

Investing in Our Youth: The Early Smiles Initiative for Low-Cost Dental Services

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Authors:

Tiffany Turner, MBA, MPH
DrPH Candidate, Claremont
Graduate University
Chief Operations Officer,
Center for Oral Health

Sheeva Azma, MS
Science Writer & Strategist

About COH:

The Center for Oral Health (Center), founded in 1985, is a non-profit organization dedicated to promoting public oral health, with a focus on children and vulnerable populations. The Center collaborates with national, state, and local partners to develop innovative community-based strategies for improving oral health outcomes.

This policy brief was prepared by The Center for Oral Health. It details the success of the Early Smiles California program as a case study and provides recommendations aimed at enhancing the program's effectiveness.

This brief is part of an ongoing effort to improve the lives of children and promote equitable access to healthcare for all.

Please note that Early Smiles California (Funded by SK Polymers) and Early Smiles Sacramento (Funded by DMC) are two separate programs funded by different entities. The information provided in the case study pertains specifically to Early Smiles California and should not be conflated with Early Smiles Sacramento.

Executive Summary:

Saving Money for Families while Making Kids Healthier

The Center for Oral Health (Center) is advocating for comprehensive reforms to enhance oral health care across California. This includes urging state legislators to allocate \$10 million in the upcoming budget to expand school-based dental care programs to all public schools statewide within the next three years. Additionally, the Center emphasizes the necessity of Medi-Cal Dental reimbursements for dental screenings and oral health education, as well as mandating annual oral health assessments from pre-K through 12th grade in public schools.

California legislation mandates a Kindergarten Oral Health Assessment for students beginning public school. Ensuring reimbursements for these screenings promotes compliance with these mandates and enhances the health of school-aged children. Medi-Cal Dental reimbursements for dental screenings and oral health education are essential preventive measures within school-based oral health programs to safeguard public health and promote equitable healthcare access.

Our case study demonstrates that these programs can reduce the need for costly dental interventions. However, financial constraints and lack of coverage often hinder access to dental care. This issue is further compounded by negative past experiences, insufficient awareness of available coverage, low prioritization of oral health, and limited knowledge of accessing dental services.

Medi-Cal Dental reimbursements for dental screenings can significantly improve access to care in underserved rural areas, where residents often lack adequate dental services. Investing in preventive dental care in these regions is cost-effective, as it helps prevent severe oral health problems that require costly treatments, ultimately improving overall health outcomes. Moreover, these reimbursements alleviate financial burdens on families, promote regular dental visits, and enable early interventions. This proactive approach significantly lowers the incidence of emergency dental treatment and thus lowers healthcare costs.

Medi-Cal Dental reimbursements for Oral Hygiene Instruction and integrating oral health education into the school curriculum will empower students with the knowledge and habits necessary to maintain good oral hygiene throughout their lives.

Mandating annual oral health assessments within schools ensures that every child receives dental care, regardless of their socioeconomic status or geographic location. This is particularly important in underserved and rural areas where access to dental care is limited. By identifying dental issues early, we can provide timely treatments and prevent complications that can affect a child's overall health and academic performance.

By collaborating with schools, healthcare providers, and policymakers, The Center for Oral Health strives to create a comprehensive support system that addresses the root causes of dental health disparities. By investing in preventive dental care and education today, we can pave the way for healthier generations tomorrow.

Early Smiles Sacramento: Investing in the future of California kids with low-cost dental services

Early Smiles Sacramento, launched in 2016 by the Center for Oral Health in partnership with California's three Dental Managed Care (DMC) Plans—**Access Dental, Inc., Health Net of California, Inc., and LIBERTY Dental Plan of California, Inc.** is a school-based oral health initiative designed to serve vulnerable children from 0 to 20 years old.

Early Smiles Sacramento is dedicated to educating students and families about oral health. The program provides dental screenings to assess children for caries (cavities), caries experience, untreated decay, and urgent dental treatment needs. It also offers fluoride varnish treatments and connects families to a dental home. Importantly, Early Smiles Sacramento treats all children, regardless of their insurance type.

