



# *A Summary Report on Oral Health Service Delivery*

**An Evaluation of Southern California Regional First 5  
(Proposition 10) Commissions:**

*Children & Families Commission of Orange County*

*First 5 Imperial County*

*First 5 LA*

*First 5 Riverside*

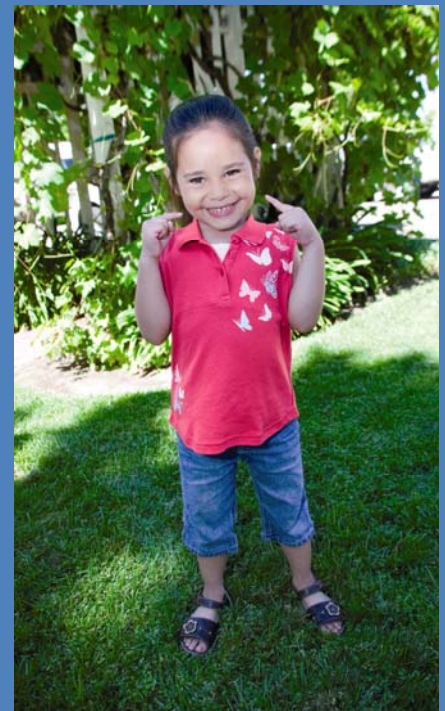
*First 5 San Bernardino*

*First 5 San Diego*

*First 5 Santa Barbara County*

*First 5 Ventura County*

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## *How First 5 Makes a Difference for Young Children in Southern California.*

**The need for oral health care is the most prevalent unmet health care need among children.**

- Newacheck et al. 2000. The Unmet Health Needs of America's Children. *Pediatrics*. 105(4): 989-997

*Southern California's First 5 Commissions have had a strong positive impact on access to and use of oral health services for children ages 0 to 5 and their families.*

- Since beginning support of oral health, First 5 Commissions have allocated over **\$21 million** (\$21,050,787) for oral health services and provided such services to more than **248,000** (248,077) children 0 to 5 in Southern California and over **71,000** (71,224) parents/caregivers.
- In 2007-2008 alone, approximately **106,000** (106,190) children 0 to 5 were provided some form of dental services.
- Nearly **19,000** (18,521) of these children received treatment, the most intensive and expensive of the services offered.
- Nearly **51,000** (50,715) parents/caregivers of children 0 to 5 (including pregnant women) also received services including parent education (**26,775**), dental screenings (**4,128**), dental exams (**1,935**), treatment (**1,808**), or care coordination (**12,253**).
- Since 2005-2006 First 5 made quality oral health care available to approximately **one out of every 11** children ages 5 and under in the eight Southern California counties.

*Southern California First 5 Commissions were highly successful in reaching populations with high need for service.*

- Nearly **90 percent** of all dental services were provided to children from Latino/Hispanic families. Approximately **80 percent** of services involved Latino/Hispanic caregivers (2007-2008).
- Using data on services to population subgroups and information on overall poverty rates, it is estimated that counties on average provided approximately **76 percent** of services to low-income family members (2007-2008).

*Southern California's First 5 Commissions improved oral health outcomes for children.*

For example:

- *Imperial County:* Children whose first visit to the dentist was before age 4 had fewer cavities at ages 4 and 5.
- *Riverside County:* Of the children screened at 61 school sites and 80 licensed child care centers, **69 percent** had never been seen by an oral health provider.
- *Santa Barbara County:* State Preschool classrooms, which implemented a dry brushing program (showing children how to properly brush their teeth), had less decay and severe decay compared with preschool students in classrooms which did not have such a brushing program.

***Southern California's First 5 Commissions supported prevention of oral health problems in young children.*** Strategies included:

- *Los Angeles, Orange, Riverside, San Bernardino, San Diego, Santa Barbara and Ventura counties:* Application of fluoride varnish.
- *Los Angeles and San Diego counties:* Plans for water fluoridation.

