

SLO County Children's Oral Health

The Road Thus Far Traveled

San Luis Obispo County
Children's Oral Health Summit 2010

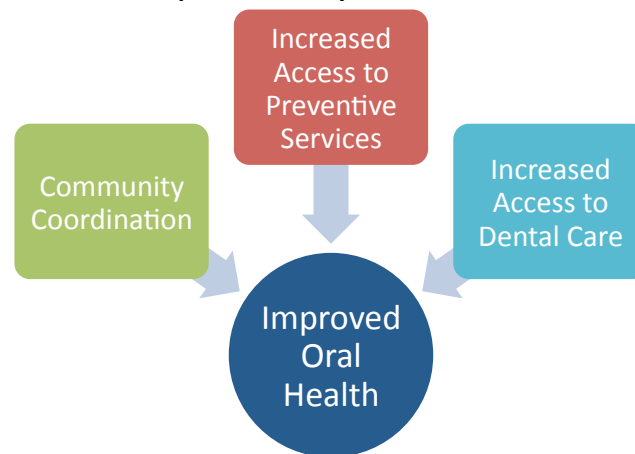
February 5, 2010

Where we were

- Oral Health Summit in 2008 identified problems as:
 - Lack of county-wide prevention programs
 - Lack of access to dental care for general and specialized services
 - Lack of coordination of oral health activities
 - Lack of local data

What we have been doing

San Luis Obispo County Oral Health Initiative



What we have been doing: Access to Preventive Services

- Dental screening & topical fluoride programs established in preschools for low-income kids
 - 728 children served last school year
- WIC Pilot Project
 - Dental screenings, topical fluoride and parent education
- Ongoing parent education throughout county
- Engaged pediatric medical providers
- Community based prevention activities (health fairs, Tooth Fairy)

What we have been doing: Access to Dental Care

- Joint efforts by safety net clinics with private practitioners – general dentists and specialists
- Give Kids a Smile
 - Joint effort between CHC & Dental Society
- Eliminated waiting list for children needing oral surgery
- CHC will now provide preventive and diagnostic services starting as soon as the first tooth erupts
- Clinica de Tolosa is bursting at the seams
- Pediatric training for general dentists
- Developed referral network for school nurses

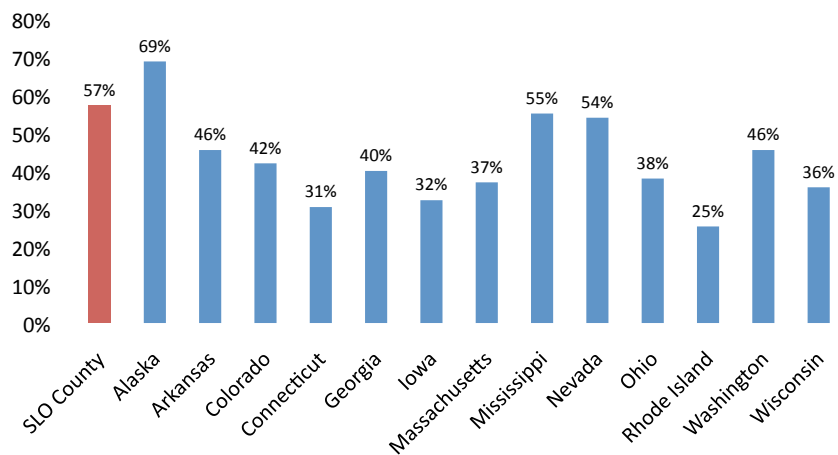
What we have been doing: Community Coordination

- SLO County Oral Health Coalition
 - Meets bi-monthly
- Dental Access Resource Teams (DARTs)
 - 3 DARTS meet bi-monthly in North, South and Central County
- Secured short term funding from First 5 and The California Endowment
- Identified possible long term funding for coordination

Where we are now

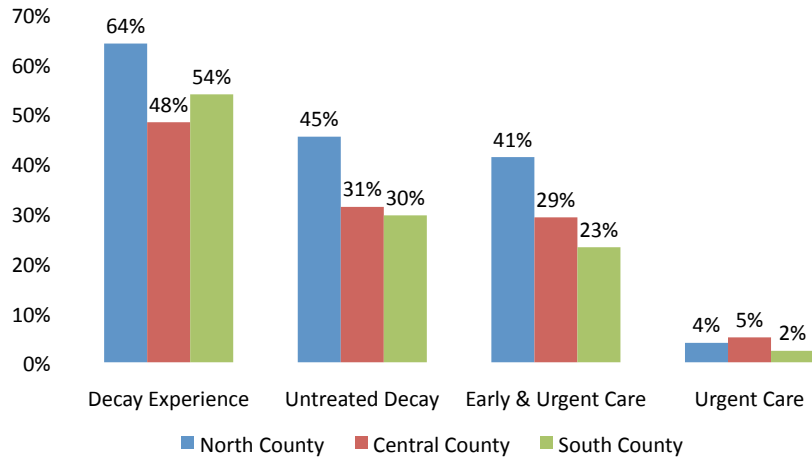
- Local data on status, access and utilization
 - SLO Smile Survey – screening of 716 low-income pre-school children in SLO county (2008/2009)
 - Access survey – availability of dental homes for low-income children (12,575 Medi-Cal, 5,145 Healthy Families) (Fall 2009)
 - Local Medi-Cal utilization data (2008)

