



A publication of the  
California Center for  
Health Improvement

# Field Lessons

Strategies to Support California's  
Children and Families First Act



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## Tooth Decay Strikes One in Three California Toddlers Promoting Oral Health in Young Children: A Prop 10 Opportunity

**Tooth decay is almost entirely preventable, yet close to one-third of California preschoolers and two-thirds of elementary school children have had dental cavities.<sup>1</sup>**

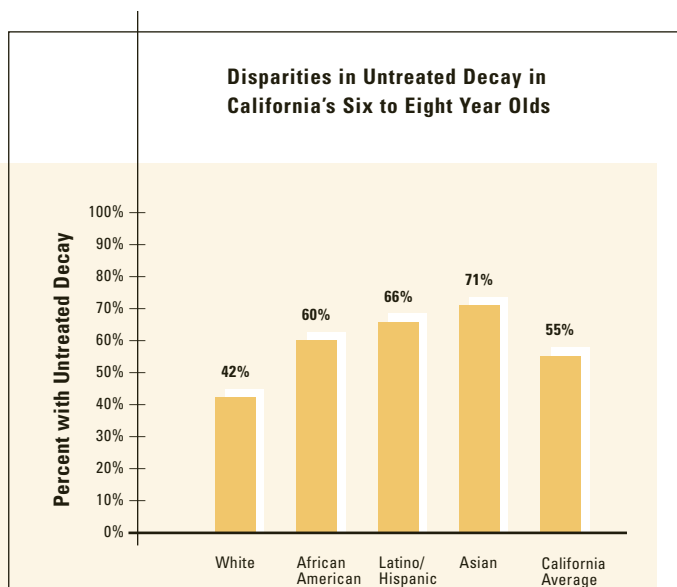
Dental decay, one of the most prevalent and untreated diseases of children,<sup>2</sup> has been called “a neglected epidemic” in California.<sup>3</sup>

Widespread use of fluoride and dental sealants, as well as greater public understanding of early childhood caries disease and its prevention, would have dramatically

reduced dental decay in the current generation of children. But a 1997 report from the Dental Health Foundation showed 31 percent of California preschoolers have tooth decay, and 44 percent have never seen a dentist.

Numerous barriers exist to improving the oral health of California's young children: inadequate public funding for dental services; non-fluoridated public drinking water; inadequate access to dental insurance; a shortage of dentists in some areas; reluctance to treat very young children; and inadequate knowledge of preventive measures on the part of parents and caregivers.

*California Children and Families (Prop 10) Commissions have an opportunity to advocate for increased funding for prevention and treatment services, and to support local implementation of proven techniques to improve young children's access to dental services.*



Source: The Dental Health Foundation. "The Oral Health of California's Children: A Neglected Epidemic." Based on findings of the *California Oral Health Needs Assessment of Children, 1993-94*. Oakland, CA: 1997.

### The Crisis in California

Over half of our nation's children have already experienced dental decay by the second grade,<sup>4</sup> and despite national improvements for older children, the rate of untreated decay in six to eight year olds has actually *increased*. California's young children are especially hard hit, with 55 percent of this age group—more than twice the U.S. average—suffering untreated decay.<sup>5</sup>

Untreated decay is even a significant problem among children as young as two to four years of age. With more than a quarter (27 percent) of this age group already having untreated decay,<sup>6</sup> California will not meet the nine percent target set in the Healthy People national objectives for the year 2010.

Poor and minority children suffer disproportionately. On average, children enrolled in Head Start programs had much higher decay rates than those of children in other preschool settings. Children of color are also more likely than whites to have untreated decay,<sup>7</sup> which can lead to

tooth loss, eating and digestive problems, as well as speech problems, failure to thrive, and psychosocial problems.

Cavities are relatively easy and inexpensive to prevent in young children, with each dollar invested in preventive care saving between \$8 and \$50 in more costly care.<sup>9</sup> But to be effective, prevention must start early. Recognizing that dental decay is an infectious disease that can strike in babyhood, the American Academy of Pediatric Dentistry recommends children start seeing a dentist at twelve months of age.

### The Issue of Access

One of the thorniest problems facing California families—both insured and uninsured—is poor access to dental health services.

Children without dental insurance are less likely to see a dentist than those with insurance. Approximately one in four preschoolers has no dental insurance.<sup>10</sup>

Although government programs exist to provide subsidized dental care for many low-income families, service gaps persist. Inadequate program funding, complex eligibility rules and low reimbursement rates for dentists are all factors.

Even families with adequate insurance and financial resources may have difficulty finding a dentist. There are few dentists practicing in many rural and remote areas, and those that do exist are often unwilling to treat children under the age of four.