***First 5 helped fill the gaps in the oral health service system for young children in Southern California.*** Efforts in 2007-2008 included:

- *Los Angeles County:* Provided expanded access to dental care for children with developmental disabilities.
- *Los Angeles County:* Provided preventative services and expanded access to direct care and implemented fluoride varnish programs that reached more than 9,000 children.
- *Orange, Riverside, San Bernardino and Ventura counties:* Purchased mobile dental units to provide screenings and treatment to geographically-isolated areas and to low-income children lacking access to dental insurance; provision of transportation to and from dental services.
- *Los Angeles, Orange, San Bernardino, San Diego, Santa Barbara and Ventura counties:* Provided training to 1,651 professionals and paraprofessionals (bilingual community health workers, including promotoras).
- *Orange and San Diego counties:* Built or renovated low-income dental clinics.
- *Orange, Riverside, San Bernardino, San Diego and Santa Barbara counties:* Provided screening on-site at preschools and, in some counties, community health fairs.
- *Orange County:* Established dental residency programs.
- *Santa Barbara County:* Established memoranda of understanding (MOUs) with surgery centers and dental anesthesiologists to provide low-cost anesthesia for dental treatment for underinsured and uninsured children 0 to 5.
- *San Diego County:* First 5 San Diego's Oral Health Initiative has created an oral health network made up of 15 communities clinics, Children's Hospitals, County Public Health, the County Office of Education and private providers

## Defining the Problem

Tooth decay is the most common preventable illness affecting U.S. children today. In California tooth decay among young children has increased over the past two decades.<sup>1</sup> A recent study revealed that “54 percent of (California) kindergartners and 71 percent of third graders have a history of tooth decay and 28 percent of children in both grades have untreated tooth decay” (Hodges et al. 2008). When left untreated, tooth decay can contribute to a wide range of problems, including poor nutrition, sub-normal growth, and unnecessary pain<sup>2</sup>. Importantly, oral health disease is estimated to cause children to miss over 51 million hours of school annually.<sup>3</sup>



The *American Academy of Pediatric Dentistry* advises that children visit the dentist within six months of getting their first tooth and no later than their first birthday,<sup>4</sup> and that they visit the dentist twice yearly thereafter.<sup>5</sup> However, the reality for many children and families is that dental care is out of reach. According to recent findings from the California Health Interview Survey (CHIS), across the Southern California region, *one in three children between the ages of 1 and 5 years did not have access to dental insurance and a third had never visited a dentist.*<sup>6</sup> An estimated 651,534 children are at risk for poor oral health outcomes because they do not have routine dental care. For some counties in Southern California the problem is even larger. Approximately 40 percent of young children in Riverside County and 50 percent in San Bernardino County have no history of dental services.

CHIS 2005 Findings

	Population 0 to 5	% No Dental Insurance	Never Been to a Dentist	
			Percent	Estimated Number
All Counties	1,917,560	20.6%	33.6%	651,534
Imperial	16,743	18.8%	33.6%	5,626
Los Angeles	881,709	21.9%	32.3%	284,792
Orange	266,059	18.4%	32.6%	86,735
Riverside	188,309	16.4%	40.4%	76,077
San Bernardino	192,309	19.6%	49.6%	95,385
San Diego	266,286	20.9%	30.0%	79,886
Santa Barbara	35,096	12.6%	21.7%	7,616
Ventura	71,049	25.6%	21.7%	15,418

### Children who are least likely to visit the dentist are most often:

- Under 5 years of age
- Without dental insurance;
- Low-income
- Latino/Hispanic or African-American
- Children of parents not fluent English speakers

- from the California Healthcare Foundation (2008)

There is a multitude of barriers impeding access to dental care. A 2008 California Healthcare Foundation report on DentiCal singles out First 5 Commissions as agents of change because of their efforts to fill service gaps by insuring young children. Those at greatest risk for poor dental care access include very young children (age 5 and under), low-income children and families, persons with no dental insurance coverage, persons of Latino/Hispanic and African-American heritage, and children whose parents are not fluent in English. These factors reflect a dental care system that has a limited supply of dental providers relative to needs in the community, a shortage of providers accepting public insurance, limited insurance availability, cultural and linguistic barriers, and a lack of awareness about the importance of early preventative care and intervention.

