

INFORMATIONAL HEARING:

Children's Oral Health: Overcoming A Silent Epidemic

February 28, 2006

Room 4202

1:30 – 4:30 P.M.

This hearing will explore the status of children's oral health in California, the specific problems plaguing California's children and the various dental programs available to them. The findings of the most recent report by the Dental Health Foundation entitled "Mommy, It Hurts to Chew" The California Smile Survey An Oral Health Assessment of California's Kindergarten and 3rd Grade Children (California Smile Survey) will be discussed.

In 2000, the U.S. Surgeon General issued a report which called the state of dental health in America a silent epidemic. The report, entitled Oral Health in America: A Report of the Surgeon General (Oral Health Report), indicated that many Americans, especially poor children, the elderly, and minorities, are silently suffering from oral diseases which are progressive, and cumulative and becoming more complex over time. Such diseases can affect an individual's physical appearance, ability to eat and communicate, economic productivity and ability to perform at home, in school, or on the job.

In California, dental disease, not obesity, asthma or childhood diabetes, is the number one health problem among children, according to the California Smile Survey. School children with infected and painful teeth miss more school days than children with healthy teeth. According to the Oral Health Report, an estimated 51 million school hours per year are lost nationwide because of dental-related illness. While it is unclear how many school days or hours children miss due to dental-related illness in California because data relating to dental health absenteeism is not collected, missed school hours translate to lost reimbursements for local school districts, potentially impacting their educational programs.

Early Childhood Caries (ECC).

According to the National Institutes of Health (NIH), ECC, or baby bottle mouth decay, is a dental condition characterized by significant decay of a child's teeth, particularly the upper and

lower incisors. ECC usually results from a combination of tooth weakness, sugar exposure and mouth bacteria. ECC is triggered not only by bottle use, but also by sugary snack foods and sippy cups often left in the baby's mouth even when sleeping. Frequent and prolonged exposure to liquids containing sugars, including juices, soft drinks, gelatin, sugar water or other sweetened liquids, contribute to ECC. Milk and formula can also contribute to the decay. Bacteria on teeth use these sugars as an energy source to form acids that attack tooth enamel. If there is an almost constant supply of sugar, decay can occur on a continuous basis.

School Age Assessment.

The California Smile Survey, conducted during the 2004-2005 school year, assessed 21,000 California children in kindergarten and third grade in nearly 200 randomly-selected schools across the state. The assessment found that by the time children are in kindergarten, more than 50 percent already have dental decay, while 19 percent of the 3rd graders who were screened have a history of untreated decay. The California Smile Survey found that children with neglected teeth suffer from pain, infection when teeth become reservoirs of pathogens, poor nutrition as a result of difficulty chewing and swallowing food, tooth loss, sleep deprivation, attention deficits, and slower social development. The survey also found that for the poor, Hispanic, ethnic minorities, and the uninsured, the percentage of tooth decay is higher than other populations.

Oral health disparities.

The Oral Health Report indicated that a significant disparity between racial and socio-economic groups exists in oral health. This is also true in California. The California Smile Survey found that about one-third of low income children have untreated decay, compared to about one-fifth of higher income children, and Latino and other minority children have more tooth decay and more urgent dental care needs. Healthy People 2010, a statement of national objectives designed to identify the most significant preventable threats to health and establish national goals to reduce these threats, identified oral health as a priority area. Healthy People 2010 indicates that the level of untreated dental caries among children aged six to eight years for African-American children (36 percent) and Hispanic children (43 percent) is greater than for white children (26 percent).

Disparities in oral health are also manifested in the use of dental sealants. Healthy People 2010 revealed that as few as three percent of poor children have dental sealants compared to the national average of 23 percent. Dental sealants are plastics used to prevent cavities or other forms of tooth decay. According to the NIH, dental sealants are effective in preventing tooth decay but they are underused in both private and public dental health care delivery systems.

Dental Coverage.

The California Smile Survey revealed that 17 percent of kindergarten and 5.5 percent of third grade children screened had never seen a dentist, primarily because they lack dental insurance. Of the parents that provided information on dental insurance coverage, 35 percent had private

insurance, 42 percent had some type of government-funded insurance, including Medi-Cal and Healthy Families, and 23 percent had no dental insurance coverage.

According to the 2003 UCLA California Health Interview Survey (CHIS), 17.6 percent of California children (1.6 million children) have no dental insurance. Of the 82.4 percent with dental insurance, 26.1 percent (over 2.4 million children) are covered by Medi-Cal.

