Healthy Teeth for Life:
The Oral Health of Children in Contra Costa County

Dental Health Action Group
Children’s Oral Health Program
APRIL 2007

Dental decay afflicts quarter of state’s kids
Early dental care urged for kids
Dental clinic struggles to
Lack of care hurts many elementary students
Dental care can prevent trouble at school
The Children’s Oral Health Program is part of Contra Costa Health Services’ Family, Maternal and Child Health (FMCH) Programs and was founded in 1977 with funding from California Senate Bill 111. Since its inception, the program has worked in collaboration with numerous community partners and dental health professionals to provide preventive dental services to children in low-income areas of the county and link children with dental services throughout the county.

The Dental Health Action Group (DHAG) is a community advisory committee to the Children’s Oral Health Program comprised of dental health professionals and leaders from county and community agencies. The mission of DHAG is to ensure that every child 0 to 18 years of age in Contra Costa County has and uses a dental home (at least two times a year) and has access to prevention and treatment services that are affordable, accessible, and culturally sensitive.

FMCH Programs, in partnership with community members, county programs, and community organizations, provide support, resources, and services to eliminate health inequities and improve the quality of life for all children, youth and families. The vision of FMCH Programs is a community where all individuals reach their optimal level of health and well-being.

Local Resources
- Children’s Oral Health Program, Contra Costa Health Services
  925-313-6280
  www.cchealth.org/services/dental
- County Dental Clinics:
  - Bay Point (children only): 925-427-8302
  - Martinez: 925-370-5300
  - Pittsburg: 925-431-2501
  - Richmond: 510-231-1240
- Brookside Community Health Center
  510-215-9092
- La Clínica de la Raza – Monument
  925-363-1256
  www.laclinica.org/sites_monument.html
- La Clínica de la Raza – Pittsburg
  925-431-1250
  www.laclinica.org/sites_pitrdental.html
- Health Access Line (information about applying for dental insurance)
  1-877-503-9350
- Child Health and Disability Prevention (CHDP) Program, Contra Costa Health Services
  925-313-6150
  www.cchealth.org/services/child_health
- Contra Costa Dental Society
  925-932-8662
  www.ccds.org

State Resources
- California Dental Association
  www.cda.org
- The Dental Health Foundation
  www.dentalhealthfoundation.org
- First Smiles Oral Health Education and Training Project
  www.first5oralhealth.org
- Office of Oral Health, California Department of Health Services
  www.dhs.ca.gov/ps/cdic/cdcb/medicine/oralhealth/index.htm
- Medi-Cal Dental Program, California Department of Health Services
  www.denti-cal.ca.gov

APPENDIX B: Oral Health Resources

National Professional Associations
- American Dental Association (ADA)
  www.ada.org
- American Academy of Pediatric Dentistry (AAPD)
  www.aapd.org
- American Academy of Pediatrics (AAP): Oral Health
  www.aap.org/comm/peds/doch/oralhealth

General Oral Health Information
  www.nidcr.nih.gov/AboutNIDCR/SurgeonGeneral/default.htm
- Maternal and Child Health Knowledge Path: Oral Health and Children and Adolescents
  www.mchlibrary.info/KnowledgePaths/kp_oralhealth.html
- National Maternal and Child Oral Health Resource Center
  www.mchoralhealth.org
- Oral Health America
  www.oralthalameric.org
- Children’s Dental Health Project
  www.cdhp.org
APPENDIX A: Dental Health Action Group Members

Current Members:
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- Domenic Cavallaro, DDS, Contra Costa Health Services
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- Cheryl Johnson, Brookside Community Health Center
- Angelica Maratamoro, Bay Point Family Health Center, Contra Costa Health Services
- Marina O’Meany, La Clinica de la Raza
- Nilda Perez, John Muir Community Health Alliance
- Christina Reich, Community Services Bureau, Contra Costa Employment & Human Services Department
- Richard Sobel, DDS, Pediatric Dentist, Antioch
- Daniel Tanita, DDS, General Dentist, San Pablo
- Ariane Terlet, DDS, La Clinica de la Raza
- Michelle Williams, FNP, Child Health and Disability Prevention Program, Contra Costa Health Services
- Lana Weight, RDA, Loma Vista Dental Assisting Program
- Domenic Cavallaro, DDS, Contra Costa Health Services
- Kristina Compro, RDHAP, Miles of Smiles
- Patricia Conley, Contra Costa Dental Society
- Irika Greene, NP, MPH, Family, Maternal and Child Health Programs, Contra Costa Health Services
- Karen Haus, Child Care Council
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Former Members:
- Margie Bokyn, RN, Brookside Community Health Center
- Frank Camodeca, DDS, Contra Costa Health Services
- David Castillo, Familias Unidas
- Aimee Chitayat, Community Clinic Consortium of Contra Costa
- Bonni Croy, La Clinica de la Raza
- Jane Garcia, La Clinica de la Raza
- LaJuan Hall, DDS, Pediatric Dentist, Antioch
- Paula Hines, Child Health and Disability Prevention Program, Contra Costa Health Services
- Sahar Jaffrey, DDS, Pediatric Dentist, Walnut Creek
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- Fran Tiras, Contra Costa Employment & Human Services Department
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- Padmini Parthasarathy, MPH, Family, Maternal and Child Health Programs, Contra Costa Health Services
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22. Personal communication with Ed Rothman, DDS, Director, La Clínica de la Raza Dental Clinic, Children’s Hospital Oakland.
23. Lebow Children’s Dental Health Foundation Database, January 2006.
24. Outpatient Visit Reports, Contra Costa Regional Medical Center, Contra Costa Health Services, July 2006.
26. La Clínica de la Raza, April 2006.
32. Personal communication with Christina Reich, Analyst, Contra Costa Community Services Bureau, Employment and Human Services Department, June 2006.
35. Personal communication with Carolyn Brown, DDS, Dental Director, Native American Health Center, San Francisco, July 2006.


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Acknowledgements

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Dental disease is a serious and silent epidemic affecting our children in Contra Costa County. The data and stories shared in this report describe a dire local oral health situation that requires immediate attention.

Many state and national policies, such as the amount of reimbursement for Denti-Cal providers and the overall design of the dental care delivery system, greatly affect the oral health of Contra Costa children. At the local level, however, there are many opportunities within reach to make changes that will have an impact on families in this county, especially those that have limited health and economic resources. We believe that our Steps for Local Action offer an ambitious yet achievable set of such opportunities, and we hope that this report will serve as a launching pad for further efforts to address the need for improved oral health services and equitable policies in this county.
Expansion of education and prevention programs:

Children, parents, and teachers in the community need to receive oral health information and preventive oral health services on an ongoing basis. Sustaining current school- and community-based education and prevention programs for families and teachers is essential to preventing children's dental disease, and we will continue to foster these programs. In addition, we feel strongly that these efforts must be expanded to reach adolescents and pregnant women.

Step for Local Action:

12) Develop oral health education and prevention programs for adolescents and pregnant women.

The Children’s Oral Health Program should partner with other CCHS programs and the community clinics to address the very specific needs of these two populations, who do not currently receive many preventive oral health services. Adolescents often make health-related choices independent of their parents, unlike younger children. They often choose their own meals and snacks, brush and floss their teeth without the oversight of their parents, and may decide that they do not want to see a dentist. Also, their choices are heavily influenced by their peers and social environments, and unlike adults, they are still developing cognitively and socially. Teens may choose to follow current teen dental trends, including obtaining oral piercings and grills, both of which can be very harmful to the teeth and gums. DHAG encourages the Children's Oral Health Program and CCHS’s TeenAge Program to work together to provide oral health education sessions to adolescents in schools, school-based health centers, juvenile justice facilities, group homes, and other settings. In addition, these two programs should explore holding dental screenings and sealant clinics at existing school-based health centers and any future sites.

Pregnant women not only need information about the oral health needs of the babies they are going to soon have, but also about taking care of their own oral health, especially in order to prevent periodontal disease and decrease their risk of poor pregnancy outcomes. Oral health classes at WIC should be continued, as these classes reach the largest group of pregnant women participating in any public health program. We also recommend that the Children’s Oral Health Program collaborate with the County Health Centers and community clinics to provide pregnant women with access to xylitol products, which are proven to reduce the risk of cavities for them and their children.

Education of local decision-makers:

A variety of local policymakers and community leaders make important decisions that affect the oral health of children in Contra Costa. DHAG believes that to do so proficiently, they need to have accurate, up-to-date information about children's oral health issues.

Step for Local Action:

13) Launch an oral health education campaign for local policymakers and community leaders.

This report is the key first step in this campaign. It is being disseminated to local policymakers and community leaders as a tool that they can use in advocating for and educating others about children's oral health. In addition, DHAG recommends that the Children’s Oral Health Program conduct presentations to and have discussions with these decision-makers about the data, issues, and recommendations presented in this report. Possible audiences include the Board of Supervisors, state legislators, city government officials, school boards, school district staff, County Office of Education staff, local health care district boards, senior staff of County departments, faith community leaders, and community resident action groups.

The Status of Children's Oral Health

Dental disease, including untreated cavities, is the most common chronic and infectious disease affecting children in the United States, five times more common than asthma. Good oral health is essential to overall well-being across the span of a person's life. The American Academy of Pediatrics (AAP) and the American Academy of Pediatric Dentistry (AAPD) both recommend that all children should see a dentist by age one or six months after the eruption of the first tooth. Children's oral health is an issue that needs our strong focus and commitment. The information presented in this report will raise local policy- and decision-makers' awareness about children's oral health in Contra Costa County and provide a tool for local action on these issues.

As of December 2006, California has not yet met the children's oral health objectives of Healthy People 2010, a set of national health objectives designed to identify the most significant preventable health issues in the U.S. and establish national goals to address them by 2010. Furthermore, in 2004-2005, Contra Costa County participated in a statewide survey of over 21,000 California children in kindergarten and third grade that found that 54% of kindergartners and 71% of third-graders had a history of tooth decay, and 17% of kindergartners and 55% of third-graders had never been to a dentist. Of 25 states that have conducted similar surveys, only Arkansas ranks below California in children's oral health. The survey also found that children from low-income families and children of color were more likely to have a history of tooth decay, untreated tooth decay, and urgent dental care needs than higher-income and non-Latino white children, respectively.

During the 2005-2006 school year, Save Our Smiles, a project of the Children’s Oral Health Program that serves children from low-income families, screened 13,304 preschool and elementary school children in Contra Costa and found that 12% had serious dental disease and needed urgent or emergency dental treatment. Another 16% had less serious dental decay, but still needed to see a dentist soon. In addition, according to the most recent California Health Interview Survey, over 7% of children in Contra Costa miss school because of a dental problem.

Dental Care for Contra Costa Children

Children from low-income families in Contra Costa receive their dental care from four main sources: private dentists and specialists who accept Denti-Cal, County Health Centers, community clinics, and the Ronald McDonald Care Mobile®. These children are more likely to receive timely preventive oral health care if they have dental insurance coverage. However, 15% of Contra Costa children ages 0 to 17 do not have dental insurance. Children with no dental insurance coverage are less likely to be able to obtain needed dental care and are more likely to have untreated decay than those with insurance.

Not surprisingly, children from low-income families have poorer access to dental care than children from families with higher incomes. Though there are 785 private dentists practicing in Contra Costa, only 98 private dental practices billed Denti-Cal in the past year, and only 34 of these practices currently see children with Denti-Cal on a regular basis. In addition, very few of these practices will see young children, making the AAP and AAPD recommendations almost impossible to implement. Another significant challenge faced by children from low-income families is the sparse access to dental specialists in Contra Costa. Only three pediatric dentists in the county are currently taking new Denti-Cal patients on a regular basis (though none are taking children at age one). Many children require general anesthesia in order to receive dental treatment, and most Contra Costa children who need surgery have to wait for six months or more to be seen at Children's Hospital Oakland because of limited operating room time for children at Contra Costa Regional Medical Center. Finally, in addition to these socioeconomic disparities, the regional distribution of Denti-Cal dentists per eligible child is not equitable, with children from low-income families in East County having less access to dental care than those in Central and West County.
Currently, Contra Costa Health Services operates dental clinics at the Richmond, Martinez, Bay Point, and Pittsburg Health Centers. These dental clinics serve low-income clients, including those with Denti-Cal and Basic Health Care. Only the Bay Point Family Health Center’s dental clinic sees children under age six.

The community clinics providing dental care in the county are Brookside Community Health Center (in San Pablo), La Clinica de la Raza Pittsburg and La Clinica de la Raza Monument (in Pleasant Hill).

The Ronald McDonald Care Mobile® (Mobile Dental Clinic) is a fully-equipped dental clinic that offers preventive and restorative dental care to uninsured and underserved children and links them with a dental home. The Mobile Dental Clinic is overseen by the Contra Costa Dental Collaborative, a partnership between Brookside Community Health Center, Contra Costa Health Services’ Children’s Oral Health Program, John Muir Health, La Clinica de la Raza, and the Ronald McDonald House Charities®.

**Linking Families to Dental Care**

The oral health care system in Contra Costa County can be complicated and difficult for low-income families to navigate. A variety of programs help these families connect with the care they need, including the Child Health and Disability Prevention (CHDP) Program, Lebow Children’s Dental Health Foundation, Children’s Oral Health Program Care Coordinator, and Give Kids a Smile® Day.

**Prevention Programs**

A number of public health programs in Contra Costa County aim to prevent dental disease in children, utilizing multi-level strategies such as health education, screenings, preventive dental care, provider training, and community-wide prevention. These programs include Save Our Smiles; Head Start and Early Head Start; First Smiles Oral Health Education and Training Project; Promotora Program – Bay Point Family Health Center; Women, Infants, and Children (WIC) Program; and Community Water Fluoridation.

