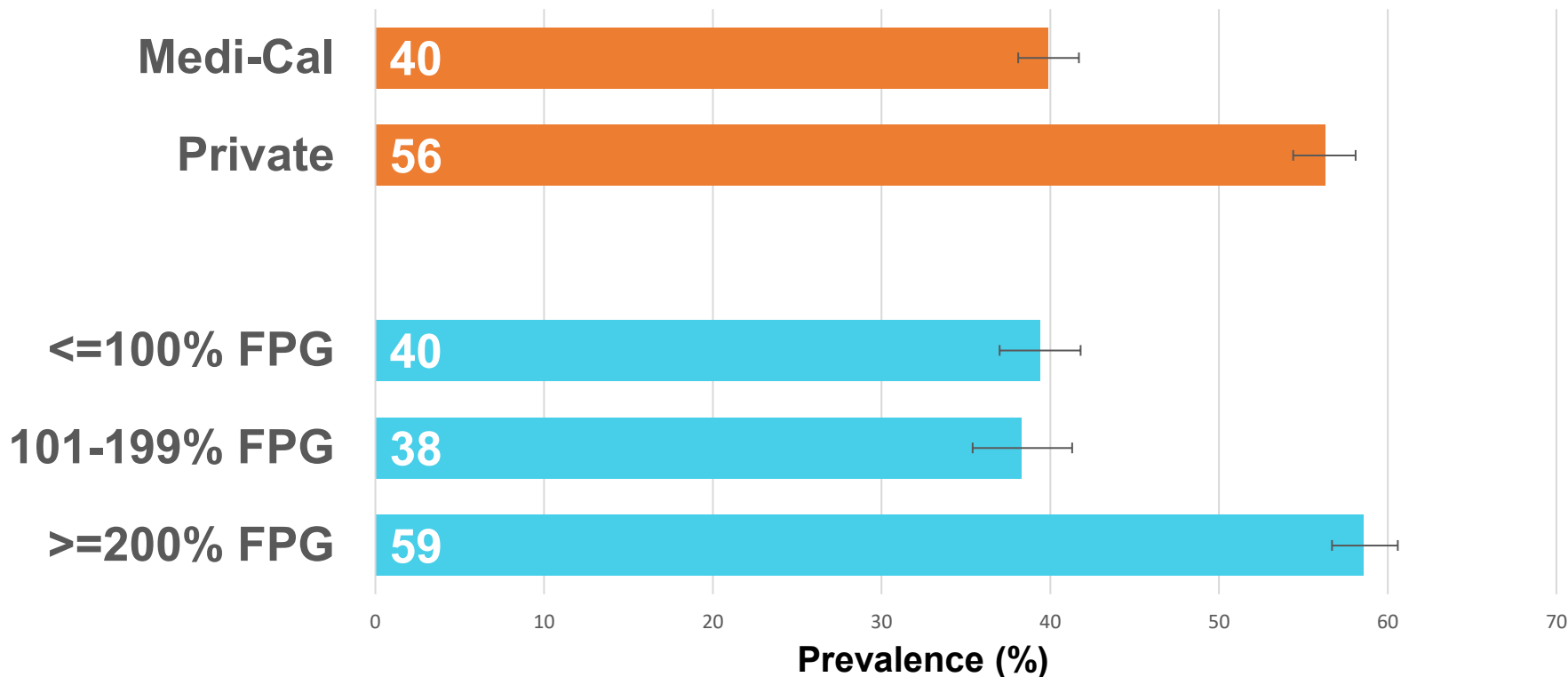
Dental Care Utilization During Pregnancy by Maternal Age and Education, MIHA 2022-2023



Dental Care Utilization During Pregnancy by Race and Ethnicity



Dental Care Utilization During Pregnancy by Type of Insurance Coverage and Income



Dental Care Utilization During Pregnancy by MIHA Regions in CA

Receipt of dental visit during pregnancy among California residents with a recent live birth by CA region, Maternal & Infant Health Assessment (MIHA) Survey, 2022-2023. MIHA Question: "During your most recent pregnancy, did you visit a dentist, dental clinic, or get dental care at any other health clinic?" Respondents could report Yes or No.





MIHA Regions in CA

Maternal & Infant Health
Assessment (MIHA)
Survey, CDPH Maternal,
Child and Adolescent
Health Division.