The federal Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) requires access to dental screening services for children under the age of 21 years. In California, EPSDT services are administered under the Child Health and Disability Prevention Program (CHDP). CHDP provides health assessments and other preventive health services to Medi-Cal and non-Medi-Cal children and youth. Children who qualify for Medi-Cal receive specific outpatient and inpatient dental services, including diagnostic and preventive services such as examinations, cleanings, fillings and oral surgery services. Other services like crowns, dentures and root canals require prior authorization. According to the California Department of Health Services (DHS), total dental expenditures under Medi-Cal for beneficiaries from birth to age 17 is over \$358 million. Over 90 percent of Medi-Cal beneficiaries are eligible for dental services Denti-Cal.

The Healthy Families Program (HFP), which offers low cost insurance for children up to 19 years of age, also provides dental coverage to enrolled children. Dental services covered under the HFP are similar to the dental services covered by Medi-Cal with limited (\$5 for some services) or no copayments (for preventive and restorative services). Children enrolled in the HFP can choose from six dental plans. According to the Managed Risk Medical Insurance Board (MRMIB), which administers the HFP, dental expenditures for the HFP from July 2004 to January 2006 amounted to over \$241 million. Based on the above data relating to Medi-Cal and HFP dental expenditures, millions of children are eligible to receive dental services under these programs. However, it is unclear whether the dental services these children are receiving are adequate or whether treatment is being sought as often as necessary.

A 2000 report by the United States General Accounting Office (GAO), entitled Factors Contributing to Low Use of Dental Services by Low-Income Populations, cited difficulty in finding dentists as the primary reason for the low use of dental services among low-income persons who have coverage for dental services. Dentists generally cite low payment rates, administrative requirements, and patient issues such as frequently missed appointments, as reasons for not treating more Medicaid patients. In California, many children live in areas where access to dental providers serving Medi-Cal or HFP is poor.

Access to Dental Providers.

According to a 2002 report by the University of California San Francisco Center for Health Professions, there is a shortage of dentists in rural, low-income and minority areas in California. The report found that although there are a number of statewide programs aimed at increasing access to dental care, few of these programs place dentists in underserved areas. The report lists Bay Area communities with dentist shortages, including south San Jose, San Francisco's Visitation Valley and Oakland's Fruitvale neighborhood.

Policy Recommendations.

The following recommendations for improving the oral health of California children come from a variety of sources, including the California Smile Survey, Centers for Disease Control and Prevention (CDC), and NIH

- Develop a comprehensive oral health surveillance system to regularly and systematically collect data on the oral health status of individuals and the availability of oral health services. This system could include requiring statewide or county assessments every five years of the oral health status, needs and available resources for children in preschool through high school.
- Eliminate barriers to care. Support the inclusion of dental coverage to at least the level of coverage provided in Medi-Cal in any legislation addressing children's health insurance coverage; inform Medi-Cal, HFP, and Children's Health Initiative enrollees about dental benefits and the importance of early and periodic dental visits; provide financial incentives to medical and dental professionals to provide early preventive care; and increase payments for preventive services to providers who receive training on early childhood oral health.
- Require every child to have a dental examination and necessary treatment by kindergarten; require all dental insurance and managed care plans to provide coverage for dental sealants and other scientifically proven preventive measures; increase the use of fluoride varnish, and expand the use of dental sealants.
- Establish an integrated public health infrastructure by creating the position of state dental director and increasing the public dental health workforce.
- Increase children's enrollment in Medi-Cal and HFP. The current estimate on the number of uninsured children in California is over 770,000 and over half of these children are eligible for Medi-Cal or HFP. Enrollment in these programs would assure that children are covered for dental expenses.
- Promote water fluoridation. According to the CDC, fluoride can reduce and prevent damage caused by tooth decay. CDC points out that water fluoridation prevents tooth decay primarily through direct contact with teeth throughout life, and when consumed by children during the tooth-forming years. Fluoride can also be applied directly to teeth through toothpaste, mouth rinses, and professionally applied fluoride treatments available in dental offices. Dietary fluoride supplements are also available through prescription by a dentist or physicians.
- Fund public media or outreach campaigns targeting parents of young children on the importance of early dental decay prevention and ways to ensure early prevention. Request funding by private foundations or the California Children and Families First Commission.

Conclusion.

Oral health is vital to the overall health of children in California. It should be a statewide priority for policy makers to ensure that children receive timely, appropriate and affordable oral health care. The Oral Health Report indicates that sometimes the public, policymakers, and providers consider oral health to be less important than other health needs. According to Children Now, while policymakers and the public are rightly concerned about the role of poor nutrition in the development of childhood obesity and its associated health problems, there is less recognition that the same nutritional habits contribute to the epidemic of dental disease. These attitudes should change because of the large number of children who suffer from dental-related illnesses. In addition, for many of these children, the ability to smile and talk with confidence has a tremendous impact on their self-esteem and success in school.