



**CHILDREN'S DENTAL HEALTH IN  
SANTA CLARA AND SAN MATEO COUNTIES:  
THE 2007 CHECK-UP**

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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](http://www.lpfch.org), is devoted exclusively to promoting, protecting, and sustaining the health of children. 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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## INTRODUCTION

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The evidence is in – dental disease is the single most common chronic childhood disease in California.<sup>1</sup> Awareness of the pervasive and often devastating effects of this preventable disease in children is growing. New data, new programs, and – most significantly – new legislative mandates are building the momentum to address this crisis statewide and locally.

County agencies and health care providers in both San Mateo and Santa Clara counties have been engaged on this issue for some time. That level of awareness and the relatively high percentage of children in those counties with dental insurance together create a valuable opportunity to systematically prevent a disease that all too frequently goes untreated, particularly among low-income children.

A new law that requires all kindergarteners to receive dental screenings has placed the issue squarely in the public eye, and will test whether the existing system of dental coverage and treatment options can adequately address the problem of childhood dental disease. Despite major challenges, significant opportunities exist to expand prevention efforts, bolster local collaboration, and improve children’s oral health.

This issue brief represents a “check-up” on the state of children’s dental health in San Mateo and Santa Clara counties since release of a similar brief in January 2006. The service array has shifted slightly since then, the challenges remain stubbornly constant, but forward progress has made the future more promising.

## HIGHLIGHTS

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- **Dental disease is rampant among California children.** More than a quarter of kindergarteners and third graders are sitting in school with untreated decay, and more than 70 percent have had cavities by third grade. Low-income and Latino children fare the worst.<sup>2</sup>
- **A substantial number of children in San Mateo and Santa Clara counties have cavities, and many experience pain and swelling from untreated dental problems,** according to the most recent county oral health assessments.
- **Many – but far from all – low-income children in both counties have dental insurance,** due, in large part, to the Children’s Health Initiatives.<sup>3</sup>
- **Dental insurance is not enough.** Children and parents need to understand how to prevent and address tooth decay, and must have access to dentists who will treat children, including children with public health insurance.
- **More providers are needed to offer sedation and ongoing treatment to children with public health insurance – particularly Denti-Cal<sup>4</sup> – and to the uninsured.** Improving reimbursement rates, reducing paperwork, conducting outreach to dentists, and providing other incentives could help increase the number of providers.
- **State legislators are increasingly placing dental health on their agenda,** most significantly through recent legislation mandating dental assessments upon entering kindergarten. Other dental bills are pending.

- **Mandating dental assessments is a starting point, not an ending point.** It's not enough to find a problem; children need access to treatment and regular dental care going forward. Waiver provisions may result in those with least access to care slipping through the cracks.
- **Although most of San Mateo County and northern Santa Clara County now have fluoridated water, significant parts of Santa Clara County still do not.** Fluoridation, proven to help prevent tooth decay,<sup>5</sup> continues to raise controversy.
- **Statewide initiatives through First 5 California, the Dental Health Foundation, and Head Start offer local opportunities to improve children's oral health.** Health care providers and early childhood programs can take part.
- **Prevention tools like xylitol products,<sup>6</sup> sealants for molars, and fluoride varnishes could be made more available to children.**
- **Dental disease can have serious medical consequences, and is transmissible from mother to child.** Research links oral health to diabetes, obesity, and likelihood of bearing low-birthweight or preterm babies. This knowledge does not always translate to patient care, and most parents are not aware of it.
- **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; 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**

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### **PREVALENCE OF DENTAL DISEASE**

When children experience tooth decay, they suffer needless pain, and can have difficulty speaking, eating, and concentrating in school. Some become embarrassed to smile or speak to friends and adults, and others develop health problems resulting from oral infections. There is little question among health care providers and advocates in Santa Clara and San Mateo counties that local children's dental health is in need of serious attention.

While there is broad agreement on the severity and extent of children's dental health problems, little current data exist to fully document the problems locally. Currently, there is no accurate count of: the number of children in San Mateo and Santa Clara counties who have gone without dental care for long periods of time or who have untreated conditions; the number with a history of dental disease; or the number of dentists who will actually treat children with public health insurance. Other related issues, such as racial, ethnic, and income-related disparities and the availability of transportation to dentists serving low-income children, also are not quantified at the local level.

The latest local assessments of children's oral health are six to seven years old. While a major statewide oral health needs assessment of kindergarteners and third graders was published last year, it does not include local data. A recent report

on Denti-Cal by the California Health Care Foundation does not break down most of its information by county, either. The 2005 California Health Interview Survey does have some county information, discussed below, but the oral health topics are limited and the margin of error is wide. The Lucile Packard Foundation for Children's Health's periodic surveys of local parents, also referenced below, include some information on dental care, but do not fill all the data gaps.