## First 5 is Part of the Solution for Young Children.

First 5 Commissions were created in 1998 by California voters' approval of Proposition 10, which imposed a 50 cent sales tax on tobacco products to be used to fund comprehensive services for California children from the prenatal period through 5 years of age. The proposition established a First 5 Commission for the state and a commission for each of its 58 counties to strategically plan and allocate public funds to support the goals of the initiative. The promotion of oral health emerged as a strong priority among First 5 Commissions in the Southern California region, which includes Imperial, Los Angeles, Orange, Riverside, San Bernardino, San Diego, Santa Barbara and Ventura Counties. Among their many strategic priorities, each of these counties offers financial support and guidance for community-wide efforts to promote individual child and caregiver dental health outcomes and to build public health infrastructure to support service delivery.

As displayed in Exhibit 1, the eight Southern California counties have dedicated over \$21 million in support of oral health services.<sup>7</sup> Significant allocations for oral health services began in the 2003-2004 period.

Based on California Department of Finance information, there were 1,917,560 children in the 0 to 5 age range living in the eight Southern California counties in 2007. Approximately 46 percent or 881,709 reside in the Los Angeles area alone. Each year, on average, more than 321,000 new infant births are recorded in these eight counties. Many are born into low-income families. According to the American Community Survey (US Census), in 2007 from 12.6 percent to 31.9 percent of families in the eight Southern California regional counties live below the federal poverty level. This percentage varies significantly by race/ethnicity. Latino/Hispanic populations are the largest population segment in all but one of the eight counties, accounting for 44.1 percent to over 86 percent of the total county population. This group also has among the highest percentages of low-income families among all the ethnic/racial categories. Approximately 60 percent of Latino/Hispanic families with children between the ages of 0 and 17 are considered low-income (i.e., have incomes less than 200 percent of the official poverty level adjusted for household size.)<sup>8</sup>

First 5 Commissions across Southern California have initiated a range of programs to meet the significant regional need for improved oral health care. First 5 dollars are used to fund a comprehensive array of oral health services and strategies that include:

- Community prevention initiatives to educate parents and young children about the importance of early preventive care and intervention;
- Widespread dental screenings to assess dental health needs and link clients to direct care;
- Direct services to young children and pregnant women, in the form of routine dental exams and specialty treatment services; and,
- System enhancements that improve accessibility of the provider system and train providers on how to reach and work effectively with underserved populations.

**Exhibit 1: Oral Health Expenditures 2001-2008**

FY 2001-2008	Oral Health
2001 - 2002	\$ 522,700
2002 - 2003	410,771
2003 - 2004	1,400,074
2004 - 2005	2,887,771
2005 - 2006	4,171,318
2006 - 2007	5,108,061
2007 - 2008	6,550,092
<b>Total</b>	<b>\$ 21,050,787</b>

A brief description of specific programs provided by individual Southern California counties is included in Attachment A.

**First 5 in 2007-2008 provided:**

- Oral health services to approximately 106,000 children in seven of the eight counties.
- Oral health services to one in eight children (excluding Los Angeles and its 7,000 plus children served).
- Dental care services to approximately 50,000 caregivers.

This brief technical report covers services and results during the period of 2004–2007. However, the annual reporting format implemented this past year yields more complete and uniform data. Accordingly, the report relies heavily on this data source. The purpose of this report is to:

- Highlight strategies implemented within the First 5 Southern California region to address dental health needs in their targeted communities;
- Quantify the number of children and families who have successfully been reached; and,
- Show evidence of early outcomes that can be linked to First 5 Commissions' investments in oral health across the region.

