Sacramento Children's Health Initiative

Embracing An Oral Health Agenda for Sacramento County's Youngest and Most Vulnerable Residents

A Report for the Sacramento Children's Dental Task Force

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Dear Friend,

In our commitment to improving access and use of health care services in this region, Cover the Kids and the *Sacramento Children's Dental Task Force* are pleased to share this report describing the dental care system - its strengths as well as its challenges - for young, underserved residents of Sacramento County. We hope this report will help our community better understand the current system and through its findings and recommendations, inspire policymakers, community planners, funding institutions and other stakeholders to continue to strive for improvements to the system of dental care for our children.

This report was the result of efforts and contributions from a number of individuals. On behalf of Cover the Kids and the task force I would like to acknowledge and thank:

- The California Dental Association Foundation for providing the financial resources to conduct this study and prepare this report;
- Kelly Bennett Wofford and Dorothy Meehan, consultants who reviewed the literature, conducted interviews, compiled and analyzed data and wrote the report;
- The Sacramento Children's Dental Task Force members who guided the consultants, collected and shared data and stories, and proofed and edited the recommendations and draft report;
- First 5 Sacramento, and especially Debra Payne, for co-convening the task force and hosting the monthly meetings, and
- Cindy Weideman, DDS, who served as task force chairperson.

Cover the Kids is committed to seeking resources to implement recommendations from the report and looks forward to working with the Sacramento Children's Dental Health Task Force and others to promote improved oral health for all children in the county.

We welcome your questions or comments and look forward to partnering with you to improve the health of our youngest, most vulnerable residents.

Sincerely,

Bonnie Ferreira
Executive Director
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EXECUTIVE SUMMARY

According to the U.S. Centers for Disease Control and Prevention, tooth decay is one of the most common chronic infectious diseases among U.S. children and is almost entirely preventable. Dental decay is contagious and oral bacteria can be passed on from mother to child. About 67% of all California pregnant women do not visit the dentist, and 80% of publicly-insured expectant mothers do not receive oral health care.[1]

Dental disease has a number of negative effects on children's medical health and other aspects of their lives, including other infections and lost school days. Additionally, cost of care increases as a result of delayed care. At times, delayed care can lead to death.

It is now recommended that children receive their first preventive dental visit by their first birthday though many parents are not aware of this and most low-income children do not receive this.

A number of fee for service and government insurance and service programs exist in Sacramento County but still many local children go without care or have difficulty accessing dental services regularly. A number of factors contribute to this access and utilization problem including but not limited to family circumstances that put priority on other more urgent issues; a shortage of providers that will serve low-income or uninsured children and families and children with special needs; a lack of understanding of the importance of preventive dental care, coverage options and services available; and cultural and transportation barriers.

A coalition of providers, children's program providers, advocates and funding organizations - the Sacramento Children's Dental Task Force - has emerged to work collaboratively to address these access problems. This report is the result of the task force's initial examination of the strengths and challenges of the current system of dental care for children in Sacramento County.

The task force recommends nine steps to improve the availability of dental services for children and utilization of available services, as listed below.

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[1] Children NOW. "Oral Health Policy Brief". 2007.

RECOMMENDATIONS

#1. Establish or expand community wide public education efforts on the importance of dental disease prevention

#2. Create a comprehensive network of support for parents to improve utilization of dental services for their children

#3. Expand school-based and other program-based prevention, screening, sealant and treatment programs

#4. Support efforts to add dental components to existing community clinics

#5. Explore the feasibility of establishing a nonprofit children's clinic

#6. Support local and statewide efforts to address provider shortages, particularly in publicly-funded programs

#7. Advocate at the state level for more local accountability for Sacramento Geographic Managed Dental Care

#8. Expand efforts to create awareness among medical, dental and other professionals about the importance of oral health and early intervention services and the financial resources available to provide these services.

#9. Explore the feasibility of establishing mobile dentistry components to complement prevention and treatment strategies within school programs, clinics and community settings

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I. BACKGROUND AND INTRODUCTION

In January 2008, Cover the Kids and First 5 Sacramento joined together to convene the Sacramento Children's Dental Task Force, a group of stakeholders concerned about the status of children's oral health in Sacramento County that would work to address the challenges that children and their families face in accessing preventive care and restorative treatment. The task force - comprised of representatives from community based organizations, schools, advocates, dentists, dental societies, state and county agencies and health and dental plans - concerned itself with one guiding question, "What would it look like if all children in Sacramento County had access to affordable and appropriate dental care?" The task force began by identifying the current dental resources in the county and discussed the barriers that families face in accessing care as well as the challenges that the dental care system presents for providers to participate, especially in public dental insurance programs.

As its first major activity, the task force agreed to conduct a more formal assessment and inventory of the dental care system for Sacramento in order to identify resources and areas where the system could be improved. Of particular interest are low-income, underserved children in the county. The purpose of this study was to (1) provide a "primer" on the dental health care system and serve as the basis for developing a shared understanding of the system, (2) help identify gaps in services and barriers to care for low-income children, (3) help identify opportunities and ideas on how to improve the system, and (4) serve as a baseline for measuring future system improvements. Results from this assessment are being used to guide and inform next steps for the task force.

The focus of the study included children at or below 300% of the federal poverty level threshold (FPL).[2] The scope of the project included examination of five areas:

- Characteristics of the low-income population
- Health insurance coverage available to them
- Services and resources to serve low-income children
- Strengths and challenges in providing and accessing health care
- Other models of care that could be considered in Sacramento

Over a three-month period, task force members and others shared reports, data and ideas about the current state of dental care for low-income residents in Sacramento County. The consultants, Kelly Bennett Wofford and Dorothy Meehan, reviewed these

[2] In 2007, a single parent with two children earning $17,170 or below was within the federal poverty level threshold. A similar family earning approximately $51,510 or less would be within the 300% threshold

and other existing local, regional, state and national data from numerous published reports and web sites[3] and interviewed over 20 individuals.[4] From these data, recommendations for improvement were developed for review and approval by the task force. This report is the result of that work. It includes a description of the current system and the task force's recommendations on how it can be improved.

[3] See References and Resources at the end of this report.

[4] A list of interviewees is included as Appendix A.

II. THE IMPORTANCE OF GOOD ORAL HEALTH AND A DENTAL HOME

A. The Importance of Good Oral Health

According to the U.S. Centers for Disease Control and Prevention, tooth decay is one of the most common chronic infectious diseases among U.S. children. This preventable health problem begins early: 28 percent of children aged 2–5 years have already had decay in their primary (baby) teeth. By the age of 11, approximately half of children have experienced decay, and by the age of 19, tooth decay in the permanent teeth affects two-thirds (68 percent) of adolescents. Low-income children have twice as much untreated decay as children in families with higher incomes. This may result in pain, dysfunction, underweight, and poor appearance—problems that can greatly reduce a child's capacity to succeed in the educational environment.[5]

Children most at risk of developing oral health caries are those with other special health care needs, those whose mothers have history of multiple caries, those with high sugar in-take, sleep with a bottle or have milk in their mouths over a prolonged period of time, and those whose families are of low socioeconomic status.[6] Among children age 5-17 years, about 75% of the disease is now experienced in 25 percent of the population.[7]

According to the America Academy of Pediatrics, dental caries is the most common chronic disease affecting children in the United States. It is five times more common than asthma and seven times more common than hay fever. Despite advances in oral health, dental and oral diseases continue to plague children. Factors contributing to an oral health decline include lack of

"Tommy" is a disabled child with multiple special needs. He has an abscessed tooth and a cracked tooth. Tommy has Denti-Cal and is in a Denti-Cal Health Maintenance Organization (HMO). Tommy's dental HMO assigned him to a dental office that is too far from his home and Tommy's mom wants to switch him to a dental plan with an office near their home. Because of paperwork requirements to change plan assignment and other failures in the system, Tommy's dental care was delayed.

Tommy needs anesthesia services to get routine dental care due to his disabilities. Once Tommy gets an appointment with his primary care dentist, that dentist will need to refer Tommy to a specialist who is better equipped to handle a child with special needs. If Tommy needs to be hospitalized to receive this dental care he will need to go through his Medi-Cal health plan, too. Medi-Cal will then request approval from both the dental and the health plan which could take several months.

[5] Centers for Disease Control and Prevention. www.cdc.gov/OralHealth/topics/child.htm

[6] Finn, E., Wolpin, s., "Dental Disease in Infants and Toddlers: A Trans-Disciplinary Health Concern and Approach." Zero to Three. 2005.

[7] "Diagnosis and Management of Dental Caries." U.S. Department of Health & Human Services - Agency for Healthcare Research and Quality. 25 August 2008 http://www.ahrq.gov/clinic/epcsums/dentsumm.htm>.

access to care; inadequate availability of preventive measures such as water fluoridation and dental sealants, and a lack of knowledge of the importance of oral health.

There is now evidence to show that poor oral health during pregnancy can have detrimental effects on the child. Low birth weight has been associated with poor oral health of the mother during pregnancy[8] and bacterial infections due to dental disease of a caregiver can be passed on to young children through close contact and sharing of eating utensils.

Poor oral health can affect overall physical health, self esteem and other aspects of a child's life.

- Effect on Overall Health
  - Infected teeth can cause other infections as pathogens pass to other parts of the body.[9]
  - Early loss of baby teeth can negatively affect the spacing of permanent teeth
  - Children with dental disease have difficulty chewing and often do not get needed nutrition.[10]
  - There is an apparent linkage between some oral infections and several systemic medical diseases, including heart and lung disease, stroke and premature births. Abscessed teeth can cause sever infections and even death, as exemplified in 2007 by the case of Deamonte Driver, a Maryland boy who died from a tooth infection that spread to his brain.[11] .

- Effect on Other Aspects of Life
  - Children with chronically painful teeth do not sleep well which affects school performance.[12]
  - According to the US Surgeon General American school children lose more than 51 million school hours each year due to dental problems.

[8] Lopez NJ, Smith PC, Gutierrez J. "Periodontal Therapy May Reduce the Risk of Preterm Low Birth Weight in Women with Periodontal Disease: A Randomized Controlled Trial." J Periodontal 2002; 73:911-24

[9] Dental Health Foundation. "Mommy, It Hurts to Chew", The California Smile Survey- An Oral Health Assessment of California's Kindergarten and 3rd Grade Children." 2006.

[10] Dental Health Foundation. "Mommy, It Hurts to Chew", The California Smile Survey- An Oral Health Assessment of California's Kindergarten and 3rd Grade Children." 2006.

[11] Felland, L., Lauer, J., Cunningham, P. "Community Efforts to Expand Dental Services for Low-Income People." Center for Studying Health Systems Change, Issue Brief No. 122, July 2008

[12] Dental Health Foundation. "Mommy, It Hurts to Chew", The California Smile Survey- An Oral Health Assessment of California's Kindergarten and 3rd Grade Children. 2006.

