

## 2016-17 BUDGET PRIORITY

# Restore School-Based Dental Disease Prevention Program

Children Now recommends that the Legislature and Governor appropriate \$3.2 million in the 2016-2017 budget to restore the California Children's Dental Disease Prevention Program (CCDDPP). From 1980 until 2009 CCDDPP was a highly successful program that helped to improve the oral health of hundreds of thousands of underserved children in California.

### Oral Health is Important to Children's Overall Health

Dental disease is the most common chronic, yet preventable health problem among children in California, and has academic, physical, and social-emotional effects.

- **Academic consequences:** Dental disease is one of the top reasons children in California miss school. In 2007, more than half a million of California's school-aged children missed at least one school day due to a dental problem—a total of 874,000 missed school days—costing schools in lost average daily attendance (ADA) dollars. Additionally, studies have shown that students who report oral pain are four times more likely to have a below average GPA compared to students who report having no pain.
- **Physical consequences:** Dental decay can affect a child's ability to eat and sleep. Furthermore, untreated dental disease is linked to a variety of additional health issues, including ear and sinus infections, weakened immune systems, diabetes, as well as lung and heart disease.
- **Social-emotional consequences:** Dental disease in children can lead to slower social development and lack of self-esteem due to cosmetic issues caused by tooth decay and effects on speech development.

### California's Children Lack Access to Dental Services

A 2014 audit of Medi-Cal's dental program (Denti-Cal), administered by the California Department of Health Care Services (DHCS) found that critical information shortcomings and ineffective actions in the program are "putting children enrolled in Medi-Cal...at higher risk of dental disease." Report findings show that:

- 16 counties have insufficient numbers of Medi-Cal dental providers accepting new patients, and access to dental care for low-income children is even more difficult in low-income neighborhoods and rural areas.
- The Department of Health Care Services (DHCS) has not adequately monitored children's dental health access to determine whether children are getting the care needed to promote oral hygiene.
- The need for improvement is urgent and great. The numbers of child and adult beneficiaries that need access to dental services is predicted to increase from 2.7 million to 6.4 million due to recent federal and state laws, including Medi-Cal expansion, partial restoration of adult dental services, provision of all Denti-Cal approved procedures to pregnant beneficiaries, and extension of health care to all children in California regardless of immigration status.

### CCDDPP: A Proven Model to Improve Children's Health Outcomes

CCDDPP was signed into law by Governor Jerry Brown in 1980; however, the program was suspended in 2009 due to fiscal constraints. Over the course of the program's almost 30 years, CCDDPP operated in 31 counties and provided preventive dental services to elementary school children each year in schools where at least 50 percent of the student population qualified for free and reduced price meals. CCDDPP was the only school-based statewide program providing comprehensive, evidence-based oral health prevention services to California children, including fluoride rinses, dental sealants, oral health education, and dental screenings. The components of the program will:

- Provide counties with the infrastructure necessary to assess and address the dental health needs of children;
- Provide the state with currently missing data to ascertain the number of students suffering from preventable dental disease, addressing DHCS' data limitations cited by the Denti-Cal audit;
- Provide preventive dental services in schools to mitigate barriers to access caused by inadequate numbers of dental providers willing to serve children enrolled in Medi-Cal; and
- Serve children in California by not only providing them with dental services, but also supplying children with toothbrushes and other oral hygiene products.

## CCDDPP Would Save California Money and Leverage Additional Funds

It is approximately 10 times more costly to manage symptoms related to tooth decay on an inpatient basis than to provide preventative dental care for the same patient, according to the American Academy of Pediatric Dentistry. Restoration of CCDDPP would help to mitigate these costs and leverage federal dollars.

- CCDDPP preventive services help to keep children out of costly emergency rooms, freeing up valuable time and resources. For every dollar spent on prevention, \$8 to 50 dollars are saved in more costly restorative treatment.
- CCDDPP would also leverage additional dollars to improve the infrastructure of the public health system. During the last year of the program, local programs leveraged \$2.1 million in additional federal, local, or private funds.
- Restoring CCDDPP would make California more competitive for federal funding that supports preventive oral health services and infrastructure.
- Further, CCDDPP would provide funding for local jobs and increased employment opportunities in high need, underserved communities.

### CCDDPP Success Stories

#### First-Grader's Dental Problems Hindered His Interest in Reading

A teacher in San Diego County began to notice drastic changes in a bright, energetic, first grade boy who had been eager to learn to read. The boy seemed to be losing weight, didn't want to play at recess and began to lose hair. The teacher also noticed he wasn't eating lunch or the snacks she brought for her students. The teacher talked with the school nurse, and medical testing was arranged. Although the tests came back normal, it was clear something was wrong.

The teacher's class participated in the school's CCDDPP, and when the program educator gave a brushing lesson, the boy refused to put a toothbrush near his mouth.

After the teacher shared her concerns about the boy, the educator decided to check his teeth. She found his molars were so decayed that the crowns had broken off and exposed painful nerves. They also contained multiple abscesses. The CCDDPP educator and school nurse found a dentist who provided free treatment.

After the dental work was completed, the boy's personality reemerged, and he learned to read.

#### The Extensive Reach of a Preventive Program in Rural California

A CCDDPP administered through Del Norte Clinics served three rural northern California counties: Butte, Glenn and Tehama. Administrators, health aides, school nurses and teachers were all utilized to deliver a variety of preventive services to students in over 35 elementary and middle schools.

Evidence-based services, such as dental screenings, sealants, fluoride administration and education were delivered to the student population. Over 1,000 kindergarten students in these rural counties benefited from kindergarten oral health screenings, 300 of whom received additional referrals due to signs of tooth decay and infections.

Together, nearly 6,000 children were screened for dental problems, and 1,664 had infections that were subsequently treated. In one year, the program assisted schools and parents in accessing care for 238 children who needed emergency dental care. Over 11,000 children across the three counties received hands-on education and practice in skills they will need for a lifetime of good oral health.

*Source: Children Now*

1. Pourat, N. & Nicholson, G. (2009). Unaffordable Dental Care Is Linked to Frequent School Absences. Los Angeles, CA: UCLA Center for Health Policy Research.
2. Jackson S et al. "Impact of Poor Oral Health on Children's School Attendance and Performance," American Journal of Public Health 101(10), October 2011.
3. Seirawan, H, Faust S, & Mulligan R. (2012) The impact of oral health on the academic performance of disadvantaged children. American Journal of Public Health;102(9):1729-34.
4. "Mommy, It Hurts to Chew." The California Smile Survey: An Oral Health Assessment of California's Kindergarten and 3rd Grade Children, February 2006.
5. The Kaiser Family Foundation, Children and Oral Health: Assessing Needs, Coverage, and Access, June 2012.
6. Ibid.
7. Calif. State Auditor, "Weaknesses in Its MediCal Dental Program Limit Children's Access to Dental Care," Dec. 2014, pg. 1, <http://www.auditor.ca.gov/pdfs/reports/2013-125.pdf>.
8. Pettinato, Erika. "A comparison of Medicaid reimbursement for non-definitive pediatric dental treatment in the emergency room versus periodic preventive care," Pediatric Dentistry – 22:6, 2000, accessed at <http://www.aapd.org/assets/1/25/Pettinato-22-06.pdf> on 1/30/14.
9. American Dental Hygienists Association, Access to Care Position Paper, 2001. (Chicago, IL: American Dental Hygienists Association, 2001) in Stull C Sharon, et al., "A Review of the Literature: The Economic Impact of Preventive Dental Hygiene Services." Journal of the American Dental Hygienists Association, 79, No. 1 (2005) 1.