### **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 county's 140,000 low-income children, and that approximately 35,000 county elementary school children experience pain or swelling in their mouths from untreated dental problems,<sup>7</sup> though these figures may have changed since then. A significantly higher proportion of Latino, and – to a lesser extent – children of Asian background had a history of cavities and/or untreated decay compared to Caucasian children.<sup>8</sup>

### **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 (plastic coating to prevent decay).<sup>9</sup>

Eighty percent of low-income children in the county had cavities before their 18<sup>th</sup> birthday (compared to 71 percent of low-income children statewide), making dental disease<sup>10</sup> the most common health problem among low-income children in the county. More than half of county children lived in areas with only partial or no fluoridation. In non-fluoridated areas, a sample of selected schools showed that only 16.8 percent of children in kindergarten through sixth grade were cavity-free in 1998. Almost half required restorative treatment. At the time, only 129 dentists in the county served pediatric Denti-Cal 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 in late 2005.

### **Statewide**

Children's dental health deficiencies are not unique to this area. Almost three-quarters of California elementary school children have dental disease by third grade, and more than 750,000 elementary school children have untreated tooth decay, according to The Dental Health Foundation's 2006 statewide oral health needs assessment.<sup>11</sup> An estimated 40,000 children in kindergarten and third grade alone have pain or infections that require urgent dental care. Low-income children and children of color are much more likely to have tooth decay and to suffer the consequences of untreated disease than higher-income and Caucasian children.<sup>12</sup>

In response to growing concern statewide about children's dental health, California passed landmark legislation last year requiring dental check-ups, somewhat like vaccinations, when children enter school. Parents of children entering public school for the first time, in kindergarten or first grade, must now certify that their children received a dental assessment – a simple screening or a full exam – by a licensed dental professional by May 31 of their first school year, or within a year before starting school. Parents can receive an exemption, based on cost, lack of access, and or lack of consent. Schools also must tell parents about the requirement, provide information on the importance of oral health to overall health and school readiness, and offer parents enrollment information for publicly funded health insurance programs. The law does not provide extra funding to provide the assessments for children who cannot pay, nor does it offer any additional guarantee of access to care or follow-up treatment. Moreover, it lacks a real enforcement mechanism. It could, however, significantly increase awareness among parents of the need for early dental care, increase the number of young children receiving dental care, engage schools in the process, and yield valuable data about kindergarteners' dental health and access to care.

Pending bills in the state legislature would expand a school-based dental health prevention program (AB 834), develop guidelines for perinatal dental care (AB 13), require collection of ethnicity-based data from dental professionals (AB 269), require regular dental assessments (and other preventive health care) for children in foster care (AB 273), and set standards for dental care (and other health care) in school-based health centers (SB 564).

### **Nationwide**

Across the country, the incidence of cavities in younger children is rising, while decay in permanent teeth in older children is declining and sealant use has increased. From 1988-1994 to 1999-2004, the percent of children 2-5 with cavities (tooth decay) in their baby teeth rose from 24 percent to 28 percent. The prevalence of tooth decay in the permanent teeth of 6- to 11-year-olds decreased from approximately 25 percent to 21 percent, and among 12- to 19-year-olds from 68 percent to 59 percent.<sup>13</sup> New research demonstrates significant racial/ethnic and income disparities on some measures for some age ranges: three times as many poor children 6-11 had untreated tooth decay (12 percent), compared with children from families with incomes above the poverty line (4 percent). Almost a third of Mexican-American children 6-11 had a history of cavities in their permanent teeth compared to 19 percent of non-Hispanic white children. The racial/ethnic and economic disparities were not consistent across all indicators, however, and for some indicators (such as increase in use of sealants), improvement among non-Hispanic blacks was greater and more significant than for whites.<sup>14</sup> (Recent studies do not break out samples for children of Asian descent.)

Although comparative data among states is limited, California third graders are more likely to have had decay and less likely to have sealants than most of the 25 states for which data are available. California ranks in the middle of the pack when looking at untreated decay.<sup>15</sup>

## DENTAL INSURANCE COVERAGE AND DENTAL CARE VISITS

At least five in six Santa Clara and San Mateo county children ages 2-17 and infants with teeth were covered by dental insurance in 2005 (89 percent in Santa Clara and 83 percent in San Mateo). This is higher than the state rate of 79 percent.<sup>16</sup> But does that translate to the children receiving dental care? More than half of Santa Clara County children ages 2-11 (and younger children with teeth) and half of San Mateo County children of those ages had been to a dentist within the last six months. Yet more than a quarter of the Santa Clara County children and a third of San Mateo County children had never been to a dentist at all.<sup>17</sup> Statewide, almost a quarter of children of the same ages have never been to a dentist.<sup>18</sup>

Low-income 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. Only a small fraction of those children covered by Medi-Cal actually obtain services under Denti-Cal, the dental part of the program.<sup>19</sup> 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.

