



Children & Families  
Commission of Orange County

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Agenda Item No. 4  
November 7, 2007 Meeting

**DATE:** October 22, 2007

**TO:** Children and Families Commission of Orange County

**FROM:** Michael M. Ruane, Executive Director

**SUBJECT: Children's Dental Initiative Expansion and Restructuring**

**SUMMARY:**

Commission funds two major programs focused on the goal of increasing access to children's dental services in Orange County: 1) Healthy Smiles for Kids of Orange County (HSKOC) and Dental Center; and 2) the St. Joseph's Pediatric Dental Care Collaborative, including, two St. Joseph clinics, La Amistad de Jose Family Health Center and the Puente a la Salud Community Mobile and five additional community clinics: The Gary Center, St. Jude Dental Clinic, Camino Health Center (until July 1, 2007), and Friends of Children Health Center. A recent evaluation report has been submitted to the Commission and is included as Attachment 1 to this agenda item.

Both programs provide education to parents and children, screening, care coordination and preventive treatment. Additionally, HSKOC provides education and outreach to pediatricians, child care providers, and nurses among others, the administration of the Smile Line- referral line for dental treatment, specialty/restorative treatment to special needs, uninsured or underinsured children. A comprehensive evaluation conducted by the Evaluation and Training Institute is included in this agenda item as Attachment #1. The evaluation shows that although children treated by the clinics show continued need for improved oral health, many areas under study also show promising results. The report's major findings are summarized below, according to accomplishments and areas for improvement.

**Program Accomplishments:**

- 34% of the respondents were referred to a clinic by a friend or family member, indicating that word of mouth about the services offered through the program is positive and facilitating use.
- 86% of the clients indicated that the treatment received during a given visit was successful.
- The average number of restorative procedures per visit was 2.4 suggesting that clinics are successfully performing multiple treatments per visit thus moving patients through their treatment plans expeditiously.
- Most parents waited 3 weeks or less for their appointment, and just 2% reported experience difficulty in getting their children to the clinic.
- 96% of the children had their own toothbrush and 76% reported brushing at least twice daily.

**Challenges:**

- The average age of children at their first dental visit was 3.22 years of age, and increase over the previous study period result of 2.8 years of age.
- The reason cited most often for respondents who had not brought their children to a dentist was that they did not know how old a child should be at the time of the first dental visit (53%).
- 77% of respondents indicated that their children never flossed their teeth.
- 43% of children had not received any form of fluoride and 60% of parents had not received education on oral health and dental care for their children.

**Expansion Proposal:**

The pediatric dental care collaborative at community clinics was established prior to the creation of HSKOC. In order to increase efficiency and maintain consistent countywide standards, staff recommends having HSKOC take the lead role in examining opportunities to expanding the Commission's pediatric dental services program, to increase the educational outreach and preventive services provided; and to restructure the administrative and evaluation components to promote efficiency and effective use of the levels of care provided. Currently, the Commission's annual investment in both dental programs is almost \$1.4 million, with the funding split between HSKOC (1,000,000/year) and St. Joseph's collaborative (\$387,000) year. It is expected that the expansion can be done without additional funding from the Commission due to cost savings resulting from streamlined and consolidated administrative and evaluation functions.

The possible expansion to additional clinics will promote increased access to primary pediatric dental services while enhancing HSKOC's existing referral network and allowing the center to focus more on education to professionals and specialty care. Priority for participation will be given to licensed community clinics that: 1) serve or have the capacity to serve children by July 2008; or 2) express an interest in launching or expanding pediatric dental services.

The proposed expansion model is similar to the Commission-funded Centralized Pediatric Support Project for community clinics in that HSKOC would deploy dentists and/or residents to participating clinics. This streamlined model will help contain costs while expanding the service network. Moreover, by participating in a centralized program, clinics will receive administrative and capacity-enhancing support as they ramp up to serve more children. As an example, eligible clinics will have the opportunity to apply for start-up funds for equipment needs and other related program costs.

To initiate the expansion, HSKOC will meet with existing community clinics that 1) meet the above mentioned criteria, 2) are willing to participate in the centralized pediatric dental program, and 3) willing to conduct all required program evaluation activities.

**STRATEGIC PLAN & FISCAL SUMMARY:**

The proposed action has been reviewed in relation to the Strategic Plan and is consistent with the Commission's Healthy Children goal. There is no fiscal impact associated with this action item.

**PRIOR ACTIONS**

1. Commission approved a three year renewal of the Healthy Smiles of Orange County December 2006.
2. Commission approved a two year renewal for the Pediatric Dental Care Collaborative on April 2006.

**RECOMMENDED ACTION:**

1. Receive report and presentation
2. Direct staff to work with Healthy Smiles for Kids of Orange County and to return at the March meeting with a plan to expand the Children's Dental Initiative within the existing budget through the following actions:
  - a. Consolidation of all program administrative requirements for the initiative under Healthy Smiles for Kids of Orange County.
  - b. Outreach to Community clinics to determine interest in continuing or initiating their participation in the pediatric dental collaborative.
  - c. Development of a consolidated funding plan and service plan for the Children's Dental Services Initiative.

