



The Dental Health Foundation
520 3rd Street, Suite 108
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POLICY RECOMMENDATIONS ON ORAL HEALTH

CALIFORNIA WORKING FAMILIES POLICY SUMMIT

JANUARY 18, 2007

INTRODUCTION

Tooth decay (dental caries) is an infectious disease process affecting both children and adults. It is probably the most prevalent – yet the most preventable – disease known to science. By the age of 18, about 80 percent of children in the United States have experienced dental disease in the form of tooth decay. Dental disease affects more school-age children than any other chronic health condition.

While the prevalence of tooth decay in the U.S. has declined over the last 30 years, certain groups suffer disproportionately from dental disease – including both low-income and minority children. According to national data, poor Mexican-American children are about three times more likely to have untreated decay compared to higher income non-Hispanic white children. Two major factors affect an individual's overall oral health status: their disease rate and their ability to access and obtain dental treatment. Unfortunately, those individuals at highest risk of dental disease are also the least likely to have access to routine professional dental care.

The public perception – especially among those who can afford dental care or have dental insurance – is that tooth decay is a natural and minor occurrence that deserves little attention or dollars. However, if left untreated tooth decay can lead to needless pain and suffering; difficulty in speaking, chewing, and swallowing; lost school days; increased cost of care; and loss of self-esteem.

The bad news is that dental disease is compromising the health and quality of life of California's children. More than half of kindergarteners and more than 7 out of 10 3rd graders have experienced tooth decay, and more than a quarter of them have untreated decay. More than 40,000 kindergarteners and third graders have serious problems from dental disease – abscesses, inflammation and pain. All of these can lead to reduced school performance, lack of concentration and absenteeism. In 1996, US children ages 5 to 17 years missed 1,611,000 school days due to acute dental problems – an average of 3.1 days per 100 students.

The good news is that most oral diseases are preventable. Some of the methods to prevent tooth decay include dental sealants, drinking fluoridated water, using toothpaste that contains fluoride, limiting sugar intake, and having access to dental care. It is essential to develop a

broad-based approach for reducing the impact of this disease on children, their families and public programs. Strategies should parallel those used for other health conditions, such as asthma, diabetes and obesity.



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POLICY OBJECTIVE #1

Develop a comprehensive oral health surveillance system.

Background

California currently lacks any mechanism to regularly and systematically collect data on the oral health status of individuals or the availability of oral health services. Decision makers must have current and reliable information to establish relevant policies and programs and evaluate their success. California needs a system to regularly assess oral health status and services.

Recommended Actions

- A. The county Departments of Health should conduct local (county) assessments of the oral health status, needs and available resources for care for children in preschool through high school, adults, communities of special need and seniors every five years.
- B. The California Department of Public Health should conduct statewide assessments of oral health status of pre-school and school-aged children, adults, communities of special need and seniors to be conducted every five years.

POLICY OBJECTIVE #2

Eliminate barriers to care.

Background

People fail to receive oral health care for a number of reasons including: a lack of resources (insurance or money) available for care, limited appreciation for the importance of oral health, and little information about publicly funded programs. In addition, reimbursement rates for providers through California's public dental insurance programs are significantly lower than most states and insufficient to attract any significant participation by most private providers.

Recommended Actions

- A. The governor and legislature should support the inclusion of dental coverage to at least the level of coverage provided in Medi-Cal in any legislation addressing health insurance coverage.
- B. The governor should expand programs to inform Medi-Cal, Healthy Families and Children's Health Initiative enrollees about their dental benefits and the importance of early and periodic dental visits to prevent oral disease.
- C. The health and dental insurers should provide financial incentives to medical and dental professionals to provide early preventive care, including counseling, risk



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assessment and preventive dental procedures. Increase payments for preventive services to providers who receive training on early childhood oral health.

- D. The governor and legislature should provide dental coverage for people who qualify for Healthy Families but who may already have medical coverage

POLICY OBJECTIVE #3

Prevent dental disease.

Background

Dental decay is largely preventable if appropriate preventive measures are taken at an early age. These measures include early care by a dentist. Proven preventive dental services such as dental sealants, fluoride varnishes, and the fluoridation of community water supplies are effective but are also underutilized. Funding for research aimed at preventing or eliminating the disease is limited.

Recommended Actions

- A. The legislature should require that every child should have a dental examination and access to a source of dental care to enter kindergarten.
- B. Require all dental insurance and managed care plans to provide coverage for dental sealants and other scientifically proven preventive measures.
- C. Require all medical and dental insurance and managed care plans to provide coverage for fluoride varnish and anticipatory guidance (age- and developmentally-appropriate counseling) for young children.
- D. The California Children's Dental Disease Prevention Program should require programs it funds to increase to at least 25% the number of preschool children served that receive fluoride varnish applications and other preventive services.
- E. Increase funding for the California Children's Dental Disease Prevention Program to add more schools, more grades, special education programs, and to provide more resources for local preventive programs and expansion of preschool preventive activities.
- F. Fund dental sealant programs and other preventive services in existing school-based/school-linked programs, and develop new preventive programs at community clinics and migrant health centers.
- G. Conduct a sealant promotion campaign directed at both the public and dental professionals.
- H. Increase financial support for capital, operations, and maintenance costs of community water fluoridation.
- I. Build the science base by encouraging more research aimed at prevention and elimination of the disease.



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POLICY OBJECTIVE #4

Establish an integrated dental public health infrastructure.

Background

California lacks a sufficient dental public health infrastructure to meet the oral health needs of its residents, including an adequate dental workforce focused on serving the public.

Recommended Actions

- A. The governor and legislature should create and maintain a state dental director position and provide adequate authority and resources to enable the director to advance policies and programs that improve oral health status while integrating oral health into overall health.
- B. Grow the dental public dental health workforce. The University of California and private dental schools should develop pathways and incentives to encourage the practice of public health dentistry and to encourage dental practice in underserved areas of the state and to underserved populations.

REFERENCES

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