Local parents who do take their children to a dentist, however, are generally positive about the quality of care those children receive, though Santa Clara County parents are more positive than those in San Mateo County. In the two-county region, satisfaction increases with income – a far lower percentage of low-income parents rate their child’s dental care as “excellent” compared to upper-income parents, and far more low-income parents rate the care as “fair” or worse.<sup>20</sup>

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

Little has taken place in recent years to change which child populations experience the greatest needs for quality dental care. 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 providers 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 issues and refer patients to dentists.
- **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. The water supply in much of Santa Clara County, including San Jose, is unfluoridated, as is the water in pockets of coastal San Mateo County. Fluoridation only came to the rest of San Mateo County and parts of northern Santa Clara County in late 2005.<sup>21</sup> Fluoridation, however, 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 water fluoridation only sporadically.
- **Abused or Neglected Children:** These children often have dental injuries from the abuse, or decay due to neglect. Consistent health care is always a problem for this population, which the counties struggle to address. San Mateo County does have a small fund to help pay for severe and expensive dental needs 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 harder 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 at all. Only 10 percent of Medi-Cal beneficiaries under 2 used dental services in 2004, and children under 6 with Medi-Cal use dental services far less than other age groups.<sup>22</sup>

## 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 transmit to their children by tasting their food and other means), treating maternal dental

#### 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](http://www.aapd.org/publications/brochures/babycare.asp);
- *Information About Sealants*  
[www.aapd.org/publications/brochures/sealants.asp](http://www.aapd.org/publications/brochures/sealants.asp)
- *Oral Health Information Center*  
[www.colgate.com/app/Colgate/US/DC/Information.cvsp](http://www.colgate.com/app/Colgate/US/DC/Information.cvsp)

disease during pregnancy to avoid compromising the pregnancy, using xylitol to prevent decay, and putting sealants on molars.

A new oral care lending library, housed at the Santa Clara County Dental Society in San Jose and funded by the Lucile Packard Foundation for Children's Health, will provide books, videos, puppets, and other educational materials for dental professionals to borrow for free and use to educate the community about dental health.

There is a great deal of work to be done – statewide, less than a third of children under 21 enrolled in Denti-Cal and only somewhat more of those enrolled in Healthy Families received preventive care in 2004.<sup>23</sup>

**Prevention for Pregnant Women:** Through a grant from the San Francisco Foundation, the San Mateo County clinics and Sonrisas Community Dental Clinic in Half Moon Bay are partnering to offer free oral hygiene education classes and dental treatment to low-income uninsured pregnant and post-partum women who have been referred by their physicians. The three-year program, which started in fall 2006, aims to help families understand the importance of proper oral care and prevent the start and spread of dental disease. Not only can dental disease be passed from mother to child post-partum, but untreated dental disease in pregnant women can have serious health consequences for their fetuses.<sup>24</sup>

**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, nurse practitioners, dentists, hygienists, and dental assistants 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, and free online continuing education modules for dental professionals are available on the program's website. The state program is willing to send trainers on request to where they are needed. The current program funding ends in February 2008.

In a separate effort to reach young children, last year the Medi-Cal program began reimbursing medical providers for applying fluoride varnish on the teeth of children under age 6, which should boost physician willingness to offer the procedure. Physicians at the Santa Clara Valley Medical Center already have begun to do so during well child visits for young children.

To sponsor a medical provider training in your area, contact Spring Opara, Dental Health Foundation, (510) 663-3727, [sopara@tdhf.org](mailto:sopara@tdhf.org); to sponsor a dental provider training, contact Rolande Loftus, California Dental Association Foundation, at (916) 554-4918 or [rolande.loftus@cda.org](mailto:rolande.loftus@cda.org). Learn more about First Smiles at [www.first5oralhealth.org](http://www.first5oralhealth.org).

**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).<sup>25</sup> Brighter Bites offers free oral health presentations in school, screenings, sealants, and fluoride rinses. It serves approximately 3,000 children in low-income elementary schools and Head Start programs.

Santa Clara County no longer has an SB 111 program, due to budget constraints.

Pending state legislation, AB 834, would modify and expand the decades-old SB 111 program. Proponents seek to follow that reform with increased state funding.