- Dental problems negatively impact a student's ability to attend and participate fully in school.
- Tooth decay may result in pain, poor nutrition, dysfunctional speech, lack of concentration and absenteeism.[13]

B. The Importance of a Medical/Dental Home

A medical home is defined by the American Academy of Pediatrics as a "partnership approach with families to provide primary care that is accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective. A medical home is not a place, but rather a concept". Receiving care through a medical home can improve child health outcomes by promoting timely use of health care services, increasing continuity of care, and raising satisfaction of care by families and providers.[14] A medical home provides patients with enhanced access to providers and timely, organized care.[15]

According to the American Academy of Pediatric Dentistry (AAPD) having a 'dental home' means a child's oral health care is delivered in a comprehensive, continuously accessible, coordinated and family-centered way by a licensed dentist. The AAPD recommends a dental home be established for every child by 12 months of age; acute and preventive care should be provided including information about child development and teeth and gum care, dietary counseling, and referral to specialists as necessary.[16] The American Academy of Pediatric Dentistry recommends that children see the dentist within six months of getting their first tooth or by their first birthday.

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[13] U.S. Department of Health and Human Services. "Oral Health in America: A Report of the Surgeon General." Rockville, MD. 2000.
[14] Association of State and Territorial Health Officials. "Issue Report: State Policy Options to Establish Medical Homes for Children and Youth." 2005.

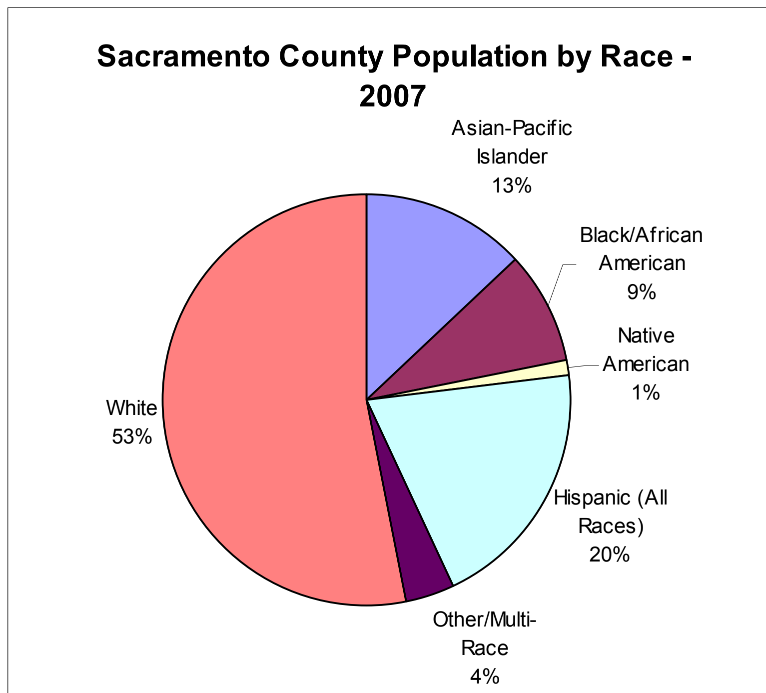
[15] Beal, A. C., Doty, M. M., Hernandez, S. E., Shea, K. K., & Davis, K. (2007) *Closing the Divide: How Medical Homes Promote Equity in Health Care – Results From the Commonwealth Fund 2006 Health Care Quality Survey.* The Commonwealth Fund.

[16] American Academy of Pediatrics. "Dental Home Online Resource Center."

III. THE RESIDENTS OF SACRAMENTO COUNTY

More than 1.4 million people live in Sacramento County, and by the year 2050 the California Department of Finance estimates that the population will reach nearly 2.2 million people. Although the rate of population growth has slowed, Sacramento County is still the eighth most populous county in the state and has more people than the surrounding counties of El Dorado, Placer, Sutter, Yolo, and Yuba combined. The City of Sacramento, with a population of 467,343, is the seventh largest city in California.

The county population is 51 percent female, and 49 percent male. Slightly over half of the county's population (53%) is White, which includes Russian and Slavic immigrants that are estimated to be over 100,000 individuals. Twenty percent of the population is 2 Hispanic, 13% Asian-Pacific Islander, 9%, and 1% Native American.



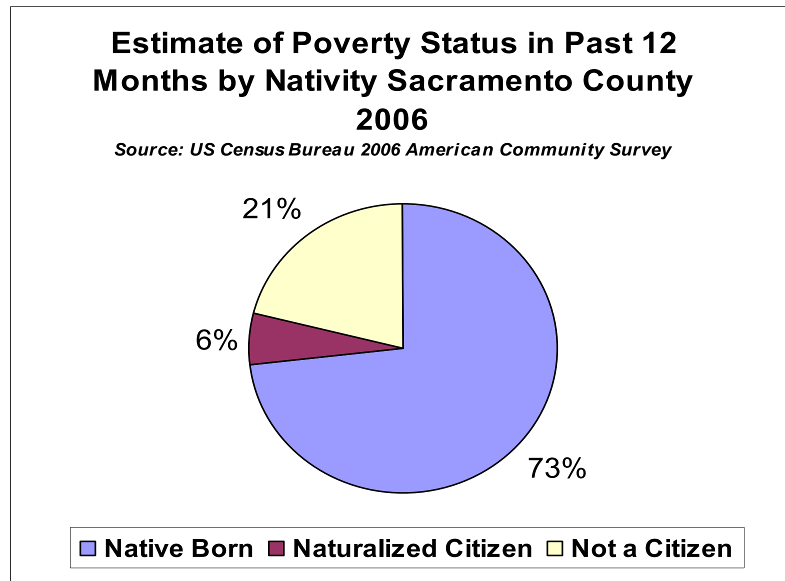
Source: California Department of Finance

A. The Low-Income Residents in Sacramento County

It is estimated that in 2006 nearly 14 percent of individuals in Sacramento County, or 11 percent of households, lived at or below the federal poverty threshold,[17] which is

[17] Per the U.S. Census Bureau's American Community Survey, 2006.

significantly lower than the sustainable wage[18]. Of Sacramentans living in poverty in 2006, the U.S. Census Bureau estimated that 73 percent were native-born residents and 27 percent were foreign-born.



B. County Children

Of the nearly 546,000 children, youth and young adults ages 0 through 25 in Sacramento County, 22.5 percent are ages 0 through 5; 22.2 percent are ages 6 through 11; 25 percent are 12 through 17; and 31 percent are ages 18 through 25.

From 2000 to 2008, the number of children and youth ages 0 through 25 increased by 14.9 percent, compared with a 15.3 percent increase in the county population as a whole for the same time period. Per the U.S. Census Bureau's 2005 American Community Survey approximately 19.7 percent of the county's children under 18 lived in poverty.

The racial ethnic and cultural diversity of the population in Sacramento County continues to increase. More than 30 percent of kindergartners begin their educational journey with limited English proficiency, compared with 22.7 percent 10 years ago. More than half of the ELL students (slightly over 23,000) speak Spanish.

In the 2007-2008 school year, 45 languages were spoken by children in area schools. For the three most recently reported school years, among the ELL students, the top ten languages spoken at home were as follows:

[18] For 2008 a sustainable wage in Sacramento is estimated to be $54,189 for a two-parent household with two small children.

Languages of English Learners in Sacramento County Kindergarten through 12th Grade 2005/06 through and 2007/08			
	Percent of ELL Students		
Language	**2005/06**	**2006/07**	**2007/08**
Spanish	50.2	51.9	52.9
Hmong	14.3	13.8	13.2
Russian	7.5	6.8	7.0
Ukranian	4.2	3.8	3.7
Vietnamese	4.1	4.0	3.8
Cantonese	3.2	3.2	3.0
Punjabi	2.2	2.2	2.2
Hindi	2.0	2.0	1.9
Mien (Yao)	1.9	1.7	1.5
Filipino (Pilipino/Tag)	1.5	1.6	1.6
Source: California Department of Education			

C. Special Populations

1. Children in Foster Care

Sacramento County has the fifth-highest number of cases for counties in California. There are 4,272 children and youth in the foster care system. In 2007 Child Protection Services (CPS) hotline workers managed 34,800 calls about suspected child abuse and/or neglect. Over 80% of the children entering foster care are removed from their homes due to issues of neglect. All children in the foster care system are enrolled in Fee for Service Medi-Cal and Denti-Cal programs.

Children and youth in foster care face unique challenges in accessing appropriate dental care. Social workers report they experience long waiting periods and care that is inadequate. Accessing treatment from specialists creates additional hurdles to an over-burdened support system.

There appears to be a need to educate social workers and foster parents that children should have an oral health assessment by age one. Many remain under the impression that children cannot be seen at this young age and that Denti-Cal only covers annual exams when in fact the recommended two visits per year are covered. A recent review of over 100 reports on children in foster care, submitted to the Sacramento Superior Court showed that just 40% had been seen by a dentist in the previous six months.

2. Children with Disabilities

Alta California Regional Center provides services to nearly 8,000 children with disabilities in the region. Approximately 5,000 of these children live in Sacramento County. Children with disabilities face even greater challenges in accessing dental care. There are a limited number of general dentists and specialists in the region that are trained or appropriately equipped to provide services to children with special needs since many have unique physical needs and may require treatment in a hospital setting under general anesthesia. According to a recent provider survey by ALTA Regional Center, there were only eight providers in the region that provide services to children with special needs and a smaller number of these providers that have the required hospital privileges to treat many of these children.

3. Homeless Children and Youth

The Sacramento County Office of Education estimates that there are over six thousand children homeless at some point during the school year, distributed as follows:

Identified Number of Homeless Children by Grade 2007- 08 – Sacramento County

Infants and Toddlers	Pre-school-ers	K	1	2	3	4	5	6	7	8	9	10	11	12
702	343	525	512	512	497	426	422	440	334	308	346	279	269	250
											Total -All Ages			6,165

Source: Sacramento County Office of Education, Project TEACH

Homeless families are faced with tremendous challenges in ensuring that children get adequate medical and dental care. Parents may be facing substance abuse or mental health issues, domestic violence or relationship challenges that keep them from placing appropriate priority on their children's dental needs. Families may be in a shelter or in transitional housing but lack reliable transportation. Homeless families could benefit by receiving assistance with transportation to appointments and case management services that would encourage them to manage the dental needs of their children, especially preventive services.

4. Migrant Children

A "migrant" child is defined *as "a child who is, or whose parent, spouse, or guardian is"* a migratory agricultural worker, including a migratory dairy worker or a migratory fisherman. The child must have moved in the preceding 36 months (3 years) across school district boundaries or from one state to another or accompany such parent, spouse, or guardian in order to obtain temporary or seasonal employment in agricultural, fishing or logging (except lumber mills) work *as the principal means of livelihood*. The child may be in any grade between preschool and 12th grade and must not be older than 21.

In Sacramento County, migrant children are largely found in Galt Unified School District where there are over 400 children in the Migrant Education program.[19] Migrant families face unique challenges in accessing dental care. Dental services that were once provided by the Migrant Education programs have been eliminated due to budgetary issues. There are very few dental providers in the Galt area that accept public programs, leaving families to travel to Elk Grove, Sacramento or Stockton to seek services. Many parents cannot leave work during the day or lack reliable transportation to take children to dental appointments so they largely rely on the limited resources provided through schools.

5. Immigrants

With over 30% of the nation's kindergartners beginning school with limited English proficiency, compared to 22% ten years ago, the number of children in immigrant households is growing. Children of immigrants face unique challenges in accessing health and dental care. Immigrant children face challenges in adapting to cultural norms, are much more likely to be low income and uninsured. Many children are in mixed-residency status households and are less likely to take advantage of public health and dental programs for which they are eligible. 72% of immigrant children live in households where a language other than English is spoken in the home and 26% live in households where no one over the age of 14 has a strong command of the English language. [20]()

[19] Migrant Education is a federally funded program designed to provide supplementary educational and support services to eligible migrant students. Currently, Region 2 has a cumulative enrollment of approximately 28,348 students (ages 3-21) in 22 Northern California Counties. The migrant population consists of numerous ethnic and language groups (Spanish, Punjabi, Hmong, Mien, Laos, Vietnamese, and English).