**ATTACHMENT:**

1. Evaluation report
2. Power Point Presentation

**Contact:** Kim Goll

**Pediatric Dental Care  
Collaborative (PDCC) and  
Healthy Smiles for Kids of Orange  
County**

**Fiscal Year 2006/2007  
Executive Summary  
October 2007**

**Submitted to:**



**Children & Families  
Commission of Orange County**

**The Children and Families Commission of  
Orange County**

**Submitted by:**



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## **I. Introduction and Overview**

There are seven dental clinics in Orange County that serve children 0-5 and receive funding from the Children and Families Commission of Orange County. Six are part of the Pediatric Dental Care Collaborative (PDCC), headed by St. Joseph Hospital of Orange: Camino Health Center, The Friends of Children Center, The Gary Center, La Amistad de Jose, Puente a la Salud, and St. Jude Dental Clinic. The seventh clinic is operated by Healthy Smiles for Kids of Orange County. The program provides oral health education to parents and children and treatment for children age 0 to 5.

## **II. Findings**

### **Demographics**

- The PDCC and Healthy Smiles for Kids of Orange County saw 1,731 unduplicated patients who completed 2,957 clinic visits during the same period.
- Most patients (82 percent) completed one or two clinic visits during the period, with the remaining 18 percent completing three or more visits.
- The average age of the visiting patients was 3.26 years old, an increase from 2.98 during the previous reporting period.
- The patient population was 92 percent Latino, divided 52-48 percent favoring boys.

### **Research Question Analysis**

- Of the 1,731 patients served during the evaluation period, 86 percent were making their first visit to the clinic. Nearly 70 percent had never seen a dentist previously. Of those who had never taken their child to a dentist, 53 percent said they didn't know how old their child should be for a dental visit.
- When asked how they learned about the clinic, thirty-four percent of respondents said they were referred to the clinic by a friend or family member. Sixteen percent identified the family's Head Start school as the source of the referral. However, according to the Screening Results tracking form, the most significant sources of referrals were preschools other than Head Start (58 percent) and community-based organizations (36 percent).
- Nearly two-thirds of referrals came with a lower level of urgency, a recommendation for regular treatment (65 percent). Thirty percent of patients were screened with caries, requiring "earliest convenient" attention, and 5 percent required emergency care. Two-thirds of the screened cases, 66 percent, were referred to Healthy Smiles.
- The average level of morbidity for this study period (the number of caries divided by the total number of erupted teeth) was 18 percent, an increase from the 16 percent average in the previous reporting period.
- Most visits were routine (36 percent) or part of a treatment plan developed specifically for that patient (35 percent).

- The vast majority of respondents (86 percent) stated the treatment was successful. Of the visits deemed unsuccessful, 39 percent indicated that sedation was needed but the clinic could not provide it, while 26 percent said sedation was needed, but the child would have to return for another appointment.
- Most visits included diagnostic visits, particularly Initial Exams (31 percent) and X-rays (54 percent). Other frequent procedures included Oral hygiene instruction (35 percent) and Prophylaxis with Fluoride (33 percent). Thirty-five percent reported some form of restorative work, including crowns for 4 percent.
- The average number of restorative procedures performed per child was 2.4, while the average number of preventive procedures performed was 0.76. A periodic visit was scheduled at 52 percent of visits, and a recall date was established for the patient to set up the next visit in 54 percent of appointments.
- Thirty-nine percent of all visits resulted in the development of a treatment plan for the child, with an additional 36 percent reporting that a treatment plan was already established prior to the visit. The average number of visits expected to complete the treatment plan was 3.5. During the current reporting period, thirty-seven percent of treatment plans were completed.
- Most parents (63 percent) waited three weeks or less for their appointment, but that number is down from the 70 percent figure reported in the prior study. The number of parents who reported having to wait six weeks or longer for an appointment increased from 10 percent in the previous reporting period to 14 percent in the current reporting period.
- Ninety-six percent of children visiting clinics during the study period had their own toothbrush and 63 percent used it twice a day. Seventy-seven percent said their children never flossed.
- Among children age 2 or younger (n=488), 35 percent drank from a bottle. Sixty-eight percent of nap time bottles contained formula or milk, and 4 percent juice. Bedtime bottles were filled with formula or milk 86 percent of the time, and some “other” beverage 2 percent of the time.
- More than one-third (38 percent) of parents reported their child had a soda or soft drink the previous day, and 39 percent said their child had chewy or sticky candy. Forty-three percent received no form of fluoride, but 46 percent received fluoride through toothpaste. Sixty percent said they had not received education in oral health and dental care for their children.
- Comparisons of tooth decay differences using the Independent Samples *t*-test indicated that the percentage of decay was significantly higher for children who had seen a dentist previously (21 percent) than for those who had not (15 percent). Morbidity was also significantly higher for children who had a soft drink or chewy/sticky candy the previous day (21 percent).