Head Start Children with Decay Experience SLO County Compared to Other States



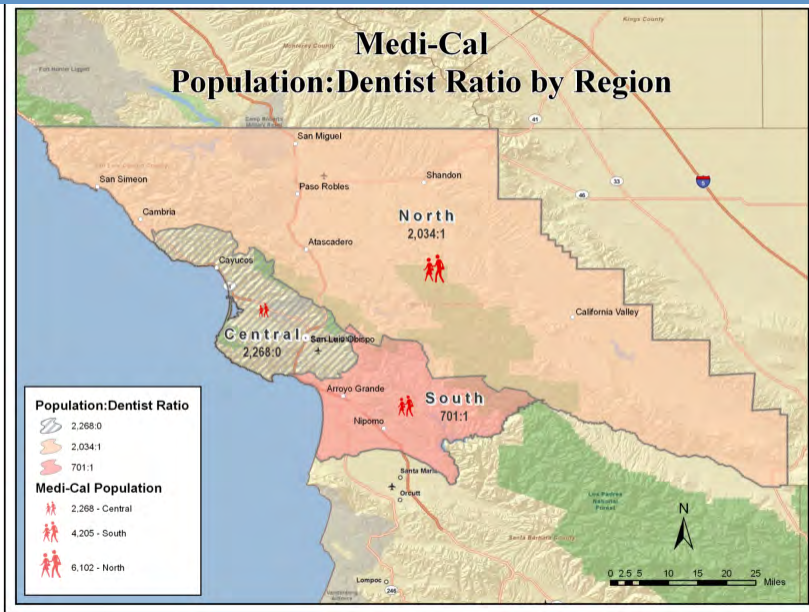
NOTE: These states have completed Head Start surveys using the same methodologies used in SLO County. California has not conducted a statewide oral health survey of Head Start children.

Low-Income SLO County Preschool Children with Decay Experience, Untreated Decay, and Dental Treatment Needs

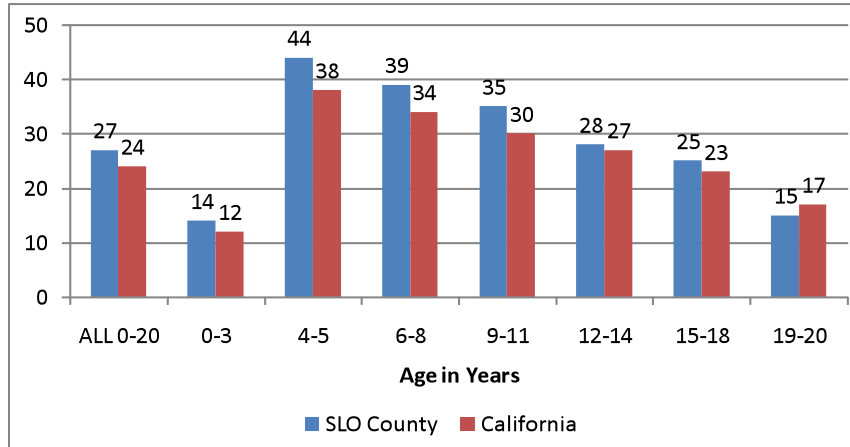


NOTE: Compared to children in Central and South County, a significantly ($p < 0.05$) higher proportion of North County children have decay experience, untreated decay, and dental treatment needs.

Availability of dental homes for Medi-Cal children



Percent of Medi-Cal Children with a Dental Visit in 2008



Only 27% of SLO County Medi-Cal children had a dental visit in 2008

Where we are going: Strategic plan for the future

- Roadmap developed by Oral Health Coalition
 - Representatives from diverse groups including pediatric and general dentists, safety net dental clinics, public health (WIC, CHDP, health officer), dental hygienists, community groups (LWV), schools, children's advocates, DARTs
 - 1 year process at bi-monthly Coalition meetings
- Next step is prioritize and implement activities



Increased Access to Preventive Services

- **Goal 1:** All children in SLO County will have access to oral disease prevention programs
- **Goal 2:** All parents in SLO County will have the knowledge and skills necessary to prevent tooth decay in young children

Increased Access to Dental Care

- **Goal 3:** All children in SLO County will have access to dental screenings and referral for dental care starting at 12 months of age
- **Goal 4:** All children in SLO County will have access to basic dental care.
- **Goal 5:** All children in SLO County will have access to necessary specialty dental care.

Community Coordination

- **Goal 6:** Public policy in SLO County will include oral health as an essential component of community health

Conclusions

- We identified many problems at the last summit
- Much progress has been made in all aspects:
 - access to preventive services,
 - access to dental care, and
 - community coordination
- We have a broad coalition representing a full range of interests from primary prevention and education to intensive interventions and treatments

Conclusions

- The external environment in funding and programs affects coalition activities
- Local solutions require examining new paradigms and old processes
- This is a multi-year effort with focus on sustainability and reducing demand for restorative services