**Geographical Considerations: East County and North Richmond**

Although oral health issues affect children throughout Contra Costa County, certain communities have unique challenges to maintaining the oral health of their children. The rapid growth of East County raises significant concerns about the capacity of dentists to serve the growing number of children in this region in the coming years. Moreover, children in North Richmond currently have very poor access to dental care, despite the fact that a variety of opportunities exist to address this situation.

**Future Directions: Steps for Local Action**

Many organizations are already working on national and statewide solutions to the array of oral health concerns described in this report. In order to specifically address the improvement and promotion of children’s oral health at the local level in Contra Costa County, the following Steps for Local Action are proposed:

1. Recruit dentists into programs for children, adolescents, and pregnant women from low-income families.
2. Train general dentists to see young children.
3. Increase operating room time for oral surgery at Contra Costa Regional Medical Center (CCRMC).
4. Maximize the newly expanded functions of Registered Dental Assistants.
5. Explore partnerships with local dental schools to increase County Dental Clinic capacity to serve children.
6. Expand water fluoridation in East County.
7. Identify new approaches to improving access to dental care for low-income families in East County.
8. Maximize the oral health resources currently available to North Richmond schools.
9. Reach out to North Richmond families to bring them into dental services.
10. Offer hands-on oral health training and practical tools to medical providers.
11. Expand oral health trainings to nurses and auxiliary staff through CHDP.
12. Develop oral health education and prevention programs for adolescents and pregnant women.
13. Launch an oral health education campaign for local policymakers and community leaders.

**Integration of oral health into medical care:**

Improved collaboration between the medical, dental, and public health sectors of our local health care system is required to make oral health screenings, oral health anticipatory guidance, and the application of fluoride varnishes a routine and accepted part of medical appointments. The First 5 California’s First Smiles Oral Health Education and Training Project is an excellent starting point, and the following are two key next steps:

**Steps for Local Action:**

10) **Offer hands-on oral health training and practical tools to medical providers.**

Though informative, the one-hour First Smiles trainings are not sufficient to prompt most medical providers to change their practices because the trainings are didactic in nature and only briefly describe the incorporation of oral health activities into everyday practice. The Children’s Oral Health Program should offer hands-on training to those physicians and nurse practitioners that they have already trained through First Smiles. The hands-on trainings would focus on performing brief oral health screenings and applying fluoride varnishes. These opportunities to practice new skills may increase the likelihood that medical providers will address oral health issues with their patients.

In addition, many medical providers have expressed to the First Smiles trainers that they need practical tools to assist them in making dental referrals, such as pre-printed, easy-to-complete referral forms for children and pregnant women. DHAG recommends that the Children’s Oral Health Program develop these programs or adopt those created by other counties in order to simplify the dental referral process for medical providers.

11) **Extend oral health trainings to nurses and auxiliary staff through CHDP.**

The Children’s Oral Health Program’s First Smiles grant only funds the training of physicians and nurse practitioners. However, registered nurses, licensed vocational nurses, medical assistants, community health workers, health educators, social workers, and other staff in private offices, community clinics, hospitals, and public health settings are more likely to have the time and the skills to counsel families on preventive health practices, including maintaining one’s oral health. Some of these staff may also be applying fluoride varnishes to children’s teeth. The State CHDP Dental Health Subcommittee recently developed an oral health training curriculum for all medical staff, not just physicians and nurse practitioners. This curriculum is currently being piloted in specific counties, and the finalized curriculum will soon be available for implementation statewide. DHAG urges the local CHDP Program to offer this training on children’s oral health to its extended provider network.
Population growth in East County:  
It is crucial that we are prepared to meet the oral health needs of the rapidly growing, diverse, and underserved population in this region. Though East County is facing an increasing population, lack of fluoridated water in certain communities, and an inadequate ratio of dentists to children from low-income families, the only existing programs that attempt to address these issues are the Bay Point Family Health Center’s Dental Clinic and Promotora Program.

Steps for Local Action:  
6) Expand water fluoridation in East County. 
As described earlier, large parts of East County are sub-optimally fluoridated. City governments should be encouraged to incorporate water fluoridation into any plans for new development, as an effective way to protect the health of their youngest residents. In addition, oral health professionals and advocates need to seek out allies and prepare for advances in the fluoridation effort.

7) Identify new approaches to improving access to dental care for low-income families in East County, including:  
- Brentwood Health Center adding dental services;  
- Pittsburg Health Center expanding children’s dental services;  
- Permanent dental equipment being installed at Bay Point Family Health Center, allowing many more children to be seen for dental care;  
- The Ronald McDonald Care Mobile™ expanding its services to far East County (Brentwood, Byron, Oakley, and Knighton);  
- La Clinica de la Raza increasing its capacity to serve far East County; and  
- The Children’s Oral Health Program recruiting more dentists in East County to participate in Denti-Cal and other programs for children from low-income families.

Dental services for children in North Richmond:  
As the focus of DHAG is on children’s oral health, we propose that initial efforts in North Richmond concentrate on developing strategies to improve dental care for children in this community.

Steps for Local Action:  
8) Maximize the oral health resources currently available to North Richmond schools.  
We propose that CCHS, Verde Elementary, and West Contra Costa Unified School District (WCCUSD) collaborate to generate solutions that would facilitate the participation of Verde in Sure Our Smiles. Save Our Smiles would bring dental education and screenings to Verde’s young students. In addition, we urge CCHS and Peters Elementary to work together to ensure that the dental clinic at Peters Elementary operates at full capacity. The Peters dental clinic would provide a site for community dental sealant clinics, which could be organized by CCHS and staffed by its newly trained RDAs, as described earlier. Promisingly, at the time of this report’s publication, a committee had just been convened by Peters to address this issue. The Children’s Oral Health Program Manager will work with the other members of the committee, who include school personnel and volunteer dentists in the surrounding community, to develop a plan to expand dental services at Peters. DHAG encourages this new group to maintain its momentum and move forward on this important endeavor without delay.
A statewide problem

In 2004-2005, Contra Costa County participated in a statewide survey of over 21,000 children in kindergarten and third grade, summarized in the recently released report "Mommy, It Hurts to Chew," The California Smile Survey.1 This oral health survey found that:

- 54% of the kindergartners and 71% of the third-grade children screened had a history of tooth decay;
- 28% of kindergartners and third-graders had untreated tooth decay;
- 22% percent of children needed non-urgent or early dental care, and an additional 4% needed urgent dental care because of pain or infection;
- 17% of the kindergartners and 5.5% of third-graders had never been to a dentist, putting them at greater risk of having untreated decay and no dental sealants, which are highly effective in preventing tooth decay in children; and

- Of 25 states across the country that have conducted similar surveys, only Arkansas ranks below California in children’s oral health (based on the prevalence of decay experience in third-grade children).2

The California Smile Survey also found that children from low-income families and children of color were more likely to have a history of tooth decay, untreated tooth decay, and urgent dental care needs than higher-income and non-Latino low-income families and children of color were more likely to wait for six months or more to be seen at Children’s Hospital Oakland because of limited operating room time for children at Contra Costa Regional Medical Center (CCRM).3 In order to implement this recommendation, CCRM, in partnership with Contra Costa Public Health, should assess the feasibility of increasing operating room time for children (especially those with Denti-Cal) and hiring a pediatric dentist to provide these services at the hospital. These measures will allow vital dental care to be provided to our most vulnerable children within an appropriate time frame and in our own county.

Local concerns

Contra Costa County has the ninth largest population of all California counties.4 As of January 1, 2006, our county had an estimated population of 1,029,377, an increase of 28% since 19905 and 8.5% since 2000.6 Recent projections indicate that the county’s population will increase by an additional 8.4% by 2018,7 suggesting that Contra Costa will continue to grow at a faster rate than California as a whole. Children and youth ages 0 to 17 account for 26.5% of the population of the county.8 According to the 2000 U.S. Census, 58,210 children ages 0 to 17 in the county live below 200% of the Federal Poverty Level9 ($34,100 per year for a family of four10), representing almost 24% of Contra Costa children.

During the 2004-2005 school year, Save Our Smiles, a project of the Children’s Oral Health Program that serves children from low-income families, screened 13,304 preschool and elementary school children and found that 12% had serious dental disease (Class III or IV caries) and needed urgent or emergency dental treatment (see figure 1).11 Another 16% had less serious dental decay (Class II caries), but still needed to see a dentist soon. The data described above demonstrate the high prevalence of dental disease, especially untreated, in Contra Costa children. This translates into thousands of children who are in pain, cannot eat or sleep, are not able to learn, and need complicated and expensive treatment that their families may not be able to afford. For example, according to the most recent California Health Interview Survey, over 7% of children in Contra Costa County miss school because of a dental problem.12 Early preventive dental care is critical to avoiding the high physical, psychological, financial, and social costs of dental disease.

Figure 1.

Dental caries, preschool-6th grade (from Save Our Smiles oral health screenings), 2005-2006 school year, Contra Costa County

Source: Children’s Oral Health Program, Contra Costa Health Services, July 2006.

3) Increase operating room time for oral surgery at Contra Costa Regional Medical Center (CCRM).

As explained earlier in this report, many children require general anesthesia in order to receive dental treatment and most Contra Costa children who need surgery have to wait for six months or more to be seen at Children’s Hospital Oakland because of limited operating room time for children at Contra Costa Regional Medical Center (CCRM). In order to implement this recommendation, CCRM, in partnership with Contra Costa Public Health, should assess the feasibility of increasing operating room time for children (especially those with Denti-Cal) and hiring a pediatric dentist to provide these services at the hospital. These measures will allow vital dental care to be provided to our most vulnerable children within an appropriate time frame and in our own county.

4) Maximize the newly expanded functions of Registered Dental Assistants.

As of January 1, 2006, Registered Dental Assistants (RDAs) in California may be certified to place dental sealants themselves (previously, only Registered Dental Hygienists and dentists were allowed to do so). This new law allows RDAs in public health settings, such as in the Children’s Oral Health Program, to place sealants on children’s teeth. RDAs are certified to place sealants. DHAG proposes that the County Dental Clinics to place sealants on the teeth of underserved children, increasing the number of children from low-income families who receive sealants, an extremely effective method of preventing dental decay.

5) Explore partnerships with local dental schools to increase County Dental Clinic capacity to serve children.

The Bay Area boasts two prestigious schools of dentistry – University of California, San Francisco, and University of the Pacific – and CCHS could take greater advantage of the resources they provide, namely dental students as volunteer dental providers. Dental students, with supervision, can see patients at the County Dental Clinics for examinations, cleanings, sealants, fluoride varnishes, and restorative treatment. The Dental Clinics are not currently in use full-time, so with these additional providers, clinic hours could be increased and more patients, including children and pregnant women could be seen. Costs to CCHS would be limited to the operating expenses for the extra clinic hours, and CCHS could be reimbursed for any clinical services the students provide. This endeavor would be beneficial to all involved: improved access to dental services for low-income Contra Costa residents, outstanding public health dentistry experience for future dentists and specialists, and increased revenue for CCHS.

GUILLERMO & CARMEN

Ten-year-old “Guillermo” saw the Ronald McDonald Care Mobile™ (Mobile Dental Clinic) drive by his school many times and realized it was time to pay it a visit. He took the initiative to tell his mother, “Carmen”, that his teeth hurt and that cold foods made the pain worse. He told her that his teacher said that the mobile clinic would help him even if he didn’t have insurance. So, in March 2004, when the Mobile Dental Clinic parked at his school in Pittsburg, Guillermo was one of the first in line to have his teeth checked by the dentist.

The dentist on the Mobile Dental Clinic found that Guillermo had several cavities, which he filled, and he also placed sealants on Guillermo’s healthy permanent teeth to minimize future problems with decay. In addition, the clinic driver gave Guillermo and Carmen toothbrushes, toothpaste, and floss to take home. But Guillermo thinks that the best thing about the care he received at the clinic is that he “hardly felt it at all!” And to prove it, he gives a big cavity-free smile.
FUTURE DIRECTIONS: Steps for Local Action

A number of organizations are already working on national and statewide solutions to the array of oral health concerns that we have described in this report. For example, First 5 California’s First Smiles Oral Health Education and Training Project is not only funding the training of medical providers on oral health of young children, but is doing the same for general dentists and their staffs in order to increase the number of dentists who will see children at the recommended age of one. Also, California’s Oral Health Access Council, a diverse group of oral health stakeholders, takes action on a variety of legislative and policy issues that will make systemic change. At the national level, a number of professional medical and dental organizations, including the AAP and the AAPD, continue to advocate for the importance of children’s oral health.

Steps for Local Action

As described earlier in this report, the Dental Health Action Group (DHAG) is a community advisory committee to the Children’s Oral Health Program. Over the past several years, DHAG has addressed a variety of issues regarding the oral health of children in Contra Costa County. This report is the culmination of these efforts. The issues and data presented here, along with the experiences of County and community agency staff working to improve and promote children’s oral health, suggest specific future directions for oral health services and policy in Contra Costa. DHAG has organized its proposed Steps for Local Action into the following categories:

- Access to dentists and specialists
- Population growth in East County
- Dental services for children in North Richmond
- Integration of oral health into medical care
- Expansion of education and prevention programs
- Education of local decision-makers

Access to dentists and specialists:

Many of the barriers to children from low-income families obtaining dental care in this county are centered on the small number of dentists and specialists willing to see them and the inadequate local infrastructure to support the treatment of children. Children under age 5 and adolescents over age 14 face additional challenges, i.e. the reluctance of dentists to see young children and Basic Health Care’s age limit reducing dental care options for teens. There are a number of measures that will help address these issues.