### Screening

If prevention fails, a problem may be detected through a screening. The new kindergarten dental assessment requirement has spurred new efforts to screen children for dental problems. For example, within just the first few months of 2007, Sonrisas Community Dental Clinic screened 1,300 children. San Mateo County and the Dental Society have formed an Oral Health Assessment Task Force. The Franklin-

#### The New Kindergarten Oral Health Assessment Law

Learn more about the requirement, print out forms, find out how to locate a dentist, and download multi-lingual fact sheets at:

[www.cda.org/advocacy\\_&\\_the\\_law/legislation/kindergarten\\_oral\\_health\\_requirement](http://www.cda.org/advocacy_&_the_law/legislation/kindergarten_oral_health_requirement)

McKinley Dental Clinic in San Jose has just started free weekly screenings, as well, and the Santa Clara County Family Health Plan is working with the county Oral Health Collaborative to marshal volunteer dentists and hygienists for screenings. The Health Plan will leverage the opportunity to sign up uninsured, eligible families for insurance.

Screening and referral also 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)<sup>26</sup> 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. Given the significant efforts that schools, county agencies and nonprofits are undertaking to meet the kindergarten assessment requirement, it will be vital to keep sight of the need to provide treatment following the assessment and ongoing oral health care beyond kindergarten.

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](mailto:horowitzken@foothill.edu), to discuss setting up a screening. For information about screenings at the Franklin-McKinley Dental Clinic, call (408) 283-6200. In San Mateo County, contact Rachelle Salvana, Children's Dental Health Coordinator, San Mateo County, at (650) 573-2248 or [rsalvana@co.sanmateo.ca.us](mailto:rsalvana@co.sanmateo.ca.us).

### Treatment

Access to treatment often comes down to how much the child's family or insurance can pay for care. For most 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 each serves about 10 children a day. The clinics do not perform sedation. The Tooth Mobile (a private nonprofit) offers a range of dental care – without sedation – to several hundred publicly insured and uninsured children a year in a van currently stationed in the South San Francisco School District. Service may expand to East Palo Alto, Menlo Park, San Mateo, and Daly City, most likely only for the insured. Children on the coast, who are either covered by public insurance or are low-income and uninsured, can receive treatment at Sonrisas Community Dental Clinic in Half Moon Bay, which serves adults and about eight to 10 children a day. Sonrisas, unlike many clinics for low-income families, does offer sedation, under limited circumstances. The

Ravenswood Family Health Center in East Palo Alto serves the uninsured. Services are provided there to Ravenswood patients only in the OnSite Dental mobile clinic, which also serves homeless families at shelters throughout the county. Samaritan House in San Mateo offers dental services to clients' children under 12, one Saturday per month and periodically on weekdays.

Some private dentists and hygienists offer pediatric care, but a limited number are trained to do so, and many limit the number of patients with public health insurance that they will treat. Many are unwilling or not trained to sedate children under age 5.

As described above, a small, grant-funded program being piloted by the county and Sonrisas offers oral health education and treatment by doctor referral only to pregnant and post-partum low-income women eligible only for emergency Medi-Cal. This program springs from the growing body of knowledge linking maternal oral health to fetal and infant health, and is designed to improve the family's future oral health, as well.

**In Santa Clara County**, low-income children can receive care through three county clinics, which serve about 30 children a day (in East San Jose, on Tully Road in San Jose, and in San Martin). New clinics are slated to open in Gilroy and Sunnyvale in 2008. Care also is available at the Gardner Family Health Network (serving about 40 children a day in downtown San Jose, East San Jose, and Gilroy); the Indian Health Center of Santa Clara Valley in San Jose; the Franklin-McKinley Dental Clinic (a school-based clinic serving about 10-12 children a day from

#### SAN MATEO COUNTY DENTAL SERVICES

- Daly City Clinic:  
(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
- OnSite Dental (throughout county):  
(650) 573-2966

throughout the county, with priority for children living in the Franklin-McKinley school district); a county mobile van that operates in Gilroy and 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 a year, currently stationed in Gilroy, with a planned move back to the Alum Rock/Mayfair neighborhood of San Jose later in the year); a Ronald McDonald van contracted with the county (visiting San Jose, Sunnyvale and Mountain View); or the Tooth Mobile van (serving about 1,800 children a year: children ages 0-5 in the Gilroy School District and children 0-18 in the Franklin-McKinley, Alum Rock, and San Jose Unified School Districts). The frequency and location of van visits changes from year to year, which can significantly alter the consistency of prevention and treatment services for children.

Several private group practices and individual dentists, primarily in San Jose, also accept public health insurance for low-income children.

**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.

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](mailto:asilvestri@co.sanmateo.ca.us), or the Health Trust in Santa Clara County, (408) 559-9385, [www.healthtrust.org/programs/programs\\_childdental.php](http://www.healthtrust.org/programs/programs_childdental.php).

