CHILDREN'S ORAL HEALTH POLICY BRIEF

Developed in conjunction with Healthy Smiles for Kids of Orange County and Children Now. Special thanks to Dr. Xerxez Calilung, member and former president of the Orange County Dental Society, for his review.

January 2015

Children and Families Commission of Orange County Children's Oral Health Policy Brief

This policy brief describes the Commission's investments in the oral health of young children in Orange County, and the outcome of those investments. It also documents barriers to young children receiving dental care and Commission actions and policy recommendations to improving oral health outcomes for all Orange County children.

Background

In 2000, the Surgeon General reported that tooth decay was the most common chronic childhood disease, resulting in more than 51 million lost school hours each year prompting the Children and Families Commission to prioritize and improve oral health outcomes for young children. Fifteen years later, the Commission is continuing to invest in multiple strategies including increased education and prevention, expanded access to screening, and building a network of providers to provide basic and restorative care for young children. While significant progress has been made and Orange County has the highest percentage of low income children that have received a preventative visit annually,[1] further collaborative efforts are needed to ensure that no child enters kindergarten with untreated tooth decay or misses school because of dental disease. Good dental health is important for children's healthy growth and development, yet a survey conducted by the Dental Health Foundation found that one in three children in Orange County had untreated tooth decay, a rate higher than the statewide average.[2] Further, 10 percent of Orange County children (ages one through 18) reported never having visited a dentist, and when only young children (ages one through five) are considered, the proportion of children who have never visited a dentist increases to 20 percent.[3]

Commission-funded Services in Orange County

The Children and Families Commission responded to this need with an initial $1 million investment in FY 2002/03 to support the creation of a child-friendly center and launch a new nonprofit exclusively focused on providing dental care and prevention services to children. The Healthy Smiles for Kids of Orange County (Healthy Smiles) children's dental clinic opened in 2005.

Today, Healthy Smiles works in partnership with a collaborative of countywide community clinics to provide education and treatment services annually to more than 19,000 young children and more than 8,000 family members to prevent and treat tooth decay, including the following:

- dental screenings
- sealants and fluoride treatments
- restorative treatment, including for children requiring sedation
- parent and caregiver oral health education
- a pediatric dental residency program

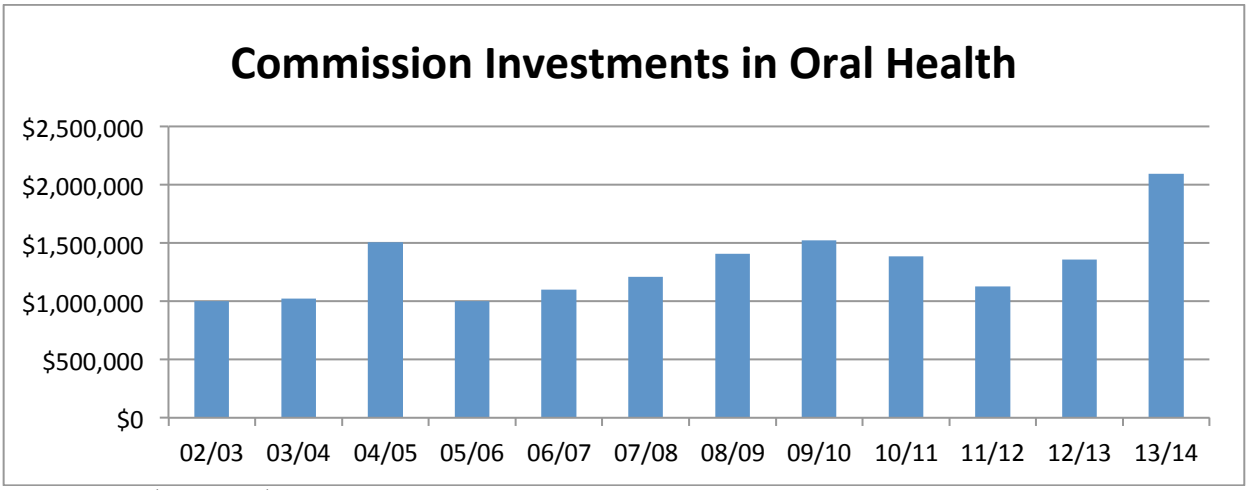
---

[1] *"Pediatric Denti-Cal Dentists by CA Counties."* Children Now. 2014 Web. 22 January 2015.
[2] Dental Health Foundation. An oral health assessment of Orange County's kindergarten and 3rd grade children. Orange County Smile Survey. 2005.
[3] UCLA Center for Health Policy Research. California Health Interview Survey. 2011-2012.