Steps for Local Action:

1) Recruit dentists into programs that serve children, adolescents, and pregnant women from low-income families.

Recent funding by the The San Francisco Foundation to hire a Care Coordinator will help strengthen efforts to recruit dentists and specialists into Demi-Cal (to see children, adolescents, and pregnant women) and the programs of the Lebow Children’s Dental Health Foundation (for children and adolescents). Before receiving this grant, the Children’s Oral Health Program had limited resources to address this problem.

2) Train general dentists to see young children.

To move towards the goal of all children obtaining regular dental care at age one, DHAG recommends that the County Dental Clinics and the Children’s Oral Health Program collaborate to facilitate didactic and hands-on training opportunities for general dentists who are interested in incorporating young children into their practices. A model for this type of training is currently under development at the Native American Health Center in San Francisco with funding from The San Francisco Foundation. Their San Francisco Kids and Infant Oral Care Program is beginning to offer on-site, clinical training to local general dentists who want to learn how to work with young children ages 1 to 5. These dentists are first required to complete the First Smiles dental provider training as an introduction. A pediatric dentist and his staff then work with the general dentists, in the clinic, for two to four all-day sessions. There is no charge to the general dentists to participate in this program. During the 2004-2005 fiscal year, the program’s pediatric dentist trained four of the general dentists in pediatric anticipatory guidance and infant oral care.

Parents can do a number of things to prevent ECC in their children:

- Take children to the dentist by age one or six months after the eruption of the first tooth.
- Offer children healthy food choices and avoid sticky, starchy foods between meals.
- Never put babies to bed with a bottle or sipper cup with anything other than water in it, in order to decrease the amount of time that fermentable carbohydrates are touching the teeth.
- Avoid putting anything that has been in their mouths into their babies’ mouths.
- Use a washcloth or gauze to clean babies’ gums before they have teeth, and when teeth erupt, brush their teeth in the morning and right before bedtime with fluoride toothpaste.
- “Lift the lip” of their babies to check for white spots on their teeth, which are early signs of tooth decay and an indication that child needs to see a dentist.
- Maintain their own oral health to reduce the transmission of the bacteria that cause tooth decay.

Sources:
First Smiles Oral Health Education and Training Project, First 5 California

What are early childhood caries and how do they develop?

Baby teeth are important, and early childhood caries (ECC), sometimes called nursing caries or baby bottle tooth decay, is an infectious, transmissible disease that can damage these teeth. The first step in the development of these cavities is an infection by the bacteria Streptococcus mutans, which can be passed between a parent and child through the sharing of foods, utensils, cups, or anything that has been in the mouth. The risk of transmission increases if the mother has active tooth decay herself.

Following transmission, the bacteria colonize in the mouth. This can happen prior to the eruption of the teeth. After colonization, prolonged oral exposure to cariogenic, or cavity-causing substances, such as sugars and starches, results in the production of acids, the rapid loss of minerals in the enamel, and ultimately dental decay.

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- Maintain their own oral health to reduce the transmission of the bacteria that cause tooth decay.

Sources:
First Smiles Oral Health Education and Training Project, First 5 California

Moderate ECC

Sources:
First Smiles Oral Health Education and Training Project, First 5 California

Moderate ECC

Sources:
First Smiles Oral Health Education and Training Project, First 5 California

Moderate ECC
As of April 2006, 56,957 children in the county were enrolled in Denti-Cal (some not by virtue of their family’s income level, but because they are medically needy, blind, disabled, or foster children),13 and as of August 2006, 10,392 children were enrolled in dental insurance through the Healthy Families Program.14 However, 15% of Contra Costa children ages 0 to 17 do not have dental insurance.15 These 40,917 children do not have coverage for oral health services they need. Children with no dental insurance coverage are less likely to be able to obtain needed dental care and are more likely to have untreated decay than those with insurance.16

Private dentists and specialists who accept Denti-Cal

Access to dental care for children in Contra Costa is not proportionate to socioeconomic need. Based on the numbers of dentists available to children in specific socioeconomic groups,17 children from higher-income families have greater access to dentists than children from low-income families (see figure 2). The ratio of dentists to children from low-income families is 1 to 246,11 whereas the ratio for children from higher-income families (at or above 200% of the FPL), this ratio is 1 to 1,712.12,13 In striking contrast, for children from families with higher incomes (at or above 200% of the FPL), this ratio is 1 to 246.11,12

Though there are 785 private dentists practicing in Contra Costa,18 only 98 private dental practices billed Denti-Cal in the past year, and only 34 of these practices currently see children with Denti-Cal on a regular basis.19 In addition, only 10 of these practices will see Denti-Cal children as young as age three; four will see children at age two, and one will see children at the recommended age of one. Furthermore, some of these practices will only take children who are cooperative and do not need conscious sedation or physical restraints.

Growing population in East County

East County is the fastest growing region in the county and one of the fastest growing regions in the state. Brentwood had the fourth-highest growth rate of any city in California between 2000 and 2006.20 Almost one-third of the region’s population is children.21 This rapid growth, coupled with the fact that much of the region is not fluoridated and East County children have disproportionately poor access to dental care, raises significant concerns about the oral health of these children in the coming years.

Balancing community needs with local policies in North Richmond

Over the past several years, this West County community has repeatedly requested more oral health services for its residents. However, when a dental clinic was opened in 2002 at the North Richmond Center for Health, few families came to the clinic for dental care, and consequently, the dental clinic closed. Currently, there are no Denti-Cal providers located in North Richmond.

Due to state school performance mandates, the main elementary school in North Richmond, Verde Elementary School, has not been able to participate in Save Our Smiles, though the school is eligible for the program, with 93% of its children eligible for the free and reduced-price school meal program.22 In addition, Perea Elementary School, which is adjacent to the North Richmond neighborhood, has a dental clinic on site with two full dental operators, but they are not being fully utilized. Finally, though the Ronald McDonald Care Mobile™ is available to serve children at these two schools, it has not yet done so because the West Contra Costa Unified School District (WCCUSD), unlike other county school districts, will not allow the Mobile Dental Clinic to park at its schools due to concerns about liability. As a result of these various issues over the past several years, the oral health of children in North Richmond has been severely neglected.

Why is fluoride important?

Fluoride is a naturally occurring mineral that prevents tooth decay in two main ways: topically and systemically. Topical fluorides, such as in toothpaste and fluoride rinses and varnishes, strengthen erupted teeth by incorporating into the surfaces of teeth. Systemic fluorides, such as in community water fluoridation, are ingested and become incorporated into developing tooth structures before teeth are erupted.

Fluoridation is one of the most widely studied public health interventions ever. In fact, in 1999, the Centers for Disease Control and Prevention (CDC) announced it as one of the 10 major public health achievements of the 20th century, stating, “Fluoridation safely and inexpensively benefits both children and adults by effectively preventing tooth decay, regardless of socioeconomic status or access to care. Fluoridation has played an important role in the reductions in tooth decay (40-70% in children) and of tooth loss in adults (40-60%).”

Fluoridated water also has a topical effect, as saliva, which contains fluoride from water ingestion, constantly washes over the teeth.

Figure 2. Children per dentist in Contra Costa County, by family income level

What is xylitol and how does it prevent cavities?

Xylitol is a natural sweetener that prevents cavities by blocking the growth of cavities-causing bacteria in the mouth, and it can be found in a variety of gums, mints, and other food products. The use of xylitol by mothers has been shown to significantly reduce the risk of cavities in their children. The optimal intake of xylitol is five grams per day, achieved by using xylitol gum or mints three to five times daily. Products that contain xylitol at high enough levels to prevent cavities will have it listed as the first ingredient. These products are available at supermarkets, drugstores, health food stores, and on the Internet. Source: California Dental Association – Xylitol, http://www.cda.org/popup/Xylitol

Women, Infants, and Children (WIC) Program

WIC is a federally-funded, supplemental nutrition program that offers free services to ensure that pregnant women, new mothers, and young children eat well and stay healthy. WIC sees almost 20,000 pregnant and parenting women and children each month across the county, and it is often the entry point for families wishing to gain access to a wide variety of health and social services, including dental care. WIC staff utilize this unique opportunity to provide families with much-needed referrals to County and community dental clinics and information about oral health care for their young children. In addition, from June 1 to September 30, 2006, staff from the Children’s Oral Health Program conducted oral health classes at WIC clinics, educating 3,040 pregnant women, postpartum women, fathers, and their children. The classes focused on four key messages: 1) the relationship between periodontal disease and increased risk for poor birth outcomes; 2) the infectious and transmissible nature of early childhood caries; 3) the importance of regular visits to the dentist; and 4) proper oral hygiene and nutrition practices.

Community Water Fluoridation

Numerous studies have shown that water fluoridation significantly reduces tooth decay. In 2000, about two-thirds of the population of the United States was served by fluoridated public water systems. However, only 30% of California communities provide their residents with fluoridated water, and in Contra Costa, the communities of Bay Point, Knightens, Brentwood and Byron are not fluoridated. In addition, many families that do live in fluoridated areas do not use their tap water for drinking or cooking water. These families do not obtain the benefits of that fluoride and put themselves at the same risk for dental caries as those living in non-fluoridated communities. Although oral health issues affect children throughout Contra Costa County, certain communities have unique challenges to maintaining the oral health of their children. We have detailed geographic disparities in access to dental care earlier in this report, but here we present additional issues to consider in two particular regions of the country: East County and North Richmond.

Promotoras Program – Bay Point Family Health Center

The Promotora Program is a Spanish language peer education program based at the Bay Point Family Health Center that employs six women from the community as health outreach workers. Over the past three years, the Promotoras have provided dental health education to over 500 East and Central Contra Costa residents. The dental curriculum consists of five weekly sessions on dental health that include information about dental disease, dental hygiene, nutrition, and the importance of seeing a dentist. In addition, one of the sessions includes a visit to the Bay Point Family Health Center Children’s Dental Clinic. These visits allow parents in the community to see first-hand what occurs in a dental clinic. For many of the parents participating in these classes, this is their first visit to any kind of dental provider setting. Pre- and post-tests are conducted in every class, and at least 80% of the parents who graduate from the five-week course make positive changes to their dental health habits, such as brushing their teeth twice a day instead of once a day and flossing everyday. In early 2006, the Promotoras began offering on-site, one-on-one dental education sessions with parents who are waiting while their children are being seen in the Dental Clinic. Clinic staff have reported improvements in the dental health of children whose parents received one-on-one education.

Why is it important to have good oral health during pregnancy?

During pregnancy, a woman’s hormonal changes make her more prone to periodontitis, or advanced gum disease. Periodontitis is a severe infection and inflammation of the gums, causing the bones and tissues that surround the teeth to degenerate. If untreated, periodontitis can lead to tooth loss. Research has also shown that if a woman has periodontitis during her pregnancy, she is up to seven times more likely to deliver her baby prematurely or have a baby with a low birth weight.

The main cause of periodontitis is the bacteria found in plaque, which create toxins that inflame the gums and cause redness, bleeding, and swelling. This inflammation destroys the gums and causes them to separate from the teeth. Multiple factors may contribute to the development of this infection, including poor oral hygiene (not brushing or flossing properly), smoking, poor nutrition, stress, and systemic diseases, such as diabetes.

Brushing the teeth twice a day and flossing daily are critical to removing disease-causing plaque from the teeth and maintaining healthy gums. In addition, it is crucial that women visit the dentist on a regular basis – at least every six months – as they prepare for pregnancy and after they become pregnant. These measures will help ensure optimal health for both mothers and babies.

Sources:
California Dental Association – Gum Disease, http://www.cda.org/popup/Gum_Disease
California Dental Association – Pregnancy, http://www.cda.org/popup/Pregnancy

Only one dentist in the county who takes Denti-Cal on a regular basis will provide conscious sedation to children. This limited access to care for all young children greatly increases their risk of early childhood caries and makes the AAP and AAPD recommendations almost impossible to implement. Pregnant women should continue regular dental visits during pregnancy. These visits present opportunities to help improve pregnancy outcomes and educate women about the oral health needs of the infants that they will soon have. For low-income women with pregnancy-only Medi-Cal, this is likely the only time during which they will have dental insurance. This insurance covers dental exams, cleanings, treatment for cavities and periodontal disease, and other services. Unfortunately, only 27 dentists who take Denti-Cal on a regular basis in Contra Costa will see pregnant women (though almost 3,000 births to women with Medi-Cal take place each year in Contra Costa).
The regional distribution of Denti-Cal dentists per eligible child is not equitable (see figure 3). The number of children from low-income families per Denti-Cal dentist in East County is almost three times that in Central County and is 38% higher than that in West County.12,13 West and East County also have much higher proportions of children living under 200% of the FPL than Central County (39.9% and 28.5% vs. 12.3%).13

- Geographic distribution

The Children’s Oral Health Program was funded by the Dental Health Foundation to conduct First Smiles trainings with medical providers in Contra Costa. In the first 18 months of this two-year project, 112 physicians and nurse practitioners at Contra Costa Regional Medical Center, County Health Centers, community clinics, and private hospitals and medical offices have been trained to assess children for oral health needs and make appropriate referrals.21 In addition, 124 of their staff, including nurses, medical assistants, and administrative staff, have received training. In addition, First 5 California is funding a $1 million Consumer Oral Health Education Project as part of First Smiles. First Smiles has trained a small group of “supertrainers” to educate health and human service providers who work with young children on how to impart the importance of oral health to parents of young children.