[20] Center for Health and Health Care in Schools, "In Focus: An In Depth Analysis of Emerging Issues in Health in Schools." 2005.

IV. MEDICAL AND DENTAL INSURANCE COVERAGE AND CARE OPTIONS FOR SACRAMENTO'S RESIDENTS

Residents of Sacramento County receive dental care either through insurance programs purchased through employers or privately, through publicly funded programs for low-income residents or through other dental service programs. In 2005, over half of county residents received health insurance coverage through their employer; over one quarter were covered through public programs such as Medicare, Medi-Cal, and Healthy Families; about 8 percent were covered through private and other policies; and over 13 percent had no health insurance coverage at some point during the year.

Insurance Coverage By Type		
Type of Insurance Coverage	**Estimated Percent of Total**	**Estimated Number of Residents 2005**
Employer-based, insured all year	52.4	709,000
Public programs: e.g., Medi-Cal, Medicare and Healthy Families	25.9	350,000
Private policies and other	8.4	114,000
Uninsured (at some point in the year)	13.2	179,000
Total	100.0	1,352,000
Source: 2005 California Health Interview Survey		

In 2005, per the California Health Interview Survey, it is estimated that 92.8% of county children zero through 18 years of age had medical insurance. This was approximately 2% less than two years earlier. Dental insurance coverage for this same age group was less than medical coverage in 2005 with only 84.3% of children having dental insurance coverage.

Of children in the county ages two through 11, Latinos had the lowest coverage rates in 2005, with 28.7% of children not having dental coverage. Dental coverage rates for all county children zero through five were better with only 11.2% not having coverage. The poorest children (in families with incomes less than 300% of the federal poverty level) zero through five years of age had better coverage rates with only 7.6% not having dental insurance.[21]

[21] See Appendix E for select data reports for Sacramento County from the 2005 CHIS data base.

A. Insurance Programs for Low-Income Residents

The approach to providing medical and dental care to low-income residents in Sacramento County is different from nearly all other counties in the state. The health insurance program that covers most of the low-income population, Medi-Cal, evolved in Sacramento County from a unique pilot project that began in 1994 and continues today. Besides Medi-Cal, low-income residents that meet certain income and eligibility criteria have a number of health care coverage options. Young adults and adults not a part of a family with children have the fewest options.

	Dental Coverage Available for Low- Income Residents								
INCOME THRESH-OLD (FPL)									
>300%									
300%	Healthy Kids KP Child Health Plan	Healthy Kids KP Child Health Plan							
250%	Healthy Families	Healthy Families							
200%				Denti-Cal			CMISP	CMISP with Share of Cost	
150%									
133%	Denti-Cal					Denti-Cal			
100 %		Denti-Cal	Denti-Cal		Denti-Cal				Denti-Cal
	Children	***Children***	***Children***	***Pregnant Women/ Children < 1 yr.***	***Parents of Young Children***	***Blind and Dis-abled***	***Adults Without Assets***	***Adults With Some Assets***	
	1-5	**6-19**	**19-21**	**19-64**					**65+**
	AGE								

The following chart shows recent enrollment numbers in the key government-sponsored programs, for all ages, followed by a description of each program.

Enrollment In Insurance Programs for Low-Income Residents – Sacramento County	
Program	**Number Enrolled**
Medi-Cal – Managed Care Fee-for-Service	166,991 (April 2008) 109,690 (April 2008)
Denti-Cal Managed Care	173,729 (July 2008)
Healthy Families	25,929 (March 2008)
Healthy Kids and KP Child Health Plan [22]	Approx. 5,550 (2008)
Source: California Office of Statewide Planning and Development, County of Sacramento, Kaiser Permanente; Cover the Kids	

1. Medi-Cal and Denti-Cal

California's Medicaid program, known as Medi-Cal, is the main source of health insurance for low-income and disabled people. Medi-Cal is a complex program that pays providers for essential primary, acute, long-term care services, and most medically necessary care. According to the California HealthCare Foundation, Medi-Cal is the source of health coverage for nearly 20 percent of Californians under age 65, the majority of people living with AIDS, 33 percent of children, 46 percent of all births in the state, and 66 percent of all nursing home residents.

In Sacramento County, Medi-Cal enrolled individuals are provided care through a managed care model (Geographic Managed Care) or through Fee-for-Service Medi-Cal. Under Geographic Managed Care (GMC) the State of California contracts with a number of commercial health plans to provide care and pays for services on a capitated basis[23]. Most families and children are mandated to be in GMC Medi-Cal. Most seniors and people with disabilities are not required to be in GMC Medi-Cal but can choose to be enrolled. Medi-Cal beneficiaries with a share of cost cannot be in GMC Medi-Cal. Mental health services are carved out from most GMC contracts, Mental health services are covered and delivered by the Sacramento County Mental Health Plan . Qualified individuals not enrolled in GMC are covered through Fee-for-Service Medi-Cal.

Medi-Cal beneficiaries are a very culturally and linguistically diverse group. Over 30 languages were represented among Sacramento County residents enrolled in Medi-Cal

[22] Includes approximately 4,400 county children enrolled in Kaiser Permanente's Child Health Plan through Healthy Kids.

[23] A contracted amount per enrollee per month

in 2007, with the most common non-English languages being Spanish, Russian, Hmong and Vietnamese.[24]

Denti-Cal is the Medi-Cal dental program. All Medi-Cal beneficiaries also have Denti-Cal. Adults on Denti-Cal are only covered for services up to $1,800 a year. There is no cap on children's Denti-Cal services. Medi-Cal recipients in the county who are mandated to be in a GMC Medi-Cal HMO must also enroll in one of the available managed care dental plans. In July 2008 over 173,000 county residents were enrolled in Denti-Cal HMOs. This represents approximately 62% of those enrolled in Denti-Cal for the same period.

The GMC Denti-Cal enrollment (October 2008) was distributed as follows among the contracted plans:

Denti-Cal Dental Contractors		
Plan Name	**Enrollment Limit**	**October 2008 Actual Enrollment**
Access Dental Plan, Inc.	90,000	51,554
Liberty Dental Plan of California, Inc.	100,000	26,769
Community Dental Services/Smile Care	90,000	13,165
Western Dental Services	125,000	79,618
Health Net	Not available	4,582
Total Capitated Enrollment	305,000	175,688
Source: California Dept. of Health Care Services, MinMax Tables		

As of July 2008, HealthNet joined the other contractors to provide managed dental care for Medi-Cal enrollees (and those enrolled in the Healthy Families program).

[24] See Appendix B for Number of Medi-Cal Beneficiaries by Primary Language.

Certain populations are not required to enroll in GMC Denti-Cal. These include seniors, the disabled, foster youth, and beneficiaries assessed a share of cost. These groups receive their care from individual Fee-for-Service (FFS) Denti-Cal providers. These groups, except for beneficiaries with a share of cost, have the option, but are not mandated to enroll in GMC Denti-Cal.

Total enrollment for children in Denti-Cal for 2008 by age group is as follows:

Total Children's Enrollment in Denti-Cal by Coverage Type – 2008			
Age	Fee for Service	Managed Care	Total
<1	4,429	6,577	11,006
1-5	7,090	34,237	41,327
6-17	18,516	60,485	79,001
18	1,672	4,143	5,815
19	1,685	3,103	4,788
20	1,542	2,814	4,356
Totals	34,934	111,359	146,293
Source: State Dept. of Health Care Pivot Tables Accessed September 2008			

MAXIMUS serves as the medical and dental program enrollment broker for California 's Medi-Cal managed-care program, called California Health Care Options (CA HCO). MAXIMUS operates a toll-free call center in Sacramento, staffed by full- and part-time customer service representatives, research analysts, and enrollment forms processors. Additionally, full- and part-time enrollment services representatives make educational presentations throughout California in County Welfare Offices and in other space leased by MAXIMUS. MAXIMUS has placed culturally and linguistically competent staff in offices where the heaviest concentration of Temporary Assistance for Needy Families (TANF) and Medi-Cal beneficiaries reside. (Call 1-800-430-4263 for the current schedule of presentation times, dates and locations).

MAXIMUS provides an array of services regarding enrollment into medical and dental plans (health plans). Beneficiaries receive assistance in selecting health plans and providers, and are educated on how to access health plan services and resolve problems should they arise. Mandated beneficiaries that do not select a health and dental plan through CA HCO are assigned to an available plan.

2. Healthy Families

Healthy Families is a low-cost health coverage program for children and teens up to age 19. Enrollees pay a portion of health insurance premiums in order to receive

comprehensive health, dental and vision coverage for children who do not have access to insurance and do not qualify for no-cost Medi-Cal. The enrollee premium ranges between $7 and $15 per child enrolled, with a maximum monthly family premium of $45. The California Managed Risk Medical Insurance Board (MRMIB) administers the Healthy Families program. Dental care is a covered benefit under Healthy Families including preventive care, fillings, sealants, diagnostic services, root canals, oral surgery, crowns and bridges, and dentures but is limited to $1,500 per year. Healthy Families beneficiaries who require orthodontia services are referred to the California Children's Services program. Healthy Families members choose their medical and dental plan from those plans contracted to provide services within each county. The family income qualification for the Healthy Families Program is 250% of the federal poverty level (FPL).

Sacramento County dental enrollment in Healthy Families is nearly 27,000 distributed across participating plans as follows:

Plan Name	**July 2008 Actual Enrollment**
Access Dental Plan, Inc.	3,957
Delta Dental	17,991
HealthNet	593
Western Dental Services	3,153
Safeguard Dental	1,094
Total Capitated Enrollment	26,788
Source: State of California Major Risk Medical Insurance Board	

3. Healthy Kids-Cover the Kids

Healthy Kids is a children's health insurance program offering medical, dental and vision care for children from birth to age 19 in low-income families who are ineligible for Medi-Cal or Healthy Families plans based on family income or immigration status. The insurance product is regionally administered for five local counties by Healthy Kids Healthy Future, a Sacramento-based nonprofit organization. Each county Children's Health Initiative (CHI) is responsible for outreach, enrollment, utilization and retention services and coordinates and monitors enrollment in Medi-Cal, Healthy Families, Kaiser Permanente Child Health Plan and Healthy Kids. In Sacramento this initiative is "Cover the Kids".

The income qualification for Healthy Kids is 300% of the federal poverty level compared to 250% for Healthy Families. Since 2006, there have been a total of 5,550 children who were previously ineligible for Medi-Cal or Healthy Families enrolled into Healthy Kids. This program is funded through a public/private partnership.

4. Kaiser Permanente Child Health Plan

Kaiser Permanente offers its child health plan at low cost to families with qualifying children that meet income and insurance coverage criteria[25]. Kaiser Permanente, partnering with Cover the Kids to perform the outreach, enrollment, retention and utilization services, annually insures over 4,400 children in Sacramento County through its Kaiser Child Health Plan, which mirrors Healthy Kids. This contribution is valued at approximately $4.4 million per year.

Dental services are included at no or low cost and are provided through a contract with Delta Dental. Services include examinations, X-rays, cleanings, fillings, fluoride, sealants and extractions. Orthodontia is not included.

