



**CHILDREN'S DENTAL HEALTH IN
SANTA CLARA AND SAN MATEO COUNTIES:
OVERVIEW OF CURRENT NEEDS AND
ACTIVITIES**

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**FOR THE
LUCILE PACKARD FOUNDATION FOR CHILDREN'S HEALTH**

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The Lucile Packard Foundation for Children's Health, www.lpfch.org, is devoted exclusively to promoting, protecting, and sustaining the health of children, with a focus on San Mateo and Santa Clara counties in Northern California. The Foundation pursues its mission through three programs:

- Public information and education to raise awareness about the state of children's health, and encourage positive change in attitudes, behavior, and policy.
- Fundraising for Lucile Packard Children's Hospital and the pediatric programs at the Stanford University School of Medicine.
- Community Grantmaking to promote the health and well being of children through partnerships with community organizations in San Mateo and Santa Clara counties.

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Advocates, service providers, funders, and government agencies have focused new attention on children's dental health in Santa Clara and San Mateo counties in recent years. While the vast majority of children in these counties have dental insurance coverage, dental disease is common and severe for some. And children – particularly low-income children – often go untreated. Although there are major challenges to remedying the problem, significant opportunities exist to expand prevention efforts, bolster local collaboration, and improve children's oral health.

KEY FINDINGS

- **A substantial number of children in both counties have cavities, and significant numbers experience pain and swelling from untreated dental problems,** according to the most recent county oral health assessments.
- **Many low-income children in Santa Clara and San Mateo counties have dental insurance,** due, in large part, to the Children's Health Initiatives.¹
- **Dental insurance is not enough.** Children and parents need to understand how to prevent tooth decay, and have access to dentists who will treat children.
- **More providers are needed to offer sedation and ongoing treatment to children with public health insurance** – particularly Denti-Cal – and to the uninsured. Improving reimbursement rates, reducing paperwork, conducting outreach to dentists, and providing other non-financial incentives could help increase the number of providers.
- **Fluoridated water, which research has shown helps prevent tooth decay,² has recently come to most of San Mateo County and previously unfluoridated parts of north Santa Clara County.** Significant parts of Santa Clara County remain unfluoridated, and fluoridation continues to be a controversial issue for some interested parties.
- **Statewide initiatives through the state First 5 Commission, the Dental Health Foundation, and Head Start offer local opportunities to improve children's oral health.** Pediatricians, early childhood programs, as well as dental health providers can take part.
- **Prevention tools like xylitol products, sealants for molars, and fluoride varnishes could be made more available to children.** Xylitol, a sweetener that can be added to gum, can help prevent tooth decay.³
- **Links between oral health and other medical conditions (such as diabetes and obesity) have been discovered,** and dental disease has been shown to be transmissible from mother to child, though this knowledge has not been sufficiently integrated into local practice and is not widely known by parents.
- **Local prevention and treatment services could be strengthened** by continuing efforts to: ensure sufficient and consistent access across geographic areas where need is greatest; disseminate prevention information to parents and children countywide, particularly to hard-to-reach groups; offer reliable public information about treatment options; and share information with health and dental care providers about relevant training opportunities.

STATUS OF CHILDREN'S ORAL HEALTH

PREVALENCE OF DENTAL PROBLEMS

While there is broad agreement among oral health providers and advocates on the severity and extent of children's dental health problems locally, little current data exist to fully document the problems. Currently, there is no accurate count of: the number of children without dental insurance in San Mateo and Santa Clara counties, those with DentiCal, the number who have gone without dental care for long periods of time or who have untreated conditions, or even the number of dentists who will treat children with public health insurance. Other related issues, such as the availability of transportation to dentists serving low-income children, also are not quantified. The latest local assessments of children's oral health are four to five years old, and a pending state assessment will yield only broad regional data.

Santa Clara County

In 2002, The Health Trust reported that 51 percent of children from poor families in Santa Clara County enter kindergarten with a history of cavities, and almost one-third had untreated decay. By the time they reached third grade, 72 percent had a history of tooth decay. The Health Trust estimated that there was only capacity to treat up to 20,000 of the 140,000 low-income county children, and that approximately 35,000 county elementary school children experience pain or swelling in their mouths from untreated dental problems,⁴ though these figures may have improved since then. A significantly higher proportion of Latino, and – to a lesser extent – Asian children had a history of cavities and/or untreated decay than Caucasian children.⁵

San Mateo County

In 2000, the San Mateo County Health Services Agency published a children's oral health assessment documenting excessive levels of dental problems among low-income school-age children, inadequate numbers of providers, poor service at county dental clinics, lack of service on the coast, insufficient access to fluoridated water, and under-use of sealants on molars.⁶

Eighty percent of low-income county children had cavities before their 18th birthday (compared to 71 percent of low income children statewide), making oral disease the most common health problem among low-income children in the county. More than half of county children lived in areas with no or partial fluoridation. In non-fluoridated areas, a sample of selected schools showed that only 16.8 percent of children in kindergarten through 6th grade were cavity-free in 1998. Almost half required restorative treatment. At the time, only 129 dentists in the county served pediatric Denti-Cal⁷ patients, 30 percent below the prior year. Some 17,000 children were living in poverty, many of whom would be Denti-Cal-eligible. Since no formal assessment has taken place since 2000, it is difficult to determine progress since then, although significant areas of the county did begin receiving fluoridated water this fall.