**Barriers to Treatment:** Children’s dental health advocates in both counties point to transportation problems, long waits for appointments at clinics, few private providers serving low-income children, limited dental van capacity, few Spanish- or Vietnamese-speaking providers, and large geographic areas without providers nearby. However, 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.

In northern Santa Clara County, the North County Children’s Health Initiative

#### 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 (San Jose, Sunnyvale, and Mountain View)
  - County mobile van (Sunnyvale, Palo Alto, Mountain View, and Gilroy)
- St. James Health Center (San Jose – Downtown): (408) 918-2626
- CompreCare (East San Jose): (408) 272-6362
- Gardner South County Health Center (Gilroy): (408) 848-9436
- 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 (Gilroy, San Jose): (800) 700-0420

Collaborative is working to address access issues for dental and other medical care.

## INFORMATION AND SERVICE GAPS

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Despite some differences of opinion regarding the barriers to treatment, 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 make 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 some cases. Healthy Families and Healthy Kids will reimburse in more 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. In one positive development, the state recently changed its policy to begin reimbursing dental anesthesia under Denti-Cal at the same rate as medical anesthesia. The lower rates for dental anesthesia have long been a concern for dental providers.<sup>27</sup>
- **Insufficient numbers of private providers willing to accept Denti-Cal and, to a slightly lesser extent, Healthy Families and Healthy Kids.** Denti-Cal reimbursement rates for pediatric services are dramatically lower than general dentistry fees, and are among the lowest in the country.<sup>28</sup> This has a direct effect on access to care. Statewide, only 40 percent of dentists in private practice will treat any Denti-Cal patients.<sup>29</sup> Anecdotal evidence elicited through county-sponsored focus groups in San Mateo County<sup>30</sup> 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. In San Mateo County, 11.4 percent of Healthy Kids enrollees answering a recent survey had dental needs but were unable to receive services. Some 9 percent of enrolled Santa Clara children faced the same problem.<sup>31</sup> While many dentists do serve low-income children on a regular basis, and additional providers offer valued volunteer care periodically, too many local children in need are not receiving dental care. Moreover, low-income parents seeking care for their children cannot turn to any current and accurate information source listing which dentists – outside of county clinics – will actually serve their children.
- **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.

- **Insufficient numbers of Spanish- and Vietnamese-speaking providers.** Privately funded statewide initiatives focused on dental schools are currently under way to boost the “pipeline” of dental providers who represent the diversity of California’s population.
- **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 specialized and more time-consuming care that they may need. A new First 5-funded collaboration in San Mateo County among the local United Cerebral Palsy Association, Children’s Health Initiative, and local providers is designed to help address this need. The county also is working on opening an operating room to treat children with special needs.
- **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.

#### RESOURCES FOR CHILDREN WITH DISABILITIES

Parents Helping Parents:

[www.php.com/include/agency/](http://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](http://www.dental.pacific.edu/PatientService/children_clinic.htm)

Pacific Center for Special Care:

(415) 749-3384

[www.pacificspecialcare.org](http://www.pacificspecialcare.org)

## KEY ORGANIZATIONS AND COLLABORATIONS

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### 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, health care providers, the dental society, and dental providers, as well as Head Start and the oral hygiene program at Foothill College.

To learn more, contact Maureen Wadiak, Chair, Silicon Valley Oral Health Collaborative (Associate Director, Community Services Agency), (650) 968-0836 ext. 112, or visit [www.healthtrust.org/programs/programs\\_childdental\\_svohc.php](http://www.healthtrust.org/programs/programs_childdental_svohc.php).

**The Health Trust**, in San Jose, plays a leading role in providing mobile dental services, serves as the fiscal agent for the Oral Health Collaborative, organizes volunteer dentists, and disseminates information about oral health.

To learn more, contact Barry Staley, Interim Dental Director, Health Trust at (408) 879-8420, or visit [www.healthtrust.org/programs/programs\\_childdental.php](http://www.healthtrust.org/programs/programs_childdental.php).

**The Dental Coalition of San Mateo County**, operating out of the County Health

Department, 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](mailto:rsalvana@co.sanmateo.ca.us).

**Lucile Packard Foundation for Children's Health** has launched the website [www.kidsdentalhealth.org](http://www.kidsdentalhealth.org) to provide better information about children's dental health locally. The site includes data, news, research, and general information about local services and activities. The Foundation has also made several small oral health grants, as discussed below.