- Dental specialists

Access to dental specialists – pediatric dentists, periodontists, endodontists (root canal specialists), orthodontists and oral surgeons – in Contra Costa is also quite sparse. Only three pediatric dentists in the county are currently taking new Denti-Cal patients on a regular basis (though none are taking children at age one), and no endodontists or periodontists in the county are doing so. The closest endodontist that will take Denti-Cal is in San Jose, approximately 60 miles away and nearly impossible to reach by public transportation, often the only option for low-income families. Only seven orthodontists in the county will take Denti-Cal, and for children to receive Denti-Cal coverage for orthodontics, they must receive a high rating on a very rigorous scale of medical need.

- General anesthesia and operating room time for children

Many children with severe dental decay, especially those with special health care needs, require general anesthesia in order to receive treatment and must be seen in an operating room. In addition, though many private dentists in Contra Costa use anesthesia in their offices, none of them take Denti-Cal on a regular basis. The dental clinic at Contra Costa Regional Medical Center is allocated only 10 days per year in the operating room, which allows them to perform oral surgeries on 30 people per year, very few of whom are children. Outside of the County dental clinics, there are no oral surgeons in the county that take Denti-Cal on a regular basis. The closest oral surgeon that will do this is at Children’s Hospital Oakland. The wait for the operating room at Children’s Hospital is more than six months after diagnosis.23 An average of 10 children per month who are seen for general anesthesia in private dental offices in Contra Costa at Children’s Hospital is more than six months after diagnosis.

- Infection;
- Prolonged or uncontrolled bleeding; pain and swelling (in extreme cases, a severely swollen tongue can close off the airway and restrict breathing);
- Chipped or cracked teeth;
- Injury to the gums, possibly resulting in bone loss and root decay;
- Problems with chewing, swallowing, and pronouncing words properly;
- Blood-borne diseases including various strains of hepatitis; and
- Endocarditis, an inflammation of the heart valves or tissues.

Because of the risks involved even after an initial oral piercing wound has healed, the ADA recommends that both teens and adults avoid oral piercing.

Grills, also called “grills” or “fronts” are decorative covers for one or more teeth made from gold, silver, or jewel-encrusted precious metals. Grills are usually removable, but some teens use permanent cement, usually not intended for internal use, to fix grills to their teeth. Young people often purchase inexpensive do-it-yourself grill kits online or have them made by local jewelers, who, unlike dentists, are not licensed to take impressions of a person’s mouth.

These grills can wear away the enamel on the opposing teeth and inflame the gums, and any cement used can also damage the teeth and gum tissues. Food that collects in between the teeth and the grills can allow bacteria in the mouth to colonize and produce acids that cause decay. In addition, grills made of non-precious metals may cause allergic reactions. The ADA recommends that youth avoid wearing grills, but that if they are still considering obtaining grills, they should talk to their dentists first, find out what materials the grills are made of, limit the time the grills are worn, remove the grills when eating, and practice good oral hygiene.

Grill materials: Problems with grills. According to the American Dental Association (ADA), potential consequences of oral piercing include:

■ Infection;
■ Prolonged or uncontrolled bleeding; pain and swelling (in extreme cases, a severely swollen tongue can close off the airway and restrict breathing);
■ Chipped or cracked teeth;
■ Injury to the gums, possibly resulting in bone loss and root decay;
■ Problems with chewing, swallowing, and pronouncing words properly;
■ Blood-borne diseases including various strains of hepatitis; and
■ Endocarditis, an inflammation of the heart valves or tissues.

Sources:

ADA.org: Oral Health Topics: Dental Grills (Grillz or Fronts).
http://www.ada.org/public/topics/grills.asp.
Save Our Smiles’ services include: in-class dental health education for elementary school students, including tooth-brushing instruction; school dental health fairs or assemblies; teacher and parent workshops; screening at school sites and health fairs with referrals for treatment; school-based sealant clinics; bi-annually fluoride varnish applications for communities with sub-optimal fluoridation; toothbrushes, toothpaste, and floss for ongoing brushing and flossing (both in class and at home); referrals to health coverage application assistance for eligible children; and referrals of children with Denti-Cal and other public health coverage programs to appropriate dental providers.

During the 2005-2006 school year, Save Our Smiles educated a total of 20,604 children (18,657 elementary and 1,947 preschool) on oral health in 822 classrooms in 60 schools. The program screened 13,304 of these children and provided 1,523 sealants to 546 children. It also provided in-service trainings for 76 preschool school teachers and educational sessions for 307 preschool parents.

In addition to their work in elementary schools, Save Our Smiles staff provide vital oral health education to adolescents around the country in high schools, juvenile justice facilities, programs for pregnant and parenting teens, and transitional group housing.

Head Start and Early Head Start

Head Start and Early Head Start are federally-funded comprehensive child development programs that serve children from birth to age five, pregnant women, and their families. They are child-focused programs and have the overall goal of increasing the school readiness of young children in low-income families. Head Start (ages 3 to 5) and Early Head Start (ages 0 to 3) sites around the country provide oral health education and services to the children and parents who participate in their programs. Parents are educated on the importance of baby teeth, appropriate feeding practices, infant oral health, and the prevention of early childhood caries. Children in Head Start are taught tooth-brushing and proper oral hygiene practices.

Both Early Head Start and Head Start are required to arrange dental examinations for the children enrolled in their programs, as well as the pregnant women participating in Early Head Start. During the 2004-2005 fiscal year, 125 children in Early Head Start received a dental screening as part of their well-baby examinations and 25 pregnant women in Early Head Start received a dental examination. Also, 1,658 children in Head Start received a dental examination during that same year. Of these children, 1,187 (71.6%) received preventive care and 418 (25.2%) were diagnosed as needing dental treatment. Head Start and Early Head Start Family Advocates work with families to help them gain access to oral health services, utilizing the various resources described earlier in this report.

First Smiles Oral Health Education and Training Project

In 2004, the California Dental Association Foundation and the Dental Health Foundation received a 4-year, 57 million grant from First 5 California for the First Smiles Oral Health Education and Training Project. The project has two target audiences: 1) dental professionals, including non-specialty dentists, hygienists, assistants, and dental students, and 2) medical professionals, including pediatricians, family practice physicians, OB/GYNS, nurse practitioners, and medical residents. The project aims to improve the oral health and overall health of mothers and their children, birth to 5 years old, including those with disabilities and other special needs, by training primary care and perinatal providers to screen, assess and refer all pregnant women and children, apply fluoride varnish in the medical setting, and provide anticipatory guidance on oral health to families.

Contra Costa Health Services’ Health Centers

Contra Costa Health Services operates dental clinics at the Richmond, Martinez, Bay Point, and Pittsburg Health Centers. These dental clinics serve low-income clients, including those with Denti-Cal and Basic Health Care. Only the Bay Point Family Health Center dental clinic sees children under age six. The four clinics combined had 13,204 outpatient dental visits during the 2005-2006 fiscal year, with 34.3% in Martinez, 31.6% in Pittsburg, 17.7% in Richmond, and 16.5% in Bay Point. The proportion of these visits that were made by children is not known.

The majority of outpatient visits were paid for by Medi-Cal and private health plans (see figure 4). The Bay Point dental clinic, which focuses on pediatric dental care, has one dentist who works five days a week and a second dentist who works four days a week. These two dentists together see over 800 children and provide at least 5,200 patient visits per year. Both dentists at the Bay Point dental clinic treat patients using only portable dental units, as this clinic does not have permanent dental operators.

Community clinics

The three community clinics providing dental care in the county are Brookside Community Health Center (in San Pablo), La Clinica de la Raza Pittsburg, and La Clinica de la Raza Monument (in Pleasant Hill). Brookside is staffed Monday through Thursday by a single dentist, who is joined by a part-time dentist on Fridays. During the 2003-2004 fiscal year, Brookside provided 2,107 dental visits to approximately 900 patients of all ages. Over half of Brookside’s dental clinic patients have Denti-Cal, and 31% are uninsured. Brookside will see children beginning at age five.

In 2005, La Clinica Pittsburg provided 6.676 dental visits to 3,727 patients and La Clinica Monument provided 3,813 dental visits to 2,813 patients. The Pittsburg clinic is staffed by two full-time dentists, one part-time dentist, and one part-time dental hygienist, and the Monument clinic is staffed by one full-time dentist, one part-time dentist and one part-time hygienist. Both La Clinica sites will see children beginning at age one.

Ronald McDonald Care Mobile

The Ronald McDonald Care Mobile (Mobile Dental Clinic) is a fully-equipped dental clinic that offers preventive and restorative dental care to uninsured and underserved children and links them with a dental home. The Mobile Dental Clinic is overseen by the Contra Costa Dental Collaborative, a partnership between Brookside Community Health Center, Contra Costa Health Services’ Children’s Oral Health Program, John Muir Health, La Clinica de la Raza, and the Ronald McDonald House Charities. The Mobile Dental Clinic currently sees children in East and West Contra Costa who attend specific schools or are referred through the Child Health and Disability Prevention (CHDP) Program Gateway (detailed in the next section of this report). In addition, the Mobile Dental Clinic serves adolescents in juvenile detention facilities; group homes, and programs for pregnant and parenting teens. In 2005, the Mobile Dental Clinic served 336 children and provided 69% patient visits. All of the children seen received diagnostic services, and of those children, 78% received additional preventive care services (cleanings, fluoride treatments, and dental sealants) and 22% received restorative services as well (fillings, root canals, etc.).
One programs, assure their active ongoing participation, maintain regular communication, solve problems as needed, identify service gaps, and acknowledge and honor them for serving these children.

Give Kids A Smile® Day
Give Kids A Smile® (GKAS) Day, in early February of each year, is a day when underserved children nationwide can receive free dental care in their communities. Since 2002, GKAS Day has been supported by the American Dental Association (ADA), which gives the event one brand name and acts as an umbrella for the thousands of local groups planning education, screening, prevention, and treatment programs that day. Locally, GKAS Day is planned and implemented by the Contra Costa Dental Society, in partnership with private dentists, the Children's Oral Health Program, and Head Start and Early Head Start. Prior to the event, children are screened for dental care needs and referred to dentists or dental clinics (both permanent and temporary for that day) that will see them for free on the day of the event. The ADA states that "Give Kids A Smile" is meant to accomplish two things: help children get the dental care they so desperately need and raise awareness that our children deserve a better health care system that addresses their dental health needs.37

On the most recent GKAS Day – February 3, 2006 – 355 children in Head Start programs around the county received free preventive services and dental exams, and 60 of these children received free dental treatment in six private pediatric dental offices.38

CHDP Program
CHDP is a preventive health program, responsible for assuring that medical and dental care are available to all children who are uninsured or underinsured. In particular, CHDP works with families to coordinate dental referrals and find children dental homes.

The CHDP Gateway is an electronic system at CHDP provider offices and clinics that links children with temporary full scope Medi-Cal coverage. These children can then obtain dental care from Denti-Cal providers. To be eligible for the CHDP Gateway, a child must not have medical insurance, be under 19 years of age, live in California, and have a family income at or below 200% of the Federal Poverty Level. Children already enrolled in the Healthy Families Program or full-scope Medi-Cal are not eligible for the Gateway.

Lebow Children's Dental Health Foundation
One of the Children's Oral Health Program's key partnerships to increase access to oral health care for children is with the Lebow Children's Dental Health Foundation (CDHF). Families who cannot afford dental treatment for their children may apply for grants to obtain dental care. Participating dentists provide treatment services at reduced fees. In addition, CDHF implements the Just One Program, through which dentists and specialists provide “pro bono” services to children who have serious dental needs but are not insured and do not qualify for any special treatment fund programs. There are currently 17 general dentists and specialists in Contra Costa who see children at reduced rates and 11 who see children through the Just One program. Collectively, these dentists serve approximately 150 children per year.19

The oral health care system in Contra Costa County can be complicated and difficult for low-income families to navigate. A variety of programs help these families connect with the care they need, including the CHDP Program, Lebow Children's Dental Health Foundation, Children's Oral Health Program Care Coordinator, and Give Kids a Smile® Day.

Save Our Smiles
Save Our Smiles, a component of the Children's Oral Health Program, is a school-based, preventive dental health program founded in 1977 that is funded primarily by the California Children's Dental Disease Prevention Program. Save Our Smiles serves Contra Costa County children from preschool through 6th grade, as well as special education students through age 19. Programs are offered to Head Start sites, state preschools, and elementary schools that have at least 50% of their children enrolled in the federal free and reduced-price school meal program, for which a child is eligible if his or her family lives at or below 185% of the FPL. ($37,000 per year for a family of four in 2006).24 An average of 76% of students at Save Our Smiles schools receive free or reduced-price school meals.25

What are sealants?
Sealants are plastic coatings that dentists apply to the chewing surfaces of the back teeth, or molars. These coatings make it difficult for plaque to adhere to the grooves of these teeth, reducing the risk of developing cavities. Sealants are most effective in children who have newly developed molars. Most children develop their molars at ages six and 12. Dentists should evaluate children's teeth at their regular dental visits to see if they can be sealed. Once placed, sealants last for several years.


The Children's Oral Health Program Coordinators
Over the years, private dentists and specialists have shared with Children's Oral Health Program staff that the primary reason for their reluctance to see children with Denti-Cal is the high rate of broken appointments among this population. Providers prefer serving children from low-income families through programs that provide them with case management services.