Services are provided through seven fixed clinic sites, two mobile dental vans, and a partnership with the Children's Hospital of Orange County (CHOC Children's). The pediatric dental residency program partners include CHOC Children's and the USC Advanced Pediatric Dentistry Program. The Commission also funds school readiness nurses who conduct almost 10,000 dental screenings each year, provide parent and caregiver oral health education, and refer children for dental services as needed. More than 90 percent of children treated at Healthy Smiles live in households with incomes at or below 100 percent of the Federal Poverty Level.

Commission Investment

Since the initial investment in FY 2002/03, the Commission has allocated more than $15 million to support children's dental programs in Orange County. In FY 2012/13, the Commission made an additional $20 million catalytic investment to sustain children's dental health over a 10-year period (FY 2012/13 to FY 2021/22), including the continued pediatric dental residency program, expanded access to services in south Orange County, and promotion of the importance of early screening and prevention. In addition to the residency program, the Commission supports a retention program that makes student loan payments on behalf of pediatric dentists who are willing to continue their work with Healthy Smiles once they have graduated.



Fiscal Years 12/13 and 13/14 include expenditures from the $20 million catalytic allocation.

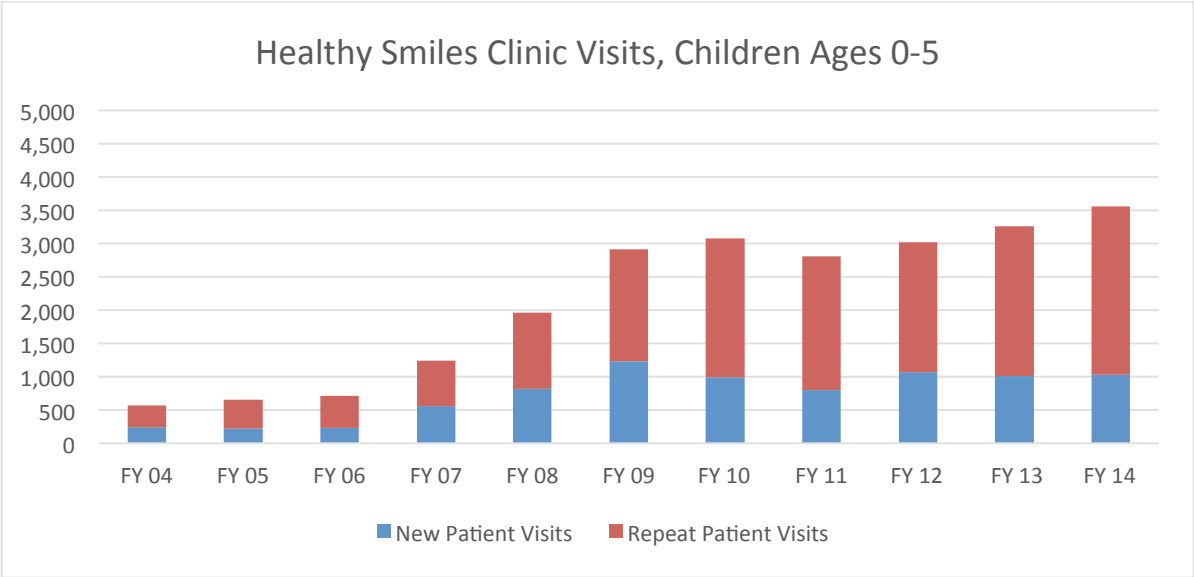
The Outcomes

The investment in children's oral health is having an impact. More young children are visiting the dentist and doing so at an earlier age; a local pediatric dental workforce is being developed; and more families are taking action in response to education about the importance of preventive care.

More Children Visiting the Dentist, and Earlier

The number of visits to the Healthy Smiles dental clinic for children under six-years of age has grown 528 percent in 10 years from 566 visits in FY 2003/04 to 3,556 visits in FY 2013/14. Among those visits, the number of new patients has grown by 326 percent, from 242 to 1,032 young children. Healthy Smiles reports they are increasingly seeing children at an earlier age. The average age of children at their first visit to a Healthy Smiles dentist has dropped from five years to 2.1 years

old. In FY 2013/14, at the beginning of services, 41 percent of children had cavities, compared with only five percent at the end of services.