## Findings

### *Southern California's First 5 Commissions were successful in their outreach efforts to low-income, diverse populations.*

Latino/Hispanic children and adolescents are almost twice as likely as non-Hispanic White children and adolescents to have had no contact with an oral health professional in the past two or more years.

- Bloom B, Cohen RA, Vickerie JL, Wondimu EA. 2003. Summary of health statistics for U.S. Children: National Health Interview Survey, 2001. *Vital Health Statistics* 10(216):1-62.

First 5 Commissions in Southern California have been very effective in their outreach to diverse community members. In the seven counties for which information was available in the 2007-2008 reporting period, Latino/Hispanic populations accounted for 86.8 percent of the children served. With the exception of one county, this high-risk population was served at a rate nearly 50 percent greater than their population proportion (overall, the Latino/Hispanic population accounts typically for 60 percent of the general population in Southern California counties). Approximately 10 percent of children served were non-Hispanic White, 3.8 percent were African-American, and 7.5 percent were unknown (not recorded). Similar results were documented for the parents/caregivers provided oral health services. Approximately 77.5 percent were of Latino/Hispanic origin, 9.6 percent were non-Hispanic White, 3.1 percent were African-American and 1.6 percent were Asian.

While this level of service is impressive, *it underestimates the impact that First 5 has had on oral services provided to the underserved low-income populations in these counties.* Using data on services to population sub-groups, and information on overall poverty rates, it is estimated that counties, on average, provided approximately 76.1 percent of their dental services to low-income family members.<sup>9</sup>

Although family income information is not routinely collected by First 5 Commissions, it is generally acknowledged that services target families in need, either because of lack of insurance or because they lack financial resources to access needed health services involving dental care.

Exhibit 2 presents an estimate indicating the portion of children 0 to 5 that would be served assuming that current services were delivered only to low-income families.

**Exhibit 2: Penetration Rates by Various Racial/Ethnic Categories<sup>10</sup>**

Population	Program Population if all Low-income			
	Low-income General Population	Program Low-income	Percent	Rate
<b>Latino/Hispanic</b>	660,487	62,071	9.4%	1 in 11
without LA	309,821	56,124	<b>18.1%</b>	1 in 6
<b>African-American</b>	56,018	2,670	4.8%	1 in 20
without LA	22,209	2,670	<b>12.0%</b>	1 in 8
<b>Non-Hispanic White</b>	72,718	4,693	6.5%	1 in 15
without LA	46,824	4,449	<b>9.5%</b>	1 in 11
<b>American Indian/Alaska Native</b>	533	829	155.5%	-

This section demonstrates the overall success of Southern California First 5 Commissions to provide oral health services to children 0 to 5 years of age from low-income families in the seven Southern California counties providing dental care in the 2007-2008 reporting period. These estimates clearly demonstrate the enormous benefits this focused set of investments has had in securing better dental care for the young and predominantly ethnic and poor residents in Southern California regional First 5 counties.

***Southern California's First 5 Commissions Made Quality Oral Health Care Available for Young Children in Southern California.***

Since the inception of First 5 oral health program activities in the eight Southern California counties, 248,097 children have been provided oral health care. The majority of these services children have been provided during the past three years. This corresponds to a rate of services of approximately **one in 11** for the entire region over this time period.<sup>11</sup>

***Southern California's First 5 Commissions Provided a Broad Range of Dental Services for Young Children and their Caregivers.***

Over 106,000 (106,190) oral procedures for the 0 to 5 age grouping were provided by First 5 Southern California counties<sup>12</sup> in the 2007-2008 reporting period. In not all cases were breakouts as to the type of service presented, nor is it clear if these all represent unduplicated counts across the various service categories. Nearly one-half of the documented services involved screenings. Exhibit 3 presents an overview of dental services provided to young children and their caregivers during the most recent reporting period.