The Children's Oral Health Program Care Coordinator, recently funded by a three-year grant from the San Francisco Foundation, serves as a primary point of entry for low-income, uninsured and underinsured children and families and those who are insured (with Denti-Cal and Healthy Families) but unable to obtain access to dental care. The Care Coordinator receives referrals from school-based programs, mobile dental clinics, County and community-based health programs, and local physicians' offices, and links children with appropriate oral health services. This includes enrolling families in dental coverage if they are eligible; locating treatment funds for children who are uninsured or underinsured; assisting families with making appointments, including arranging for transportation, translation services, child care, and other support services; and following up with families to make sure that they have kept their appointments. These case management services not only help families obtain dental care, but encourage more private dentists and specialists to accept children with Denti-Cal because these services drastically reduce the rate of broken appointments.

The Care Coordinator also works closely with CDHF to recruit dentists and specialists for its reduced-fee and Just

A number of public health programs in Contra Costa County aim to prevent dental disease in children, utilizing multi-level strategies such as health education, screenings, preventive dental care, provider training, and community-wide prevention. These programs include Save Our Smiles; Head Start and Early Head Start; First Smiles Oral Health Education and Training Project; Promotora Program – Bar Point Family Health Center; Women, Infants, and Children (WIC) Program; and Community Water Fluoridation.

Children's Oral Health Program Care Coordinator
One of the Children's Oral Health Program's key partnerships to increase access to oral health care for children is with the Contra Costa Dental Society, which operates the Irwin N. Lebow Memorial Children's Dental Health Foundation (CDHF). Families who cannot afford dental treatment for their children may apply for grants to obtain dental care. Participating dentists provide treatment services at reduced fees. In addition, CDHF implements the Just One Program, through which dentists and specialists provide “pro bono” services to children who have serious dental needs but are not insured and do not qualify for any special treatment fund programs. There are currently 17 general dentists and specialists in Contra Costa who see children at reduced rates and 11 who see children through the Just One program. Collectively, these dentists serve approximately 150 children per year.19

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The Care Coordinator also works closely with CDHF to recruit dentists and specialists for its reduced-fee and Just
The oral health care system in Contra Costa County can be complicated and difficult for low-income families to navigate. A variety of programs help these families connect with the care they need, including the CHDP Program, Lebow Children’s Dental Health Foundation, Children’s Oral Health Program Care Coordinator, and Give Kids a Smile® Day.

CHDP Program

CHDP is a preventive health program, responsible for assuring that medical and dental care are available to all children who are uninsured or underinsured. In particular, CHDP works with families to coordinate dental referrals and find children dental homes.

The CHDP Gateway is an electronic system at CHDP provider offices and clinics that links children with temporary full scope Medi-Cal coverage. These children can then obtain dental care from Denti-Cal providers. To be eligible for the CHDP Gateway, a child must not have medical insurance, be under 19 years of age, live in California, and have a family income at or below 200% of the Federal Poverty Level. Children already enrolled in the Healthy Families Program or full-scope Medi-Cal are not eligible for the Gateway.

Lebow Children’s Dental Health Foundation

One of the Children’s Oral Health Program’s key partnerships to increase access to oral health care for children is with the Lebow Children’s Dental Health Foundation, which operates the Irwin N. Lebow Memorial Children’s Dental Health Foundation of Contra Costa County (CDHF). Families who cannot afford dental treatment for their children may apply for grants to obtain dental care. Participating dentists provide treatment services at reduced fees. In addition, CDHF implements the Just One Program, through which dentists and specialists provide “pro bono” services to children who have serious dental needs but are not insured and do not qualify for any special treatment fund programs. There are currently 17 general dentists and specialists in Contra Costa who see children at reduced rates and 11 who see children through the Just One program. Collectively, these dentists serve approximately 150 children per year.25 One programs, assure their active ongoing participation, maintain regular communication, solve problems as needed, identify service gaps, and acknowledge and honor them for serving these children.

Give Kids A Smile® Day

Give Kids A Smile® (GKAS) Day, in early February of each year, is a day when underserved children nationwide can receive free dental care in their communities. Since 2002, GKAS Day has been supported by the American Dental Association (ADA), which gives the event one brand name and acts as an umbrella for the thousands of local groups planning education, screening, prevention, and treatment programs that day. Locally, GKAS Day is planned and implemented by the Contra Costa Dental Society, in partnership with private dentists, the Children’s Oral Health Program, and Head Start and Early Head Start. Prior to the event, children are screened for dental care needs and referred to dentists or dental clinics (both permanent and temporary for that day) that will see them for free on the day of the event. The ADA states that “Give Kids A Smile® is meant to accomplish two things: help children get the dental care they so desperately need and raise awareness that our children deserve a better health care system that addresses their dental health needs.”26

On the most recent GKAS Day – February 5, 2006 – 355 children in Head Start programs around the county received free preventive services and dental exams, and 60 of these children received free dental treatment in six private pediatric dental offices.27

What are sealants?

Sealants are plastic coatings that dentists apply to the chewing surfaces of the back teeth, or molars. These coatings make it difficult for plaque to adhere to the grooves of these teeth, reducing the risk of developing cavities. Sealants are most effective in children who have newly developed molars. Most children develop their molars at ages six and 12. Dentists should evaluate children’s teeth at their regular dental visits to see if they can be sealed. Once placed, sealants last for several years.


Healthy Teeth for Life

The Oral Health of Children in Contra Costa County

Prevention Programs

A number of public health programs in Contra Costa County aim to prevent dental disease in children, utilizing multi-level strategies such as health education, screenings, preventive dental care, provider training, and community-wide prevention. These programs include Save Our Smiles; Head Start and Early Head Start; First Smiles Oral Health Education and Training Project; Promotora Program – Bay Point Family Health Center; Women, Infants, and Children (WIC) Program; and Community Water Fluoridation.

Save Our Smiles

Save Our Smiles, a component of the Children’s Oral Health Program, is a school-based, preventive dental health program founded in 1977 that is funded primarily by the California Children’s Dental Disease Prevention Program. Save Our Smiles serves Contra Costa County children from preschool through 6th grade, as well as special education students through age 19. Programs are offered to Head Start sites, state preschools, and elementary schools that have at least 50% of their children enrolled in the federal free and reduced-price school meal program, for which a child is eligible if his or her family lives at or below 185% of the FPL ($37,000 per year for a family of four in 2006).28 An average of 70% of students at Save Our Smiles schools receive free or reduced-price school meals.29

PITS AND FACES

Before sealing

After sealing is applied

Tooth prior to sealing

Save Our Smiles’ services include: in-class dental health education for elementary school students, including tooth-brushing instruction; school dental health fairs or assemblies; teacher and parent workshops; screening at school sites and health fairs with referrals for treatment; school-based sealant clinics; bi-annually fluoride varnish applications for communities with sub-optimal fluoridation; toothbrushes, toothpaste, and floss for ongoing brushing and flossing (both in class and at home); referrals to health coverage application assistance for eligible children; and referrals of children with Denti-Cal and other public health coverage programs to appropriate dental providers.

During the 2005-2006 school year, Save Our Smiles educated a total of 20,604 children (18,657 elementary and 1,947 preschool) on oral health in 822 classrooms in 60 schools. The program screened 13,304 of these children and provided 1,523 sealants to 546 children. It also provided in-service trainings for 76 preschool school teachers and educational sessions for 307 preschool parents.

In addition to their work in elementary schools, Save Our Smiles staff provide vital oral health education to adolescents around the country in high schools, juvenile justice facilities, programs for pregnant and parenting teens, and transitional group housing.

**Head Start and Early Head Start**

Head Start and Early Head Start are federally-funded comprehensive child development programs that serve children from birth to age five, pregnant women, and their families. They are child-focused programs and have the comprehensive child development programs that serve Head Start and Early Head Start are federally-funded programs for pregnant and parenting teens, and transitional group housing.

During the 2005-2006 fiscal year, 125 children in Head Start received a dental examination as part of their well-baby examinations and 25 pregnant women in Early Head Start received a dental examination. Also, 1,658 children in Head Start received a dental examination during that same year. Of these children, 1,187 (71.6%) received preventive care and 418 (25.2%) were diagnosed as needing dental treatment. Head Start and Early Head Start Family Advocates work with families to help them gain access to oral health services, utilizing the various resources described earlier in this report.

**First Smiles Oral Health Education and Training Project**

In 2004, the California Dental Association Foundation and the Dental Health Foundation received a 4-year, $7 million grant from First 5 California for the First Smiles Oral Health Education and Training Project. The project has two target audiences: 1) dental professionals, including non-specialty dentists, hygienists, assistants, and dental students; and 2) medical professionals, including pediatricians, family practice physicians, OB/GYNs, nurse practitioners, and medical residents. The project aims to improve the oral health and overall health of mothers and their children, birth to 5 years old, including those with disabilities and other special needs, by training primary care and perinatal providers to screen, assess and refer all pregnant women and children, apply fluoride varnish in the medical setting, and provide anticipatory guidance on oral health to families.

**Community clinics**

The three community clinics providing dental care in the country are Brookside Community Health Center (in San Pablo), La Clínica de la Raza Pittsburg, and La Clínica de la Raza Monument (in Pleasant Hill). Brookside is staffed Monday through Thursday by a single dentist, who is joined by a part-time dentist on Fridays. During the 2003-2004 fiscal year, Brookside provided 2,017 dental visits to approximately 900 patients of all ages. Over half of Brookside’s dental clinic patients have Denti-Cal, and 31% are uninsured. Brookside will see children beginning at age five.

In 2005, La Clínica Pittsburg provided 6,676 dental visits to 3,727 patients and La Clínica Monument provided 3,813 dental visits to 2,813 patients. The Pittsburg clinic is staffed by two full-time dentists, one part-time dentist, and one part-time hygienist, and the Monument clinic is staffed by one full-time dentist, one part-time dentist and one part-time hygienist. Both La Clínica sites will see children beginning at age one.

**Contra Costa Health Services’ Health Centers**

Contra Costa Health Services operates dental clinics at the Richmond, Martinez, Bay Point, and Pittsburg Health Centers. These dental clinics serve low-income children, including those with Denti-Cal and Basic Health Care. Only the Bay Point Family Health Center dental clinic sees children under age six. The four clinics combined had 13,204 outpatient dental visits during the 2005-2006 fiscal year, with 34.3% in Martinez, 31.6% in Pittsburg, 17.7% in Richmond, and 16.5% in Bay Point. The proportion of these visits that were made by children is not known.

The majority of outpatient dental visits were paid for by Medi-Cal and private health plans (see figure 4). The Bay Point dental clinic, which focuses on pediatric dental care, has one dentist who works five days a week and a second dentist who works four days a week. These two dentists together see over 800 children and provide at least 3,200 patient visits per year. Both dentists at the Bay Point dental clinic treat patients using only portable dental units, as this clinic does not have permanent dental operatories.

**Ronald McDonald Care Mobile**

The Ronald McDonald Care Mobile (Mobile Dental Clinic) is a fully-equipped dental clinic that offers preventive and restorative dental care to uninsured and underserved children and links them with a dental home. The Mobile Dental Clinic is overseen by the Contra Costa Dental Collaborative, a partnership between Brookside Community Health Center, Contra Costa Health Services’ Children’s Oral Health Program, John Muir Health, La Clinica de la Raza, and the Ronald McDonald House Charities. The Mobile Dental Clinic currently sees children in East and West County who attend specific schools or are referred through the Child Health and Disability Prevention (CHDP) Program Gateway (detailed in the next section of this report). In addition, the Mobile Dental Clinic serves adolescents in juvenile detention facilities; group homes, and programs for pregnant and parenting teens. In 2005, the Mobile Dental Clinic served 336 children and provided 695 patient visits. All of the children seen received diagnostic services, and of those children, 78% received additional preventive care services (cleanings, fluoride treatments, and dental sealants) and 22% received restorative services as well (fillings, root canals, etc.).
- Geographic distribution

The regional distribution of Denti-Cal dentists per eligible child is not equitable (see figure 3). The number of children from low-income families per Denti-Cal dentist in East County is almost three times that in Central County and is 38% higher than that in West County.10,12 West and East County also have much higher proportions of children living under 200% of the FPL than Central County (39.9% and 28.5% vs. 12.3%).13

- Dental specialists

Access to dental specialists – pediatric dentists, periodontists, endodontists (root canal specialists), orthodontists and oral surgeons – in Contra Costa is also quite sparse. Only three pediatric dentists in the county are currently taking new Denti-Cal patients on a regular basis (though none are taking children at age one), and no endodontists or periodontists in the county are doing so. The closest endodontist that will take Denti-Cal is in San Jose, approximately 60 miles away and nearly impossible to reach by public transportation, often the only option for low-income families. Only seven orthodontists in the county will take Denti-Cal, and for children to receive Denti-Cal coverage for orthodontics, they must receive a high rating on a very rigorous scale of medical need.

- General anesthesia and operating room time for children

Many children with severe dental decay, especially those with special health care needs, require general anesthesia in order to receive treatment and must be seen in an operating room. In addition, though many private dentists in Contra Costa use anesthesia in their offices, none of them take Denti-Cal on a regular basis. The dental clinic at Contra Costa Regional Medical Center is allocated only 10 days per year in the operating room, which allows them to perform oral surgeries on 30 people per year, very few of whom are children. Outside of the County dental clinics, there are no oral surgeons in the county that take Denti-Cal. The closest oral surgeon is in San Jose, and for children in the county to receive Denti-Cal coverage for operations, they must receive a high rating on a very rigorous scale of medical need.

The Children’s Oral Health Program was funded by the Dental Health Foundation to conduct First Smiles trainings with medical providers in Contra Costa. In the first 18 months of this two-year project, 112 physicians and nurse practitioners at Contra Costa Regional Medical Center, County Health Centers, community clinics, and private hospitals and medical offices have been trained to assess children for oral health needs and make appropriate referrals. In addition, 124 of their staff, including nurses, medical assistants, and administrative staff, have received training. In addition, First 5 California is funding a $1 million Consumer Oral Health Education Project as part of First Smiles. First Smiles has trained a small group of “supertrainers” to educate health and human service providers who work with young children on how to impart the importance of oral health to parents of young children.