B. The Uninsured and Underinsured and Programs to Serve Them

Insurance coverage makes a difference.[26] Uninsured individuals:

- Are less likely to have a usual source of care outside of the emergency room
- Often go without screenings and preventive care
- Often delay care or forgo care
- Are sicker and die earlier than those with insurance
- Pay more for care.

The actual number of uninsured varies throughout the year. According to the California Health Interview Survey conducted in 2005, approximately 123,000 non-elderly Sacramento County residents were uninsured at the time the survey was taken. Up to 179,000 residents were uninsured at some point during that year. From that survey, slightly over half (50.3%) of the uninsured respondents indicated they did not have a regular source of health care and about 13.7% had delayed care or didn't get care compared to 4.5% of the insured population.

According to the 2007 Community Health Needs Assessment sponsored by the local health systems the following communities in the county had 40% or more of the population uninsured:

- North Sacramento (zip code 95815)
- Downtown Sacramento (95814)
- Oak Park (95817)
- Elder Creek (95824)

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[25] See Kaiser Permanente's web site at http://infokp.org/childhealthplan/eligibility.html for eligibility criteria.

[26] Families USA, (2007) *Wrong Direction: One Out of Three Americans is Uninsured*.

The racial representation of the uninsured is not proportionate to the racial representation in the county as a whole. Latinos are over-represented among the uninsured.

Uninsured Residents At Time of Survey By Race 2005			
Race	**Percent of County Population**	**Estimated Number of Uninsured in 2005**	**Estimated Percent of Uninsured in 2005**
Latino	13.8	38,000	30.9
American Indian/ Alaska Native	1.3	2,000	1.6
Asian	13.5	12,000	9.8
African American	9.3	7,000	5.7
White	57.5	56,000	45.5
Other single/2 or more races	4.6	8,000	6.5
Total	100.0	123,000	100.0
Source: 2005 California Health Interview Survey			

1. **Smile Keepers and the California Children's Dental Disease Prevention Program**

Smile Keepers is a children's oral health program sponsored by the County of Sacramento. The program targets high-risk schools, providing daily fluoride tablets and fluoride treatments, dental health education and a preventive regimen for preschool through sixth grade, as well as special needs students, regardless of age. Program staff provide in-classroom educational lessons or a dental health fair for each participating class along with dental supplies—toothbrushes, toothbrush covers, and dental floss. Preschools are also offered an annual parent meeting or a health fair. Additionally, annual screenings and referrals are coordinated among volunteer dentists, dental hygienists, or by staff dental hygienists. Dental sealants are also offered through a school-based program that provides sealants to second, sixth, and special education classes in high-risk elementary schools. In the 2006-2007 school year, 17,353 children were screened through this program.

Sacramento County Health Department participates in California Children's Dental Disease Prevention Program (CCDDPP) which targets schools with 50% participation in the National School Lunch Program. Students from pre-K through 6th grade benefit from the comprehensive components of the program which are fluoride supplementation in

non-fluoridated communities, oral health and nutrition education, plaque education including age appropriate guided practice in tooth brushing and flossing instruction, and sealant applications. Sacramento County CCDDPP currently serves 98 schools, or 27,924 children. There are over 30 schools that are eligible for CCDDPP in Sacramento County, but are not being served by CCDDPP due to limited funding.

2. **Smiles for Kids**

The Sacramento District Dental Society (SDDS) provides dental screenings and services for uninsured children in low-income area schools through its Smiles for Kids Day and Adopt-a-Kid programs. Children are screened at the school site during the year and then those without dental insurance are treated by volunteer member dentists and hygienists on Smiles for Kids Day or by appointment with dentists that offer their services at no cost or at a reduced rate.

In 2008 over 21,000 children were screened and over 800 were referred to Smiles for Kids Day. Of the children screened, 35% needed dental care and 10% needed urgent care.

3. **Child Health and Disabilities Prevention Program (CHDP)**

The Child Health and Disability (CHDP) Program is a preventive health program for children and youth in the State of California. The program provides periodic health assessments to low income children for the early detection and prevention of disease and disabilities. The CHDP health assessment includes a health history, physical examination, developmental assessment, dental assessment, nutritional assessment, vision and hearing test, a tuberculin test, laboratory tests, immunizations, health education/anticipatory guidance, and referral for any needed diagnosis and treatment.

CHDP provides services to children and youth up to age 21 that are eligible for the Medi-Cal Program as well as children that are ineligible for Medi-Cal but whose family income falls below 200% of the Federal Poverty Level (FPL). In Sacramento County, CHDP is administered by the Sacramento County Department of Health and Human Services (DHHS). DHHS contracts with local medical providers to perform the CHDP examinations and county public health nurses coordinate care for any children in need of follow up services and treatment. If dental problems are suspected during the CHDP exam, those cases are referred back to CHDP for follow up. However, follow up is primarily provided to children enrolled in the Fee-for-Service (FFS) Denti-Cal program and not for those enrolled in dental plans participating in Geographic Managed Care (GMC) as this is the responsibility of the dental plan under contract with the State of California. When aware of problems in accessing dental care through GMC plans, CHDP does advocate for families in need of care to the provider and the dental plan until such issues are resolved.

In FY 2007/2008, CHDP provided follow up services related to dental problems to approximately 442 children.

4. California Children's Services

California Children's Services (CCS) is a statewide program that arranges for and provides medical treatment, equipment and rehabilitation for children and youth with certain chronic conditions and whose families are not able to pay for all or part of their care. In general, CCS covers conditions that are physically disabling or require surgery. Family income must be below $40,000 or the condition is expected to cost more than 20% of a family's annual income. Medically handicapping malocclusion (severely crooked teeth) and other dental issues are covered under CCS when they are directly related to a qualifying CCS condition. CCS is administered locally by Sacramento County Department of Health and Human Services Department and works closely with the CHDP program.

5. Head Start

Head Start is a federally funded preschool program that provides comprehensive support programs to low income families with children under age five. In Sacramento County, Head Start programs are provided by the Sacramento Employment and Training Agency (SETA), a joint power between the City and County of Sacramento. SETA Head Start operates over one hundred Head Start/Early Head Start centers, housing more than 230 classrooms. Current enrollment in SETA Head Start preschool centers is 3,784. Federal performance standards for Head Start programs require each enrolled child to have an annual dental examination from a licensed dentist.

Early Head Start provides support services to families with children under age three and expectant mothers. Dental assessments are required at each well baby check up as recommended by the Sacramento County Child Health and Disability Prevention Program (CHDP) Periodicity Timetable (check title). Pregnant mothers served through the home based Early Head Start program are provided dental exams and any required treatment. SETA Head Start contracts with local dentists to provide “flashlight and mirror” dental exams at all preschool sites at least once per year.

SETA Head Start reports for the 2007/2008 School Year:

- Total enrollment was 3,784
- 3,145 (83%) participants received a dental exam from a licensed dentist
- 2,101 (67%) of these exams were provided by paid SETA Head Start Dental Consultants
- 966 (31%) participants required treatment
- 33 (1%) participants were referred for extreme dental treatment
- SETA Head Start paid $31,490 for dental treatment during the year.

SETA Head Start also pays for treatment for uninsured or underinsured children that have no other options. They have partnered with a local dental practice and arranged for a non-profit rate fee schedule, when paying for treatment for these children. As the "payor of last resort" for program participants, SETA Head Start pays for services needed for an uninsured child or when a child's dental needs exceed coverage limits or the family is unable pay the co-pay or share of cost for treatment.

6. **Mercy Perinatal Recovery Network**

Through the Mercy Perinatal Recovery Network (Mercy PRN), pregnant women and new mothers battling substance abuse can learn to overcome their addictions, deliver healthier babies and prevent their children from being placed in foster care. Experienced staff members provide support to help women get off drugs and stop abusing alcohol. Services are conveniently located in the central area of Sacramento on several major bus lines. No doctor referral is needed to join the program and financial assistance is available. Mercy PRN provides group counseling, individual counseling, substance abuse education, family violence awareness, health and life skills education, parenting classes, children's programs, transitional housing, transportation assistance and community referrals. All calls are confidential.

V. DENTAL CARE PROVIDERS AND PATIENT ADVOCACY ORGANIZATIONS

A. Hospitals

There are 15 hospitals in the county, the majority of which are associated with one of the four major hospital systems: Catholic Healthcare West (Mercy Health); Sutter Health; Kaiser Permanente; and the University of California, Davis Health System. There are nine General Acute Care (GAC) hospitals and five psychiatric hospitals. In addition, the Shriners' Hospital for Children, Northern California is located in Sacramento. Together these hospitals have over 2700 beds. The four major hospital systems consistently rank among the 10 employers in the region with the greatest number of employees.

B. Dental Clinics

A safety net provider is one that delivers a significant level of health care to low-income populations, generally for one of two reasons: because it is mandated to provide care to patients regardless of their ability to pay for the services (e.g., the County of Sacramento for certain populations), or because a substantial share of the provider's patient mix is uninsured, Medi-Cal eligible or other vulnerable patients.[27]

There are currently four dental clinics in the county as shown below. A fifth clinic, sponsored by the nonprofit organization Maap, Inc., is due to open in 2009 in south Sacramento.

[27] Institute of Medicine (2000) *America's Health Care Safety Net: Intact but Endangered*

Clinic Name / Website	Address/ Phone Number	Hours	Services	Payment Options
Sacramento Native American Health Center www.snahc.org	2020 J Street Sacramento, CA 95814 PH: (916) 341-0575	Mon-Fri 8am-5pm	Patient education, prevention and general dental services for adults and children including exams, x-rays, emergencies, fillings, extractions, cleanings, sealants, fluoride, dentures and oral surgery	Medi-Cal, some private PPO insurance, sliding scale
County of Sacramento Clinic (C Street Clinic)	1500 C St. Sacramento, CA 95814	Mon-Fri 7:30 – 5 pm Walk-In Only at 7:30 am or 12:30 pm	X-rays, fillings and extractions for adults age 21-65 Emergency for low-income	Free for qualified adults. Must live in Sacramento County. Refers children under 18 to CHDP
Sacramento City College Dental Health Clinic www.scc.losrios.edu/ dentclinic.html	3835 Freeport Ave Roddah Hall Sacramento, CA 95822 PH: (916) 558-2303	Mon-Fri 7:45am-12pm 12:45pm-4pm **Call for current clinic hours**	Hygiene services for children and adults including prophylaxis, x-rays and sealants	Cash, check, Delta Dental, Healthy Families, private insurance, Medi-Cal
Western Career College Dental Hygiene Clinic	8909 Folsom Blvd Sacramento, CA 95826 PH: (916) 361-5168	By appt. Schedule varies with school term. Generally, Tuesday, Wednesday, and Thursday hours.	Hygiene services for children and adults including prophylaxis, x-rays, fluoride and sealants	Free hygiene, $10 max. for x-rays, cash only

1. Sacramento Native American Health Center

The Sacramento Native American Health Center is another key dental provider that serves low income residents in the county. The Sacramento Native American Health Center, opened it's doors in May of 2005 and provides primary medical care; comprehensive dental care; individual, group and family counseling services; substance abuse counseling; women's health; youth services; nutrition and diabetes care; perinatal care; HIV/AIDS prevention and care; and home visitation services for at-risk Native American women and children . In 2006, of their total estimated patient encounters of 5,000 approximately 2,300 of these were for dental services. Sacramento Native American Health Center's mission is to assist American Indians and Alaska Natives to improve and maintain their physical, mental, emotional, social, and spiritual well-being but the health center serves other vulnerable populations, as well.

