Testimony – Little Hoover Commission

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The California Department of Public Health's (CDPH) chronic disease and risk factor programs aim to promote health and eliminate preventable chronic diseases including tooth decay. The California Wellness Plan 2014 recognizes that good oral health is necessary for staying healthy.

Oral diseases are highly prevalent in all stages of life. For children, oral diseases represent the largest unmet health care need. Addressing these diseases is a high priority as reflected in the Leading Health Indicators (LHIs), a set of national indicators selected to communicate high-priority health issues and actions. [i]

The Leading Oral Health Indicator is the receipt of dental care in the past 12 months. To a large extent, oral diseases can be prevented and treated by dental visits. A recent review showed that this objective is falling short of the Healthy People 2020 target of 49 percent.

The burden of oral diseases constitutes a major challenge because of the economic and social costs it imposes on the society. In children, untreated disease can lead to impaired growth, altered speech, missed school days, difficulty in learning and lowered self-esteem. Infections in the mouth in adults have been linked to adverse pregnancy outcomes, coronary heart disease, stroke and respiratory disease. Often adults with poor dental health and missing teeth not only find it difficult to eat well and socialize but also obtain employment. [ii]

- In California, expenditures for dental services in 2009 were $14.7 billion. In 2008, 39.4 percent of the population (civilian noninstitutionalized) had dental care expenditures with an average expenditure of $711. The percentage paid out of pocket in California was 42.1 percent.[iii] [iv]
- In 2012, emergency departments in California had approximately 113,000 visits for preventable dental conditions. According to the California Health Care Foundation, the median cost of emergency treatment is nearly $172. If treatment for the dental emergency requires hospitalization, the median cost increases dramatically to over $5,000.[v] [vi]
- Dental problems cause California students to miss an estimated 874,000 days of school each year, costing schools over $29 million annually. [vii] [viii]

- Children who reported having recent tooth pain were four times more likely to have a low grade-point average, which may impact their lifetime earning potential.[ix]

Although we have seen a steady improvement in the oral health of Americans in the last few decades, not all populations have benefited equally. As a result, some studies are showing widening of disparities in oral health among certain population groups. The disparities in oral health by income, race, education and geographic locations are profound as shown below:

- A 2006 survey of California children found that nearly 54 percent of kindergarten children and over 70 percent of third graders had experienced tooth decay.[x] This compares unfavorably with the US baseline prevalence of 33.3 percent for children aged 3–5 years, and 54.4 percent for children aged 6–9 years. Elementary-school-age children who are eligible for a free or reduced price lunch program due to low family income are more likely to have a history of tooth decay, untreated decay, and a need for urgent dental care than other children.
- According to the 2011/12 National Survey of Children's Health, an estimated 22.1% of 1-17 year old children in California reported oral health problems in the past 12 months. It varied from a low of 13.9% among higher income families to a high of 28% among lower income families. [xi]
- According to data from California's Maternal and Infant Health Assessment (MIHA) survey, 53 percent of pregnant women had a dental problem during pregnancy. Women with incomes below 100 percent of the federal poverty level, women with only a high-school education, African-American women, and women with Medi-Cal coverage had a higher prevalence of dental problems during pregnancy than the state average.[xii]

The improvements in oral health observed over the last few decades have been attributed to actions taken by individuals, providers, communities, policy makers, state and local governments, educational institutions and organizations. However, preventive services are underutilized and effective programs have not been adopted widely.

- Although California law requires fluoridation of public water systems, subject to available funding (Health and Safety Code § 116409–116415), just over 24 million people (63.7 percent of the population) received fluoridated water in 2012. California's percentage falls short of the HP 2020 target of 79.6 percent.
- An analysis of the national data showed less than half of children aged ≤21 years (43.8%) used dental care in 2009 and only 14.2% of children aged ≤21 years received a preventive dental service (i.e., topical fluoride, sealants, or both). The authors reported that lower likelihood of dental care use and receipt of preventive care was associated with being a non-Hispanic black or Hispanic child, having lower family income, head of household having lower educational attainment, and not having medical insurance. Children with private dental insurance were

more likely to receive preventive care than were children without private dental insurance. [xiii]