Central Coast Region

Monterey, San Benito, San Luis Obispo,
Santa Barbara, Santa Cruz, Ventura

Greater Sacramento Region

El Dorado, Placer, Sacramento, Sutter,
Yolo, Yuba

Los Angeles County

North/Mountain Region

Alpine, Amador, Butte, Calaveras, Colusa, Del Norte,
Glenn, Humboldt, Inyo, Lake, Lassen, Mariposa,
Mendocino, Modoc, Mono, Nevada, Plumas, Shasta,
Sierra, Siskiyou, Tehama, Trinity, Tuolumne

Orange County

San Diego County

San Francisco Bay Area

Alameda, Contra Costa, Marin, Napa, San Francisco,
San Mateo, Santa Clara, Solano, Sonoma

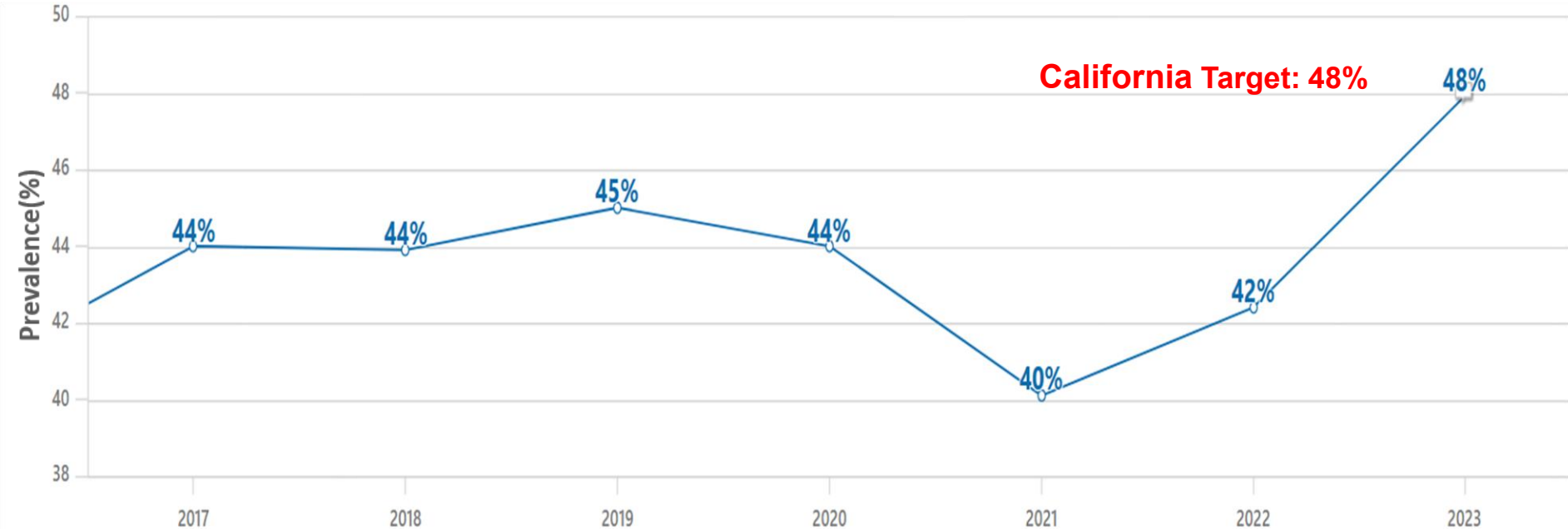
San Joaquin Valley

Fresno, Kern, Kings, Madera, Merced,
San Joaquin, Stanislaus, Tulare

Southeastern California

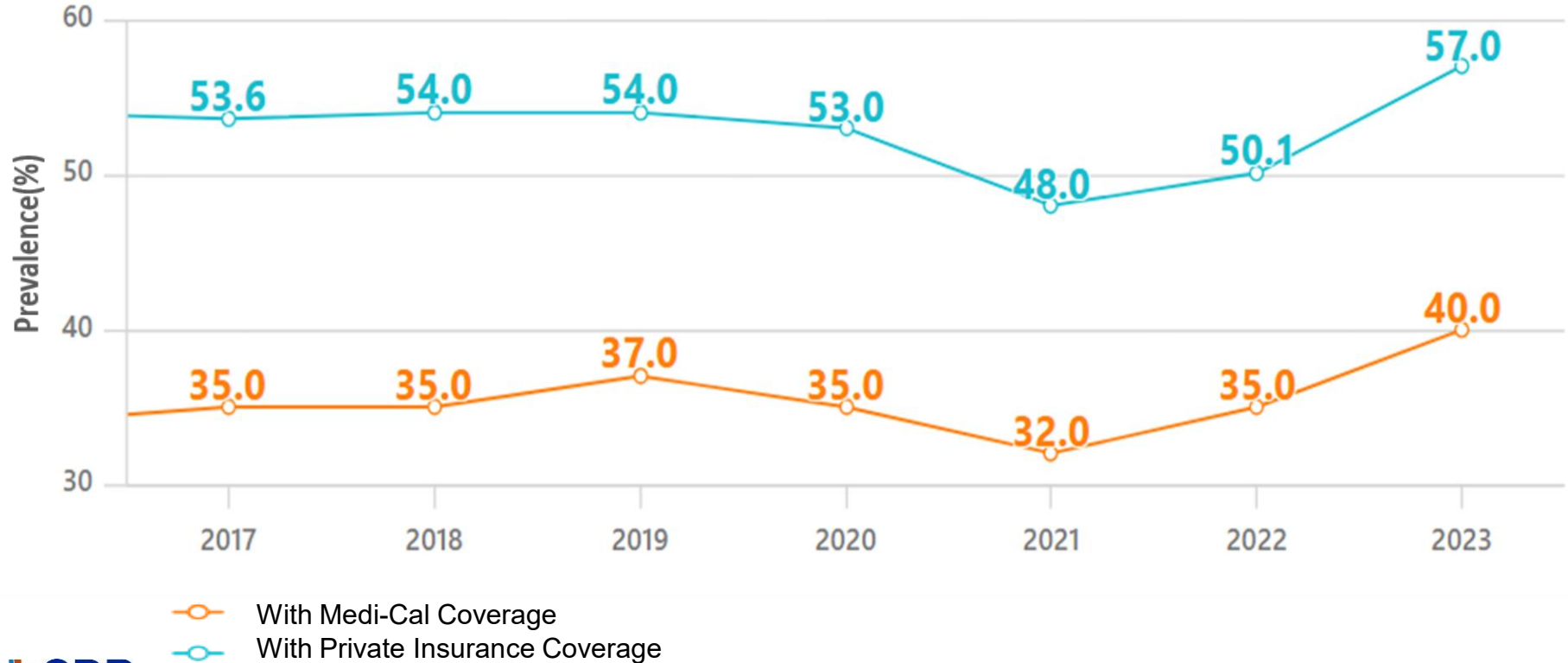
Imperial, Riverside, San Bernardino

Trend: Percentage of CA Residents With a Dental Visit During Pregnancy

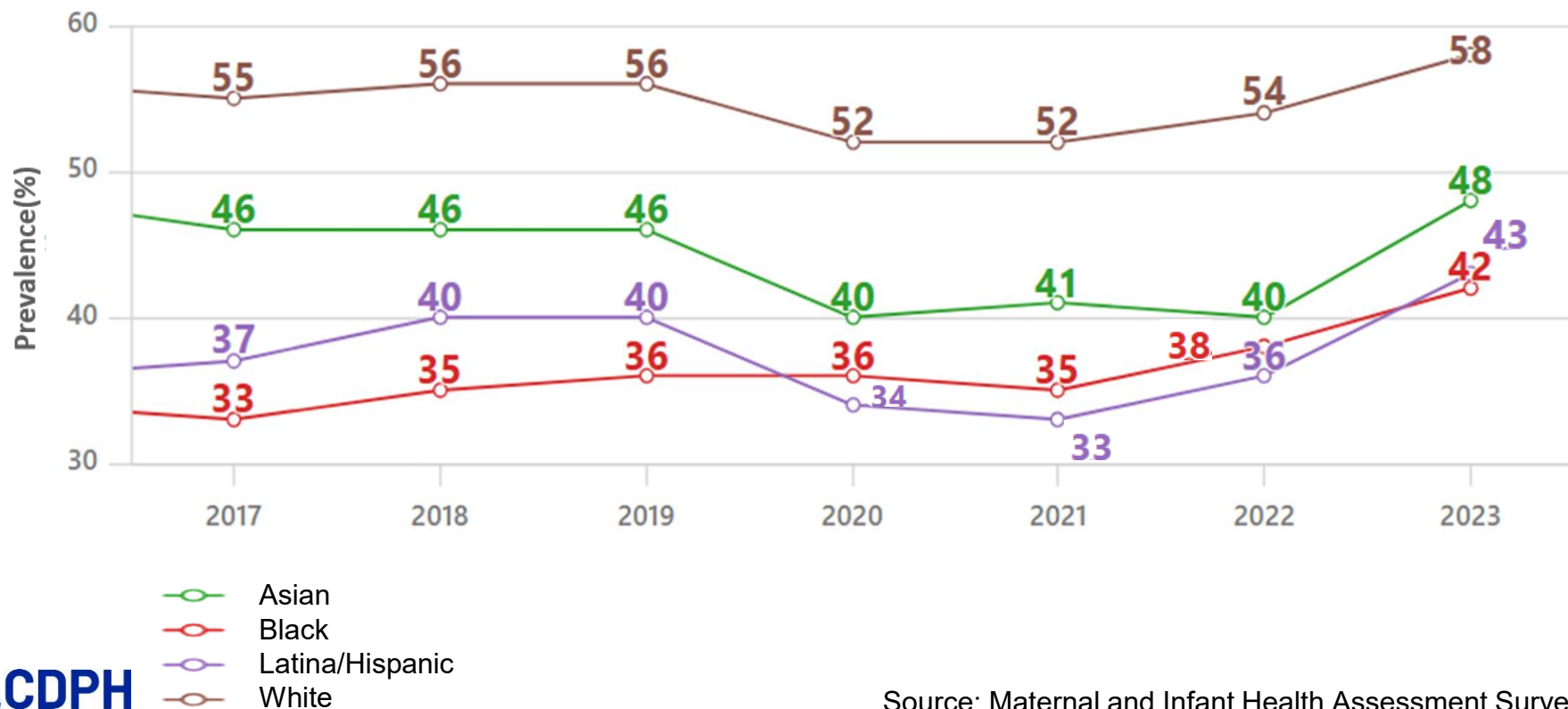