California lags at least  
a decade behind the  
rest of the nation  
in terms of children's oral health.<sup>8</sup>

## **ABCD: A Comprehensive Approach**

To address similar obstacles, the state of Washington developed the Access to Baby and Child Dentistry (ABCD) program to increase access to dental care for Medicaid-enrolled children from birth through age five. A public-private collaborative effort, ABCD takes a two-pronged approach to improve access. Parents attend sessions on promoting oral health and how to be a good patient, while dentists and their staffs receive training on how to treat young children. Participating dentists are also eligible for enhanced payment over typical Medicaid rates.

Initial evaluation findings indicate success. Not only have nearly 13,000 children been enrolled since its inception, but those enrolled were found to be 7.2 times more likely to see a dentist than were Medicaid-enrolled children not in the program.<sup>11</sup>

California Assembly Bill 1065, introduced in 1999, would have created a similar pilot program in three unnamed counties. Although there had been support for the bill, Governor Gray Davis vetoed the special dentist reimbursement rates proposed for the demonstration program, indicating that local resources were a more suitable funding source. However, with the recent Medi-Cal program increase in 2000–2001 dental rates and service level of benefits, reimbursement levels may present less of a barrier. Iowa recently implemented other ABCD components without fee enhancements. Dentists can also be provided alternative incentives, such as continuing education credits.

## **Going Where the Kids Are**

Schools have proven to be effective venues for oral health promotion programs. While most current programs target school-age children, children of preschool age and even younger can also benefit from site-based services in preschools or childcare centers.

Although primarily targeting children in kindergarten through sixth grade, the California Children's Dental Disease Prevention Program (DDPP) provides services to some high-risk preschoolers as well. Under the program, dental hygienists, dental assistants and nurses visit state preschools and Head Start schools to provide fluoride treatments, oral health education, and dental hygiene supplies.

Children who are identified as needing additional care are referred to other available resources, such as Medi-Cal, Healthy Families, dental societies and clinics.

Currently the program is operational in only about half of California's counties. Although screening and sealants have been optional components of the program, few schools have been able to offer the full range of services. The state's contribution typically covered only about half to a third of the true costs, leaving counties to fund the remainder.

However, the 2000–01 Governor's Budget increased DDPP program reimbursement from \$4.50 per child to \$10 per child, which may allow counties to expand their DDPP services for the current caseload. The Governor did not include funding to increase program caseloads, however, since this could be funded using local resources, such as Prop 10 funds.<sup>12</sup>

Additionally, the Healthy Start Community-School Partnerships offer an untapped opportunity for dental health services. While the majority of these schools do not include preschool components at present, the linkage to preschools, childcare centers and other locales where Healthy Start students' younger siblings congregate represents another avenue for providing family support.

## **Integrating Pediatric Medicine and Dentistry**

At the Community-University Care Center/Variety Children's Clinic in Minneapolis, the Pediatric Dental Initiative takes advantage of well-baby and well-child medical care and immunization visits to also provide dental services.

During a well-child visit, the medical practitioner asks parents a few questions to determine if the child needs to see a dentist. If so, a clinic worker radios over to the adjacent dental clinic and a dentist comes to conduct an exam, apply fluoride, educate the parent, and give the child dental supplies. An appointment in the dental clinic is scheduled if follow-up care is needed.

In less than one year, the program successfully reached 188 children. Fifty percent of these children had dental decay.

## **Technology Bridges the Service Gap**

**Teledentistry—the use of video-conferencing technology to examine and advise patients from a distance—is an innovative approach that has been used successfully in rural Lassen County’s Big Valley Medical Center. With only one dentist on staff, young patients needing specialized care were sent to the nearest pediatric specialist nearly 90 miles away for their initial consultation. Today, thanks to teledentistry, the local dentist can examine the young patient himself, using a camera designed to take pictures inside the mouth. He then transmits the images in “real time” to the consulting pediatric dentist so the appropriate treatment plan can be devised. Necessary equipment—an intra-oral camera, a computer with video card, and software—is estimated to cost \$5,000 to \$12,000.**

## **Fluoridation: A Cost-Effective Approach**

**Fluoridation of community drinking water is the single most effective way to prevent dental cavities. Only about 30 percent of California’s population has access to fluoridated drinking water. Under state law, water districts and municipalities must fluoridate when funds become available.<sup>13</sup>**

## Improving Oral Health: Recommendations

Prop 10 efforts by themselves cannot fill the gaps in California's young children's oral health services, but local commissions can play an important program advocacy role at local, state and national levels to improve access to prevention and treatment services. Additionally, local commissions can strengthen the community linkages between oral health services and child development programs by implementing the following suggested strategies.<sup>14</sup>

