

Addressing California Children's Dental Disease: Restoring CCDDPP Background Paper

The California Children's Dental Disease Prevention Program (CCDDPP) was a highly successful program that helped to improve the oral health of California's underserved children. Between 1980 and 2009, CCDDPP provided school-based oral health prevention services to hundreds of thousands of underserved children. Funding for the program was suspended indefinitely in 2009.

With dental disease being the number one chronic health problem among children in California and nationally and schools being the ideal place to reach children with necessary preventive dental care, it's time to restore funding to CCDDPP.

The Problem

Tooth decay is the most common chronic disease children face¹ and one of the top reasons they miss school.² Nearly a quarter of California's children between the ages of 0 and 11 had never been to the dentist in 2005 (the latest for which such data are available),³ despite the recommendation by the American Academy of Pediatric Dentistry that children visit the dentist at the time the first tooth appears (and no later than the age of 1) and have a dental check-up every six months thereafter. Given that a significant portion of California's children do not have access to regular, preventive dental care, it is not surprising that 71 percent of children experience tooth decay by the time they reach the third grade.⁴

The Consequences of Poor Oral Health Among Children

Poor dental health can disrupt normal childhood development and seriously damage overall health.⁵ Dental disease also impacts children's ability to learn and succeed in school. In 2007, more than half a million of California's school-aged children missed at least one school day due to a dental problem—a total of 874,000 missed school days. This translates to a statewide average loss of nearly \$30 million in attendance-based school district funding.⁶ A 2012 study of the relationship between poor oral health and academic achievement in disadvantaged children in the Los Angeles Unified School District found that students who had a toothache in the last six months were four times more likely to have a Grade Point Average (GPA) that was lower than the median.⁷

When their children experience pain, fevers, and infections as a result of poor dental health, families with limited access to dental care often have little choice but to take their children to the emergency room for care. In 2007, there were over 83,000 emergency room visits for preventable dental problems at a cost of \$55 million.⁸

About the California Children's Dental Disease Prevention Program

CCDDPP program provided comprehensive and preventive dental service in 33 communities throughout 32 counties in California. In order to participate, sites were required to provide the following components:

- Fluoride supplementation: varnish, weekly mouth rinse or daily tablet;
- Dental sealants;
- Plaque control;
- Oral health education;
- An active oral health advisory committee; and
- Dental screenings

Who Did CCDDPP Serve?

- The Program served approximately 300,000 children a year in more than 1,080 schools in 33 communities.
- The Program served children enrolled in the free and reduced school lunch program.
- The Program served children in pre-school through sixth grade.

How much does CCDDPP Cost?

- The Program was initially funded at \$3.2 million from the state general fund.
- During the last year of the program (FY 08-09), it was funded at \$2.9 million.
- Local programs received \$10 per child, which included administrative costs.
- However, the program served only 10 to 12 percent of the total number of children who were eligible, due to limited funding.

Benefits of CCDDPP

- It was the only program of its kind to provide comprehensive school-based prevention services to children.
- For every dollar spent on prevention, \$8 to \$50 are saved in treatment.⁹
- During the last year of the program, local programs leveraged \$2,111,195.
- Without this program, almost 7,000 children enrolled in the program in SFY 2008-09 would not have been alerted of the urgent care needed and referred for dental services.
- In 2008-09, more than 14,000 children received dental sealants.
- Over 200,000 children participated in the fluoride program (fluoride mouth rinse, tablets, or fluoride varnish) in a year.
- This program was particularly vital for children who didn't otherwise have access to dental services. Some counties do not have any providers who serve children enrolled in Medi-Cal. CCDDPP provided the main or only source of dental care. Anecdotally, many of the programs supplied children with their first toothbrushes since their parents couldn't afford to purchase brushes and other oral hygiene supplies, which some local sites also offered to children's siblings as needed.
- It provided funding for local jobs and increased employment opportunities in 33 communities, many rural or in federally designated shortage areas.

Recommendations

- Restore state general funding to CCDDPP in State Fiscal Year 2014-15.
- Identify and elevate evidence-based strategies for improving children's oral health outcomes and incorporate as critical components of the program.
- Leverage local, federal, and philanthropic dollars to increase the reach and scale of CCDDPP to serve children who need preventive oral health care most.

For more information about CCDDPP, please contact Jenny Kattlove, The Children's Partnership, at jkattlove@childrenspartnership.org and Eileen Espejo, Children Now, at eespejo@childrennow.org.

¹ US Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health, *Oral Health in America: A Report of the Surgeon General* (Rockville, MD: US Department of Health and Human Services, 2000), 63; Dental Health Foundation, *Mommy, It Hurts to Chew: The California Smile Survey: An Oral Health Assessment of California's Kindergarten and 3rd Grade Children* (Oakland, CA: Dental Health Foundation, 2006).

² For example, see Nadereh Pourat and Gina Nicholson, *Unaffordable Dental Care Is Linked to Frequent School Absences* (Los Angeles, CA: UCLA Center for Health Policy Research, 2009), 1-6.

³ "Frequently Asked Questions," American Academy of Pediatric Dentistry, accessed October 31, 2011, <http://www.aapd.org/pediatricinformation/faq.asp>; Nadereh Pourat and Len Finocchio, "Racial and Ethnic Disparities in Dental Care for Publicly Insured Children." *Health Affairs* 29, No. 7 (2010): 1359. These are the latest data available for all children up to age 11.

⁴ Dental Health Foundation, *Mommy, It Hurts to Chew: The California Smile Survey: An Oral Health Assessment of California's Kindergarten and 3rd Grade Children* (Oakland, CA: Dental Health Foundation, 2006), 12.

⁵ Katrina Holt and Karen Kraft, *Oral Health and Learning: When Children's Health Suffers, So Does Their Ability to Learn* (2nd ed.) (Washington, DC: National Maternal and Child Oral Health Resource Center, Georgetown University, 2003), 1, 2, <http://www.mchoralhealth.org/pdfs/learningfactsheet.pdf>.

⁶ Nadereh Pourat and Gina Nicholson, *Unaffordable Dental Care is Linked to Frequent School Absences* (Los Angeles, CA: UCLA Center for Health Policy Research, 2009), 1-6.

⁷ Hazem Seirawan, DDS, MPH, MS, et al., "The Impact of Oral Health on the Academic Performance of Disadvantaged Children." *American Journal of Public Health* 102, No. 9 (2012): 1729-34.

⁸ California HealthCare Foundation, *Snapshot: Emergency Department Visits for Preventable Dental Conditions in California* (Oakland, CA: California HealthCare Foundation, 2009) 2, 26, 28.

⁹ American Dental Hygienists Association, *Access to Care Position Paper, 2001*. (Chicago, IL: American Dental Hygienists Association, 2001) in Stull C Sharon, et., al., "A Review of the Literature: The Economic Impact of Preventive Dental Hygiene Services." *Journal of the American Dental Hygienists Association*, 79, No. 1 (2005)