More Local Pediatric Dentists

Since program inception in 2005, Healthy Smiles has trained 63 pediatric dental residents serving Orange County and Los Angeles County. Eight are continuing to practice in Orange County; seven in practices accepting Denti-Cal. Further, community pediatric dental providers have been engaged to serve as adjunct faculty to the residency program, which has contributed to increasing access to dental care and improved comprehensive quality care to the most vulnerable children in Orange County.

More Preventive Care

Orange County has a high percentage of children with Denti-Cal who access preventive care. At 49 percent, Orange County has the highest percentage among California counties of children ages birth through five enrolled in Denti-Cal who received at least one preventive visit within the past year, suggesting that the county's dental health programs and outreach have been effective in promoting preventive oral health care.

Services Provided

In FY 2013/14 alone, the Commission's investment in oral health produced the following services for children ages birth through five (inclusive of all Commission-funded programs providing oral health services, inclusive of Healthy Smiles, school readiness nurses and other providers):

- 16,728 children received a dental screening
- 10,785 children received preventive dental treatment (e.g., cleaning, sealant)
- 9,568 parents, 490 providers and 11,728 children received oral health training or education
- 929 children received restorative dental treatment
- 679 children with special needs received dental care
- 15 children received emergency dental treatment

Oral Health Challenges

Proposition 10 funding, allocated by the Commission, is making a difference in children's oral health in Orange County. Still, several challenges remain, from a workforce shortage, to low reimbursement rates for service, to family barriers to accessing care.

Shortage of Dentists to Treat Young Children

Among general dentists surveyed in 2013, only four offered sedation to treat young children.

According to a 2014 Report published by the American Academy of Pediatrics, dental caries is the most common chronic disease of childhood. Twenty-four percent of US children two to four years of age, 53 percent of children six to eight years of age, and 56 percent of 15-year-olds have caries experience (i.e., untreated dental caries, filled teeth, and teeth missing as a result of dental caries).[4] AAP recommends that a child see a dentist by their first birthday. And yet, access to providers that are trained and competent working with young children remains a challenge.

Many children under six years of age require some sort of sedation to be able to sit for dental treatment. While a general dentist may have the ability to treat children, they may not be comfortable working with young children and may prefer to treat children with mild sedation to make the visit more comfortable for the child. However, the provider may or may not have the equipment or desire to administer the mild Nitrous Oxide sedation, let alone a moderate or deeper sedation if needed.

In October 2013, Healthy Smiles conducted a survey of dentists available to serve children enrolled in Denti-Cal in Orange County. At that time, there were 546 active general and pediatric dentists on the Orange County Denti-Cal roster. Of those, 59 percent (321) were general dentists. If a general dentist indicated they would see children, a follow up question was asked whether the dentist offered nitrous or other sedation services for children under five. Of those contacted, **only four** general dentists offered sedation. The rest of the general dentists saw the child for an initial exam and then referred out to a specialist for treatment.

[4] "Maintaining and Improving the Oral Health of Young Children." *Pediatrics* 2014;134;1224. Web. 22 January 2015.

Young Children and Sedation

Young children needing treatment often have issues that interfere with their ability to cooperate with the dentist. Some of these issues may simply be their young age, others may have had previous dental experiences that were traumatic resulting in severe anxiety, and still others have behavioral or developmental challenges that impede their ability to allow treatment without pharmacological agents to help them relax. The type and amount of sedation depends on the age of the child, the extent of decay and the amount of dental work needed, and the child's physical and behavioral conditions.

Young children may need sedation at one of these levels:

- Nitrous Oxide, an inhaled gas that can induce a light euphoria that relaxes and calms.
- Oral Conscious Sedation, which is the administration of a combination of medications that results in a moderate decrease in awareness and increased relaxation.
- General Anesthesia, administered by a trained anesthesiologist, is a combination of medications administered intravenously (IV) and gases which render a child unconscious and unaware of physical sensations.

Additionally, some children may require dental work under General Anesthesia administered in a hospital setting because of complex medical conditions.

Shortage of Pediatric Dentists Who Take Denti-Cal

In 2013, Children Now reported there were 67,075 children ages 0–5 enrolled in Denti-Cal in Orange County. They found 54 Orange County pediatric dentists accepting Denti-Cal, resulting in a ratio of one pediatric dentist per 1,242 children under five years old – among the best ratios of all California counties.

However, when Healthy Smiles conducted their October 2013 survey, they found many dentists had closed to Denti-Cal patients. The majority of practices closed their panels effective September 1, 2013, which was when the reimbursement reduction went into effect.