Statewide

Children's dental health deficiencies are not unique to this area. The full extent of the problem will become clearer when the Dental Health Foundation releases an

upcoming statewide oral health needs assessment (see www.dentalhealthfoundation.org), based on screenings of 12,000 kindergarteners and third graders from throughout the state. The most recent state assessment, 11 years ago, revealed an epidemic of oral disease, a shortage of providers and educators who are trained and willing to participate in public health insurance programs, inadequate funding to attract additional providers, and a lack of leadership to address these problems.⁸

In response to growing concern statewide about children's dental health, a bill is pending in the state assembly (AB 1077 – Chan) that would require parents to certify that their children received dental exams in kindergarten, second grade, and sixth grade, or face withholding of school report cards. Parents could receive an exemption, based on cost, lack of access, and or lack of consent. The bill did not come to a vote in the past session, but may be considered this session.

Nationwide

Over the period of 1999 to 2002, 41 percent of children ages 2-11 nationwide had cavities in their primary (baby) teeth. About the same percentage of children and youth ages 6-19 had cavities in their permanent teeth, and approximately one-third of youth had received dental sealants. Low-income children, Latino/Hispanic, and African American/Black children had greater incidence of cavities and decay than more affluent or Caucasian children. Compared to prior years (1988-1994), the prevalence of cavities in primary teeth for children ages 2-11 remained the same, and cavities in permanent teeth for children ages 6-19 decreased, while sealant use rose.⁹

DENTAL INSURANCE COVERAGE AND DENTAL CARE VISITS

According to a 2005 Bay Area survey, about four in five Santa Clara and San Mateo county parents reported that their children ages 3-17 are covered by dental insurance (83 and 82 percent, respectively).¹⁰ In both counties, nearly one in 10 reported that their child had never been to a dentist (9 percent in Santa Clara County and 8 percent in San Mateo County), but approximately 85 percent said their child had seen a dentist within the past year. These findings are similar to Bay Area figures. While comparable statewide data are not available, a 2003 California survey found that 82 percent of children ages 2-17 had dental insurance, 11 percent had never been to a dentist, and 80 percent had visited a dentist in the last year.¹¹

Looking at the Bay Area, children from low-income families (earning less than \$50,000 per year) are less likely to visit the dentist than children from higher income families, according to parents in 2005. Specifically, 14 percent of low-income Bay Area parents said their children, ages 3-17, had never seen a dentist, as compared to 5 percent of higher income parents.¹² (County level data on visits by income are not reliable due to low numbers, and statewide data on dental visits are not broken down by income level.) Children who need to find a dentist who will accept public health insurance (Denti-Cal, Healthy Families, or the county Healthy Kids programs) may have a more difficult time getting to a dentist. And there are still tens of thousands of uninsured children altogether in the two counties. Insurance coverage is neither a guarantee of treatment nor of quality care.

➔ To apply for free or low-cost health and dental insurance, contact the Children's Health Initiatives at (888) 244-5222 in Santa Clara County, or (650) 573-3595 in San Mateo County.

POPULATIONS IN NEED

The two county needs assessments and discussions with more than two dozen dentists, oral health advocates, county personnel, and nonprofit organizations reveal that oral health needs are greatest among children who are low-income, non-English speakers, not drinking fluoridated water, victims of abuse or neglect, disabled, or under age 5.