2. County of Sacramento “C” Street Clinic

Because the primary responsibility of the County of Sacramento are those individuals who are not covered by other insurance or public programs and the severely mentally ill, the County of Sacramento primarily serves low-income adults in its clinics, including its dental clinic on “C” street in Sacramento. Other uninsured children and adults do seek care at the C Street clinic though they are not its primary target group.

3. Sacramento City College Dental Health Clinic

Students and community members may make appointments to have their teeth cleaned at SCC's Dental Health Clinic. Services include cleaning and polishing of teeth, fluoride applications, and home-care instructions. With a written request from a dentist, dental X-rays can be provided. The dental hygiene clinic is a teaching facility. Its primary goal is to provide students with patients with which to enhance their clinical skills. Only those individuals that can provide adequate training for the students will be selected as patients.

- All work is performed by students under the direct supervision of a dentist and dental hygienists.
- Patients can have their teeth cleaned once per year. Appointments take from 2-3 hours. More than one appointment may be needed.
- Appointment cancellation requires 48 hours advance notice. Individuals who fail to keep appointments or fail to give 48 hours notice are discontinued as patients

4. Western Career College Dental Hygiene Clinic

Western Career College (WCC), located in East Sacramento on the light rail line, offers a 16-month intensive dental hygiene program. Two staggered classes of approximately 30 students operate continually. As part of the school program, WCC operates a dental clinic. About 140 patients per year are seen at WCC by the students for prophylactic services, screenings and X-rays. All students are supervised by a dentist in the clinic, which has 24 operatories and runs generally 3 days per week, depending on the school schedule. Current clients are primarily low-income adults (about one-half Spanish speaking) but WCC would like more children in the patient mix.

C. Patient Advocacy Groups

1. State of California Office of Managed Care

The California Department of Managed Health Care (DMHC) helps California consumers resolve problems with their health plan and works to provide a more stable and financially solvent managed care system. The DMHC operates the Financial Solvency Standards Board, comprised of people with expertise in the medical, financial and health plan industries. The board advises the Director on ways to keep the managed care

industry financially healthy and available for the more than 21 million Californians who are currently enrolled in these types of health plans.

2. State of California Office of the Patient Advocate

The Office of the Patient Advocate (OPA) is an independent office in state government charged with informing and educating consumers about their rights and responsibilities as Health Maintenance Organization (HMO) enrollees. Established in July 2000, OPA is required to annually publish an internet-based HMO Report Card on the quality of HMO services, develop consumer education materials and programs, assist HMO enrollees, advise the Department of Managed Health Care regarding consumer issues, and collaborate with government and community-based patient advocacy organizations. OPA is one of the funders of the local Health Rights Hotline.

3. Health Rights Hotline

The Health Rights Hotline (HRH) provides free assistance and information about health care rights to residents of El Dorado, Placer, Sacramento and Yolo counties. HRH advocates advise consumers about their rights, answer questions about their health care coverage, and advocate on their behalf with health plans, providers, and other relevant entities. HRH's staff regularly provides advocacy services to families experiencing access barriers or authorization issues with their medical or dental care. They have attorneys on staff that provide legal clarification on coverage issues to callers, represent clients at hearings, and address issues on a systemic level.

VI. STRENGTHS AND CHALLENGES OF THE CURRENT SYSTEM OF DENTAL CARE IN SACRAMENTO COUNTY

A. Strengths

1. Kindergarten Oral Health Screening Requirement

In 2006, AB 1433 was passed requiring that children have a dental check-up by May 31 of their first year in public school, at kindergarten or first grade. The goal of the resulting program is to establish a regular source of dental care for every child. The program also identifies children who need further examination and dental treatment, and barriers to receiving care.

2. First 5 Sacramento Fluoridation Efforts

The First 5 Sacramento Commission has prioritized water fluoridation as one means of reducing tooth decay. The Commission has allocated $19 million toward water fluoridation in Sacramento County for the period from July 2004 through June 2010. Community drinking water is being fluoridated in districts with the highest concentrations of children under 6 years of age. By June of 2010, nearly 70 percent of Sacramento County homes will receive optimal water fluoridation.[28]

3. Denti-Cal GMC

If Medi-Cal enrollees understand they are covered for dental services and access these services, their probability of receiving quality treatment is good under GMC Denti-Cal. While there were a number of shortcomings with GMC Denti-Cal documented in a 2001 study of GMC Denti-Cal vs. Fee-for-Service Denti-Cal, the study showed accountability for quality was greater in GMC; higher rates of fluoride treatment occurred, and GMC charts scored better than Denti-Cal charts in periodontal screening (of gums and bones around the teeth)[29].

4. Smiles for Kids

This partnership between the professional dental community and the schools provides approximately $800,000 in in-kind services per year for needy children in Sacramento County.

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[28] See Appendix G for the Water Flouridation Map for Sacramento County

[29] Geographic Managed Care Dental Program Evaluation: Executive Summary, William M. Mercer, Inc. for the Medi-Cal Policy Institute, April 2001.

5. Smile Keepers

This school-based education, screening and treatment program targets children in high-risk elementary schools in the county. The program is sponsored by the County of Sacramento and funded by a variety of state and local funders.

6. Cover the Kids

Cover the Kids is the local children's health initiative. One of its major contributions is its outreach to immigrants and other hard-to-reach populations to assist them in enrolling in and taking advantage of available insurance and service programs.

7. Head Start Programs

This pre-school program for low-income children conducts screenings and provides dental prevention education for participants and their guardians.

8. Coalitions in the County

There are numerous coalitions in the county that work to overcome barriers of accessing medical and dental care. Some of these include:

- Children's Coalition
- First 5 Sacramento Advisory Committee
- Human Services Coordinating Council
- Homeless Coalition
- Shots for Tots Regional Coalition
- Sacramento Health Care Improvement Project

Patricia, a pregnant women, was seeking dental services for her four year old child, Diego. He had not been sleeping well due to tooth pain. Diego did not have dental insurance. Patricia applied for coverage through the Healthy Kids program. While enrollment was pending, Diego was referred to a dentist that would donate his services.

Due to lack of reliable transportation, Diego and his mother were assisted by a local organization and taken to two of his dental appointments. They were also assisted with interpreting services so that Patricia was able to understand exactly the type of treatment Diego needed. Diego had many of his teeth in advanced tooth decay, cavities and abscessed teeth throughout his mouth. The dentist explained that he would provide Diego with free treatment to make sure that his teeth and gums became healthy again.

During a follow up call with the mother some time later, Patricia shared that she recently took Diego to the dentist and was given antibiotics for his abscesses, but because she could not provide her own interpreter, the dental office would not be able to see Diego for further treatment. Now covered through Healthy Kids, she was encouraged to make an appointment with a dentist closer to her home, where bilingual staff are available.

9. Family Resource Centers - Birth and Beyond

The Birth & Beyond Program provides free and voluntary family support services to residents of Sacramento County at eight Family Resource Centers.[30] One of the Birth & Beyond Program's primary goals is to ensure pregnant women and newborn infants have primary care physicians and receive regular medical care. Birth & Beyond Family Resource Centers (FRC's) and Home Visitors provide referrals to free and low-cost insurance options available to families that qualify. FRC's also help families sign-up for medical insurance.

Many of the FRC's have clinics on-site, which provide prenatal care for pregnant women, well child exams for infants, immunizations and hearing and dental screenings. Many of the FRC's offer health information, child development information, nutrition services, and lactation support through partnership with county public health nurses, child development professionals and the Women, Infant and Children Program.

B. Challenges and Opportunities for Improvement

While the system of dental care in Sacramento County has many strengths, there is strong evidence of the need for improvements:

- Too many children experience preventable dental disease. In a 2005 study conducted by the Dental Health Foundation in which 20,000 children's mouths were examined, 28%of the children were found to have untreated cavities. Four schools in Sacramento County participated in this statewide survey[31].
- Of the students examined during the 2006-07 school year through the County's Smile Keepers program, 27% of the children screened (4,674 of 17,353) had evidence of visual decay and another 9% (1,491) had a need for urgent dental care[32].
- Children of lower income, without insurance, Latinos and African Americans, or whose parents do not speak English are more likely to have not visited or recently visited a dentist [33]

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[30] See Appendix D for a list of Family Resource Centers in Sacramento County.

[31] Dental Health Foundation. "Mommy, It Hurts to Chew", The California Smile Survey- An Oral Health Assessment of California's Kindergarten and 3rd Grade Children. 2006.

[32] County of Sacramento. Smile Keepers Program Statistics.

[33] UCLA. 2005 California Health Interview Survey

- According to the California Oral Health Needs Assessment conducted in 2005 by the Dental Health Association, Latino kindergarteners were 2.4 times more likely to have untreated decay than white children and low-income kindergartners were 1.9 times more likely to have untreated decay than higher income children.

> *"Carlos" is a young boy whose family speaks Spanish. Carlos's mother contacted a local advocacy organization to get help with finding a dentist. Carlos's mom thought he had Medi-Cal but was not sure and did not know how to access a dentist through Medi-Cal. They discovered that his Medi-Cal had been terminated months ago because of a procedural paperwork problem. Carlos was referred to the Child Health and Disabilities Program (CHDP) program to get dental care while they assess his Medi-Cal eligibility. Medi-Cal enrollment can take up to 45 days.*

- Many children who have dental insurance do not access care. Of the 91.8% of Sacramento County children one to five years of age with dental insurance in 2005 only 45.3% of them had ever had a dental visit. (Statewide 81.3% had coverage and 45.1% had had a visit)[34].

- About one-third of California preschool children have untreated tooth decay. Less than 10 percent of Denti-Cal (California's Medicaid dental program) enrollees under age 2 in California have ever received preventive dental care.[35]

- Results from a statewide survey showed that for residents in the State Assembly and Senate districts that cover Sacramento County, between 23% and 33% of local children did not have regular dental care.[36]

- SETA Head Start reports that families face many barriers in accessing dental treatment for their children, including lack of pediatric specialists, cost of co-pays and/or uncovered service expenses, language and transportation barriers.
  - Families with children enrolled in Denti-Cal report appointment wait times can be several months long, especially for restorative treatment.
  - Parents also report that appointments are frequently rescheduled due to over-scheduling, sometimes on the same day of their appointments.
  - Parents report dentists refuse to treat children that are under the age of three or that they require physical restraints that are not desirable to parents of young children.
  - SETA Head Start reports many provider offices do not have front office or treatment staff that speak languages other than English. This leads to further

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[34] UCLA. 2005 California Health Interview Survey

[35] Children NOW. "Oral Health Policy Brief". 2007.

[36] UCLA. 2005 California Health Interview Survey

scheduling delays or creates confusion about their child's dental needs and treatment options and recommendations.

- Two areas of Sacramento County (both in downtown Sacramento) are classified by the U.S. Health Resources and Services Administration as a Dental Professional Shortage Areas. One of these two areas includes the service area covered by the County's C Street Clinic and the other is in central downtown Sacramento and includes the service area of The Effort, Inc.[37]

- The Community Health Systems' 2007 Community Needs Assessment prepared for the four local health systems by Valley Vision documented the need for expanded dental services in the county[38].