Source: Maternal and Infant Health Assessment (MIHA) Survey. MIHA Question: "During your most recent pregnancy, did you visit a dentist, dental clinic, or get dental care at any other health clinic?" Respondents could report Yes or No. Target: Health Resources and Services Administration, Perinatal and Infant Oral Health Quality Improvement Program Performance Measure.

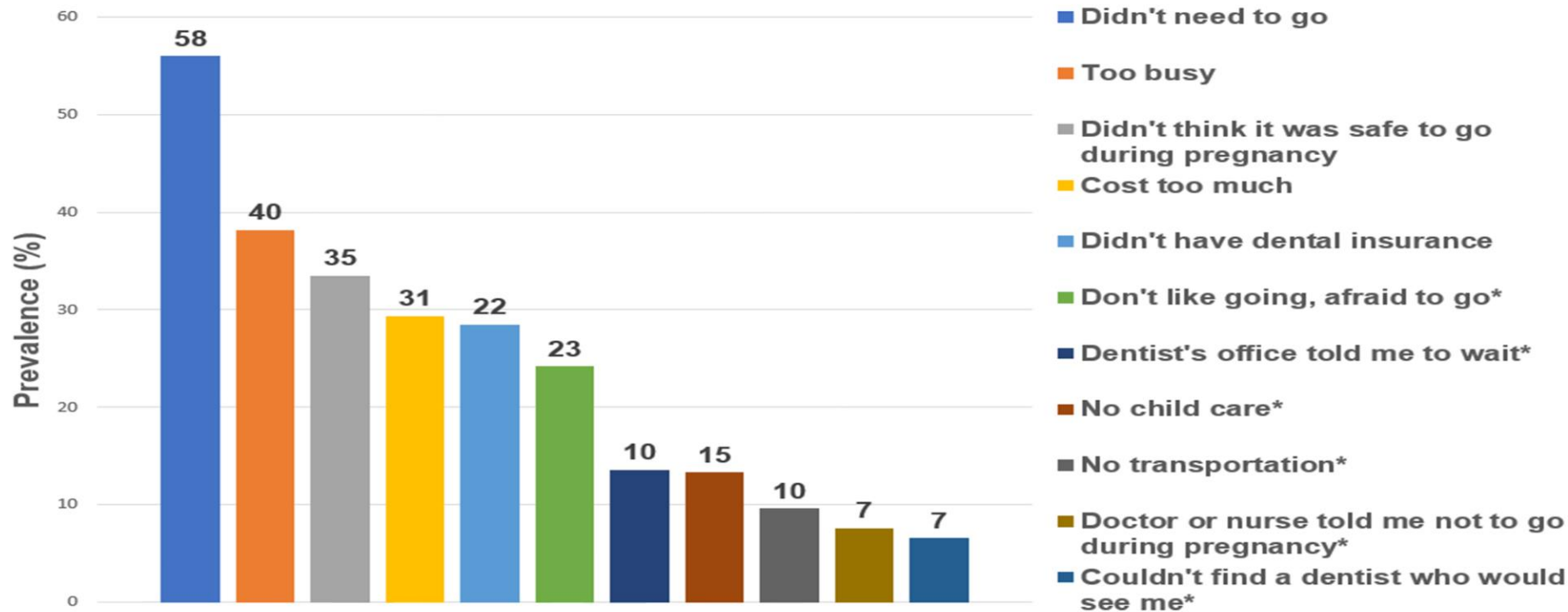
Trend: Percentage of CA Residents With a Dental Visit During Pregnancy by Insurance Type