**Exhibit 3: Oral Health Client Services (2007-2008)**

	Total Served	Screenings	Exam	Treatment	Specialty Treatment	Child Education	Care Coordination
Children 0 to 5	106,190	35,941	11,525	18,521	752	260	15,665
Percent	100.0%	43.5%	13.9%	22.4%	90.0%	0.3%	19.0%
Parent/Caregiver	50,715	4,128	1,935	1,808	0	26,775	12,253
Percent	100.0%	8.8%	4.1%	3.9%	0.0%	57.1%	26.1%
<b>TOTAL</b>	<b>156,905</b>	<b>40,069</b>	<b>13,460</b>	<b>20,329</b>	<b>752</b>	<b>27,035</b>	<b>27,918</b>

Identification of oral health needs among young children aged birth through 5 years begins with screening for dental needs. First 5 Commissions' efforts in sponsoring screening for young, low-income children culminated in *screening for nearly 36,000* (35,941) *children* aged birth through 5 years in Southern California for oral health needs in the 2007-2008 reporting period. Screening is typically followed by a visit to and a dental exam by the dentist. A routine dental exam includes:<sup>13</sup>

- Review of the child's medical and dental history
- Examination of teeth, oral tissues, and jaws
- Teeth cleaning and polishing
- Application of a fluoride varnish

Cavities are also filled when found during a dental screening or a routine visit. For some young children, however, the dental visit is anything but routine. Some are fearful and have trouble sitting still; others require extensive dental work requiring pain medication. Key stakeholders in Southern California counties report challenges when seeking pediatric dentists who will serve low-income children and provide sedation or general anesthesia when needed. Reported challenges include:<sup>14</sup> *"If [the decay] is severe we refer [the child] out because we don't have a specialist." "We refer to Children's Hospital, but the wait there is at least two months." "We have a three month long wait list. A lot of patients take two or three years [to complete treatment]."* Several Southern California county commissions filled the need for specialty care through funding such services and/or establishing pediatric dental clinics willing to provide this level of care for low-income children.<sup>15</sup>

Providers either in the dental profession or in the provision of other health services were targeted to assist with dental screenings in four of the counties. Over **1,600** (1651) were trained. Parents and caregivers were also targeted by First 5 counties. Approximately 50,000 were provided dental care during this period, with more than 57 (57.1) percent involving some form or parent/caregiver education and another quarter (26.1 percent) involving referrals and care coordination efforts.

### ***Southern California's First 5 Commissions Improved Oral Health Outcomes for Children.***

Each of the regional First 5 Commissions is tracking child outcomes as a result of its efforts. Early findings are emerging which suggest that oral health initiatives are a success in improving access and service to children in need, and in reducing tooth decay among these children. Emerging findings include:

- *Imperial County:* Children whose first visit to the dentist was before age 4 had fewer cavities at ages 4 and 5.<sup>16</sup>
- *Riverside County:* Of the children screened at 61 school sites and 80 licensed child care centers, 69 percent had never been seen by an oral health provider.<sup>17</sup>
- *Santa Barbara County:* State preschool classrooms which implemented a dry brushing program (showing children how to properly brush their teeth) had less decay and severe decay compared with preschool students in classrooms which did not have the dry brushing program.<sup>18</sup>

- *Los Angeles County*: Access to preventive dental services including fluoride varnish proven an effective prevention strategy

First 5 Commissions will continue to track the oral health status of young children throughout Southern California as part of the regional effort to promote good dental hygiene and access to dental care.

### ***Southern California's First 5 Commissions Supported Prevention of Oral Health Problems in Young Children.***

**First 5 in Southern California sponsored:**  
Oral Health Education for 26,775 parents of children ages birth-5 years and for pregnant women.