- Health Rights Hotline, a local nonprofit organization that assists county residents with challenges with the health care system, reported that during the seven-month period from January through July 2008 of the 117 calls related to child health needs 40 percent of the calls (47 total calls) related to challenges in obtaining dental care.

- In 2007 the Cordova Community Collaborative conducted surveys and focus groups of low-income residents of the City of Rancho Cordova regarding their health care and wellness needs[39]. Two hundred and seventy residents responded to the survey. Of these:
  - 40% have no dental insurance and 27% had no dental insurance for their children
  - 89% receive healthcare from clinics or emergency rooms
  - 92% did not seek dental care because they did not have insurance or could not afford it
  - 26% had not received any dental care in over a year and 8% had never received dental care
  - 4% stated that their child's last dental visit was an emergency
  - 33% of respondents did not seek dental care for their children because they lacked child care, did not have transportation or did not know where to access services.

- In a recent review of records of Sacramento County children in foster care, only 40 percent had had a dental visit in the most recent 6 months[40]

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[37]See www.oshpd.ca.gov/HWDD/DHPSA.html for the definition of Dental Health Professional Shortage Area).

[38] Kaiser Permanente, Mercy, Sutter Health, U.C. Davis Health System. Healthy Living- Community Health Needs Assessment 2007. Sacramento, 2007

[39] See Appendix C for Key Dental-Related Findings from the Rancho Cordova Wellness Study.

[40] Sacramento County Superior Court. Review of 115 social study reports of children in foster care, August 2008.

- In a recent meeting, Child Health and Disability Prevention Program (CHDP) directors from across California stated there are a number of barriers to care including program enrollment paperwork completion errors, incomplete applications, transportation challenges, and personal traits such as fear of the dentist, work/scheduling conflicts and fear of government programs.

- In a recent study conducted for the Sacramento Health Care Improvement Project, transportation was mentioned most frequently as a barrier to accessing health care in Sacramento County by the interviewees and was considered by some providers as a major contributor to the high no-show rate for specialty care.

- In this same SHIP study, finding a dentist that would treat pregnant women with serious dental disease was also sited as problematic.

- A very limited number of dentists participate in publicly-funded programs for a variety of reasons, including reimbursement, cumbersome paperwork and problematic patient behavior. The Sacramento District Dental Society (of which about 85% of local dentists are members) reports that only about 7% of society members participate in Denti-Cal.

VII. PROMISING STRATEGIES AND PRACTICES

A. Expanding Access through Community Clinics

Federally Qualified Health Centers and other community clinics are a potential solution for the access shortage but they face a number of obstacles from insufficient capital to a payor mix that doesn't allow for sufficient reimbursement[41]. Recommendations for overcoming these barriers include:

- Developing a peer network among clinical directors and executives to discuss operational and policy issues
- Wider dissemination of "best practices" information
- Clarification of reimbursement policies under FQHC
- Greater funding for capital and start-up costs
- Support for programs that encourage dental students and professionals to practice in clinical settings
- Further research on inducements to attract qualified providers to serve in the clinics.

B. Education, Prevention and Dental Care Access through School-Based and Other Child Programs

Evidence indicates school-based oral health programs can reduce tooth decay and promote oral health. They can be well-positioned to help prevent tooth decay and promotion of oral health because of their access to parents, emphasis on health education and their partnerships with child care and community organizations that work with children and families. [42]

Additionally, a study of children participating in the Federal Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) showed that children enrolled in WIC had an increased probability of visiting the dentist, were more likely to use preventive and restorative services, and were less likely to use emergency services for oral problems.[43]

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[41] California HealthCare Foundation. "Expanding Access to Dental Care Through California's Community Health Centers." 2008.

[42] Beth Lapin, Anna Jo Bodurtha Smith. "Dental Care: The Often Neglected Part of Health Care." 2008.

[43] Lee, R., Gary Rozier, D.D.S., M.P.H., Edward C. Norton, Ph.D., et al. "Effects of WIC Participation on Children's Use of Oral Health Services." *American Journal of Public Health* 94(5), pp. 772-777. May 2004.

C. Increasing Dental Access by Promoting Healthy Kids Insurance Coverage

A recent evaluation of Children's Health Initiatives[44] in three California counties, Los Angeles, San Mateo and Santa Clara, shows that efforts to enroll children in Healthy Kids or other publicly-funded programs are making a significant difference in whether children receive dental care. Over twice as many children had a usual source of dental care after CHI's were introduced in these counties and nearly three times as many children had a preventive dental visit with the most recent six months after the program was implemented.

D. Increasing Provider Rates to Increase Access

In a review of the literature by The National Academy for State Health Policy on the experience of states and their dental reimbursement rate increases it was concluded that reimbursement rate increases were necessary, but not sufficient, to make Medicaid (Medi-Cal in California) succeed. Reducing the administrative burden of providers was also important.[45]

E. Reducing the Administrative Burden of Public Programs

Over the past ten years many states have worked to try to reduce disparities in oral health. Increasing provider rates has been a common strategy but reducing the administrative paper work and authorization process time is also important. The states of Virginia and Tennessee have incorporated the use of an "administrative services only" contractor to improve customer service and expedite treatment authorization processes.

F. Expanding Hygienists' Ability to Provide Services without a Dentist Present

Dental hygienists are often more available than dentists. A number of states, e.g., Arizona, allow dental hygienists to provide certain prevention services to low-income people in public facilities without the direct supervision of a dentist.[46]

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[44] California Children's Health Initiatives. "New Study of Children's Health Initiatives Shows Dramatic Gains in Children's Dental Health Care." 2008.

[45] California HealthCare Foundation. "Increasing Access to Dental Care in Medicaid: Does Raising Provider Rates Work?" 2008.

[46] Laurie E. Felland, Johanna Lauer, Peter J. Cunningham. "Community Efforts to Expand Dental Services for Low-Income People." July 2008. Center for Studying- Health Systems Change. 13 August 2008. <http://www.hschange.org/CONTENT/1000/>

G. Special Clinics for Low-Income Children

i. Salinas Valley Memorial's Children's Miracle Network Dental Center

The 3900 square foot CMN Dental Center includes 13 dentists and seventeen clinical and support specialists. They serve thousands of children each year, from infants to 19 years of age, from Monterey, Santa Cruz, San Benito, Santa Clara, Merced and San Luis Obispo counties.

ii. The Children's Dental Center of Greater Los Angeles

This nonprofit organization has been serving low-income children since November 2000. Services include oral health prevention, education and treatment. It receives foundation funding, bills public programs and receives significant in-kind contributions from the local dental schools. In 2008 it had over 9,000 patient visits and provided education and screening for 39,000 children.

VIII. RECOMMENDATIONS

Recommendation # 1: Establish or expand community wide public education efforts on the importance of dental disease prevention including but not limited to treatment during pregnancy and oral health assessments by age one.

Why?

- Most parents and some dentists are not aware that children should have an oral health assessment by age one.
- Many parents and some providers are not aware of the nature of dental disease and the new knowledge and guidelines related to preventive techniques such as fluoride varnish and sealants.
- Many parents, especially immigrants, believe that baby teeth are not important and therefore place little value on prevention during the first few years of life.
- Pregnant women are not aware of the connection between poor oral health during pregnancy and negative birth outcomes.
- A public awareness campaign aimed at parents could create greater demand for access to services, especially for very young children (under age three).

Recommendation # 2: Create a comprehensive network of support for parents to improve utilization of dental services for their children, including but not limited to transportation and cultural and linguistic support and training on how to maneuver the dental care system.

Why?

- A number of individuals have dental coverage through GMC and are not aware of it or do not know how to access services.
- Some Denti-Cal covered individuals do not know the responsibility of the dental plans to help them in accessing services
- Immigrants often do not have a history utilizing preventive care and don't understand its importance.

- Daily life stresses result in dental health being a lower priority. Regular reminders to parents and guardians could increase utilization of available services.

- Coordination of care for children among plan, provider and specialists has proven to be an effective way to ensure access.

- Many children's health advocates report that low-income families face challenges in accessing services such as language and transportation barriers. Support in these areas could improve utilization rates for children.

Recommendation # 3: Expand school-based and other program-based prevention, screening, sealant and treatment programs.

Why?

- School-based programs overcome cultural and transportation barriers to obtaining care.

- School based dental prevention programs generally include education on adopting more healthy personal habits reducing the cultural barrier as to the importance of dental disease prevention in primary teeth.

- Some families may place a low priority on seeking dental care for their children in light of other competing demands; school based programs can overcome that.[47]

- Such programs provide access to parents and families who should also receive education on preventing dental disease.

- When assessing the need for sealants, examiners in the school-typically identify children with treatment needs, such as untreated decay and notify parents and school nurses.

- Other programs, such as Head Start and WIC, can offer convenient access to higher-risk children.

Recommendation # 4: Support efforts to add dental components to existing community clinics.

Why?

[47] American Association of State Dental Directors web site <http://www.astdd.org>

- A number of local clinics are seeking federal designation as a Federally Qualified Health Center which requires a dental component. Reimbursement is generally better for these clinics than for other community clinics, so sustaining a dental program could be more financially feasible through expansion of these facilities.

- Some local clinics have excess physical capacity that could be maximized by expanding the availability of other dental professional and support services.

<u>Recommendation # 5:</u> Develop the business case for establishing a nonprofit children's clinic, including a mobile component

Why?

- A number of other communities have successfully developed nonprofit children's dental clinics for low-income residents with philanthropic and public support. It provides a venue for community dentists to volunteer, for dental students to receive training while providing needed care and can become a "dental home" for many low-income children.

- But such endeavors require thorough analysis to determine the optimal operating conditions, partnerships that need to be developed for success, feasibility of raising funds to support the effort, impact on other providers, etc.

- A mobile education and screening program can have some of the same operating and financial challenges as a free-standing clinic. A business plan for the mobile van option should also be developed before this strategy is pursued further.

<u>Recommendation # 6:</u> Support local and statewide efforts to address provider shortages, particularly in publicly-funded programs.

Why?

- Almost half of California counties report a shortage of dentists.[48] Statewide strategies need to be developed to address this. Sacramento should support these efforts whenever possible.

- National dental advocacy groups recommend increasing access to pediatric dental providers, such as through loan forgiveness programs to providers in low-income communities and by expanding the abilities of various dental health professionals, especially those in the underserved areas of the state.[49]

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[48] Children NOW. "Oral Health Policy Brief". 2007.

[49] Children NOW. "Oral Health Policy Brief". 2007.

Recommendation # 7: Advocate at the state level for more local accountability for Sacramento geographic managed dental care

Why?

- Enrollment assistors, outreach workers, providers and patient advocates are regularly reminded of some of the shortcomings in Geographic Managed Care (GMC), particularly related to challenges in finding or accessing a provider. One of the challenges with GMC is that the plans contract directly with the State of California and local residents and organizations have very little access to information about costs, quality, access to care, etc. This makes it difficult for the community to determine if complaints are isolated incidences or common occurrences that require attention by the plans and State of California.

- Increased accountability generally leads to improved quality of care.

Recommendation # 8: Expand efforts to create awareness among medical, dental and other professionals about the importance of oral health and early intervention services and the financial resources available to provide the services.

Why?

- Many medical professionals are not aware of the new dental disease prevention guidelines for young children.