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One of these supertrainers is located here in Contra Costa, with Head Start and Early Head Start. In the first year of this three-year project, she trained 35 Head Start teachers, 222 Head Start parents, and 90 staff from other County and community-based agencies.12

Matthew, uncle and guardian to Beth, is very grateful for the dental treatment for his 16-year-old niece. Because of the severity of her dental problems, a general dentist and two specialists were required to treat her adequately. Though Beth has Denti-Cal, the insurance plan did not cover much of what she needed, and Matthew and his wife were not financially able to pay out-of-pocket for these extensive services. So, a general dentist, oral surgeon and orthodontist agreed to see Beth at no cost through the Children’s Dental Health Foundation’s Just One Program. Matthew was especially impressed that all three offices treated Beth with respect and did not make her feel like a “charity case.” He feels that Beth’s life has been changed forever because of the generosity of these dentists.
Xylitol is a natural sweetener that prevents cavities by blocking the growth of cavities-causing bacteria in the mouth, and it can be found in a variety of gums, mints, and other food products. The use of xylitol by mothers has been shown to significantly reduce the risk of cavities in their children. The optimal intake of xylitol is five grams per day, achieved by using xylitol gum or mints three to five times daily. Products that contain xylitol at high enough levels to prevent cavities will have it listed as the first ingredient. These products are available at supermarkets, drugstores, health food stores, and on the Internet.


Women, Infants, and Children (WIC) Program
WIC is a federally-funded, supplemental nutrition program that offers free services to ensure that pregnant women, new mothers, and young children eat well and stay healthy. WIC serves about 20,000 pregnant and parenting women and children each month across the country, and it is often the entry point for families wishing to gain access to a wide variety of health and social services, including dental care. WIC staff utilize this unique opportunity to provide families with much-needed referrals to County and community dental clinics and information about oral health care for their young children. In addition, from June 1 to September 30, 2006, staff from the Children’s Oral Health Program conducted oral health classes at WIC clinics, educating 3,040 pregnant women, postpartum women, fathers, and their children. The classes focused on four key messages: 1) the relationship between periodontal disease and increased risk for poor birth outcomes; 2) the infectious and transmissible nature of early childhood caries; 3) the importance of regular visits to the dentist; and 4) proper oral hygiene and nutrition practices.

Community Water Fluoridation
Numerous studies have shown that water fluoridation significantly reduces tooth decay. In 2000, about two-thirds of the population of the United States was served by fluoridated public water systems. However, only 30% of California communities provide their residents with fluoridated water, and in Contra Costa, the communities of Bay Point, Knightsen, Brentwood and Byron are not fluoridated. In addition, many families that do live in fluoridated areas do not use their tap water for drinking or cooking water. These families do not obtain the benefits of that fluoride and put themselves at the same risk for dental caries as those living in non-fluoridated communities.

Although oral health issues affect children throughout Contra Costa County, certain communities have unique challenges to maintaining the oral health of their children. We have detailed geographic disparities in access to dental care earlier in this report, but here we present additional issues to consider in two particular regions of the county: East County and North Richmond.

Source: California Dental Association – Gum Disease, http://www.cda.org/popup/Gum_Disease

Promotora Program – Bay Point Family Health Center
The Promotora Program is a Spanish language peer education program based at the Bay Point Family Heath Center that employs six women from the community as outreach workers. Over the past three years, the Promotoras have provided dental health education to over 500 East and Central Contra Costa residents. The dental curriculum consists of five weekly sessions on dental health that include information about dental disease, dental hygiene, nutrition, and the importance of seeing a dentist. In addition, one of the sessions includes a visit to the Bay Point Family Health Center Children’s Dental Clinic. These visits allow parents in the community to see first-hand what occurs in a dental clinic. For many of the parents participating in these classes, this is their first visit to any kind of dental provider setting. Pre- and post-tests are conducted in every class, and at least 80% of the parents who graduate from the five-week course made positive changes to their dental health habits, such as brushing their teeth twice a day instead of once a day and flossing everyday.

In early 2006, the Promotoras began offering on-site, one-on-one dental education sessions with parents who are waiting while their children are being seen in the Dental Clinic. Clinic staff have reported improvements in the dental health of children whose parents received one-on-one education.

Sources:
California Dental Association – Gum Disease, http://www.cda.org/popup/Gum_Disease
California Dental Association – Pregnancy, http://www.cda.org/popup/Pregnancy

Why is it important to have good oral health during pregnancy?
During pregnancy, a woman’s hormonal changes make her more prone to periodontitis, or advanced gum disease. Periodontitis is a severe infection and inflammation of the gums, causing the bones and tissues that surround the teeth to degenerate. If untreated, periodontitis can lead to tooth loss. Research has also shown that if a woman has periodontitis during her pregnancy, she is up to seven times more likely to deliver her baby prematurely or have a baby with a low birth weight.

The main cause of periodontitis is the bacteria found in plaque, which create toxins that inflame the gums and cause redness, bleeding, and swelling. This inflammation destroys the gums and causes them to separate from the teeth. Multiple factors may contribute to the development of this infection, including poor oral hygiene (not brushing or flossing properly), smoking, poor nutrition, stress, and systemic diseases, such as diabetes.

Brushing the teeth twice a day and flossing daily are critical to removing disease-causing plaque from the teeth and maintaining healthy gums. In addition, it is crucial that women visit the dentist on a regular basis – at least every six months – as they prepare for pregnancy and after they become pregnant. These measures will help ensure optimal health for both mothers and babies.

Sources:
California Dental Association – Gum Disease, http://www.cda.org/popup/Gum_Disease
California Dental Association – Pregnancy, http://www.cda.org/popup/Pregnancy
DENTAL CARE FOR CONTRA COSTA CHILDREN

Children from low-income families in Contra Costa receive their dental care from four main sources: private dentists and specialists who accept Denti-Cal, Contra Costa Health Services’ Health Centers, community clinics, and the Ronald McDonald Care Mobile®. These children are more likely to receive timely preventive oral health care if they have dental insurance coverage.

Dental insurance

The three major sources of dental coverage for children from low-income families in the county are Denti-Cal (the Medi-Cal dental plan), the Healthy Families Program, and Basic Health Care. Denti-Cal and the Healthy Families Program are state-administered insurance programs, and Basic Health Care is the County-sponsored health coverage program. All three programs cover preventive and restorative dental care: Denti-Cal for children ages 0 through 20, Healthy Families Program for ages 0 through 18, and Basic Health Care for ages 5 through 14.

As of April 2006, 56,957 children in the county were enrolled in Denti-Cal (some not by virtue of their family’s income level, but because they are medically needy, blind, disabled, or foster children), and as of August 2006, 10,392 children were enrolled in dental insurance through the Healthy Families Program. However, 15% of Contra Costa children ages 0 to 17 do not have dental insurance. These 40,917 children do not have coverage for oral health services they need. Children with no dental insurance coverage are less likely to be able to obtain needed dental care and are more likely to have untreated decay than those with insurance.

Private dentists and specialists who accept Denti-Cal

Access to dental care for children in Contra Costa is not proportionate to socioeconomic need. Based on the numbers of dentists available to children in specific socioeconomic groups, children from higher-income families have greater access to dentists than children from low-income families (see figure 2). The ratio of dentists to children from low-income families (below 200% of the FPL) is 1 to 1,712. In striking contrast, for children from families with higher incomes (at or above 200% of the FPL), this ratio is 1 to 246.

Though there are 785 private dentists practicing in Contra Costa, only 98 private dental practices billed Denti-Cal in the past year, and only 34 of these practices currently see children with Denti-Cal on a regular basis. In addition, only 10 of these practices will see Denti-Cal children as young as age three; four will see children at age two; and one will see children at the recommended age of one. Furthermore, some of these practices will only take children who are cooperative and do not need conscious sedation or physical restraints.

Figure 2. Children per dentist in Contra Costa County, by family income level.
A number of organizations are already working on national and statewide solutions to the array of oral health concerns that we have described in this report. For example, First 5 California’s First Smiles Oral Health Education and Training Project is not only funding the training of medical providers on oral health of young children, but is doing the same for general dentists and their staffs in order to increase the number of dentists who will see children at the recommended age of one. Also, California’s Oral Health Access Council, a diverse group of oral health stakeholders, takes action on a variety of legislative and policy issues that will make systemic change. At the national level, a number of professional medical and dental organizations, including the AAP and the AAPD, continue to advocate for the importance of children’s oral health.

Steps for Local Action
As described earlier in this report, the Dental Health Action Group (DHAG) is a community advisory committee to the Children’s Oral Health Program. Over the past several years, DHAG has addressed a variety of issues regarding the oral health of children in Contra Costa County. This report is the culmination of these efforts. The issues and data presented here, along with the experiences of County and community agency staff working to improve and promote children's oral health, suggest specific future directions for oral health services and policy in Contra Costa. DHAG has organized its proposed Steps for Local Action into the following categories:

- Access to dentists and specialists
- Population growth in East County
- Dental services for children in North Richmond
- Integration of oral health into medical care
- Expansion of education and prevention programs
- Education of local decision-makers

Access to dentists and specialists:
Many of the barriers to children from low-income families obtaining dental care in this county are centered on the small number of dentists and specialists willing to see them and the inadequate local infrastructure to support the treatment of children. Children under age 5 and adolescents over age 14 face additional challenges, i.e. the reluctance of dentists to see young children and Basic Health Care’s age limit reducing dental care options for teens. There are a number of measures that will help address these issues.

Steps for Local Action:

1) Recruit dentists into programs that serve children, adolescents, and pregnant women from low-income families.
   Recent funding by the The San Francisco Foundation to hire a Care Coordinator will help strengthen efforts to recruit dentists and specialists into Demi-Cal (to see children, adolescents, and pregnant women) and the programs of the Lebow Children’s Dental Health Foundation (for children and adolescents). Before receiving this grant, the Children’s Oral Health Program had limited resources to address this problem.

2) Train general dentists to see young children.
   To move towards the goal of all children obtaining regular dental care at age one, DHAG recommends that the County Dental Clinics and the Children’s Oral Health Program collaborate to facilitate didactic and hands-on training opportunities for general dentists who are interested in incorporating young children into their practices. A model for this type of training is currently under development at the Native American Health Center in San Francisco with funding from The San Francisco Foundation. Their San Francisco Kids and Infant Oral Care Program is beginning to offer on-site, clinical training to local general dentists who want to learn how to work with young children ages 1 to 5. These dentists are first required to complete the First Smiles dental provider training as an introduction. A pediatric dentist and his staff then work with the general dentists, in the clinic, for two to four all-day sessions. There is no charge to the general dentists to participate in this program. During the 2004-2005 fiscal year, the program’s pediatric dentist trained four of the general dentists in pediatric anticipatory guidance and infant oral care.

Baby teeth are important, and early childhood caries (ECC), sometimes called nursing caries or baby bottle tooth decay, is an infectious, transmissible disease that can damage these teeth. The first step in the development of these cavities is an infection by the bacteria Streptococcus mutans, which can be passed between a parent and child through the sharing of foods, utensils, cups, or anything that has been in the mouth. The risk of transmission increases if the mother has active tooth decay herself.

Following transmission, the bacteria colonize in the mouth. This can happen prior to the eruption of the teeth. After colonization, prolonged oral exposure to cariogenic, or cavity-causing substances, such as sugars and starches, results in the production of acids, the rapid loss of minerals in the enamel, and ultimately dental decay.

Parents can do a number of things to prevent ECC in their children:

- Take children to the dentist by age one or six months after the eruption of the first tooth.
- Offer children healthy food choices and avoid sticky, starchy foods between meals.
- Never put babies to bed with a bottle or sipper cup with anything other than water in it, in order to decrease the amount of time that fermentable carbohydrates are touching the teeth.
- Avoid putting anything that has been in their mouths into their babies’ mouths.
- Use a washcloth or gauze to clean babies’ gums before they have teeth, and when teeth erupt, brush their teeth in the morning and right before bedtime with fluoride toothpaste.
- “Lift the lip” of their babies to check for white spots on their teeth, which are early signs of tooth decay and an indication that child needs to see a dentist.
- Maintain their own oral health to reduce the transmission of the bacteria that cause tooth decay.

Sources:
First Smiles Oral Health Education and Training Project, First 5 California

What are early childhood caries and how do they develop?
Baby teeth are important, and early childhood caries (ECC), sometimes called nursing caries or baby bottle tooth decay, is an infectious, transmissible disease that can damage these teeth. The first step in the development of these cavities is an infection by the bacteria Streptococcus mutans, which can be passed between a parent and child through the sharing of foods, utensils, cups, or anything that has been in the mouth. The risk of transmission increases if the mother has active tooth decay herself.

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Sources:
First Smiles Oral Health Education and Training Project, First 5 California
A statewide problem

In 2004-2005, Contra Costa County participated in a statewide survey of over 21,000 children in kindergarten and third grade, summarized in the recently released report "Mommy, It Hurts to Chew," The California Smile Survey.1 This oral health survey found that:

- 54% of the kindergartners and 71% of the third-grade children screened had a history of tooth decay;
- 28% of kindergartners and third-graders had untreated tooth decay;
- 22% percent of children needed non-urgent or early dental care, and an additional 4% needed urgent dental care because of pain or infection;
- 17% of the kindergartners and 5.5% of third-graders had never been to a dentist, putting them at greater risk of having untreated decay and no dental sealants, which are highly effective in preventing tooth decay in children; and
- Of 25 states across the country that have conducted similar surveys, only Arkansas ranks below California in children’s oral health (based on the prevalence of decay experience in third-grade children).