Our pioneer program, Early Smiles Sacramento, serves 16 school districts and more than 27,000 children annually, educating an average of 45,000 students each year. The program aims to reduce emergency room visits for preventable oral health concerns, saving an estimated \$13 million in healthcare costs annually.

Additionally, by offering in-school preventative services, the program helps keep students in school, potentially saving Sacramento County public schools an estimated \$25 million annually in attendance-based funding.

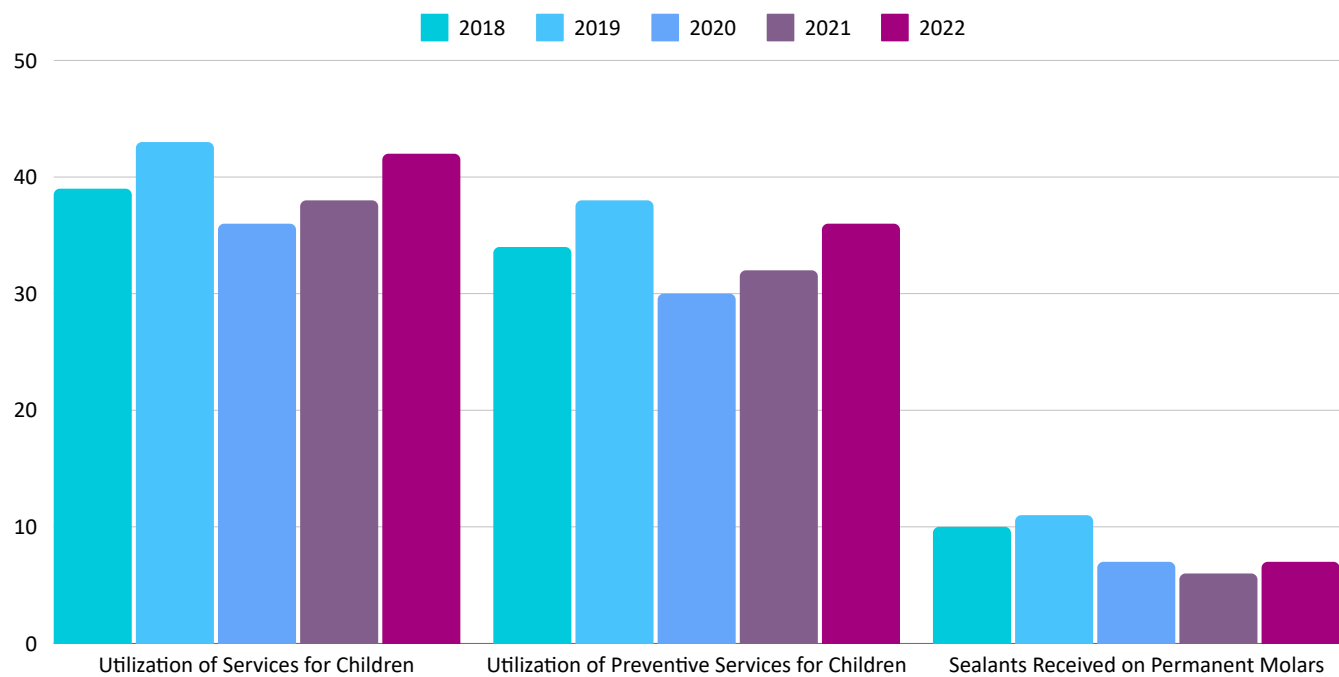
Since its inception, Early Smiles Sacramento has performed over 100,000 dental screenings. The program is highly efficient, with each dollar spent resulting in \$107 worth of oral health services for public school students in Sacramento.

In 2022, Early Smiles Sacramento identified the underutilization of dental sealants in youth dental care and incorporated sealant recommendations into its program. This initiative detects unprotected molars in children aged 6 to 12, educates families, and guides them to a dental home for further care.

In summary, Early Smiles Sacramento strives to improve oral health among vulnerable children, reduce school absences due to dental concerns, and save on potential dental costs through preventive care and oral health education.