  Many medical and dental professionals are not aware of the financial reimbursement available to provide dental services to children.

- There is misunderstanding among providers regarding Geographic Managed Care, the services provided by the County of Sacramento, and what services are covered under Denti-Cal (GMC and FFS) and the responsibility of contractor providers in assisting patients access treatment.

Recommendation # 9: Explore the feasibility of establishing mobile dentistry components to complement prevention and treatment strategies within school programs, clinics and community settings.

Why?

- Mobile dental vans and equipment have been used successfully in a number of communities to increase access to dental disease prevention services and treatment, particularly in more remote areas.

- Purchasing a mobile unit requires a significant initial capital outlay. Maximizing the unit's benefit requires a multi-year financial commitment.

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APPENDIX A

LIST OF INTERVIEWEES

JoLynn Alexander RN, PHN, MSN San Juan Unified School District	Gayle Mathe, RDH California Dental Association
Rosemarie Avalos Sacramento County Office of Education Migrant Education	Matthew Robertson Mercy Clinics
Vicki Carlson County of Sacramento, Health for the Homeless Project	Don Rollofson, DMD Sacramento District Dental Society
Marty Cuevas-Ortega, R.N., P.H.N., M.S. Health Services Coordinator Galt Unified School District	Nancy Roycroft, RN, MPPA San Juan Unified School District
Julie Day Access Dental – GMC Contractor	Carol Schaefer County of Sacramento CHDP
Rebecca Donhost PHN San Juan Unified School District	Petra Stanton The Effort
Kathy Johnson RN, MS San Juan Unified School District	Linda Stokes RN San Juan Unified School District
Cathy Levering Sacramento District Dental Society	Kate Varanelli County of Sacramento Smile Keepers Program
Sandra Lo, DDS Director, Dental Health Sacramento Community College	Ann Wallis, RDH, BS Western Career College, Sacramento
Martha Lomeli-King Sacramento County Office of Education Migrant Education	Elizabeth Wong Alta Regional Center
Betty Low Birth & Beyond	
Melissa Lloyd County of Sacramento Child Protection Services and Foster Parent	
Carole Vercruyssen, RN, PHN San Juan Unified School District	
Gwen Mansbridge County of Sacramento Perinatal Services	

Appendix B

Number of Medi-Cal Beneficiaries by Primary Language

Number of Medi-Cal (Medicaid) Beneficiaries by Primary Language Sacramento County, 1997-2007											
Language	**1997**	**1998**	**1999**	**2000**	**2001**	**2002**	**2003**	**2004**	**2005**	**2006**	**2007**
American Sign	37	63	78	80	70	58	61	52	71	97	104
Arabic	85	97	102	100	159	226	288	297	277	292	287
Armenian	1,078	1,263	1,323	1,452	1,111	1,055	1,001	1,048	1,065	1,387	1,392
Cambodian	483	507	537	530	515	542	572	555	738	597	523
Cantonese	4,541	4,477	4,520	3,299	3,389	3,427	3,655	3,939	4,139	4,416	4,484
English	146,340	140,007	142,994	115,096	123,605	128,254	134,974	143,009	150,352	164,770	162,365
Farsi	87	97	328	287	353	380	413	408	475	533	602
French	2	3	3	2	5	2	10	9	9	14	22
Hebrew	NA	NA	NA	NA	NA	3	3	3	5	7	5
Hmong	11,845	11,779	11,662	10,756	10,589	10,184	9,724	9,533	10,054	11,267	10,546
Ilacano	69	64	88	109	97	125	116	123	133	134	91
Italian	NA	NA	1	2	5	8	11	11	3	6	1
Japanese	14	15	18	40	38	28	23	17	24	45	40
Korean	132	135	136	72	95	112	116	147	143	227	212
Lao	2,867	2,606	2,381	1,828	1,664	1,620	1,511	1,470	1,437	1,617	1,481
Mandarin	101	91	108	74	66	69	76	131	134	335	374
Mien	3,282	3,142	3,018	2,750	2,626	2,591	2,397	2,409	2,344	2,399	2,123
Other Chinese	8	8	9	3	33	23	40	48	47	115	146
Other Non-English	3,936	4,269	4,302	2,013	1,877	1,916	1,694	1,347	1,309	2,299	2,889
Other Sign	5	1	4	49	87	93	67	76	40	51	40
Polish	19	18	12	12	14	13	9	8	15	14	4
Portuguese	40	37	48	40	51	84	71	87	119	110	88
Russian	10,622	11,792	13,881	12,946	14,423	16,193	17,545	18,512	18,257	18,970	16,512
Samoan	81	73	80	102	81	119	133	124	121	117	67
Spanish	14,260	14,085	15,035	15,012	18,241	21,653	25,928	30,336	32,587	38,240	38,348
Tagalog	519	549	510	303	351	457	572	631	697	905	956
Thai	11	7	15	10	11	11	8	7	16	118	133
Turkish	61	52	40	22	25	19	22	20	17	15	16
Vietnamese	8,176	7,757	7,621	6,346	6,202	6,264	6,463	6,694	6,857	7,364	7,104
Blank/Invalid Data	29,074	28,540	28,120	59,884	52,770	50,114	47,864	43,496	36,375	21,330	18,692
Total	208,701	202,994	208,854	173,335	185,783	195,529	207,503	221,051	231,485	256,461	250,955

Notes:

1) Date is date of eligibility for January of each year.

Source: California Department of Health Services, Fiscal Forecasting and Data Management Branch

APPENDIX C

KEY DENTAL FINDINGS FROM THE RANCHO CORDOVA WELLNESS STUDY

In 2007 the Cordova Community Collaborative conducted surveys and focus groups of low-income residents of the City of Rancho Cordova regarding their health care and wellness needs. Two hundred and seventy residents responded to the survey. Approximately 86% of the respondents had annual incomes under $50,000 with 37% earning less than $15,000 per year; 70.9% were renters; about one half had a high school education or less; 43% were Latino, 16% Slavic, 11% African American, 23% Caucasian and 7% Other.

The study focused on multiple aspects of health including medical, dental and vision. Related to dental health care, the survey respondents indicated:

- 40% have no dental insurance and 27% had no dental insurance for their children
- 89% receive healthcare from clinics or emergency rooms
- 92% did not seek dental care because they did not have insurance or could not afford it
- 26% had not received any dental care in over a year and 8% had never received dental care
- 14% stated that their child's last dental visit was an emergency
- 33% of respondents did not seek dental care for their children because they lacked child care, did not have transportation or did not know where to access services.

For a full copy of the report, contact the Folsom Cordova Community Partnership at Eara E. Lovelace Power Center, 10455 Investment Circle, Rancho Cordova, CA 95670 Phone: (916) 361-8684 Fax: (916) 361-8683.

APPENDIX D

FAMILY RESOURCE CENTERS – SACRAMENTO COUNTY

1.	**La Familia Counseling Center** 5523 34th Street Sacramento, CA 95820 452-3601 Fax 452-7628	95814 95817 95820 95824
2.	**Rancho Cordova Neighborhood Center** 10665 Coloma Road, Suite 300 Rancho Cordova, CA 95670 851-1651 Fax 851-1671	95630 95670 95742
3.	**Dunlap Family Resource Center** 4322 4th Avenue Sacramento, CA 95817 244-5800 Fax 244-5841	95814 95816 95817 95818 95820
4.	**North Sacramento Family Resource Center** 1217 Del Paso Boulevard Sacramento, CA 95815 679-3743 Fax 679-3752	95815 95833
5.	**Valley Hi/Florin Family Resource Center** 2251 Florin Road, Suite 128 Sacramento, CA 95822 525-1741 Fax 525-0783	95823 95828
6.	**Arden Arcade Family Resource Center** 3421 Arden Way Sacramento, CA 95825 979-8810 Fax 979-8803	95608 95821 95825 95864
7.	**Meadowview Family Resource Center** 2251 Florin Road, Suite 158 Sacramento, CA 95822 394-6300 Fax 394-6325	95822 95831 95832
8.	**North Highlands Family Resource Center** 6015 Watt Avenue, Suite 2 North Highlands, CA 95660 679-3925 Fax 679-3928	95841 95842 95843 95660 95673
9.	**Network** 811 Grand Avenue, Suite A-3 Sacramento, CA 95838 927-7694 Fax 564-8443	95815 95838

Appendix F

Child Health and Disability Prevention (CHDP) Program Denti-Cal Providers

Information for assistance in locating a dental care provider:

- **If you do not have Medi-Cal, your child may be eligible for dental services through the CHDP Gateway, which also provides medical and vision services for non Medi-Cal eligible children. Please call (916) 875-7151 for assistance.**
- **Healthy Families Program** 1-800-880-5305 – medical, dental and vision services for non Medi-Cal eligible children.
- **Sacramento City College** (916) 558-2303, at 3835 Freeport Blvd., Sacramento, 95822 – teeth cleaning and dental sealants only.
- **Western Career College** (916) 361-5168, at 8909 Folsom Blvd., Sacramento CA 95826- teeth cleaning, x-rays, and dental sealants only.
- **Medi-Cal referrals (Geographic Managed Care**): to call about plan assignment, call 1-800-430-4263, Monday-Friday 8:00 am to 5:00 pm. Have social security number ready.
- **Sacramento District Dental Society** (916) 446-1211 at 915 28th Street, Sacramento, 95816, Monday-Friday, 9:00 am to 4:00 pm.
- **For additional dentists who accept Medi-Cal, call 1-800-322-6384**

