


DELIVERY SYSTEMS USE IN LEE COUNTY, FLORIDA.

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Quick Facts Data	Lee County	Florida
Population estimates, July 1, 2015	701,982	20,271,272
Per capita income in past 12 months (in 2014 dollars), 2010-2014	\$26,499	\$27,578
Persons in poverty, percent 	16.0%	16.5%
Language other than English spoken at home, percent of persons age 5 years+	21.4%	27.8%
Foreign born persons, percent, 2010-2014	15.4%	19.6%
Persons under 18 years, percent, July 1, 2015	18.4%	20.3%
Persons under 5 years, percent, July 1, 2015	4.7%	5.4%
Persons without health insurance, under age 65 years, percent	23.5%	20.1%
Total health care and social assistance receipts/revenue, 2012	3,362,058	124,061,425

Best Practices Approaches Used in Lee County:

- Private Daycare, and after School care Sites for children of school age offer invite for on site clinics.
- The School Board is not participating in the School-based Sealant programs at this time.
- The School System is open to using a Mobile Dental Bus in the future. The Community Federally Funded clinics will supply the DDS and staff.
- WIC office clinics are open one day a week in three centers.
- Outreach Services with Community Centers, Churches, Health Fairs, Charity Agencies have provided two stable clinic days during the week.

The Lee County School-Based Sealant Program


- Open the first Clinic on January 13, 2016.
- Has Served 200 families in a diverse populated geographical area.
- There is One Van utilizing portable equipment.
- One Dental Hygienist, serving the County within the Department of Health.
- Services include Clinical, educational, Outreach, News media, events, presentation to community sites. Promotion, delivered in culturally sensitive environment.

Telemundo Interview Pictures




CHALLENGES IN THE COUNTY

I. Exploring the Cultural Issues that affect the Community:

- a. Diversity abounds, four Languages, with addition of dialects
 - b. The trauma of migration and variety of lifestyles, with different religions and spiritual values, parenting styles, and financial barriers.
 - c. Lack of transportation, and isolation of groups based on geographical sites.
 - d. Working parents avoid missing work hours to attend the dental and health needs. Fear of loosing job or fear of deportation and fear of reprimands.
 - e. Lack of knowledge about existing free services and education about prevention.
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THE GOOD NEWS

- II. Local media, Newspaper, Magazines and Local Promotion
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- Parents living in an area of social disadvantage” **word of mouth** clients are growing.”
 - Local Media Used the Spanish, Creole, English, First language used in homes.
 - Partnership and collaboration with Dental Service providers are developing.
 - Such as Headstart which reaches 1,000 young children.
 - The Salvation Army Adult Clinic has accepted Clinic days to serve homeless populations to include the preventive dental Sealant Programs, for Children staying at Shelter.
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FUTURE GOALS

- “Our aim is to educate, to share that oral health is a determinant of general health and quality of Life.” (Dickson,2015)
- Gain a collaborative approach between health professionals, dental professionals and relevant voluntary, community and statutory organizations. This will provide a platform for promoting the oral health of children.” (Ibid)

REFERENCES

Dickson, Marie-C.(2015) Every child has the right to smile! Community Practitioner. 88.8:
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