Graph 1. Dental Managed Care (DMC) performance measures CY 2018 to 2022



Graph 1. The Department of Health Care Services (DHCS) publishes Dental Managed Care performance measures quarterly on a rolling 12-month basis. This graph captures data by Calendar Year (CY) for Dental Managed Care in Sacramento California from 2018 to 2022.

Key Achievements of Early Smiles Sacramento

70% Increase in Production Since 2016:

The Early Smiles Program has significantly expanded its services and reach, achieving a 70% increase in production since its inception.

6% Reduction in Untreated Decay:

Among returning students, there has been a notable 6% reduction in untreated decay, highlighting the program's effectiveness in promoting dental health.

50% Repeat Students:

Half of the students served by the program are repeat participants, demonstrating sustained engagement and trust in the services provided.

70% Medi-Cal Dental Insurance Coverage:

The program serves a high proportion of students with Medi-Cal dental insurance, ensuring access to essential dental care.

70% Follow-Up on Referrals:

Of the students with Medi-Cal dental insurance referred to a dental home, 70% follow up with a dental appointment, indicating a successful connection to ongoing dental care.

Utilization of Dental Services in Sacramento: The utilization of dental services among Sacramento residents aged 0-20 has shown steady growth, increasing from 39% in 2018 to 42% in 2022. This upward trend reflects a community-wide commitment to improving access to essential dental care services.

Utilization of Preventive Services for Children:

Sacramento has demonstrated a consistent effort in promoting preventive dental services for children aged 0-20, with utilization rates rising from 34% in 2018 to 36% in 2022. This proactive approach underscores Early Smiles Sacramento's dedication to enhancing children's oral health through early intervention and preventive care strategies.

Consistent Annual Dental Visit Utilization: In Sacramento, the DMC's annual dental visit utilization for eligible members aged 0-20 from 2019 to 2023 is approximately 41%, compared to 38% in Los Angeles. This significant variance may be attributed to the Early Smiles Sacramento program's targeted efforts in providing navigation and referral services to every child aged 0-20 in public schools.

Promoting Preventive Services Utilization: In Sacramento, the DMC's preventive services utilization for eligible members aged 0-20 from 2019 to 2023 is approximately 35%, whereas in Los Angeles, it stands at 34%. This notable distinction may be linked to the Early Smiles Sacramento program's focused approach on providing in-school prevention services to every child aged 0-20 in public schools.

Reducing Health and Educational Disparities for California Public School Students

Tooth decay is the most common chronic disease among children aged 6 to 11, and many lack access to the resources needed to address it. The Early Smiles Program aims to reduce health disparities for low-income students, who are more likely to have untreated cavities, according to the US Centers for Disease Control and Prevention (CDC). The CDC considers oral diseases, ranging from cavities and gum disease to oral cancer, as largely preventable with a combination of professional and self-care.

Dental health is linked to overall well-being throughout life. Cavities are associated with bacterial growth in the mouth, which can increase cardiovascular and respiratory risks. Dental health is also linked to mental health. Our program has demonstrated that dental pain impacts self-esteem, concentration, and overall school performance.

Lack of dental care also affects school attendance in California. Children miss approximately 874,000 school days annually due to dental pain, costing schools between \$29 million and \$32 million in average daily attendance funding.

The Early Smiles Program helps address these issues by providing essential dental care and oral health education, thus improving both health and educational outcomes for California's public school students.

Early Smiles California: A case study on preventative vs. emergency dental care

In 2024, the Center for Oral Health launched Early Smiles California to address dental care disparities in underserved rural areas like Alpine and Trinity counties, where Medi-Cal Dental providers are scarce and Title 1 schools are prevalent.

Early Smiles California operates on private funding and in-kind support, facing significant financial challenges. The variable costs per student are estimated at \$14, with total costs, including overhead, amounting to \$35 per student. Despite these challenges, Early Smiles California offers its services to families at no cost.

If Early Smiles California billed Medi-Cal Dental for its services, the reimbursements would only cover a nominal portion of its costs. While Medi-Cal Dental reimburses providers for services such as fluoride varnish application and dental sealants, it does NOT cover oral hygiene instruction and basic screenings. This minimal reimbursement might cover variable costs, depending on the student's age and the services provided, but it always falls short of covering overhead expenses. Furthermore, it fails to incentivize dental providers to offer services in school settings due to the additional logistical, administrative, and financial burdens involved.