First 5 Commissions in Southern California aim to support the families of young children by promoting awareness of the importance of oral health and providing education about dental hygiene.<sup>19</sup> Educating parents about the oral health needs of young children is critical. For example, First 5 Ventura surveyed parents of young children and learned that *only nine percent knew that they should start cleaning with the appearance of the first tooth.*<sup>20</sup>

### ***First 5 Helped Fill the Gaps in the Oral Health Service System for Young Children in Southern California.***

***Changing the System.*** The California Community Healthcare Foundation (2008) recently released a study demonstrating that children least likely to visit the dentist are:

- Ages 5 and under
- Without dental insurance
- From low-income Latino/Hispanic or African-American families
- Children whose parents are not fluent English speakers

#### **First 5 Commissions in Southern California works to change the system by funding...**

- Trainings about the oral health needs of young children for dentists, preschool teachers and other professionals and paraprofessionals.
- Mobile dental clinics for low-income children.
- Dental clinics for low-income children.
- Dental insurance for low-income children who do not otherwise qualify for MediCal or Healthy Families.

One challenge in obtaining dental care in Southern California is a lack of dentists serving low-income families in the community.<sup>21</sup> In response to this challenge, First 5 Commissions in Southern California decided to bring services to young children through innovative efforts which include:

- *Riverside, San Bernardino and Ventura Counties*: Mobile clinics.
- *Riverside and Santa Barbara Counties*: Transportation to and from dental services.
- *Orange and San Diego Counties*: Built or renovated dental clinics for low-income families.
- *Orange, San Diego and Santa Barbara Counties*: Onsite screening at preschools.
- *Orange County*: Dental residency and loan repayment programs.

***Dental Insurance and the Service Gap.*** California ranks 42nd out of the 50 states in the proportion of children covered by health insurance.<sup>22</sup> In August 2008, the *Los Angeles Times* published an article predicting that even more children in the state will lose health insurance due to rising Healthy Families premiums and a new requirement that MediCal coverage must be renewed every six months.<sup>23</sup> Compounding this problem is a lack of providers willing to accept MediCal, given already low reimbursement rates and a recent 10 percent cut.<sup>24</sup> Worsening problems with the state budget are likely to further impact the provision of social services including dental care throughout the state.

Indeed, the proportion of “*DentiCal*” funds spent in the eight county region of Southern California for children ages 5 and under is low.<sup>25</sup> *The L.A. Times* reporter singles out First 5 Commissions as agents of change because of their efforts to fill the gap by insuring young children.

***Preparing Providers to Serve Young Children.*** First 5 Commissions in Southern California sponsored education and specialized training related to the oral health needs of young children for dentists, preschool providers, and other health professionals, including pediatricians and OBGYNs. A total of 1,651 professionals and paraprofessionals participated in First 5-sponsored training in the following counties:

- *Los Angeles*
- *San Bernardino*
- *Orange*
- *San Diego*

Emerging partnerships include First 5 LA’s sponsorship of general practice dentists to receive training to serve young children through the California Dental Association Foundation and promotoras (community health promotion workers) training at the UCLA School of Dentistry in order to provide bilingual services to preschool-age children and their families.<sup>26</sup> Orange County is embarking on a plan to reorganize its oral health contracts and designate Healthy Smiles for Kids of Orange County (HSKOC) as the managing entity for a county-wide system of care. It will oversee a collaborative of five clinics focusing on meeting the dental care needs of low-income families and coordinate oral health education and community outreach efforts to ensure referrals generated from these efforts result in linking children to dental care providers.