Trend: Percentage of CA Residents With a Dental Visit During Pregnancy by Race and Ethnicity

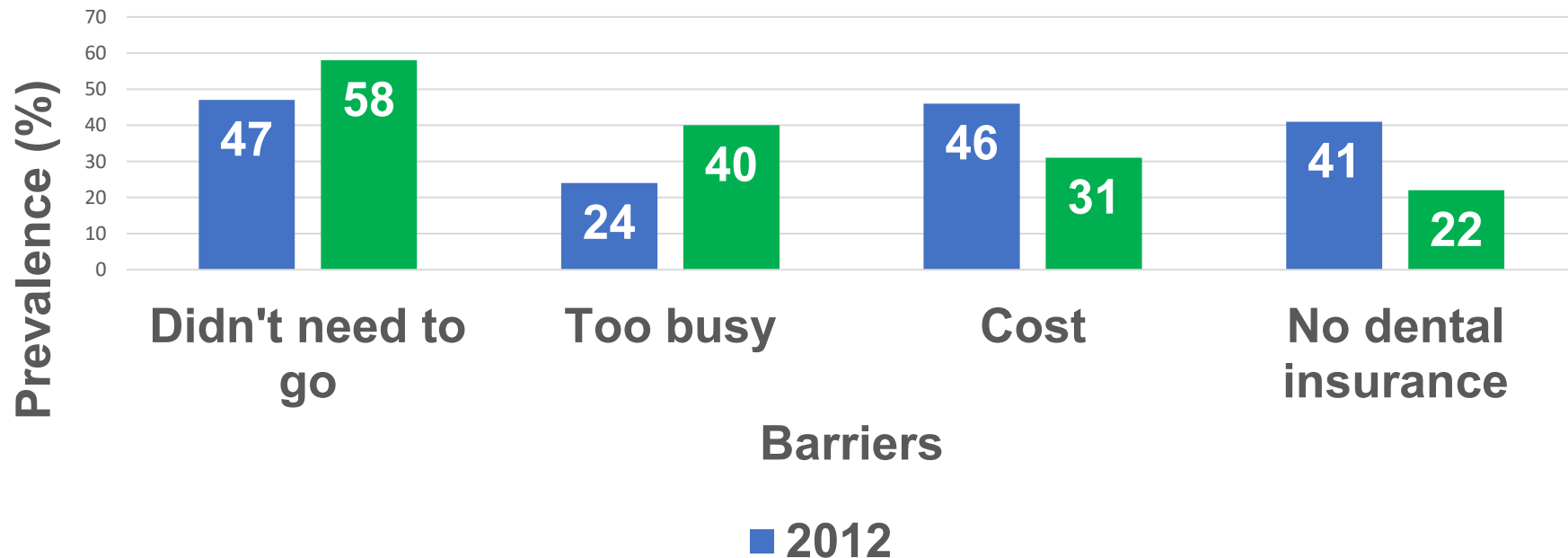


Barriers to Dental Care Utilization During Pregnancy



Source: Maternal and Infant Health Assessment (MIHA) Survey, 2022. *Response category not included on MIHA 2016. MIHA question on barriers to dental care during pregnancy among women with a recent live birth: "Here is a list of reasons why women don't get dental care during pregnancy. For each one, please tell us if it was a reason for you. The answer options for each barrier were: Yes, No. These reasons are among those who did not have a dental visit.