- **Low-Income Children:** Many dentists are hesitant to see significant numbers of uninsured children or those with public insurance. Some raise concerns about uncompensated care, low reimbursement rates, and burdensome paperwork. Some suggest that such patients are more difficult to serve. Low-income families also may have trouble with transportation to dentists' offices, and may not consistently see other health providers who could identify dental problems.
- **Non-English/Limited English Speakers:** These parents may not understand prevention messages presented in English and in an unfamiliar cultural context. They also may not be able to communicate with dental providers.
- **Children Without Fluoridated Water:** These children are at higher risk for tooth decay. Much of San Mateo and Santa Clara counties, including San Jose, have been unfluoridated. While fluoride has just come to most of San Mateo County and parts of northern Santa Clara County,¹³ fluoridation cannot reverse decay that already has taken place. In addition, the high mobility of local families and the constant influx of immigrants mean that many children may experience the benefits of fluoridation only sporadically. It also is unclear precisely how much fluoride will reach the taps of San Mateo County families, since the water supply is blended and concentration level of fluoride in the newly fluoridated supply has not been provided to the community.
- **Abused or Neglected Children:** These children often have dental injuries from the abuse, or decay as a result of neglect. Consistent health care is always a problem for this population, which the counties struggle to address. San Mateo County has a small fund to address severe and expensive dental problems for children in the child welfare system.
- **Children with Other Disabling Conditions:** Developmental or physical conditions, such as cerebral palsy – or treatments, such as anti-seizure medication – may contribute to tooth decay and gum disease. Also, the children's physical and cognitive limitations may make oral care more difficult and treatment more difficult to secure. Transportation to distant providers can be particularly problematic for these children.
- **Very Young Children:** They may go untreated due to lack of awareness among parents about the importance of caring for baby teeth and gums. Young children may need sedation for treatment, and few dentists are willing or able to offer sedation to children under age 5, particularly those who have public insurance or are uninsured; and some dentists are not comfortable treating young children.

ACHIEVING AND MAINTAINING ORAL HEALTH

Maintaining good oral health involves prevention, screening, and treatment.

Preventing Dental Disease

Preventing problems before they start is key to oral health. Parents and children should understand the importance of traditionally recommended approaches, like regular brushing and flossing – even with baby teeth – limiting sugary drinks and food, and keeping bottles of milk, juice, or formula away at bedtime. They now also should be educated about new approaches, such as starting regular oral exams before a child's first birthday, recognizing the infectious nature of dental disease (which parents can pass on to their children by tasting their food and other means), treating maternal dental disease during pregnancy to avoid compromising the pregnancy, using xylitol to prevent decay, and putting sealants on molars.

Prevention Resources for Parents:

- *Keeping Your Child's Teeth Healthy*
<http://kidshealth.org/parent/general/teeth/healthy.html>
- *Dental Care for Your Baby*
www.aapd.org/publications/brochures/babycare.asp;
- *Information About Sealants*
www.aapd.org/publications/brochures/sealants.asp
- *Oral Health Information Center*
www.colgate.com/app/Colgate/US/OC/Information.cvsp

Prevention at School: San Mateo County operates the Brighter Bites Children's Dental Health Program under the statewide, school-based California Children's Dental Disease Prevention Program (SB 111).¹⁴ Brighter Bites offers free oral health presentations in school, screenings, sealants, and fluoride rinses. It serves approximately 3,000 children in seven low-income elementary schools and five Head Start programs in Redwood City, Menlo Park, East Palo Alto, Daly City and Half Moon Bay.

Santa Clara County does not have an SB 111 program, due to budget constraints.

Prevention for Children Ages 0-5: First 5 California has invested \$7 million over four years in the First 5 Oral Health Education and Training Program (First Smiles) to train pediatricians, obstetrician/gynecologists, primary care physicians, and dentists to recognize early warning signs of dental disease in children 0-5. First 5 also is working with Head Start, WIC, and other early childhood programs to promote oral health.

The Dental Health Foundation and California Dental Association Foundation are managing this program statewide. Some trainings already have taken place in both counties. The state program is willing to send trainers on request to where they are needed.

→ For information about training medical providers, contact Spring Opara, Dental Health Foundation, sopara@tdhf.org. And for information about training dental providers, contact Rolande Tellier, California Dental Association Foundation, rolande.tellier@cda.org.

Screening

If prevention fails, a problem may be detected through a screening. Screening and referral can take place in Brighter Bites schools, Pre-3 programs (in San Mateo County), Head Start programs, WIC clinics, school health clinics, county dental clinics, and some

Maternal, Child, and Adolescent Health Programs. Uninsured children participating in the state Child Health and Disability Prevention Program (CHDP)¹⁵ are supposed to receive an oral assessment, guidance on oral care, and a referral for treatment, though many do not receive these services, according to the San Mateo County assessment. A key challenge is finding a provider to treat a child after a problem has been detected through a screening, as discussed below.

→ Parents can ask CHDP providers to provide the required services and information. Early childhood programs in northern Santa Clara County can contact Dr. Ken Horowitz, Santa Clara County Health Advisory Commission, (650) 949-7545, horowitzken@foothill.edu, to discuss setting up a screening.