There is estimated only one pediatric dentist per 4,900 Orange County children under six with Denti-Cal insurance.

Specifically among pediatric dentists, the Healthy Smiles' survey found only seven accepting Denti-Cal. Extrapolating from Healthy Smiles' survey sample, it is estimated that there were approximately 20 Denti-Cal dentists available to treat the growing number of Orange County children ages 0-5 who are enrolled under Medi-Cal (then at approximately 98,000). As a result, the level of access to treatment for the very young child is actually much lower – closer to one pediatric dentist to 4,900 children with Denti-Cal.

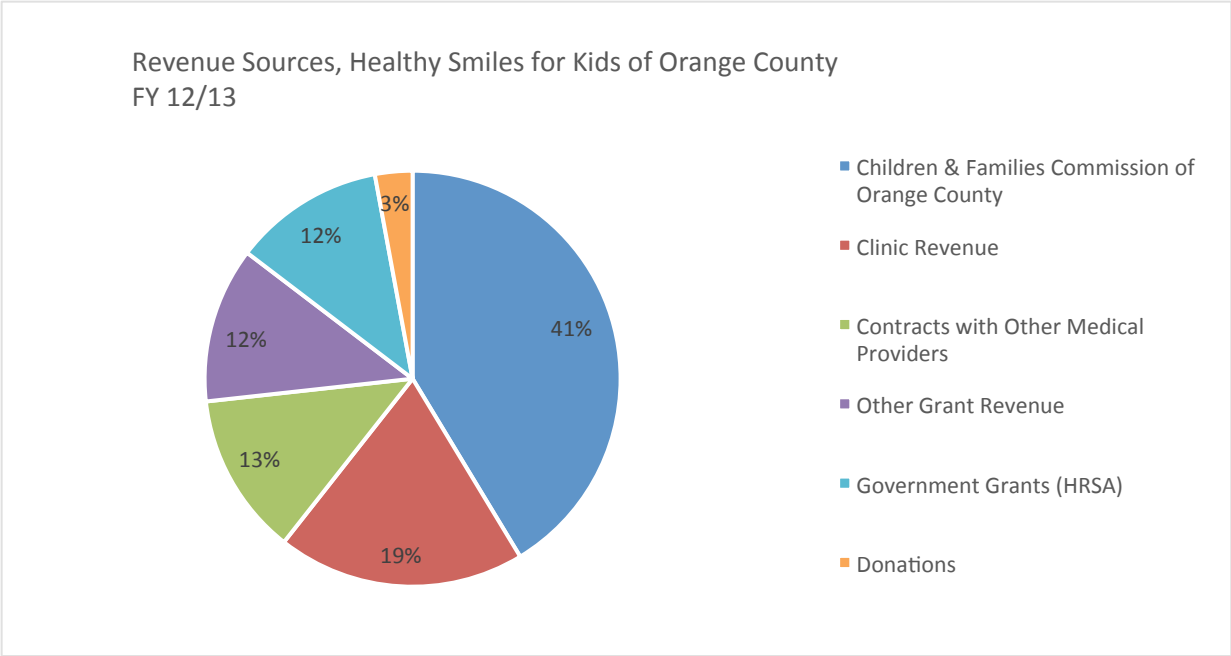
Low Reimbursement Rates & Other Barriers

Several factors contribute to the phenomenon of few Denti-Cal dentists to serve a large and growing population of Denti-Cal children. Perhaps the most salient factor is that Denti-Cal reimbursement covers only a fraction of the cost to provide services. California has one of the lowest reimbursement rates in the nation compared to other state Medicaid dental programs. According to a recent audit by the California Department of Health Care Services, California's reimbursements are approximately 35 percent of the national average for comparable Medicaid reimbursements. Further, California has not raised its dental reimbursement rates since FY 2000/01 and in September 2013, implemented a 10 percent state-mandated payment reduction for most dental service providers.

When comparing Denti-Cal to private insurance, Denti-Cal reimbursement is one third of private insurance reimbursement, thus, there is little financial incentive for pediatric dentists to provide services to Denti-Cal patients.

A report prepared in October 2012 by Barbara Aved Associates, *Without Change it's the Same Old Drill*, confirmed the most common reason that dentists did not accept Denti-Cal was the reimbursement rate (63 percent of respondents surveyed). Yet, low reimbursement is not the only obstacle preventing dentists from accepting Denti-Cal. Other significant barriers reported by dentists surveyed include: difficulty getting payment (30 percent); complex paperwork (26 percent); and broken patient appointments (23 percent). Other obstacles for dentists include language difficulties and the inability to communicate effectively, poor patient compliance with recommendations, and competition with larger offices or clinics.