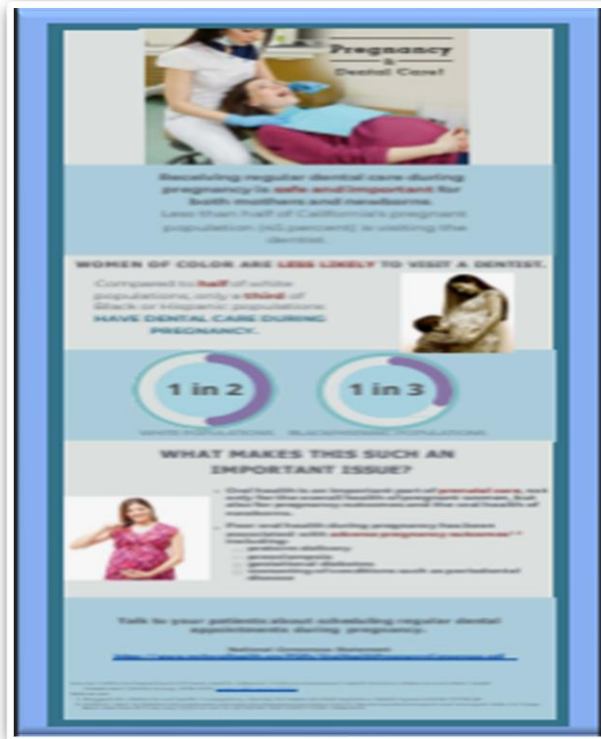
Common Barriers to Dental Care During Pregnancy-Comparing MIHA 2012 and 2022



Source: Maternal and Infant Health Assessment (MIHA) Survey, 2012 and 2022.

MIHA question on barriers to dental care during pregnancy among women with a recent live birth: "Here is a list of reasons why women don't get dental care during pregnancy. For each one, please tell us if it was a reason for you. The answer options for each barrier were: Yes, No. These reasons are among those who did not have a dental visit.

Pregnancy and Dental Care-Infographic

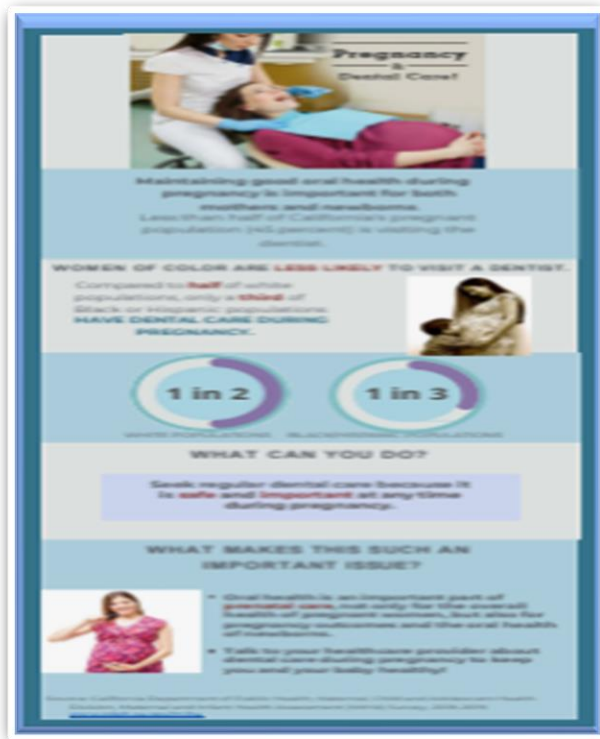


For
Healthcar
e
Providers



https://oralhealthsupport.ucsf.edu/sites/g/files/tkssra861/f/Pregnancy_Dental_Care_Providers_Fact_Sheet_06_20_2023.pdf