The California Smile Survey also found that children from low-income families and children of color were more likely to have a history of tooth decay, untreated tooth decay, and urgent dental care needs than higher-income and non-Latino low-income families and children of color were more likely to have urgent dental care needs than higher-income and non-Latino low-income families. This translates into thousands of children who are in pain, cannot eat or sleep, are not able to learn, and need complicated and expensive treatment that their families may not be able to afford. For example, according to the most recent California Health Interview Survey, over 7% of children in Contra Costa County miss school because of a dental problem.16 Preventive dental care is critical to avoiding the high physical, psychological, financial, and social costs of dental disease.

Local concerns

Contra Costa County has the ninth largest population of all California counties.17 As of January 1, 2006, our county had an estimated population of 1,029,377,18 an increase of 28% since 199019 and 8.5% since 2000.20 Recent projections indicate that the county’s population will increase by an additional 8.4% by 2018,21 suggesting that Contra Costa will continue to grow at a faster rate than California as a whole. Children and youth ages 0 to 17 account for 26.5% of the population of the county;22 According to the 2000 U.S. Census, 58,210 children ages 0 to 17 in the county live below 200% of the Federal Poverty Level23 ($34,100 per year for a family of four24), representing almost 24% of Contra Costa children.

During the 2005-2006 school year, Save Our Smiles, a project of the Children’s Oral Health Program that serves children from low-income families, screened 13,304 preschool and elementary school children and found that 12% had serious dental disease (Class III or IV caries) and needed urgent or emergency dental treatment (see figure 1).25 Another 16% had less serious dental decay (Class II caries), but still needed to see a dentist soon.

The data described above demonstrate the high prevalence of dental disease, especially untreated, in Contra Costa children. This translates into thousands of children who are in pain, cannot eat or sleep, are not able to learn, and need complicated and expensive treatment that their families may not be able to afford. For example, according to the most recent California Health Interview Survey, over 7% of children in Contra Costa County miss school because of a dental problem.16 Preventive dental care is critical to avoiding the high physical, psychological, financial, and social costs of dental disease.

3) Increase operating room time for oral surgery at Contra Costa Regional Medical Center (CCRMC). As explained earlier in this report, many children require general anesthesia in order to receive dental treatment and most Contra Costa children who need surgery have to wait for six months or more to be seen at Children’s Hospital Oakland because of limited operating room time for children at Contra Costa Regional Medical Center (CCRMC). In order to implement this recommendation, CCRMC, in partnership with Contra Costa Public Health, should assess the feasibility of increasing operating room time for children (especially those with Dentis-Cal) and hiring a pediatric dentist to provide these services at the hospital. These measures will allow vital dental care to be provided to our most vulnerable children within an appropriate time frame and in our own county.

4) Maximize the newly expanded functions of Registered Dental Assistants. As of January 1, 2006, Registered Dental Assistants (RDAs) in California may be certified to place dental sealants themselves (previously, only Registered Dental Hygienists and dentists were allowed to do so). This new law allows RDAs in public health settings, such as in the Children’s Oral Health Program, to place sealants on children’s teeth (see figure 1).26 Another 16% had less serious dental decay (Class II caries), but still needed to see a dentist soon.

The data described above demonstrate the high prevalence of dental disease, especially untreated, in Contra Costa children. This translates into thousands of children who are in pain, cannot eat or sleep, are not able to learn, and need complicated and expensive treatment that their families may not be able to afford. For example, according to the most recent California Health Interview Survey, over 7% of children in Contra Costa County miss school because of a dental problem.16 Preventive dental care is critical to avoiding the high physical, psychological, financial, and social costs of dental disease.

Figure 1.

Dental caries, preschool-6th-grade
(from Save Our Smiles oral health screenings), 2005-2006 school year, Contra Costa County

<table>
<thead>
<tr>
<th>Level of Caries</th>
<th>Class I</th>
<th>Class II</th>
<th>Class III</th>
<th>Class IV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent</td>
<td>72</td>
<td>16</td>
<td>9</td>
<td>3</td>
</tr>
</tbody>
</table>

Source: Children’s Oral Health Program, Contra Costa Health Services, July 2006.
Population growth in East County:  

It is crucial that we are prepared to meet the oral health needs of the rapidly growing, diverse, and underserved population in this region. Though East County is facing an increasing population, lack of fluoridated water in certain communities, and an inadequate ratio of dentists to children from low-income families, the only existing programs that attempt to address these issues are the Bay Point Family Health Center’s Dental Clinic and Promotora Program.

Steps for Local Action:  

6) Expand water fluoridation in East County.  

As described earlier, large parts of East County are sub-optimally fluoridated. City governments should be encouraged to incorporate water fluoridation into any plans for new development, as an effective way to protect the health of their youngest residents. In addition, oral health professionals and advocates need to seek out allies and prepare for advances in the fluoridation effort.

7) Identify new approaches to improving access to dental care for low-income families in East County, including:  

- Brentwood Health Center adding dental services;  
- Pittsburg Health Center expanding children’s dental services;  
- Permanent dental equipment being installed at Bay Point Family Health Center, allowing many more children to be seen for dental care;  
- The Ronald McDonald Care Mobile® expanding its services to far East County (Brentwood, Byron, Oakley, and Knightsen);  
- La Clinica de la Raza increasing its capacity to serve far East County; and  
- The Children’s Oral Health Program recruiting more dentists in East County to participate in Denti-Cal and other programs for children from low-income families.

Dental services for children in North Richmond:  

As the focus of DHAG is on children’s oral health, we propose that initial efforts in North Richmond concentrate on developing strategies to improve dental care for children in this community.

Steps for Local Action:  

8) Maximize the oral health resources currently available to North Richmond schools.  

We propose that CCHS, Verde Elementary, and West Contra Costa Unified School District (WCCUSD) collaborate to generate solutions that would facilitate the participation of Verde in Sure Our Smiles. Save Our Smiles would bring dental education and screenings to Verde’s young students. In addition, we urge CCHS and Pete’s Elementary to work together to ensure that the dental clinic at Pete’s Elementary operates at full capacity. The Pete’s dental clinic would provide a site for community dental sealant clinics, which could be organized by CCHS and staffed by its newly trained RDAs, as described earlier. Promisingly, at the time of this report’s publication, a committee had just been convened by Pete’s to address this issue. The Children’s Oral Health Program Manager will work with the other members of the committee, who include school personnel and volunteer dentists in the surrounding community, to develop a plan to expand dental services at Pete’s. DHAG encourages this new group to maintain its momentum and move forward on this important endeavor without delay.

The release of the first-ever Surgeon General’s Report on oral health in 2000 brought much-needed attention to the “silent epidemic” of dental disease in the United States and the importance of oral health to general health and well-being. Since then, the federal government has published recommendations for improving the oral health of children and adults across the nation, and the Dental Health Foundation has published recommendations for children’s oral health in California.  

The purpose of this report is to raise local policy- and decision-makers’ awareness about children’s oral health in Contra Costa County and provide a tool for local action on these issues. State and federal legislators may also utilize the data and other information in this report to advocate for policies that will help improve the oral health of the children in the communities they represent.

Dental disease, including untreated cavities, is the most common chronic and infectious disease affecting children in the United States, five times more common than asthma.  

Good oral health is essential to positive self-esteem, school readiness, good nutrition, and overall well-being across the span of a person’s life. Pain and suffering due to dental decay and early tooth loss can result in impaired speech development, inability to eat, failure to thrive, sleep deprivation, absence from school, and the inability to concentrate in school.  

In the United States each year, 3 to 1 school days per 100 school children are missed due to acute dental pain.  

According to recently released national data, from 1999 to 2002, 41% of children ages 2 to 11 had ever had dental caries (or decay) in their primary teeth and 21% had current untreated decay in their primary teeth. Forty-two percent of children ages 6 to 19 had ever had caries in their permanent teeth and 14% had current untreated decay in their permanent teeth. The prevalence of dental disease in primary teeth has remained unchanged since 1988-1994, however the prevalence in permanent teeth has decreased.
Currently, Contra Costa Health Services operates dental clinics at the Richmond, Martinez, Bay Point, and Pittsburg Health Centers. These dental clinics serve low-income clients, including those with Denti-Cal and Basic Health Care. Only the Bay Point Family Health Center’s dental clinic sees children under age six.

The three community clinics providing dental care in the county are Brookside Community Health Center (in San Pablo), La Clinica de la Raza Pittsburg and La Clinica de la Raza Monument (in Pleasant Hill).

The Ronald McDonald Care Mobile® (Mobile Dental Clinic) is a fully-equipped dental clinic that offers preventive and restorative dental care to uninsured and underserved children and links them with a dental home. The Mobile Dental Clinic is overseen by the Contra Costa Dental Collaborative, a partnership between Brookside Community Health Center, Contra Costa Health Services’ Children’s Oral Health Program, John Muir Health, La Clinica de la Raza, and the Ronald McDonald House Charities®.

Linking Families to Dental Care

The oral health care system in Contra Costa County can be complicated and difficult for low-income families to navigate. A variety of programs help these families connect with the care they need, including the Child Health and Disability Prevention (CHDP) Program, Lebow Children’s Dental Health Foundation, Children’s Oral Health Program Care Coordinator, and Give Kids a Smile® Day.

Prevention Programs

A number of public health programs in Contra Costa County aim to prevent dental disease in children, utilizing multi-level strategies such as health education, screenings, preventive dental care, provider training, and community-wide prevention. These programs include Save Our Smiles; Head Start and Early Head Start; First Smiles Oral Health Education and Training Project; Promotoras Program - Bay Point Family Health Center; Women, Infants, and Children (WIC) Program; and Community Water Fluoridation.

Geographical Considerations: East County and North Richmond

Although oral health issues affect children throughout Contra Costa County, certain communities have unique challenges to maintaining the oral health of their children. The rapid growth of East County raises significant concerns about the capacity of dentists to serve the growing number of children in this region in the coming years. Moreover, children in North Richmond currently have very poor access to dental care, despite the fact that a variety of opportunities exist to address this situation.

Future Directions: Steps for Local Action

Many organizations are already working on national and statewide solutions to the array of oral health concerns described in this report. In order to specifically address the improvement and promotion of children’s oral health at the local level in Contra Costa County, the following Steps for Local Action are proposed:

1. Recruit dentists into programs for children, adolescents, and pregnant women from low-income families.
2. Train general dentists to see young children.
3. Increase operating room time for oral surgery at Contra Costa Regional Medical Center (CCRMC).
4. Maximize the newly expanded functions of Registered Dental Assistants.
5. Explore partnerships with local dental schools to increase County Dental Clinic capacity to serve children.
6. Expand water fluoridation in East County.
7. Identify new approaches to improving access to dental care for low-income families in East County.
8. Maximize the oral health resources currently available to North Richmond schools.
9. Reach out to North Richmond families to bring them into dental services.
10. Offer hands-on oral health training and practical tools to medical providers.
11. Extend oral health trainings to nurses and auxiliary staff through CHDP.

Integration of oral health into medical care:

Improved collaboration between the medical, dental, and public health sectors of our local health care system is required to make oral health screenings, oral health anticipatory guidance, and the application of fluoride varnishes a routine and accepted part of medical appointments. The First 5 California’s First Smiles Oral Health Education and Training Project is an excellent starting point, and the following are two key next steps:

Steps for Local Action:

10. Offer hands-on oral health training and practical tools to medical providers.

Although informative, the one-hour First Smiles trainings are not sufficient to prompt most medical providers to change their practices because the trainings are didactic in nature and only briefly describe the incorporation of oral health activities into everyday practice. The Children’s Oral Health Program should offer hands-on training to those physicians and nurse practitioners that they have already trained through First Smiles. The hands-on trainings would focus on performing brief oral health screenings and applying fluoride varnishes. These opportunities to practice new skills may increase the likelihood that medical providers will address oral health issues with their patients. In addition, many medical providers have expressed to the First Smiles trainers that they need practical tools to assist them in making dental referrals, such as pre-printed, easy-to-complete referral forms for children and pregnant women. DHAG recommends that the Children’s Oral Health Program develop these documents or adapt those created by other counties in order to simplify the dental referral process for medical providers.

11) Extend oral health trainings to nurses and auxiliary staff through CHDP.

The Children’s Oral Health Program’s First Smiles grant only funds the training of physicians and nurse practitioners. However, registered nurses, licensed vocational nurses, medical assistants, community health workers, health educators, social workers, and other staff in private offices, community clinics, hospitals, and public health settings are more likely to have the time and the skills to counsel families on preventive health practices, including maintaining one’s oral health. Some of these staff may also be applying fluoride varnishes to children’s teeth.

Other counties in California have developed oral health training materials that can be used as models for new trainings. Some of these training materials include manuals, videos, and presentations. DHAG recommends that Contra Costa County Health Services develop a comprehensive oral health training program that includes both didactic and hands-on components.

Contra Costa Health Services is the lead agency responsible for developing and implementing an oral health training program. The program should be designed to meet the needs of all medical professionals, including dentists, physicians, nurse practitioners, and registered nurses. The program should also be adaptable to the needs of other counties in California and other states.

Contra Costa Health Services should develop a curriculum that includes both didactic and hands-on components. The curriculum should be designed to meet the needs of all medical professionals, including dentists, physicians, nurse practitioners, and registered nurses. The curriculum should also be adaptable to the needs of other counties in California and other states.