Treatment

Access to treatment often comes down to how much the patient or his/her insurance can pay for care. For children with private health insurance or the family resources to pay out-of-pocket, the access issues are not acute. For children with public health insurance or no insurance, a patchwork of treatment options may be available:

In San Mateo County, low-income children can receive treatment at any of the four county clinics. Clinics are in San Mateo, Daly City, Redwood City, and Menlo Park, and serve about 9,000 children a year. The clinics do not perform sedation. The Tooth Mobile van (a private nonprofit) offers a range of dental care – without sedation – to fewer than 1,000 children throughout the county at schools, community centers, health fairs, and the like. Children on the coast can receive treatment at Sonrisas Community Dental Clinic in Half Moon Bay, which does offer sedation.¹⁶ The Ravenswood Family Health Center in East Palo Alto serves the uninsured. Samaritan House in San Mateo offers basic treatment and prevention education to children ages 5-12 one Saturday per month. Share the Care, a network of dentists who offer free treatment to children in the CHDP program who cannot access care at the county clinics, serves a very limited number of children and is currently being redesigned.

The private commercial chain, Western Dental, also has a storefront in Redwood City, offering a range of care to patients with public and private health insurance.

Some private dentists and hygienists offer pediatric care, but a limited number are trained to do so, many limit the number of patients with public health insurance that they will treat, and many are unwilling or unable to offer sedation to children under age 5.

SAN MATEO COUNTY DENTAL SERVICES

- North County Clinic (Daly City): (650) 301-8600
- Fair Oaks Clinic (Redwood City): (650) 364-6010
- Willow Clinic (Menlo Park): (650) 599-3890
- San Mateo Medical Center/Dental Clinic (San Mateo): (650) 573-3912
- Sonrisas Community Dental Clinic (Half Moon Bay): (650) 726-2144
- Ravenswood Family Health Center (East Palo Alto): (650) 330-7400 (uninsured only)
- Samaritan House (San Mateo): (650) 347-3648 (must meet specific eligibility requirements)
- Tooth Mobile (throughout county): (800) 700-0420

In Santa Clara County, low-income children can receive care through three county clinics (in East San Jose, on Senter Road in San Jose, and in San Martin), which serve about 30 children/day. The new Valley Health Center – Tully Clinic (formerly Chaboya Clinic) on Tully Road will have slightly increased capacity. Care also is available at the Gardner Family Health Network (serving about 40 children/day in downtown San Jose, East San Jose, and Gilroy), the Indian Health Center of Santa Clara Valley in San Jose, a county mobile van that operates in North County (at the Mayview clinics in Palo Alto and Mountain View and Fair Oaks in Sunnyvale), the Health Trust’s mobile van (serving about 2,000 children/year, currently stationed in Gilroy, with a planned move to

SANTA CLARA COUNTY DENTAL SERVICES

- Dental Line (for appointments at the following sites): (408) 808-6102
 - Valley Health Center San Martin (San Martin)
 - Valley Health Center East Valley (San Jose)
 - Valley Health Center Tully (San Jose)
 - Ronald McDonald mobile van at Valley Health Center Bascom (San Jose)
 - County mobile van (Sunnyvale, Palo Alto, and Mountain View)
- St. James Health Center (San Jose – Downtown): (408) 918-2626
- CompreCare (East San Jose): (408) 272-6362
- Gardner South County Health Center (Gilroy): (408) 846-6473
- Indian Health Center of Santa Clara Valley (San Jose – Willow Glen): (408) 445-3400 ext. 230
- Health Trust mobile van (San Jose, Gilroy): (408) 410-0626
- Franklin-McKinley Dental Clinic (San Jose): (408) 283-6200
- Tooth Mobile (throughout county): (800) 700-0420

the Seven Trees neighborhood of San Jose), a Ronald McDonald van contracted with the county, or the Tooth Mobile van (serving children ages 0-5 in the Franklin-McKinley, Alum Rock, and San Jose Unified School Districts).

Western Dental also operates two San Jose sites.

Changes in van service this year significantly altered the consistency of prevention and treatment services. PRASAD, a nonprofit that operated a mobile dental van in the low-income Alum Rock school district, closed its doors earlier in the year, and the Tooth Mobile only recently began service in Alum Rock. Dental van service in Gilroy temporarily stopped while the van moved to San Jose. In addition, the county’s contract with the Ronald McDonald van expires next year and may not be renewed because of fiscal constraints.

Volunteer Efforts: Every February, for one day, volunteer dentists in the two counties offer free care to low-income children as part of the Give Kids a Smile statewide initiative sponsored by the California Dental Association. The dental societies serving the two counties also have small programs that offer care to a limited number of children at other times during the year.

Barriers to Treatment: Some disagreement exists as to the nature of the supply problem, particularly in Santa Clara County. The county maintains that county clinics have the capacity to see large numbers of children in need. The problem, according to the county, is reaching parents and solving transportation problems. Children’s dental health

advocates in both counties acknowledge that transportation problems are a barrier; however, they also point to long waits for appointments at clinics, few private providers serving low-income children, limited dental van capacity, few Spanish-speaking providers, and large geographic areas without providers nearby.