Pregnancy and Dental Care-Infographic



For
Public



https://oralhealthsupport.ucsf.edu/sites/g/files/tkssra861/f/Pregnancy_Dental_Care_Public_Fact_Sheet_06.20.2023.pdf

Continuing the Work and Next Steps

- Multidisciplinary approach-**Medical-Dental integration**
- Targeted prenatal **oral health education** programs
- [Oral Health Literacy Toolkit](#), for oral health care providers
- **Partnerships** with local dental and primary care providers' associations
- **Community-Clinical Linkages** – Community Health Workers and Home Visiting Programs
- Increased outreach to educate communities about Medi-Cal Dental Program post-partum benefits - 12 months
- Financial and social support to overcome cost and logistics' barriers
- **Diverse workforce development** – overcoming cultural/language barriers
- Sustained efforts for ensuring **equitable access to oral health care** for all

Thank you!

Happy to answer any questions.






Community Water Fluoridation Infographic

Margaret Trimble, RDH, MPH
Oral Health Epidemiologist
Surveillance & Evaluation Unit
Office of Oral Health


December 4, 2025



Community Water Fluoridation Infographic

Learning Objectives


- To list the key benefits of community water fluoridation
- To state the purpose of the community water fluoridation infographic
- To explain the data points of the community water fluoridation infographic



Community Water Fluoridation Infographic

Background

- Community Water Fluoridation (CWF) is one of the top 10 public health achievements of the 20th century.
- CWF has faced renewed scrutiny due to federal actions and a recent court ruling.
- California Department of Public Health issued a joint statement this past April in support of CWF as a safe and effective way to support human health and prevent tooth decay in children and adults.



Community Water Fluoridation Infographic

CWF in California

- There are over 3,000 Public Water Systems (PWS) in California.
- Some PWS add fluoride and many do not.
- The recommended amount of fluoride in drinking water is 0.7 mg/L = 0.7 ppm
- Roughly 58% of Californians are served by PWS that fluoridate.
- Communities that have recently considered stopping fluoridation of their PWS:
 - Oroville (Butte County)
 - Olivenhain (San Diego County)

Community Water Fluoridation (CWF)

Key Benefits

- **Cavity Prevention at All Ages**
 - Reduces cavities by about 25% in children and adults.
- **Health Equity**
 - Benefits all community members, regardless of their access to dental care.
- **Cost-Effectiveness**
 - For every \$1 invested, approximately \$38 is saved in dental treatment costs.
- **Reduced Pain and Absenteeism**
 - Fewer cavities means less mouth pain and fewer missed days of work/school.
- **Safety and Effectiveness**
 - Supported by substantial scientific evidence
 - Endorsed by CDC, ADA, WHO, AMA, and AAP

Community Water Fluoridation (CWF) Infographic

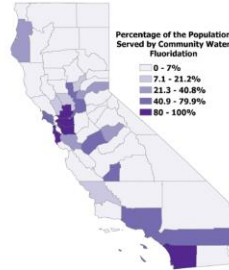
Purpose

- To visualize the economic and health benefits of CWF at a local level
- To provide LOHPs and other partners local statistics on CWF
- To support LOHPs and their partners in their efforts to promote oral health and reduce oral health disparities
- To educate and encourage local policymakers in their efforts to maintain CWF

This infographic describes the health and economic benefits of CWF for those communities that are *currently* fluoridating their PWS.

Community Water Fluoridation Infographic

Community Water Fluoridation [NAME] County



Population Served by Community Water Fluoridation:

12,057 (5.8% of the population served by fluoridated water)



Communities with fluoridated water save an average of \$44 per person each year in dental treatment costs^{1,2}.

This Amounts to a Collective Annual Savings of \$531K.