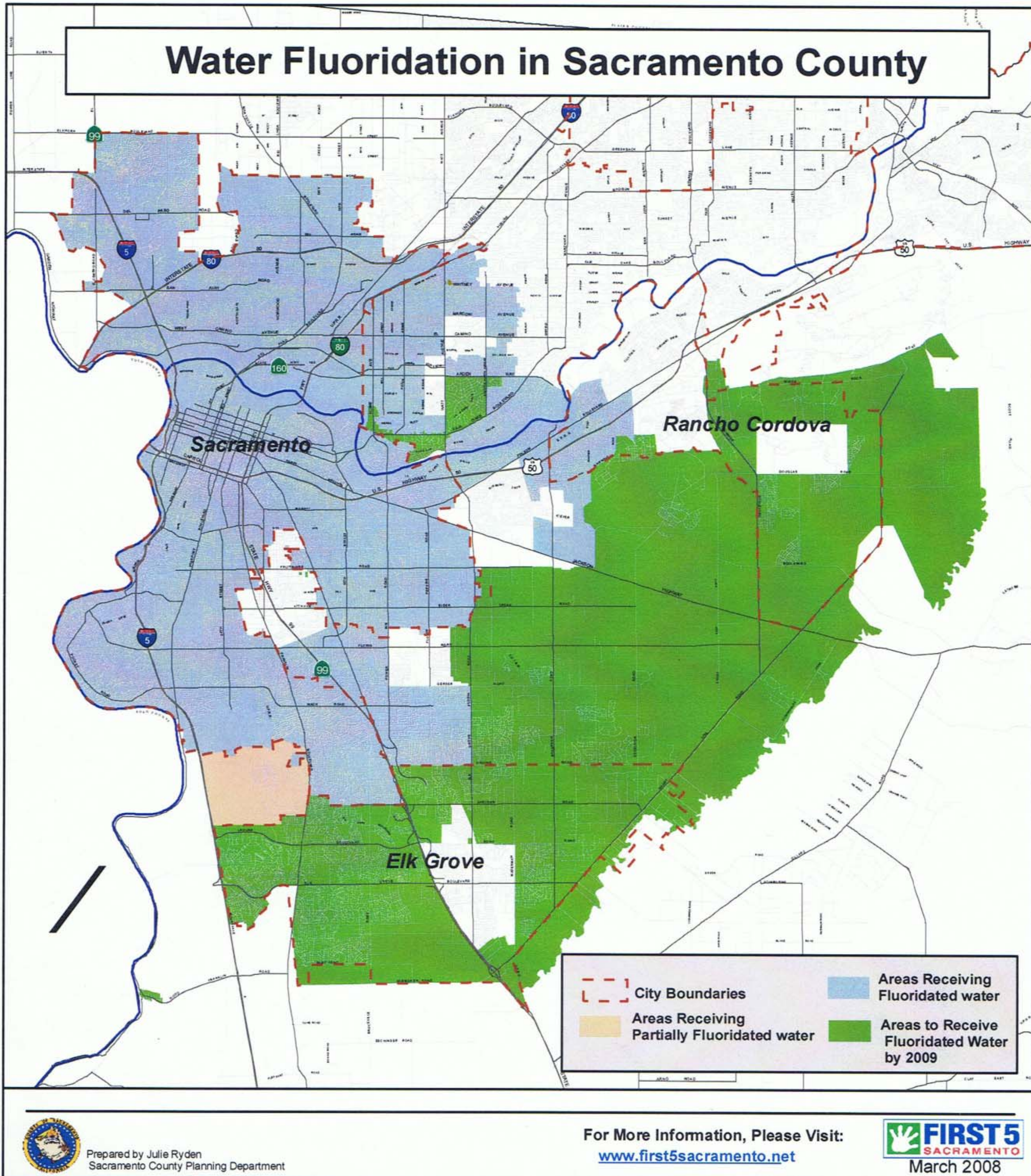
MEDI-CAL FEE-FOR-SERVICE PROVIDERS (unless otherwise indicated)

ABC Dental Clinic	960 Sacramento Avenue 2828 Mills Park Drive	W. Sacramento, CA Rancho Cordova, CA	**95605** **95670**	(916) 371-8455 (916) 363-2913	**Russian, Spanish, Ukrainian**. Time payments/reduced fees. No GMC plans. Age 5 and up
Abraamyan, Elmira, DDS	6137 Watt Avenue Suite 8	North Highlands CA	**95660**	(916) 331-7000	**Armenian, Russian, Ukrainian** Age 5 and up. Root Canals- 12 and up
Access Dental*	3945 Marysville Blvd. #1	Sacramento, CA	**95838**	(916) 646-4100	**Farsi, Russian** Age 6 and up
Access Dental	2693 Florin Rd.	Sacramento, CA	**95822**	(916) 424-5500	**Chinese, Iranian, Vietnamese** Any age
Access Dental	5200 Stockton Blvd. # 110	Sacramento, CA	**95820**	(916)455-6600	**Chinese, Hmong, Spanish, Tagalog, Vietnamese** Age 2 and up
Barakat, John, DDS	6940 Fair Oaks Blvd. Suite A	Sacramento, CA	**95608**	(916) 972-0770	**Arabic, French, Russian** Age 2 and up, younger if cooperative

Barut, Roberto, DDS	1355 Florin Rd. Suite 5	Sacramento, CA	**95822**	(916) 424-8948	**Filipino** Age 13 and up
Bui, Mai, DDS	3811 Florin Rd. Suite 26	Sacramento, CA	**95823**	(916) 395-2000	**Spanish, Vietnamese** Any age, as long as child is cooperative
Chae, Pyung Bae, DDS	9837 Folsom Blvd. Suite J	Sacramento, CA	**95827**	(916) 364-7111	**Cantonese, Chinese, Tagalog** Age 5 and up, ***Root Canals & Extractions only***
Chang, David, DDS	1355 Florin Rd. Suite 15	Sacramento, CA	**95822**	(916) 393-9968	**Chinese, Filipino** Age 10 and up, younger if cooperative
Choi, Samuel, DDS	3046 Watt Avenue	Sacramento, CA	**95821**	(916) 482-2897	**Korean** Age 6 and up
Dong, Brian, DDS	5665 Freeport Blvd. Suite 3	Sacramento, CA	**95822**	(916) 422-6418	Straight MediCal only Any age if cooperative
Gonzales, Yolanda, DDS	2378 Fruitridge Rd.	Sacramento, CA	**95822**	(916) 421-1010	**Tagalog** Age 4 and up
Kissevich, Zsolt, DDS	10390 Coloma Rd. Suite A	Rancho Cordova, CA	**95670**	(916) 368-0440	**Lao, Russian, Spanish** Any age if cooperative
Koett Jr., William	1820 Professional Dr. Suite 7	Sacramento, CA	**95825**	(916) 972-9279	***Root Canals ONLY***
Lashgari, Nayer, Cosmetic & Family Dentistry	1832 Avondale Ave. Suite3	Sacramento, CA	**95825**	(916) 485-1181	**Farsi, Spanish** **Age 5 and up**
Ly, Vang DDS	1355 Florin Rd. Suite 6	Sacramento, CA	**95822**	(916) 399-9910	***Extractions & Dentures ONLY***
Mucci, James, DDS	4360 Arden Way Suite 5	Sacramento CA	**95864**	(916) 481-0594	**Russian, Ukrainian** Age 4-5 and up
Paulos, Gustavo, DDS	10390 Coloma Rd. Suite A	Rancho Cordova, CA	**95670**	(916) 368-0440	**Korean, Russian, Spanish and Sign** Age 2 and up
Pham, Loan Thi-Thanh, DDS	6830 Stockton Blvd. # 185	Sacramento, CA	**95823**	(916) 422-5628	**Vietnamese** Age 3 and up
Phan, Vinh, DDS	3337 El Camino Ave.	Sacramento, CA	**95821**	(916) 486-8240	**Spanish, Vietnamese** **Age 2 and up**
Sacramento Native American Health Center	2020 J Street	Sacramento, CA	**95811**	(916) 341-0575	**Chinese** Any age child if cooperative
Shaari, Said, DDS	3009 K St. Suite 255	Sacramento CA	**95816**	(916) 447-2717	**Farsi, Russian, Spanish, Tagalog, Ukrainian** Age 4 and up, ***Western & Liberty ONLY***
South Sacramento Dental Group	2860 Florin Rd. Suite A	Sacramento , CA	**95822**	(916) 424-5500	**Hindi, Spanish, Vietnamese** Any age. Access Dental

Su, Charles, DDS	7275 E Southgate Dr. Suite 205	Sacramento, CA	**95823**	(916) 399-1318	**Chinese/ Vietnamese** Any age child, if cooperative
Tran, Charles, DDS	6175 Stockton Blvd. #260	Sacramento, CA	**95824**	(916) 427-6263	**Chinese, Hmong, Spanish, Vietnamese**. 9:00 to 5:30 Accepts GMC plans.
Trieu, My-Hanh, DDS	9165 Elk Grove-Florin Rd. Suite 160	Elk Grove, CA	**95624**	(916) 714-3410	**Vietnamese** Any age
Vue, Judith, DDS	7260 E Southgate Dr. Suite B	Sacramento, CA	**95823**	(916) 429-1325	**Hmong** Any age child, if cooperative
Western Dental	5501 Stockton Blvd.	Sacramento, CA	**95820**	(916) 739-6100	**Spanish, Vietnamese** Age 5 and up
Western Dental	3645 Northgate Blvd. Suite A	Sacramento CA	**95834**	(916) 286-7750	**Arabic, Hindi, Punjabi, Russian, Japanese, Spanish** Age 3 and up
Western Dental	5261 Elkhorn Blvd	Sacramento CA	**95842**	(916) 344-1500	**Arabic, Filipino, Russian, Vietnamese** 12 and up, will try 2 if cooperative
Western Dental	5247 Elkhorn Blvd.	Sacramento CA	**95842**	(916) 344-1600	**Russian, Spanish, Ukrainian, Vietnamese** Age 7 and up
Western Dental	1355 Florin Rd. Suite 3	Sacramento CA	**95822**	(916) 424-1400	**Spanish** Any age
Western Dental	4401 Florin Rd.	Sacramento CA	**95823**	(916) 428-4000	**Mien, Punjabi, Russian, Spanish, Vietnamese** Age 5, if cooperative and up
Yang, Geryoung, DDS	1355 Florin Rd. Suite 8	Sacramento, CA	**95822**	(916) 393-4044	**Hmong, Lao** Any age child if cooperative

Appendix G
Water Fluoridation Map – Sacramento County



APPENDIX H

ORAL HEALTH STRATEGIES OF FIRST 5 COMMISSIONS IN OTHER COUNTIES

Los Angeles
First 5 LA's health goal area targets improving the access to and the quality of health resources for pregnant women, young children, and their families. The $140 million allocation is dedicated to promoting the best possible health, developmental, and psycho-social outcomes.

- Healthy Births
- Healthy Kids
- Community-Developed Initiatives
- First 5 LA Parent Helpline
- Prenatal Through Three
- Oral Health & Nutrition
- Cross-Cutting Approaches
- Early Developmental Screening and Intervention
- School readiness.

Fresno County

Oral Health - Early childhood educator training on the importance of early childhood oral health; oral health screenings and the creation of a countywide early childhood oral health system of care including parent education with a focus on prevention.

Ventura County

One-Time Barrier Reduction and High Impact/High Innovation Projects - Funds for programs to improve access to quality services for children prenatal to age five and for innovative ideas and "best practices". Thirty-seven projects funded to address a wide array of needs from dental health, child safety, domestic violence, special needs playgrounds and increased access to child care services.

Santa Clara County
Health Care - There are two programs under the health care umbrella: health insurance through Healthy Kids and oral health services. The Healthy Kids program provides insurance for children 0 to 18 through a public-private partnership; First 5 Santa Clara funds the children 0 to 5. The Oral Health program includes oral health education and training, simple restorative care and intensive intervention and treatment. Supporting these programs is a campaign known as Knock and Talk that provides health insurance information to families who may be experiencing isolation and/or barriers to accessing needed services.

San Diego

Oral Health - The Oral Health Initiative (OHI) was launched in 2005 to address the growing concern about oral health and its connection to San Diego children's school readiness. The initiative includes three components: 1. direct oral health services for children, 2. capital grants to build and enhance dental facilities, and 3. a media campaign. The Commission allocated $4,199,999 over two years for this initiative.

Key elements of the initiative include:

- Enhancement of preventative services, primarily for lower income and uninsured children ages 0-5 and pregnant women.
- Provision of oral health screenings, exams and routine and specialty dental treatment for pregnant women and young children.
- Education to parents and pregnant women about the importance of good early oral hygiene.
- Establishment of linkages and coordination of care between prenatal, pediatric, and dental services.
- Training of medical and dental providers on the importance of early oral health care.

First 5 Sacramento Update

On February 2, 2009, the First 5 Sacramento Commission approved $750,000 for construction of at least two non-profit dental clinics, upgrade to the Smile Keeper's Van and $75,000 for a GMC Denti-Cal Study.

On May 4, 2009, the First 5 Sacramento Commission approved funding to the Smile Keeper's Program to increase event appearances to 10 per year for dental screenings and varnishes for Sacramento County children.

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www.coverthekids.com

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