To learn more, visit [www.kidsdentalhealth.org](http://www.kidsdentalhealth.org) or contact *Eileen Walsh, Vice President and Director of Communications*, at (650) 736-2881 or [eileen.walsh@lpfch.org](mailto:eileen.walsh@lpfch.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) 637-1121; 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, Franklin-McKinley, and Gilroy Unified School Districts. It also offers oral health education to their parents and older siblings. Services are provided through Gardner Family Health Network in Gilroy, with some assistance from Tooth Mobile, and through the Tooth Mobile in the remaining districts. In addition, First 5 fully funds Healthy Kids premiums for children under 6 – which includes dental coverage – and conducts outreach for Healthy Kids.

To learn more, contact *First 5 Santa Clara County* at (408) 260-3700 or visit [www.first5kids.com](http://www.first5kids.com).

**First 5 San Mateo County** is funding governmental/nonprofit collaborations to improve dental care for children with special health care needs, and to ensure that low-income families fully utilize health insurance – including dental insurance. First 5 has made long-term investments in its county Healthy Kids program, which includes dental coverage.

To learn more, contact *First 5 San Mateo County* at (650) 372-9500.

**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, and its convening agency – Community Services Agency – 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) 968-0836 x112 or

[mwadiak@csacares.org](mailto:mwadiak@csacares.org).

## **STATEWIDE ORGANIZATIONS**

**The California Dental Association** and its associated foundation have become increasingly involved locally, through their statewide programs. These include the First 5 Oral Health Education and Training Program – First Smiles, discussed above. The CDA Foundation’s Pediatric Oral Health Access Program has trained general dentists to serve children under 12 and those with special needs in the Bay Area and other regions, and may do further training in the future.

To learn more about First Smiles, contact Rolande Loftus, California Dental Association Foundation, at (916) 554-4918 or [rolande.loftus@cda.org](mailto:rolande.loftus@cda.org). To learn more about the Pediatric Oral Health Access Program, contact Brittney Ryan at (800) 736-7071 x 4921 or visit [www.cdafoundation.org](http://www.cdafoundation.org).

**The Dental Health Foundation** is instrumental in the state First 5 project, produced the 2006 statewide needs assessment, and plays an active role in legislative advocacy around oral health and promotion of fluoridation. 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 Wynn Grossman, Executive Director, Dental Health Foundation, at (510) 663-3727 or [wgrossman@pacbell.net](mailto:wgrossman@pacbell.net), or visit [www.dentalhealthfoundation.org](http://www.dentalhealthfoundation.org).

**Children Now**, a multi-issue 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 conducting legislative analysis and advocacy focused on improving children’s oral health, particularly access to care. In addition, Children Now 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 Kelly Hardy, Senior Health Policy Associate, Children Now, at (510) 763-2444 or [khardy@childrennow.org](mailto:khardy@childrennow.org), or visit [www.childrennow.org](http://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. Task Force workgroups welcome participation from the public.

To learn more, contact Kari Baker, Program Manager, Pacific Center for Special Care at (415) 749-3384, or visit [www.pacificspecialcare.org](http://www.pacificspecialcare.org).

## **FUNDING SOURCES**

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The majority of dental health funding for low-income children flows from public health insurance and the counties, through the county clinics and county-run programs, discussed above.

In addition, the state and county First 5 commissions have invested in children's oral health through grants for specific initiatives and by funding children's health insurance (Healthy Kids), also discussed above.

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 to fund dental services, outreach, and education by the Collaborative through the Health Trust in San Jose and Gilroy. The grant will end in 2008, and no additional funding currently is planned. The Knight Foundation also had funded the Tooth Mobile in the past.

The San Francisco Foundation has made a two and half year commitment to funding the oral health program for pregnant and postpartum women in San Mateo County, described above.

The California Endowment has made numerous grants to fund oral health, but few in this area. The Endowment funded oral health treatment at the Ravenswood Family Health Center in 2005, and has periodically made other dental health grants locally in the past, including a \$1.2 million grant to the Health Trust in 2001. It does provide funding for the county Healthy Kids programs, which provide medical and dental coverage.

The Information Program of the Lucile Packard Foundation for Children's Health recently made grants to fund the Santa Clara County dental health lending library, described above; a prevention/education program offered through the Santa Clara Valley Dental Hygienists Association; and a Legal Aid of San Mateo County initiative to provide multi-lingual outreach materials about accessing oral health care through the Early and Periodic Screening, Diagnosis and Treatment Program.

Other foundations that have funded children's dental health programs locally in the past include the foundations formerly known as Community Foundation Silicon Valley and Peninsula Community Foundation, the California Wellness Foundation, the Valley Foundation and the Solid Rock Foundation.

South San Francisco is using federal Community Development Block Grant funds to fund the Tooth Mobile.