## Summary

Since the inception of First 5 funding, the eight Southern California counties have provided oral health services to approximately 248,000 (248,097) children in the 0 to 5 age range. Data reporting has improved over time, and with the implementation of new data reporting forms, more accurate information on numbers served and their demographic profiles is becoming available. *In the 2007-2008 reporting period alone*, over 106,000 (106,190) children were provided either a dental exam or a treatment service. Nearly 19,000 (18,521) youth received some form of treatment, the most intensive and costly of the services offered. Nearly 51,000 (50,715) parent/caregivers (including pregnant women) were also provided services ranging from parent education (26,775) to dental screenings (4,198), dental exams (1,935), treatment (1,808) or care coordination (12,253). Several counties were very active in improving service system capacity by offering training to providers. 1,651 providers were trained in the four counties providing this form of support. Southern California First 5 Commissions have improved oral health among predominately low-income children ages 5 and under through a number of innovative and directed strategies, including:

- Routine dental care for *one in 11 children*.
- Specialized dental care for children of low income and/or with no insurance.
- Oral health education for parents/caregivers of young children and for pregnant women.
- Routine dental care for parents/caregivers of young children and for pregnant women.
- Professional assistance to parents/caregivers in order to assist young children in follow-up appointments.
- Mobile dental care and new dental clinics serving low-income children.
- Onsite oral health risk assessment at preschools.
- Evidence-based practices for tooth decay prevention (e.g., dry brushing program).
- Water fluoridation.
- Application of fluoride varnishes.
- Dental insurance coverage.
- Training on oral health needs of young children for dentists, preschool teachers, medical providers and other professionals and paraprofessionals.

Research demonstrates that these activities result in fewer children entering kindergarten with tooth decay,<sup>27</sup> and emerging evaluation results confirm this success for children served through Southern California Regional First 5-sponsored programs.

## REFERENCES

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- <sup>1</sup> Dye BA, Tan S, Smith V, Lewis BG, Barker LK, Thornton-Evans G, et al. (2007). Trends in oral health status: United States, 1988–1994 and 1999–2004. National Center for Health Statistics. Vital Health Statistics, 11(248). Washington, DC: U.S. Government Printing Office.
- <sup>2</sup> Kaiser Commission on Medicaid and the Uninsured (2008, July). Dental coverage and care for low-income children: The role of Medicaid and SCHIP. Washington, DC: Author. Quote from p. 1.
- <sup>3</sup> Ibid.
- <sup>4</sup> California Healthcare Foundation (2008). Haves and have nots: A look at children’s use of dental care in California. Oakland., CA: Author. Quote from p. 2.
- <sup>5</sup> [www.aapd.org/publications/brochures/regdent.asp](http://www.aapd.org/publications/brochures/regdent.asp); accessed August 28, 2008.
- <sup>6</sup> Rau, J. (August 24, 2008). Children’s medical coverage at risk. Los Angeles Times. Cited report authored by the California Healthcare Foundation (2008), Haves and have nots: A look at children’s use of dental care in California. Oakland, CA: Author.
- <sup>7</sup> Based on information provide in County Reports 2001-2002 through 2007-2008.
- <sup>8</sup> Children Now, California Data Book. [http://publications.childrennow.org/publications/invest/cdb07/databook\\_2007.cfm](http://publications.childrennow.org/publications/invest/cdb07/databook_2007.cfm) Accessed November 10, 2008.
- <sup>9</sup> This calculation was derived 1) by using family income data collected in two counties, and 2) using low-income rates for each racial/ethnic sub-grouping served by the dental care provider by their percent of the total served in the program. It undoubtedly represents an undercount based on past years evaluation reports where demographic profiles of clients served often indicated a focus on targeting services to low-income families.
- <sup>10</sup> Several calculations were conducted using oral health demographic data presented in the Annual Report AR-1 Health Service sections focusing on children and their families provided oral health services. Using census data information on number of children, ethnic distributions and low-income status, estimates of overall penetration rates as well as rates for specific demographic subgroups were estimated.
- <sup>11</sup> The denominator used in this calculation are children between the age of 1 and 5 given that newborns and infants generally aren’t given dental screenings until they have teeth, six months and older.
- <sup>12</sup> Imperial County did not report services in this First 5 area during 2007-2008 period.
- <sup>13</sup> American Academy of Pediatric Dentistry. [www.aapd.org/media/Policies\\_Guidelines/StrategicPlan.pdf](http://www.aapd.org/media/Policies_Guidelines/StrategicPlan.pdf) Accessed August 28, 2008.
- <sup>14</sup> Harder+Co. (2006). First 5 San Diego Annual Evaluation Report 2005-2006. See also UCSB–First 5 Evaluation Project Center for School-Based Youth Development (2007). First 5 Santa Barbara County Evaluation Report 2006-2007.