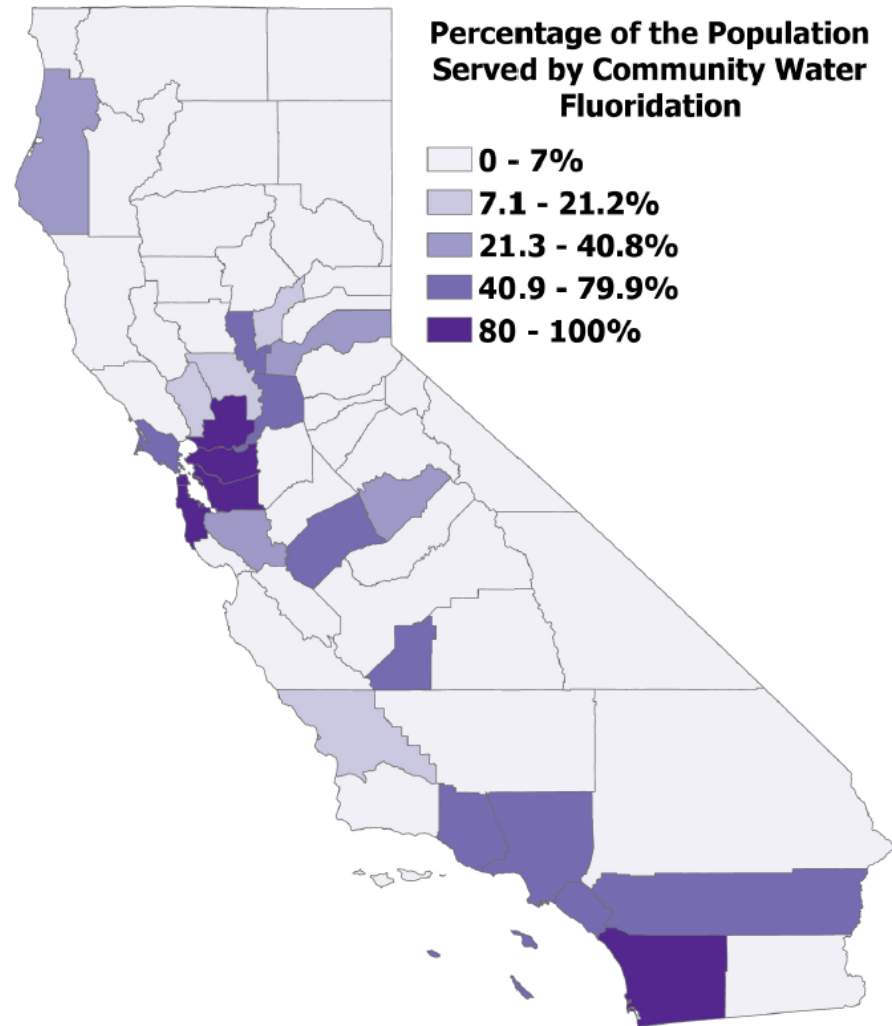


If residents spend the \$44 on taxable purchases instead of non-taxable dental treatments:

Annual Potential Sales Tax Revenue for Local Use: \$11,936

- [NAME] County has a poverty rate of **18.3%**—50% higher than the statewide poverty rate of 12%.
- [NAME] County has **13** general dental providers who take Medi-Cal Insurance. Of these, only **eight** are accepting new patients.
- On average, communities with water fluoridation experience 25% fewer cavities than communities without water fluoridation. This means less pain, fewer fillings and teeth pulled, and fewer **missed days of school** and work³.
- Delayed dental care is associated with increased Emergency Department utilization⁴, where the cost of care can be triple that of preventive dental care⁵.
- Estimates based on new research from Harvard show that cessation of community water fluoridation would cost California **\$4.8 billion** within five years⁶.

Elements: The Map





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Elements: Other Relevant Points

- [NAME] County has a poverty rate of **18.3%**--50% higher than the statewide poverty rate of 12%.
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Community Water Fluoridation Infographic

- Maintaining the current percentage of Californians who are served by CWF is important!
- OOH can customize this infographic for your LHJ.
- Reach out to your Program Consultant if this resource would be useful in supporting your local CWF efforts.



Thank you!

Questions are welcome!





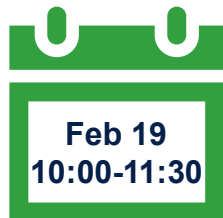
Announcements

Upcoming Webinars



COHTAC Office Hour:

Preparing for National Children's Dental Health Month



COHTAC Share & Learn:

Save the Date will be sent out soon! Topic: Building Partnerships Between LOHPs and Head Start Programs

COHTAC Website & Social Media



Website updated!

Please email COHTAC at oralhealthsupport@ucsf.edu if anything is not working.

[LinkedIn](#)



[YouTube](#)



[Slack](#)



[Facebook](#)





Thank You