## OPPORTUNITIES FOR ACTION

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Action to address children's dental health has been slowly but steadily increasing in recent years. More can be done. 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.
- Legislators can include adequate incentives for prevention in health reform.
- Schools can collaborate with other public and private organizations to help parents meet the new kindergarten dental assessment requirement and offer regular screening sessions and sealant clinics.
- Policymakers at multiple levels and branches of government can help promote inclusion of dental health education in K-12 education.
- Policymakers, dentists, and community members can work together to determine and overcome barriers to fluoridation in areas in which it is not available.
- 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, nurses and nurse practitioners, WIC clinics, and obstetrician/gynecologists can take part in First Smiles training programs. The dental coalitions in each county can encourage groups to seek this training.
- 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.
- Pediatricians can incorporate oral exams into routine care and apply fluoride varnish to children's teeth.

### **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 private 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.<sup>32</sup>
- Legislators can insure that appropriate dental coverage is included in any health care reform legislation.
- Private providers can serve more children with public health insurance as part

of their regular practice and through periodic volunteer screening and treatment programs. Follow-up treatment needs are particularly great. Dental professionals can participate in training on treatment and sedation of young children.

- Children's Health Initiatives can work more actively with dental health plans and providers to encourage treatment of publicly insured 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.
- All interested people can join the Statewide Task Force on Oral Health for People with Special Needs workgroups to develop strategies for change.

**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**

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### **STATE AND LOCAL REPORTS:**

*Denti-Cal Facts and Figures: A Look at California's Medicaid Dental Program*  
(California Health Care Foundation: Mar. 2007)  
[www.chcf.org/topics/medi-cal/index.cfm?itemID=131431](http://www.chcf.org/topics/medi-cal/index.cfm?itemID=131431)

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

*Oral Health: Successes and Opportunities for Children's Health Initiatives* (The California Endowment: Feb. 2006)  
<http://www.calendow.org/reference/publications/pdf/access/Oral%20Health%20Policy%20Report.pdf>

*Profile of Children's Oral Health in San Mateo County – Phase 1* (San Mateo County Health Services Agency: Feb. 21, 2000)  
[www.co.sanmateo.ca.us/vgn/images/portal/cit\\_609/34/28/283856735Dental\\_Profile\\_7.pdf](http://www.co.sanmateo.ca.us/vgn/images/portal/cit_609/34/28/283856735Dental_Profile_7.pdf)

*Mommy, It Hurts to Chew: The California Smile Survey, An Oral Health Assessment of California's Kindergarten and 3rd Grade Children* (Feb. 2006)  
[www.dentalhealthfoundation.org/topics/public/For%20web/DHF\\_2006\\_Report\\_tryfix1.pdf](http://www.dentalhealthfoundation.org/topics/public/For%20web/DHF_2006_Report_tryfix1.pdf)

### **DATA AND GENERAL INFORMATION SOURCES**

Ask CHIS, California Health Interview Survey (UCLA Center for Health Policy Research)  
[www.chis.ucla.edu](http://www.chis.ucla.edu)

Facts, News and Resources from the Lucile Packard Foundation for Children's Health  
[www.kidsdentalhealth.org](http://www.kidsdentalhealth.org)

### **ORGANIZATIONAL AND PROGRAM WEBSITES**

Brighter Bites, San Mateo County  
[www.eparks.net/smc/department/home/0,,1954\\_191102\\_194525,00.html](http://www.eparks.net/smc/department/home/0,,1954_191102_194525,00.html)

California Dental Association Foundation

[www.cdafoundation.org](http://www.cdafoundation.org)

California Head Start Oral Health Grant Report

<http://caheadstart.org/Oral%20Health%20Report%20final%206-7-04.pdf>

Dental Health Foundation

[www.dentalhealthfoundation.org](http://www.dentalhealthfoundation.org)

First 5 Oral Health Education and Training Program – First Smiles

[www.first5oralhealth.org](http://www.first5oralhealth.org)

Health Trust, Children’s Dental Services Program

[www.healthtrust.org/programs/programs\\_childdental.php](http://www.healthtrust.org/programs/programs_childdental.php)

Pacific Center for Special Care

[www.pacificspecialcare.org](http://www.pacificspecialcare.org)

Tooth Mobile

[www.toothmobile.org](http://www.toothmobile.org)

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<sup>1</sup>Dental Health Foundation, *Mommy, It Hurts to Chew: The California Smile Survey, An Oral Health Assessment of California’s Kindergarten and 3rd Grade Children* (Feb. 2006),

[http://www.dentalhealthfoundation.org/topics/public/For%20web/DHF\\_2006\\_Report\\_tryfix1.pdf](http://www.dentalhealthfoundation.org/topics/public/For%20web/DHF_2006_Report_tryfix1.pdf)

<sup>2</sup> *Id.*, pp. 12, 14.