Early Smiles California builds upon the successful model of Early Smiles Sacramento by offering expanded services, including dental sealants and assistance in fee-for-service referrals to establish regular dental care for children. Like Early Smiles Sacramento, Early Smiles California treats all children, regardless of their insurance type or ability to pay.

During a visit to an elementary school, our hygienist identified a student in urgent need of dental care. Despite the school nurse scheduling an appointment at a local dental office, the family did not attend, likely due to distance and other challenges. This child had previously been scheduled for severe restorative treatment in 2022 that was never completed. The family, residing in a rural community, is currently facing significant hardships, including the recent loss of a parent.

For three weeks, the Early Smiles California team collaborated with the school to arrange dental care for the child. However, upon visiting the dental home, the dentist referred the child to a specialist. The Center for Oral Health's Dental Director reviewed the X-rays and discovered that the child required emergency care for over 20 dental concerns.

Under Medi-Cal Dental, the state would reimburse the provider \$4,426.84 to complete the treatment plan and fix the 20+ dental concerns. If the child had participated in routine care through Early Smiles California, the cost would have been only \$96. This substantial cost difference highlights the financial efficiency of preventive care. Investing in oral health school-based programs, like Early Smiles California, could save the state approximately \$4,330 per child. Scaling this up across thousands of children could result in millions of dollars in healthcare savings.

Research supports this cost-saving potential. A study in the Journal of the American Dental Association *'Examining the Cost-effectiveness of Early Dental Visits'* found that children receiving preventive dental care have significantly lower treatment costs over time compared to those without such care. The study collected data over a five-year period. Extending these findings over a longer period, the cost savings could be substantial, with millions of dollars saved as preventive services reduce the need for restorative and emergency treatments. These findings align with Early Smiles California's cost-efficiency, validating the program's financial and preventive benefits.

The Medi-Cal Dental program provides free or low-cost dental services to eligible children and adults who receive Medi-Cal, California's Medicaid program. Below are the costs associated with Medi-Cal dental reimbursements for the child's 20+ emergency dental concerns and preventative care through Early Smiles California.

Treatment	Medi-Cal Dental Provider Reimbursements	UCR In-Network Provider Reimbursements (With Insurance)	UCR Out of Network Provider Reimbursements (No Insurance - Out of Pocket)
Child's 20+ Emergency Dental Concerns	\$4,426.84	\$13,797.00	\$21,484.00
Preventative Care with Early Smiles California	\$96	\$320	\$489

Table 1. Costs associated with Medi-Cal Dental reimbursements for the child's 20+ emergency dental concerns and preventative care through Early Smiles California.

** Usual Customary and Reasonable (UCR) refers to the fee guidelines that are used to pay dental provider claims*

This case highlights the significant differences between preventative and emergency dental care, not only in terms of cost but also logistics. The CDC recommends school sealant programs for students who do not have access to regular dental care as a preventative measure for children at high risk for cavities, helping to reduce students' absences due to dental appointments.

Early Smiles California provides sealants, which are thin coatings that protect the back teeth—namely, the adult molars when they first grow in (the first set at age 6, and the second set at age 12)—from bacteria that could cause cavities. The CDC states that sealants applied at ages 6 and 12 can stay in the mouth for up to nine years, preventing 80 percent of cavities for two years post-application and continuing to protect against cavities for many years thereafter.

Children's dental health begins at birth. Dental professionals recommend that children visit a dental home when their first tooth erupts or by their first birthday, whichever comes first. Children need fluoride varnish every six months and sealants once their adult molars come in (ages 6-12). Routine check-ups are also recommended every six months. Participation in Early Smiles California from age 3 (pre-kindergarten) to 12th grade costs the state \$316 over 15 years through Medi-Cal dental reimbursements.