Obtaining dental care for children has remained a challenge throughout the country, especially for those without insurance and those on Medicaid. A review of data from state Medicaid programs revealed that enhanced reimbursement in conjunction with other initiatives such as patient and provider outreach, streamlined administrative procedures and patient navigators, will likely increase provider participation and access to dental care.[xiv]

According to the American Dental Association, the oral health landscape has changed significantly over the past decade.[xv] The percentage of Americans with private dental benefits declined from 2000 through 2011, with more adults forgoing dental insurance and more children moving into Medicaid. [xvi]This trend is also accompanied by increased utilization of dental visits among children and a significant decrease in dental care utilization among working-age adults. [xvii] The findings of the survey are informative:

- The majority of adults rate oral health as important. Adults with private health insurance are slightly more likely to rate oral health as important compared to adults with Medicaid.
- The availability of dental benefits in Medicaid is not clear to many adults.

State oral health programs can play an important role in achieving the vision of healthy individuals in healthy communities by assessing disease burden, developing state oral health plans, building consensus, forging partnerships, educating the public, policy makers and providers, providing technical assistance to replicate effective programs and conducting evaluation. According to the Centers for Disease Control and Prevention (CDC), strong state based oral health programs are critical to the nation's health. A state oral health program is considered successful if it has access to current data on oral health status, high quality oral health surveillance, a state oral health plan developed through a collaborative process with implementation strategies, and evidence-based programs and policies. State public health programs are important to focusing on modifying risk factors and promoting preventive interventions.

The California Department of Health in collaboration with the Department of Health Care Services has convened an advisory committee to guide the development of a state oral health plan. This plan will serve as a roadmap for action to engage partners and stakeholders to bring about improvement in oral health. As we move forward, CDPH and DHCS will identify opportunities for collaboration.

The Association of State and Territorial Dental Directors in collaboration with the Division of Oral Health, Centers for Disease Control and Prevention has developed guidance documents for developing a state oral health plan. In general, the purpose of such plans is to describe how a state health department and the communities it serves will work together to improve the health of the population. It provides a common agenda

and a roadmap for action for communities, stakeholders, and partners. It can also help to set priorities, direct resources, and implement programs and policies.

The planning process begins by asking the question about progress with respect to various national and state health goals and objectives. For example, the California Wellness Plan, a roadmap developed through a collaborative process has identified access to dental care as a priority. The Healthy People 2020, the nation's 10-year goals and objectives for health promotion and disease prevention, has benchmarks for achieving better oral health. A review of evidence-based interventions, proven practice guidelines and promising approaches should help to identify strategies for addressing identified goals and objectives. The selection of priorities for action will depend on the resources that communities, stakeholders and partners can generate.

To a large extent, improving oral health requires individuals and families to engage in healthy habits such as appropriate feeding and eating habits, daily tooth brushing with a toothpaste containing fluoride and regular dental visits. Programs such as community water fluoridation and school-based programs have been shown reduce the burden of oral diseases. Many programs are being promoted to overcome barriers to access dental care caused by geographic isolation, poverty, language and lack of insurance coverage.

There are many resources available to assess best practices and promising approaches. These include the Community Guide, the Guide to Clinical Preventive Services, the Association of State and Territorial Dental Directors Best Practice Reports and the American Dental Association Evidence-based Reports. The Center for Medicaid and CHIP Services at the Centers for Medicare & Medicaid Services has hosted a series of webinars to support States and their collaborative partners to improve access to dental services for children enrolled in Medicaid and CHIP. To improve the oral health of underserved people, the Health Resources Services Administration (HRSA) has explored ways to improve access to oral health care, increase awareness of the connection between oral health and overall health, promote prevention, and improve oral health literacy to health providers and patients.

The California Department of Public Health has received two grants from HRSA. The goal of the California Expansion of Innovative Workforce Model is to expand the Virtual Dental Home delivery system in a sustainable self-sufficient high quality model of care for oral health services to reach underserved populations. The purpose of the Perinatal and Infant Oral Health Quality Improvement Expansion Grant Program is to develop a best practice model to improve the oral health of pregnant women and infants enrolled in the Medi-Cal program.

The California Department of Public Health is committed to providing agencies with technical assistance and support as they implement programs and assess outcomes. As resources permit, the CDPH is also committed to convening forums to share best practice approaches.

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