The revenue mix for providers like Healthy Smiles relies heavily on government funding. Healthy Smiles is able to provide high-quality services to children by supplementing Denti-Cal rates through service agreements and maximizing all available revenue.



The Children & Families Commission portion includes expended revenue from the $20 million catalytic allocation.

Long Wait Times

The average wait time for a child needing general anesthesia is four months at Healthy Smiles' clinic, and eight months at CHOC Children's. Children requiring treatment in a hospital setting are referred to CHOC Children's. Despite increased access to treatment under sedation at both the Healthy Smile's clinic and CHOC Children's, annually several children must be referred to other sources of care.

The average wait for children needing treatment under general anesthesia is four months at Healthy Smiles and eight months at CHOC Children's.

Currently, at any given time, the average number of children on Healthy Smile's waiting list for treatment under general anesthesia is 80. In FY 2013/14, more than 150 children were referred out from Healthy Smiles because of the long wait time to access treatment. Wait times for treatment vary from a few days to nine months at Healthy Smiles, and from one to 14 months at CHOC Children's. Treatment is scheduled based on the urgency of a

child's condition, the availability of a sedation day appropriate to their health status, and the acuity of the child's medical condition. At CHOC Children's, treatments may need to be rescheduled if the child is sick and unable to undergo treatment, contributing to delays.

Family Barriers to Accessing Oral Health Care

There are many reasons families do not access oral health care for their young children. Health care providers are still fighting the myth that baby teeth do not matter since they are going to fall out eventually. When parents do seek care for their child, if sedation is necessary, they may be afraid of having their child put under sedation and delay getting care. When moderate or deep sedation is required, there is a waiting list for sedation services and treatment.

Family Barriers to Dental Care

- Unaware that baby teeth matter
- Fear of sedation
- Insurance coverage confusion
- Transportation to a dentist

Many families are confused about what Medi-Cal covers and do not know they have access to Denti-Cal. Assuming they will have to pay for dental services, lower income families may delay care. If they do try to access service, they may be overwhelmed by the difficulty of navigating the system. Lack of housing stability proves to be a barrier for providers' ability to track and treat children in families that are transient.

Finally, transportation is a major barrier. It can be difficult and time consuming to use the bus system to get a child to and from a dental clinic, especially if the child needs sedation. This is particularly true if a family lives in southern Orange County where bus service is limited and the destination is central or north Orange County where the Healthy Smiles clinic or the Santa Ana Surgery Center are located.

Policy Imperatives

In order for the results of the Commission's investments to be sustained, systems changes are needed at both local and state levels. The Commission is working with the network of providers in Orange County and with policy leaders throughout the state to develop local and state policies to address barriers to children receiving oral health care. Collectively, the organizations can ensure that:

Every child in Orange County has access to oral health care including screening, preventive care, and treatment.

	Priority Outcome	Policy Imperative
BUILD THE LOCAL WORKFORCE	**More dentists to care for young children**	**Increase the number of general and pediatric dentists qualified and providing services to young children.** • Through its financial support of the pediatric dental residency program, the Commission will continue to build the local pediatric dental workforce. • Through education and training, Healthy Smiles will work to increase the capacity of general dentists to treat young children at community-based sites. • The Commission will advocate for legislation and policies to increase Denti-Cal Reimbursement rates to attract needed serve low-income families. • The Commission will advocate for the California Department of Healthcare Services to comply with legislation requiring annual review of Denti-Cal reimbursement rates.
SERVE LOW-INCOME CHILDREN	**More low-income children receive oral health services**	**Reduce disparities in oral health care** • The Commission will support the recruitment and retention of pediatric dentists serving low-income populations in Orange County through the pediatric dentist loan repayment program. • Through outreach and recruitment, Healthy Smiles will develop a program to build the number of volunteer dentists providing oral health services to low-income young children.
ADDRESS FAMILY BARRIERS	**More families access services for their young children**	**Increase awareness of the importance of oral health for young children and reduce barriers that prevent families from accessing dental services** • Through outreach to children, parents, pregnant women, school nurses and providers, Healthy Smiles will educate the community on the importance of early oral health care. • Healthy Smiles will expand their outreach to non-traditional venues such as faith- and community-based organizations.