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- <sup>15</sup> Orange, San Bernardino and San Diego counties funded specialty care for young children during 2004 – 2007. Evaluation and Training Institute (2007, October). Pediatric Dental Care Collaborative (PDCC) and Healthy Smiles for Kids of Orange County Fiscal Year 2006-2007.
- <sup>16</sup> SRI International (2006). State Commission Annual Report FY2005-2006, Center for Education and Human Services. Sacramento: First 5 California.
- <sup>17</sup> Mosaic Network (2008, March). Evaluation Report 2006-2007. [www.rccfc.org/forms/F5R-Eval-Report-Final.pdf](http://www.rccfc.org/forms/F5R-Eval-Report-Final.pdf) 50 out of 58 incoming kindergarten students tracked, p. 28-30.
- <sup>18</sup> University of California at Santa Barbara (2006). First 5 Santa Barbara County Evaluation 2006 UCSB–First 5 Evaluation Project Center for School-Based Youth Development, pg.114-115. Classrooms that implemented during 2004-2005, the rate of decay decreased 3.8% from 39.1% in 2004-2005 to 35.3% in 2005-2006; rate of severe decay decreased 1.9% from 11.4% to 9.5%.
- <sup>19</sup> Riverside, San Bernardino, San Diego, Santa Barbara, and Ventura Counties provided oral health education during 2004-2007.
- <sup>20</sup> See Ventura County Report. 8.7% out of 108 parents surveyed answered correctly.
- <sup>21</sup> See Santa Barbara Report documenting lack of providers. Orange County surveyed parents at their low-income dental clinics and learned that 18% took 30 minutes or longer to reach clinic (n=115 of 677 total parents; 4 refused to answer). de la Rocha, O., & Mastrianni, A. (2005). Status Report on the Oral Health of Children Served in Commission-Funded Dental Programs: January 1 to April 30, 2005. Children and Families Commission of Orange County.
- <sup>22</sup> Rau, J. (August 24, 2008). Children’s medical coverage at risk. Los Angeles Times. Cited The Commonwealth Fund & the UCLA Center for Health Policy Research, 2005.
- <sup>23</sup> Children are eligible for MediCal and Healthy Families if they are U.S. Citizens, lawful permanent residents, or if they meet certain immigration requirements. Children up to age 1 within 200% of the federal poverty line are eligible for MediCal. Children ages 1-6 within 133% of the federal poverty line are eligible for MediCal. Children up to age 1 in the range of 200-250% of the federal poverty line are eligible for Healthy Families. Children ages 1-6 in the range of 133-250% of the federal poverty line are eligible for Healthy Families. Children’s Defense Fund (2003, September). Go where they are: Working with child care programs to reach California’s uninsured children. Oakland, CA: Author.
- <sup>24</sup> Rau, J. (August 24, 2008). Children’s medical coverage at risk. Los Angeles Times.
- <sup>25</sup> California Healthcare Foundation (2007, May). DentiCal facts and figures: A look at California’s Medicaid Dental Program. Oakland. The proportion of MediCal spent on DentiCal for children 0 to 5 ranges from 14.8% in Ventura County to 22.1% in Los Angeles County.
- <sup>26</sup> [www.first5la.org/programs/oral-health-nutrition](http://www.first5la.org/programs/oral-health-nutrition). Accessed August 29, 2008.
- <sup>27</sup> [www.universityofcalifornia.edu/news/article/7827](http://www.universityofcalifornia.edu/news/article/7827). Accessed August 29, 2008.