INFORMATION AND SERVICE GAPS

There is near-unanimity on the gaps to be filled and issues to be addressed:

- **Insufficient numbers of dentists willing and able to sedate children**, particularly young children. The trauma of dental procedures for young children, their inability to sit still and follow instructions, and the difficulty of scheduling multiple appointments makes sedation critical for children under age 5 with severe dental problems. Many doctors are uncomfortable treating young children or are not trained to sedate them. Denti-Cal will not reimburse for general, in-office sedation in many cases. Healthy Families and Healthy Kids will reimburse in some cases, for far less than cost. Children with severe physical disabilities, and some with mental disabilities, may need full sedation as well, regardless of their ages.
- **Insufficient numbers of providers willing to accept Denti-Cal and, to a slightly lesser extent, Healthy Families and Healthy Kids.** Anecdotal evidence elicited through county-sponsored focus groups in San Mateo County¹⁷ and interviews with experts in Santa Clara County suggest that the primary reasons dentists are reluctant to serve children with public health insurance are: very low reimbursement rates, burdensome paperwork, a concern about being inundated with such patients, and the sense that low-income children are hard to deal with (e.g., have major dental and other problems, miss appointments, etc.). Some dentists assume that low-income children are already being taken care of through private storefronts such as Western Dental. Some also are unaware of Healthy Kids. While many dentists do serve low-income children on a regular basis, and additional providers offer valued volunteer care periodically, the local needs are not adequately being met.
- **Lack of penetration of prevention messages** to children and their parents.
- **Delays in starting regular oral exams and preventive measures.** Many pediatricians, general dentists, and parents do not realize that the American Academy of Pediatric Dentistry now recommends that children start regular oral exams before age 1, though not all dentists endorse this recommendation.
- **Insufficient numbers of Spanish- and Vietnamese-speaking providers.**
- **Unmet needs among children with disabilities and special health care needs.** They may be more prone to dental disease than other children, and there are fewer dentists trained and willing to provide the

RESOURCES FOR CHILDREN WITH DISABILITIES

Parents Helping Parents:

www.php.com/include/agency/ (Click on “Dental Services”)

Pediatric Clinic, University of the Pacific,
School of Dentistry:

(415) 929-6550

www.dental.pacific.edu/PatientService/children_clinic.htm

Pacific Center for Special Care:

(415) 749-3384

www.pacificspecialcare.org/resource.htm

specialized and more time-consuming care that they may need.

- **A need for strengthened coordination** among county clinics, other public dental programs, and community providers.
- **Accessibility to dentists.** This includes evening and weekend hours, availability of dentists in all parts of the county, and transportation to help low-income families keep appointments, and to help those in areas with few dentists obtain care without spending hours on a bus.

KEY ORGANIZATIONS AND COLLABORATIONS

LOCAL ORGANIZATIONS AND COLLABORATIONS

The Silicon Valley Oral Health Collaborative serves Santa Clara County. Its more than two dozen member organizations include public agencies, school districts, nonprofits, foundations, healthcare providers, the dental society, and dental providers, as well as Head Start and the oral hygiene program at Foothill College.

➔ *To learn more, contact Barry Staley, Interim Dental Director, The Health Trust, at (408) 879-8420, or visit www.healthtrust.org/initiatives/initiatives-dental-svohc.cfm.*

The Health Trust, in San Jose, has played a leading role in providing mobile dental services, coordinating the Oral Health Collaborative, organizing volunteer dentists and disseminating information about oral health.

➔ *To learn more, contact Barry Staley, Interim Dental Director, Health Trust at (408) 879-8420, or visit www.healthtrust.org/initiatives/initiatives-dental.cfm.*

The Dental Coalition of San Mateo County, operating out of the Health Services Agency, includes a similar array of agencies and providers. The Coalition works to find treatment for low-income children whose dental problems have been spotted by doctors, schools, or other screening programs, and promotes prevention strategies.

➔ *To learn more, contact Rachelle Salvana, Children's Dental Health Coordinator, San Mateo County, at (650) 573-2248 or rsalvana@co.sanmateo.ca.us.*

Healthy Ventures is a collaborative composed of approximately 23 nonprofits, school districts, and local governments in Mountain View, Los Altos, and Los Altos Hills who address a variety of health issues, including dental care. Through Healthy Ventures, a limited number of children receive dental screenings and referrals for treatment by volunteer dentists.

➔ *To learn more, contact Maureen Wadiak, Associate Director, Community Services Agency, at (650) 968-0838 or mwadiak@csacares.org.*

The Dental Societies in both counties participate in the county coalitions and provide volunteer dentists and hygienists for the annual Give Kids a Smile day. Each county has a dental society, and the Mid-Peninsula Dental Society covers Palo Alto, Menlo Park, Woodside, Portola Valley, Los Altos and Mountain View.