1. **Support the inclusion or expansion of site-based dental programs.** Prop 10 commissions can support programs that provide services to groups of young children, such as those in preschools and childcare centers. Preschool teachers and childcare workers can also be trained to play a role in dental health education, prevention and referral. Commissions can contact the DDPP program and local Healthy Start schools to discuss the addition, expansion and linkage of these services locally.
2. **Promote the integration of dental services into other health and welfare services.** Incorporating oral health screening, treatment and/or referral services into other public health services [e.g., immunization clinics, well-baby/well-child visits, Women, Infants and Children (WIC) services, home visitation, perinatal services, and programs for teen parents] provides low-cost opportunities for expansion of dental health programs.
3. **Promote parent and caregiver education on dental health promotion.** Basic information on proper infant feeding practices, good oral hygiene, the importance of primary teeth on later permanent teeth, and nutrition—all crucial to oral health—can be delivered to parents and caregivers of young children quite simply and inexpensively. Incorporate appropriate educational messages—available through dental societies—into other services that serve parents and caregivers of young children.

4. **Initiate or facilitate collaboration between stakeholders.** Prop 10 Commissions can convene local dental forums to assess community needs. Collaboration among dental societies, dental schools, public health agencies, parents and others is essential in the development, implementation and maintenance of effective strategies to address these needs. Partnerships with dental schools or societies can be used to provide training to local dentists on pediatric issues and techniques.

### Resources

- California Children's Dental Disease Prevention Program (DDPP), Robert Davenport, DDS, MPH 916.445.2510
- California Center for Community-School Partnerships/Healthy Start Field Office, 530.754.4319
- Access to Baby and Child Dentistry (ABCD) program, Carree Moore, 360.725.1653. Website at <http://www.abcd-dental.org>
- Pediatric Dental Initiative, 612.627.6888
- California Telehealth and Telemedicine Center, Jeff Ellis, 916.552.7678
- The *brightSMILES* Partnership (a funding partnership among Sierra Health Foundation, the Dental Health Foundation, and The California Endowment) supports programs to increase access to dental services and community water fluoridation in Northern California. 916.922.4755



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The California Center for Health Improvement (CCHI) is a non-profit, non-partisan health policy and education center. CCHI's Prop 10 Technical Assistance Center supports local planning and implementation of the California Children and Families First Act.

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## Endnotes

- 1 The Dental Health Foundation. "The Oral Health of California's Children: A Neglected Epidemic." Selected findings and recommendations from the *California Oral Health Needs Assessment of Children, 1993–94*. Oakland, CA: 1997.
- 2 White BA, ed. "Toward Improving the Oral Health of Americans: An Overview of Oral Health Status, Resources and Care Delivery." *Public Health Rep.* 1993; 108(6): 657-72.
- 3 The Dental Health Foundation. "A Neglected Epidemic." 1997.
- 4 National Center for Health Statistics. *National Health and Nutrition Examination Survey, 1988–1994*. Centers for Disease Control and Prevention. Hyattsville, MD: unpublished data. As cited in U.S. Department of Health and Human Services. *Healthy People 2010 (Conference Edition, in Two Volumes)*. Washington, DC: January 2000.
- 5 The Dental Health Foundation. "A Neglected Epidemic." 1997.
- 6 The Dental Health Foundation. "A Neglected Epidemic." 1997.
- 7 Platt LJ, Cabezas MC. "Early Childhood Dental Caries." In: Shulman E, Shannon M, Hochstein M, eds. *Building Community Systems for Young Children*. UCLA Center for Healthier Children, Families and Communities. March 2000. Available online. Internet. <http://healthychild.ucla.edu>
- 8 Platt LJ, Cabezas MC. "Early Childhood Dental Caries." March 2000.
- 9 Sierra Health Foundation. "*brightSMILES* Grant Program Targets Dental Health Neglect." *Partnerships*. Winter 2000; 12(2): 5.
- 10 Pollick HF, et al. "Report of the California Oral Health Needs Assessment of Children, 1993–94." The Dental Health Foundation. Oakland, CA: 1999.
- 11 Milgrom P, Hujuel P, Grembowski D, Fong R. "A Community Strategy for Medicaid Child Dental Services." *Public Health Rep.* 1999 Nov/Dec; 114: 528-532.
- 12 State of California, Statutes of 2000, Chapter 52. California Assembly Bill 1740, 1999–2000 Session, Chaptered 6/30/2000. Available online. Internet. [http://info.sen.ca.gov/pub/bill/asm/ab\\_1701-1750/ab\\_1740\\_bill\\_20000630\\_chaptered.pdf](http://info.sen.ca.gov/pub/bill/asm/ab_1701-1750/ab_1740_bill_20000630_chaptered.pdf)
- 13 California Department of Health Services, Chronic Disease Control Branch, Office of Oral Health. Personal communication with David Nelson, DDS, July 27, 2000.
- 14 For a comprehensive set of oral health recommendations for young children consult Platt LJ, Cabezas MC and the UCLA Center for Healthier Children, Families and Communities, "Early Childhood Dental Caries"; 18-24.