

DENTAL PRIORITY

R8: Decrease Dental Disease

Result

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The Commission has made significant investments in preventing and decreasing dental disease through fluoridation programs and access to and use of medical and dental homes. The prevention of dental disease can significantly positively impact children's ability to succeed.¹

Community Assessment

First 5 Sacramento has or will fluoridate water in Sacramento County to meet the Healthy People 2010 Goal of 75% of water fluoridation in populated areas (Sacramento County Fluoridation Map: Appendix). In the 2010 to 2015 funding cycle, Sacramento County could achieve fluoridating 100 percent of populated areas, a first in California!

Sacramento County has now slipped behind California in ensuring that children see a dentist at least once a year.²

Target Population

All children ages zero to five and their families residing in Sacramento County.

The list below is of remaining unfluoridated water districts in order of importance, based on number of children ages zero to five or location (surrounded by fluoridated water):

<u>Water District</u>	<u>0 to 5 (approximate 2005 data)</u>
1) Elk Grove Water Service	4,067
2) Golden States Water Company	5,131
3) City of Folsom	5,222
4) Carmichael Water District	4,052
5) City of Galt	3,027
6) Del Paso Manor	2,221
7) California American Water Company	1,867
8) Florin County Water District	2,000
9) Rio Linda Water District	1,500
Total Children	29,087

¹ Source: First 5 Sacramento Commission, 2009 Strategic Plan Update For Fiscal Years 2010-2015

² 2007 California County Data Book, Sacramento County, page 3, Children Now.

Background and Best Practices and Promising Practices

The American Academy of Pediatric Dentistry and the American Dental Association recommends that a child visit the dentist no later than a year old to establish a “dental home” for the child and for the parent to receive oral anticipatory guidance.³ The application of fluoride varnish has been proven to be effective in preventing early childhood caries. Fluoride varnish studies have found a 25 to 45 percent reduction in tooth decay.⁴

Approximately 40 percent of California’s children are not receiving the oral health services they need.⁵ This is more evident in low-income children, as less than one in four children at or below the FPL has regular access to oral health services.⁶ Poor oral health is one of the leading causes of school absenteeism, costing 51 million missed school hours each year nationwide.⁷

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 preventative care should be provided including information about child development and teeth and gum care, dietary counseling, and referral to specialists as necessary.⁸

Children who live in communities with fluoridated water have a 15 to 40 percent reduction in caries.⁹

In the Fiscal Year 2007/08 – 2009/10 funding cycle, the San Juan Water District Wholesaler applied for funds for a preliminary plan for their family of water districts which includes Citrus Heights, City of Folsom, Orangevale, Fair Oaks, and San Juan (the retailer). At the time of the writing of this plan, it is anticipated that the San Juan Wholesaler will apply for fluoridation funds. If that does not happen, then those water districts will also be targeted in the fiscal years 2010/11 – 2014/15 funding cycle.

Implementation Strategies

Strategy 1: Fluoridate the remaining water districts in populated areas of Sacramento County.

¹ **Website:** ADA Statement on Early childhood Caries <http://www.ada.org/prof/resources/positions/statements/caries.asp>

² **Journal Articles:** American Dental Association Council on Scientific Affairs. Professionally Applied Topical Fluoride. Journal of the American Dental Association (JADA), Vol. 137, 1151-1159

³ Children Now analysis of data from the UCLA Center for Health Policy Research, California Health Interview Survey, “Time since last dental visit,” for 2 to 18 year olds, 2005, last accessed October 28, 2008.

⁴ Ibid.

⁵ U.S. Department of Health and Human Services, Oral Health in America: A Report of the Surgeon General (Rockville, MD: U.S. Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institute of Health, 2000).

⁶ American Academy of Pediatrics. “Dental Home Online Resource Center.”

⁹ **Website:** ADA.org. American Dental Association Supports Water Fluoridation.

<http://www.ada.org/prof/resources/positions/statements/fluoride3.asp>

Surgeon General’s Statement on Community Water Fluoridation http://www.cdc.gov/Fluoridation/fact_sheets/sq04.htm

Strategy 2: Fund non-profit full service dental clinics; including program and construction costs and mobile dental programs.

Funding Process

The funding process for fluoridation will be a continuous Request for Applications (RFA) starting July 1, 2010 to June 30, 2015, in order to encourage the greatest number of water districts to apply for fluoridation funding. Fluoridation projects will be funded by providing funding for the required preliminary plan and allowing a pay schedule of 5% up front and 95% upon proof of completion of fluoridation construction and approval to fluoridate.

The funding process for non-profit children’s dental clinics has already started in the 2007 to 2010 funding cycle; the Commission approved \$750,000 for construction and upgrades to create non-profit children’s dental clinics and mobile vans. An RFA was released in May 2009 for the construction of one or more non-profit children’s dental clinics and the Smile Keeper’s Mobile Van was funded for up to ten appearances at community events to screen and refer and apply varnishes when needed. In addition, the Smile Keeper’s Van will be contracted to provide dental screenings and fluoride varnish to over 7,000 children enrolled in State and Head Start preschools and other early childhood programs in Sacramento County each year.

Proposed Funding Allocation

The estimated costs to fund priority water districts are listed below (estimates are provided by Lyle Hoag, First 5 Sacramento’s fluoridation consultant):

<u>Water Service Area</u>	<u>Estimated Total Capital Cost</u>
1. Elk Grove Water Service - Service Area 1	\$1,500,000
2A. Golden State Water Co. - Cordova	\$3,600,000
2B. Golden State Water Co. - Arden	\$1,500,000
3. City of Folsom	\$ 300,000
4. Carmichael Water District	\$ 600,000
5. City of Galt	\$1,000,000
6. Del Paso Manor Water District	\$1,500,000
7A. CalAmerican Water Co. - Antelope District	\$1,500,000
7B. CalAmerican Water Co. - Lincoln Oaks Distr.	\$2,700,000
8. Florin County Water District	\$1,800,000
9. Rio Linda/Elverta Community Water District	\$2,200,000
Total Estimated Capital Cost	<u>\$18,200,000</u>

The non-profit children’s dental clinics will be operated by a fully qualified health center (FQHC), and will therefore receive an 80 to 90 percent reimbursement for any services rendered. First 5 Sacramento, in order to provide services for all children ages zero to five in need of dental care, could provide the 10 to 20 percent of match funding.

Funding Timeframe

The Implementation Plans will be implemented through the Fiscal year 2010/11 – 2014/15 funding cycle and the Commission investment for that funding cycle will begin on July 1, 2010, however, given that construction funds have been released, staff recommends providing funding for operations.

The implementation timeframe will be a five-year period covering Fiscal Years 2010/11 to 2014/15.

Implementation Plan Summary

A chart is provided on the next page that summarizes timelines, key strategies, outcomes, indicators, fiscal resources and identifies who is responsible for implementation of the plan.