➔ *To learn more, contact Kathy Cooper, Executive Director, Santa Clara County Dental Society, at (408) 289-1480; Etta Kinney, Executive Director, San Mateo County Dental Society, at (650) 637-1131; or Mary Conway, Executive Director, Mid-Peninsula Dental Society, at (650) 328-2242.*

First 5 Santa Clara County funds dental services, including education and treatment, to children under age 6 living in the Alum Rock Elementary, San Jose Unified, and Gilroy Unified School Districts. It also offers education to parents and older siblings of those children. Services are provided through the Health Trust. First 5 also funds the Tooth Mobile to serve children under 6 living in the Franklin-McKinley School District. In addition, First 5 partially funds Healthy Kids, which includes dental coverage.

First 5 San Mateo County also has invested in its county Healthy Kids program, which includes dental coverage.

The San Francisco Foundation recently launched an Oral Health Initiative, which will fund community efforts to help low-income, uninsured Bay Area residents (of all ages) access dental services. San Mateo County is among the eligible counties to receive funding.

STATEWIDE ORGANIZATIONS

The California Dental Association and its associated foundation are becoming increasingly involved locally, through their statewide programs. These include the First 5 Oral Health Education and Training Program – First Smiles, discussed above, and Dental Professionals Against Violence. Dental Professionals Against Violence trains dental professionals to spot the signs of child abuse, partner violence, or elder abuse, much of which appears in the head and neck areas. Local trainings are under way.

➔ *To learn more, contact Rolande Tellier, California Dental Association Foundation, at (916) 554-4918 or rolande.tellier@cda.org, or visit www.cdafoundation.org.*

The Dental Health Foundation is instrumental in the state First 5 project and has gathered local data for the statewide needs assessment. It also convenes the Oral Health Access Council, a statewide coalition (including child advocates) that focuses on improving the oral health of underserved and vulnerable populations.

➔ *To learn more, contact Wynne Grossman, Executive Director, Dental Health Foundation, at (510) 663-3727 or wgrossman@tdhf.org, or visit www.dentalhealthfoundation.org.*

Children Now, a statewide child advocacy organization, is partnering with the Dental Health Foundation on public education and media strategies related to improving children's oral health, and is compiling and disseminating information on children's dental insurance coverage as part of a broader initiative to ensure health insurance coverage for all California children.

➔ *To learn more, contact Catherine Teare, Policy Director, Children Now, at (510) 763-2444 or cteare@childrennow.org, or visit www.childrennow.org.*

Pacific Center for Special Care at the University of the Pacific in San Francisco has convened an ongoing Statewide Task Force on Oral Health for People with Special Needs. The Center promotes expanded access to affordable quality oral health care for people with special needs through research, advocacy, training, and other resource provision. The Task Force is moving forward on an ambitious agenda to improve policy, practice, and legislation to meet the oral health needs of people with special needs, including children.

➔ *To learn more, contact the Pacific Center for Special Care at (415) 749-3384, or visit www.pacificspecialcare.org.*

FUNDING SOURCES

As mentioned above, the state and county First 5 commissions have invested, to varying degrees, in children's oral health. San Mateo County recently created the Maureen Borland Orthodontics Endowment Fund to provide orthodontia to low-income people under age 21. Few private foundations have made major or sustained commitments to children's oral health in Santa Clara and San Mateo counties. One stand-out is the John S. and James L. Knight Foundation, which is investing \$1.9 million over five years to build infrastructure through the Silicon Valley Oral Health Collaborative, and fund dental services, outreach, and education by the Collaborative through the Health Trust in the Franklin-McKinley School District, Gilroy, and Mayfair. Knight also had funded the Tooth Mobile. The California Endowment made a recent oral health grant to the Ravenswood Family Health Center, and has periodically made other dental health grants in this area, including a \$1.2 million grant to the Health Trust in 2001.

Other foundations that have played a role locally include Community Foundation Silicon Valley, the Valley Foundation, Peninsula Community Foundation, and a small family foundation in Hillsborough called the Solid Rock Foundation.

At the state level, The Blue Shield Foundation is funding Dental Professionals Against Violence. The California Wellness Foundation and The California Endowment have funded the Dental Health Foundation.

Some statewide organizations are receiving federal funding for their children's dental health work.

OPPORTUNITIES FOR ACTION

All segments of the community can contribute to improving children's oral health by working together to advance several key strategies:

Promote and practice prevention.