### **III. Recommendations**

#### **Place Greater Emphasis on Scheduling Appointments in Rapid Succession**

Multi-month lapses between clinic visits and limited scheduling of recall visits are of concern, as both may contribute to an increased likelihood that patients will not complete their treatment plans. It is recommended that clinic staff members responsible for scheduling appointments set a recall date following every visit, and that they also pay special attention to the amount of time between visits.

#### **Increase Oral Hygiene Instruction**

Limited provision of oral hygiene instruction during clinic visits and a lack of preventative action on the part of survey respondents indicate a need for increased provision of oral health education. Clinic staff should be encouraged to incorporate patient education into every visit. The PDCC may also wish to partner with other providers, such as school nurses, to provide parent education on pediatric dental care.

#### **Explore Parent Education**

While the Pediatric Oral Health Survey records oral health practices at the start of a client's treatment, no follow up data are collected to determine the influence of parent education on oral health practice over time. It would be beneficial to add a follow up data collection process addressing oral health practice, so that it may be possible to determine the influence of education on clients receiving services and education from the clinics.

#### **Address Additional Research Questions**

Research questions addressing the effectiveness of medical providers at screening and referring new patients and patient satisfaction with the clinical experience should be explored in future study designs.

#### **Better Evaluate Barriers to Treatment Compliance**

Results indicated that the time lapsing between clinic visits in a child's treatment plan was often longer than two months, but there is a lack of information collected about why parents might be treatment noncompliant. While clinic capacity may play a role in these findings, parent follow through and barriers to accessing the clinics may also contribute to limited success in moving children through their treatment plans. Additional data collection activities implemented in the future can bring some insight into this area.

#### **Examine Data across Program Years**

Many clients are in need of a series of appointments to resolve their dental needs. For these clients, treatment plans may require many months to complete and can not be studied comprehensively by examining data at one point in time. An analysis of data spanning multiple program years (or from the start of the program through the present) has not been conducted to date, but would make it possible to study changes over time more comprehensively.

# Healthy Smiles!

An initiative of the  
Children & Families Commission of Orange County

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Healthy Smiles for Kids of Orange County  
*Sandra Bolton, Executive Director*



## Scope of the Problem

- 1 in 3 children in Orange County kindergarten classrooms has untreated decay.  
*(Orange County Smile Survey, Dec. 2005)*
- The rate in OC is higher than the State as a whole. *(California Smile Survey, Feb. 2006)*
- Nationally, children's rates of decay are increasing.

## ORAL HEALTH MATTERS

- Education
- Prevention
- Treatment
- Advocacy



## Healthy Smiles' Strategic Goals:

- Decrease the rate of tooth decay in kindergarten children by 50%.
- Increase the number of children living in poverty who are accessing the safety net for dental treatment to 50,000.

## STRATEGY

- ORAL HEALTH MATTERS!
  
  - Integrated Oral Health System of Care
    - Regionalized Care Delivery
    - Specialized Services Available County-wide
    - Data Management/Evaluation of Outcomes
    - Population-Based Outreach and Education
    - Expanded Pediatric Dental Provider Workforce
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## Integrated System of Care

- Treatment Services
- Specialty Services
- Sedation Services
- Care Coordination
- Seals on Wheels
- Loan Repayment Program –  
Dentist Deployment



## Collaborative Clinics – Phase I

### 7 clinic sites

- Healthy Smiles
    - Garden Grove Smile Center
    - Dental Mobile Unit
  - Friends of Children/La Habra
  - St. Joseph Hospital
    - Puente a la Salud Mobile Dental Clinic
    - La Amistad Dental Clinic
  - St. Jude/Buena Park
  - The Gary Center
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## Future Possible Clinics

- Rescue Mission – Village of Hope Dental Center
  - St. Jude/Placentia
  - Nhan Hoa Health Center
  - Camino Health Center ~(Opted-out in 2007)
  - VNCOC Asian Health Center
  - Community Care Dental Center
  - Laguna Beach Community Clinic
  - Lestonnac Free Clinic
  - Share our Selves Free Clinic
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## Service Integration -- Administration

- Training & Development
    - Providers
    - Staff
  - Technical Assistance
    - Operations
    - Clinical
  - Coordinate Quality Improvement activities
  - Data Collection/Evaluation
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## Increase Access to Primary Preventative Services

- Enhance oral health promotion / literacy
  - Standardize messaging
  - Referral protocols
  - Expand outreach through new access points
  - Integration with Primary Care
  - Promote fluoride varnish for at-risk populations
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## Expand Availability of Dental Treatment Services

- Expand access points through addition of new clinics and mobile services
- Care coordination and case management
- Develop a standardized format for evaluating access to appropriate care
- Increase availability of the spectrum of sedation services
- Provider incentives for completion of treatment plans

## Dentrix Enterprise Information System

- Electronic Patient Record
- Housed at Coalition of Community Clinics
- Centralized Billing and Collections
- Data management/State Reporting
- Regionalized care management
- Interface – CCPro.net

## Future: County Collaboration

- Regionalized System of Oral Health Care
- Administrative and Technical Support
- Outreach/Care Coordination
- Eradication of Tooth Decay!