Contra Costa Health Services should also develop a curriculum that includes both didactic and hands-on components. The curriculum should be designed to meet the needs of all medical professionals, including dentists, physicians, nurse practitioners, and registered nurses. The curriculum should also be adaptable to the needs of other counties in California and other states.
Expansion of education and prevention programs:

Children, parents, and teachers in the community need to receive oral health information and preventive oral health services on an ongoing basis. Sustaining current school- and community-based education and prevention programs for families and teachers is essential to preventing children's dental disease, and we will continue to foster these programs. In addition, we feel strongly that these efforts must be expanded to reach adolescents and pregnant women.

Step for Local Action:

12) Develop oral health education and prevention programs for adolescents and pregnant women.

The Children’s Oral Health Program should partner with other CCHS programs and the community to address the very specific needs of these two populations, who do not currently receive many preventive oral health services. Adolescents often choose health-related choices independent of their parents, unlike younger children. They often choose their own meals and snacks, brush and floss their teeth without the oversight of their parents, and may decide that they do not want to see a dentist. Also, their choices are heavily influenced by their peers and social environments, and unlike adults, they are still developing cognitively and socially. Teens may choose to follow current teen dental trends, including obtaining oral piercings and grills, both of which can be very harmful to the teeth and gums. DHAG encourages the Children’s Oral Health Program and CCHS’s TeenAge Project to work together to provide oral health education sessions to adolescents in schools, school-based health centers, juvenile justice facilities, group homes, and other settings. In addition, these two programs should explore holding dental screenings and sealant clinics at existing school-based health centers and any future sites.

Pregnant women not only need information about the oral health needs of the babies they are going to soon have, but also about taking care of their own oral health, especially in order to prevent periodontal disease and decrease their risk of poor pregnancy outcomes. Oral health classes at WIC should be continued, as these classes reach the largest group of pregnant women participating in any public health program. We also recommend that the Children’s Oral Health Program collaborate with the County Health Centers and community clinics to provide pregnant women with access to xylitol products, which are proven to reduce the risk of cavities for them and their children.

Education of local decision-makers:

A variety of local policymakers and community leaders make important decisions that affect the oral health of children in Contra Costa. DHAG believes that to do so proficiently, they need to have accurate, up-to-date information about children’s oral health issues.

Step for Local Action:

13) Launch an oral health education campaign for local policymakers and community leaders.

This report is the key first step in this campaign. It is being disseminated to local policymakers and community leaders as a tool that they can utilize in advocating for and educating others about children’s oral health. In addition, DHAG recommends that the Children's Oral Health Program conduct presentations to and have discussions with these decision-makers about the data, issues, and recommendations presented in this report. Possible audiences include the Board of Supervisors, state legislators, city government officials, school boards, school district staff, County Office of Education staff, local health care district boards, senior staff of County departments, faith community leaders, and community resident action groups.

The Status of Children’s Oral Health

Dental disease, including untreated cavities, is the most common chronic and infectious disease affecting children in the United States, five times more common than asthma. Good oral health is essential to overall well-being across the span of a person’s life. The American Academy of Pediatrics (AAP) and the American Academy of Pediatric Dentistry (AAPD) both recommend that all children should see a dentist by age one or six months after the eruption of the first tooth. Children’s oral health is an issue that needs our strong focus and commitment. The information presented in this report will raise local policy- and decision-makers’ awareness about children’s oral health in Contra Costa County and provide a tool for local action on these issues.

As of December 2006, California has not yet met the children’s oral health objectives of Healthy People 2010, a set of national health objectives designed to identify the most significant preventable health issues in the U.S. and establish national goals to address them by 2010. Furthermore, in 2004-2005, Contra Costa County participated in a statewide survey of over 21,000 California children in kindergarten and third grade that found that 54% of kindergartners and 71% of third-graders had a history of tooth decay, and 17% of kindergartners and 55% of third-graders had never been to a dentist. Of 25 states that have conducted similar surveys, only Arkansas ranks below California in children’s oral health. The survey also found that children from low-income families and children of color were more likely to have a history of tooth decay, untreated tooth decay, and urgent dental care needs than higher-income and non-Latino white children, respectively.

During the 2005-2006 school year, Save Our Smiles, a project of the Children’s Oral Health Program that serves children from low-income families, screened 13,304 preschool and elementary school children in Contra Costa and found that 12% had serious dental disease and needed urgent or emergency dental treatment. Another 16% had less serious dental decay, but still needed to see a dentist soon. In addition, according to the most recent California Health Interview Survey, over 7% of children in Contra Costa miss school because of a dental problem.

Dental Care for Contra Costa Children

Children from low-income families in Contra Costa receive their dental care from four main sources: private dentists and specialists who accept Denti-Cal, County Health Centers, community clinics, and the Ronald McDonald Care Mobile*. These children are more likely to receive timely preventive oral health care if they have dental insurance coverage. However, 15% of Contra Costa children ages 0 to 17 do not have dental insurance. Children with no dental insurance coverage are less likely to be able to obtain needed dental care and are more likely to have untreated decay than those with insurance.

Not surprisingly, children from low-income families have poorer access to dental care than children from families with higher incomes. Though there are 785 private dentists practicing in Contra Costa, only 98 private dental practices billed Denti-Cal in the past year, and only 34 of these practices currently see children with Denti-Cal on a regular basis. In addition, very few of these practices will see young children, making the AAP and AAPD recommendations almost impossible to implement.

Another significant challenge faced by children from low-income families is the sparse access to dental specialists in Contra Costa. Only three pediatric dentists in the county are currently taking new Denti-Cal patients on a regular basis (though none are taking children at age one). Many children require general anesthesia in order to receive dental treatment, and most Contra Costa children who need surgery have to wait for six months or more to be seen at Children’s Hospital Oakland because of limited operating room time for children at Contra Costa Regional Medical Center. Finally, in addition to these socioeconomic disparities, the regional distribution of Denti-Cal dentists per eligible child is not equitable, with children from low-income families in East County having less access to dental care than those in Central and West County.
Acknowledgements

The Dental Health Action Group would like to thank its many members who collaborated on this report, supplying quantitative and qualitative information about their important oral health efforts: Brookside Community Health Center, Child Health and Disability Prevention Program, Contra Costa County Dental Clinics, Contra Costa Dental Society, Contra Costa Head Start and Early Head Start, John Muir Health, and La Clinica de la Raza.

A special thank you goes to the individuals who reviewed drafts of this report at various stages and provided us with their invaluable comments and insight:

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Dental disease is a serious and silent epidemic affecting our children in Contra Costa County. The data and stories shared in this report describe a dire local oral health situation that requires immediate attention.

Many state and national policies, such as the amount of reimbursement for Denti-Cal providers and the overall design of the dental care delivery system, greatly affect the oral health of Contra Costa children. At the local level, however, there are many opportunities within reach to make changes that will have an impact on families in this county, especially those that have limited health and economic resources. We believe that our Steps for Local Action offer an ambitious yet achievable set of such opportunities, and we hope that this report will serve as a launching pad for further efforts to address the need for improved oral health services and equitable policies in this county.
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22. Personal communication with Ed Rothman, DDS, Director, La Clinica de la Raza Dental Clinic, Children’s Hospital Oakland.

23. Lebow Children’s Dental Health Foundation Database, January 2006.

24. Outpatient Visit Reports, Contra Costa Regional Medical Center, Contra Costa Health Services, July 2006.


26. La Clinica de la Raza, April 2006.


32. Personal communication with Christina Reich, Analyst, Contra Costa Community Services Bureau, Employment and Human Services Department, June 2006.


35. Personal communication with Carolyn Brown, DDS, Dental Director, Native American Health Center, San Francisco, July 2006.
The Children’s Oral Health Program is part of Contra Costa Health Services’ Family, Maternal and Child Health (FMCH) Programs and was founded in 1977 with funding from California Senate Bill 111. Since its inception, the program has worked in collaboration with numerous community partners and dental health professionals to provide preventive dental services to children in low-income areas of the county and link children with dental services throughout the county.

The Dental Health Action Group (DHAG) is a community advisory committee to the Children’s Oral Health Program comprised of dental health professionals and leaders from county and community agencies. The mission of DHAG is to ensure that every child 0 to 18 years of age in Contra Costa County has and uses a dental home (at least two times a year) and has access to prevention and treatment services that are affordable, accessible, and culturally sensitive.

FMCH Programs, in partnership with community members, county programs, and community organizations, provide support, resources, and services to eliminate health inequities and improve the quality of life for all children, youth and families. The vision of FMCH Programs is a community where all individuals reach their optimal level of health and well-being.

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**Local Resources**

- **Children’s Oral Health Program, Contra Costa Health Services**
  925-313-6280
  www.cchealth.org/services/dental

- **County Dental Clinics:**
  - Bay Point (children only): 925-427-8302
  - Martinez: 925-370-5380
  - Pittsburg: 925-431-2501
  - Richmond: 510-231-1240

- **Brookside Community Health Center**
  510-215-9092

- **La Clinica de la Raza – Monument**
  925-363-1256
  www.laclinica.org/sites_monument.html

- **La Clinica de la Raza – Pittsburg**
  925-431-1250
  www.laclinica.org/sites_pittsdental.html

- **Health Access Line (information about applying for dental insurance)**
  1-877-503-9350

- **Child Health and Disability Prevention (CHDP) Program, Contra Costa Health Services**
  925-313-6150
  www.cchealth.org/services/child_health

- **Contra Costa Dental Society**
  925-932-8662
  www.ccdds.org

**State Resources**

- **California Dental Association**
  www.cda.org

- **The Dental Health Foundation**
  www.dentalhealthfoundation.org

- **First Smiles Oral Health Education and Training Project**
  www.first5oralhealth.org

- **Office of Oral Health, California Department of Health Services**
  www.dhs.ca.gov/ps/cdic/cdcb/medicine/oralhealth/index.htm

- **Medi-Cal Dental Program, California Department of Health Services**
  www.denti-cal.ca.gov

**National Professional Associations**

- **American Dental Association (ADA)**
  www.ada.org

- **American Academy of Pediatric Dentistry (AAPD)**
  www.aapd.org

- **American Academy of Pediatrics (AAP): Oral Health**
  www.aap.org/comm/peds/doch/oralhealth

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**Appendix B: Oral Health Resources**

**General Oral Health Information**

  www.nidcr.nih.gov/AboutNIDCR/SurgeonGeneral/default.htm

- **Maternal and Child Health Knowledge Path: Oral Health and Children and Adolescents**
  www.mchlibrary.info/KnowledgePaths/kp_oralhealth.html

- **National Maternal and Child Oral Health Resource Center**
  www.mchoralhealth.org

- **Oral Health America**
  www.oralexhaltheamerica.org

- **Children’s Dental Health Project**
  www.cdhp.org
Healthy Teeth for Life:
The Oral Health of Children in Contra Costa County

APPENDIX A: Dental Health Action Group Members

Current Members:
Lynn Baskett  
John Muir Community Health Alliance
Joe Borg, DDS  
Delta Dental State Government Programs
Domenic Cavallaro, DDS  
Contra Costa Health Services
Kristina Compton, RDHAP  
Miles of Smiles
Patricia Conley  
Contra Costa Dental Society
Irka Greene, NP, MPH  
Family, Maternal and Child Health Programs  
Contra Costa Health Services
Karen Haus  
Child Care Council
Concepción James  
Bay Point Family Health Center  
Contra Costa Health Services
Cheryl Johnson  
Brookside Community Health Center
Angelica Maratamoros  
Bay Point Family Health Center  
Contra Costa Health Services
Marina O’Meany  
La Clínica de la Raza
Nilda Perez  
John Muir Community Health Alliance
Christina Reich  
Community Services Bureau  
Contra Costa Employment & Human Services Department
Richard Sobel, DDS  
Pediatriic Dentist, Antioch
Daniel Tanita, DDS  
General Dentist, San Pablo
Ariane Terlet, DDS  
La Clínica de la Raza
Michelle Williams, FNP  
Child Health and Disability Prevention Program  
Contra Costa Health Services
Lana Wright, RDA  
Loma Vista Dental Assisting Program
Former Members:
Margie Bokyn, RN  
Brookside Community Health Center
Frank Camodeca, DDS  
Contra Costa Health Services
David Carrillo  
Familias Unidas
Aimee Chitayat  
Community Clinic Consortium of Contra Costa
Bonni Croy  
La Clínica de la Raza
Jane Garcia  
La Clínica de la Raza
LaJuan Hall, DDS  
Pediatric Dentist, Antioch
Paula Hines  
Child Health and Disability Prevention Program  
Contra Costa Health Services
Salma Jaffrey, DDS  
Pediatriic Dentist, Walnut Creek
Pat Morris-Gooding, PHN  
Health Care for the Homeless  
Contra Costa Health Services
Cheri Pies, MSW, DrPH  
Family, Maternal and Child Health Programs  
Contra Costa Health Services
Fran Teras  
Contra Costa Employment & Human Services Department
Khadijah Uqbal, MPH  
Children’s Oral Health Program  
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Philip Vargas, DDS  
La Clínica de la Raza
Angelina Warburton  
Office of LaJuan Hall, DDS, Antioch
Staff:
Padmini Parbhavara, MPH  
Family, Maternal and Child Health Programs  
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Lynn Pilant, RDH  
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Contra Costa Health Services

Dental Health Action Group  
Children’s Oral Health Program  
APRIL 2007

CONTRA COSTA HEALTH SERVICES
Healthy Teeth for Life: The Oral Health of Children in Contra Costa County

Dental Health Action Group
Children’s Oral Health Program
March 2007