**Case Study- X-rays revealed a severe case of condensing osteitis, an abnormal bone growth and lesion condition caused by tooth inflammation or infection. Also known as focal sclerosing osteitis, it primarily affects the molars, causing the bones to become harder and denser.*

**X-ray is NOT from the patient, image sourced from American Dental Assistants Association*

Policy Recommendations for Improving Oral Health in California Schools

Medi-Cal Dental Reimbursements - Dental Screenings

This proactive approach can significantly reduce the incidence of severe dental concerns that often result in emergency treatments, high healthcare costs, and school absenteeism.

Medi-Cal Dental Reimbursements - Oral Health Education

Integrating oral health education into the school curriculum will empower students with the knowledge and practices necessary to maintain good oral hygiene throughout their lives.

Annual Mandated Oral Health Assessments - Within Public Schools from Pre-K to 12th Grade

Mandating annual oral health assessments within schools ensures that every child receives dental care, regardless of their socioeconomic status or geographic location.

School-Based Dental Care Programs in All California Public Schools

The Center for Oral Health urges California state legislators to allocate \$10 million in the upcoming budget to expand school-based dental care programs to all public schools statewide within the next three years.

Conclusion

The Center for Oral Health is advocating for comprehensive reforms to improve oral health care across California. We are urging state legislators to allocate \$10 million to expand school-based dental care programs. Additionally, we emphasize the necessity of Medi-Cal Dental reimbursements for dental screenings and oral health education, as well as mandating annual oral health assessments from pre-K through 12th grade in public schools. These measures aim to ensure all children receive the dental care they need.

Investing in preventive dental care and education today will pave the way for healthier generations tomorrow.

To learn more about the Center for Oral Health's initiatives, visit our website or call (619) 823-2699

A CASE STUDY ON PREVENTATIVE AND EMERGENCY DENTAL CARE

Addressing Dental Care Disparities

01

- Early Smiles California is a school-based dental program serving underserved rural areas like Alpine and Trinity counties.
- We target regions with few Medi-Cal dental providers and a high number of schools with 50% or higher Free or Reduced-Price Meals (FRPM).



Expanded Services and Impact

02

- Early Smiles California offers oral hygiene instruction, dental screenings, fluoride varnish treatments, sealants, and connects families to a dental home.
- We treat all children regardless of insurance type, enhancing dental health and reducing absenteeism due to dental pain.

Financial Challenges

03

- Though Medi-Cal Dental reimbursements cover variable costs, they do not cover overhead.
- Variable cost per student: \$14; Total cost per student (including overhead): \$35.



Case Study:

Preventive Care vs. Emergency Costs

04

- Early Smiles California provides preventive care at \$96 per child under Medi-Cal Dental, compared to severe emergency care costs exceeding \$4,000 in some cases.
- Preventive care can reduce costly dental interventions, resulting in substantial savings for the state.

About the Authors

Tiffany Turner, MBA, MPH brings a wealth of experience and leadership to the Center for Oral Health. Currently serving as the Chief Operations Officer (COO) at The Center for Oral Health, she oversees a wide array of responsibilities, including HR, IT/Facilities, Compliance, Quality Improvement, Development, Research/Data Evaluation, and the management of both a standalone clinic and a school-based program. With a distinguished career marked by strategic vision and operational excellence, Ms. Turner has consistently demonstrated a commitment to driving organizational success and achieving impactful outcomes. Tiffany Turner is a dynamic and results-driven leader, embodying the values and vision of the Center for Oral Health. Her strategic acumen, collaborative approach, and passion for healthcare make her an invaluable asset to the organization's executive leadership team.

Sheeva Azma, MS is a science writer and strategist telling stories that make a difference. With neuroscience degrees from MIT and Georgetown, she wears many hats: she has 10+ years of research experience as a neuroscientist, 10+ years of on-the-job experience as a communicator, 25+ years of experience working in the policy and political world, and 20+ years of experience as an educator. Since 2020, Sheeva is CEO of her own science strategic and digital communications company, Fancy Comma, LLC

The views expressed in this brief do not necessarily reflect the views of the Center for Oral Health. This brief is a work in progress and/or is produced in parallel with other briefs contributing to other work or formal publications by Center for Oral Health. Comments are welcome; please direct them to Tiffany Turner at tturner@tc4oh.org

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