- County government, nonprofit organizations, schools, early childhood programs, public media, foundations, and health providers of all types can communicate prevention messages to children and their parents, including the importance of early care and the links between oral health and other physical health.
- Public and private organizations can collaborate to offer regular screening sessions and sealant clinics throughout both counties.
- Policymakers can help promote inclusion of dental health education in K-12 education and require regular dental examinations prior to enrollment.
- Parents can start oral hygiene practices well before a child's first birthday, teach children good preventive measures, and maintain their own oral health, to avoid infecting their children with oral disease.
- Community organizations, pediatricians, early childhood programs, WIC clinics, and obstetrician/gynecologists can take part in First Smiles training programs (www.first5oralhealth.org). The dental coalitions in each county can encourage groups to seek this training.

- Pediatricians can incorporate oral exams into routine care. Beginning in 2006, physicians will be able to receive Medi-Cal reimbursement for applying fluoride varnish to children covered by Medi-Cal.
- Policymakers, dentists, and community members can work together to determine and overcome barriers to fluoridation.
- Community organizations and schools can enlist oral hygienists to teach brushing and other prevention techniques in community settings, and work with oral health experts to explore the best opportunities for maximizing the ways in which dental paraprofessionals can serve the community.

Increase the number of oral health care providers willing and able to treat low-income children.

- County governments and state legislators can explore options and incentives for encouraging public health insurance participation by providers. This may include reimbursement rate increases, paperwork reduction, outreach, and other non-financial incentives, which have led to positive results in Alabama, Ohio, and Michigan.¹⁸
- Private providers can take the initiative to serve more children with public health insurance as part of their regular practice and through periodic volunteer screening and treatment programs.
 → *For more information on volunteer opportunities, contact Dr. Ann Marie Silvestri, Supervising Dentist, San Mateo Medical Center (650) 573-2651, asilvestri@co.sanmateo.ca.us, or the Health Trust in Santa Clara County, (408) 559-9385, www.healthtrust.org/initiatives/initiatives-dental-dwah.cfm.*
- Dental professionals can participate in training on treatment and sedation of young children.
- Public clinics and nonprofit dental organizations can recruit and/or train more translators who speak Spanish and other languages spoken in the community.

Improve services for children with disabilities and special health care needs.

- State Regional Centers for people with developmental disabilities and other organizations serving children with disabilities can more fully incorporate children's dental health into their assessment, planning, and referral programs.
- Dental professionals can participate in training on treating and communicating with children with disabilities and other special health care needs.
- Experts on treating this population can actively provide support and information to other providers.
- Foundations and government agencies can fund demonstration projects to provide incentives for prevention, case management, and health education and referrals for this population.
- Advocates can lobby for enhanced insurance reimbursement for providers taking the extra time to serve children with disabilities, and for reimbursement for preventive treatments.

Offer services in underserved parts of the counties.

- Foundations can fund capacity-building efforts, such as building and staffing clinics and vans.
- Nonprofit providers and the counties can collaborate to deploy resources in underserved areas.

Ensure that parents can make and keep appointments.

- Counties can adjust clinic schedules and staffing to reduce waits for appointments.
- Counties and community organizations can work together to explore transportation or van deployment options to help families reach services.
- Parents must make a commitment to keeping appointments and pursuing follow-up care for their children.

These strategies will be most effective with strong, consistent, inclusive, and adequately funded community efforts. In order to monitor effectiveness and ensure that services are addressing local needs, it also may be useful to conduct more regular assessments of oral health trends, which the counties could do with financial support from foundations or statewide organizations.

USEFUL INTERNET RESOURCES

Profile of Children's Oral Health in San Mateo County – Phase 1 (Feb. 21, 2000)
www.co.sanmateo.ca.us/vgn/images/portal/cit_609/34/28/283856735Dental_Profile_7.pdf

Oral Health Status of Children in Santa Clara County: Results of the Health Trust 2001 Needs Assessment (Dec. 2001)
www.healthtrust.org/pubs/OralHealthStatusofChildreninSantaClaraCounty.PDF

Health Trust, Dentistry With Heart Initiative
www.healthtrust.org/initiatives/initiatives-dental.cfm

Brighter Bites, San Mateo County
www.eparks.net/smc/department/home/0,,1954_191102_194525,00.html

Tooth Mobile
www.toothmobile.org

Dental Health Foundation
www.dentalhealthfoundation.org

California Dental Association Foundation
www.cdafoundation.org

First 5 Oral Health Education and Training Program – First Smiles
www.first5oralhealth.org

California Head Start Oral Health Grant Report
<http://caheadstart.org/Oral%20Health%20Report%20final%202006-7-04.pdf>

Pacific Center for Special Care
www.pacificspecialcare.org

¹ San Mateo and Santa Clara counties each launched Children's Health Initiatives in 2003 and 2001, respectively, which help to secure health care coverage for all children, including those who are undocumented. For more information, see <http://www.chikids.org> for Santa Clara County, and <http://www.smcchi.org> for San Mateo County.