<sup>3</sup> San Mateo and Santa Clara counties launched Children's Health Initiatives in 2003 and 2001, respectively, which help to secure health care coverage (including dental 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.

<sup>4</sup> Denti-Cal is the dental insurance component of Medi-Cal, the largest public health insurance program for low-income Californians.

<sup>5</sup> 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), pp. 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>.

<sup>6</sup> Xylitol, a sweetener that can be added to gum, can help prevent tooth decay. 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>.

<sup>7</sup>Health Trust estimates ([www.healthtrust.org/initiatives/initiative-dental.cfm](http://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>.

<sup>8</sup> Data on African-American students was excluded because their numbers and proportion in the sample were too low.

<sup>9</sup> County of San Mateo Health Services Agency Public Health Division, *A Profile of Children’s Oral Health In San Mateo County – Phase 1*. Feb. 21, 2000.

[http://www.co.sanmateo.ca.us/vgn/images/portal/cit\\_609/34/28/283856735Dental\\_Profile\\_7.pdf](http://www.co.sanmateo.ca.us/vgn/images/portal/cit_609/34/28/283856735Dental_Profile_7.pdf).

<sup>10</sup> Dental disease refers to a condition of the teeth, and gums, which includes dental decay. Caries, or

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cavities, are a common form of this disease in children.

<sup>11</sup> *Mommy, It Hurts to Chew*, pp. 4, 8.

<sup>12</sup> *Id.*, pp. 13, 14.

<sup>13</sup> Dye B.A., et al., "Trends in oral health status: United States, 1988–1994 and 1999–2004," *Vital Health Stat* 11(248). (National Center for Health Statistics, 2007), p. 5-7;

[http://www.cdc.gov/nchs/data/series/sr\\_11/sr11\\_248.pdf](http://www.cdc.gov/nchs/data/series/sr_11/sr11_248.pdf).

<sup>14</sup> *Id.*

<sup>15</sup> *Mommy, It Hurts to Chew*, p. 19.

<sup>16</sup> UCLA Center for Health Policy Research, *2005 California Health Interview Survey*. (accessed via Ask CHIS, <http://www.chis.ucla.edu> on March 26, 2007).

<sup>17</sup> AskCHIS, accessed April 18, 2007.

<sup>18</sup> AskCHIS, accessed April 18, 2007.

<sup>19</sup> California Health Care Foundation, *Denti-Cal Facts and Figures: A Look At California's Medicaid Dental Program*, (March 2007), <http://www.chcf.org/topics/medi-cal/index.cfm?itemID=131431>, (analyzing 2004 data, by county).

<sup>20</sup> www.KidsData.org, citing an August 2006 survey commissioned by the Lucile Packard Foundation for Children's Health (accessed April 11, 2007).

<sup>21</sup> 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 started receiving fluoridated water in late 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.shtml](http://www.valleywater.org/Water/Where_Your_Water_Comes_From/Local_Water/Water_retailers.shtml).

<sup>22</sup> *Denti-Cal Facts and Figures*, p. 16.

<sup>23</sup> *Id.*, p. 29, 31. Some 45 percent of children 4-19 enrolled in Healthy Families receive "prophylaxis," compared to 37 percent of children 4-19 enrolled in Medi-Cal. Since children under 4 receive less dental care than older children, the rates for all children enrolled in Healthy Families would be lower.

<sup>24</sup> *Id.*, p. 2.

<sup>25</sup> The state program has existed since 1979, but it is underfunded and serves a fraction of eligible children.

<sup>26</sup> 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.

<sup>27</sup> "Rate Increase for Dental Anesthesiologists," *Denti-Cal Bulletin*, vol. 23, no. 6, (Feb. 2007).

<sup>28</sup> *Denti-Cal Facts and Figures*, pp. 27, 28.

<sup>29</sup> *Id.*, p. 20.

<sup>30</sup> The focus groups in San Mateo County were part of the evaluation of the Children's Health Initiative.

<sup>31</sup> Diring, J. et al., *Oral Health: Successes and Opportunities for Children's Health Initiatives* (The California Endowment, Feb. 2006), p. 5;

<http://www.calendow.org/reference/publications/pdf/access/Oral%20Health%20Policy%20Report.pdf>.

<sup>32</sup> 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](http://www.ncsl.org/print/health/forum/dentalreimbursementrates_04.pdf).

Other state programs and options are discussed in Congressional testimony by the American Dental Association in March 2007, which can be found at

[http://www.ada.org/prof/advocacy/test\\_070327\\_roth.pdf](http://www.ada.org/prof/advocacy/test_070327_roth.pdf).