² Centers for Disease Control and Prevention, "Recommendations for Using Fluoride to Prevent and Control Dental Caries in the United States," *Morbidity and Mortality Weekly Review*, Vol. 50, No. RR14:1. Aug. 17, 2001. <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5014a1.htm>; U.S. Department of Health and Human Services, *Oral Health in America: A Report of the Surgeon General*, National Institute of Dental and Craniofacial Research, 2000, 158-66. <http://silk.nih.gov/public/hck1ocv.@www.surgeon.fullrpt.pdf>; American Dental Association, *Fluoride and Fluoridation*, 2005. <http://www.ada.org/prof/resources/topics/fluoride.asp>.

³ Tinanoff, N. et al., "Current understanding of the epidemiology, mechanisms, and prevention of dental caries in preschool children," *Pediatric Dentistry*, 2002, 24:543-551, <http://www.aapd.org/upload/articles-old/tinanoff11-02.pdf>.

⁴ Health Trust estimates (www.healthtrust.org/initiatives/initiative-dental.cfm) based on Phipps, Kathy, *Oral Health Status of Children in Santa Clara County: Results of the Health Trust 2001 Needs Assessment*, Dec. 2001. <http://www.healthtrust.org/pubs/OralHealthStatusofChildreninSantaClaraCounty.PDF>.

⁵ Data on African-American students was excluded because their numbers and proportion in the sample were too low.

⁶ County of San Mateo Health Services Agency Public Health Division, *A Profile of Children's Oral Health In San Mateo County – Phase I*. Feb. 21, 2000. http://www.co.sanmateo.ca.us/vgn/images/portal/cit_609/34/28/283856735Dental_Profile_7.pdf.

⁷ Denti-Cal is the dental insurance component of Medi-Cal, the public insurance program for low-income Californians.

⁸ Dental Health Foundation, *Oral Health of California's Children: A Neglected Epidemic*, 1994. <http://www.dentalhealthfoundation.org/topics/children/assessment/index.shtml>.

⁹ Beltran-Aguilar, E. et al., "Surveillance for Dental Caries, Dental Sealants, Tooth Retention, Edentulism, and Enamel Fluorosis --- United States, 1988--1994 and 1999--2002," *Morbidity and Mortality Weekly Report*, (Centers for Disease Control and Prevention, Aug. 26, 2005), <http://www.cdc.gov/mmwr/preview/mmwrhtml/ss5403a1.htm>.

¹⁰ A survey of Bay Area parents commissioned by the Lucile Packard Foundation for Children's Health and conducted by the Survey Policy and Research Institute at San Jose State University. August 2005. Additional dental care data, information, and resources are available at <http://www.kidsdata.org>.

¹¹ Kidsdata.org, http://www.kidsdata.org/topictables.jsp?t=12&i=2&ra=3_132&m=1&r=2 and http://www.kidsdata.org/topictables.jsp?t=12&i=1&ra=3_132&m=1&r=2, citing UCLA Center for Health Policy Research, *The State of Health Insurance in California*, California Health Interview Survey, 2003, <http://www.chis.ucla.edu/>.

¹² A survey of Bay Area parents commissioned by the Lucile Packard Foundation for Children's Health and conducted by the Survey Policy and Research Institute at San Jose State University. August 2005. Additional dental care data, information, and resources are available at <http://www.kidsdata.org>.

¹³ Alviso, Los Altos, Los Altos Hills, and parts of Milpitas, parts of Mountain View, north San Jose (north of Trimble Road), parts of Santa Clara, and parts of Sunnyvale were scheduled to start receiving fluoridated water in September 2005. Palo Alto, northern Mountain View and the Evergreen area of San Jose already had fluoridated water. San Jose is one of only two major U.S. cities without fluoridated water. To

determine if your area is fluoridated, contact your water retailer or go to

http://www.valleywater.org/Water/Where_Your_Water_Comes_From/Local_Water/Water_retailers.shtm.

¹⁴ The state program has existed since 1979, but it is underfunded and serves a fraction of eligible children.

¹⁵ This is a statewide, publicly funded prevention program for uninsured low-income children.

Participating children receive periodic health assessments and are then referred out for treatment. It offers a “gateway” to eligibility for Medi-Cal and other health insurance.

¹⁶ They report an estimated 3,200 visits per year, about 55 percent of which are children.

¹⁷ The focus groups in San Mateo County were part of the evaluation of the Children’s Health Initiative.

See endnote 1, above, for more information about this initiative.

¹⁸ Cuadro, R., and Scanlon, Anna, *Does Raising Rates Increase Dentists’ Participation in Medicaid? The Experience of Three States*, National Conference of State Legislatures, Promising Practices Issue Brief, Dec. 10, 2004, http://www.ncsl.org/print/health/forum/dentalreimbursementrates_04.pdf.