NNOHA/ MSHS”
Potential Key Collaborations

Francisco Ramos-Gomez, DDS, MS, MPH
HS/MSH – NNOHA
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Professor UCLA
Section of Pediatric Dentistry
UCSF - NIDCR Center to Address Children’s Oral Health Disparities

frg@dentistry.ucla.edu
Profile of Migrant and Seasonal Head Start
Percent Change in Population by Region 2000 to 2006
Hispanic or Latino

Source: U.S. Census Bureau, Population Estimates Program, July 1, 2000 and July 1, 2006
Demographic Change Summary for Latino Children 2011

- 1 in 4 US children will be Latino, and 1 of every 2 new additions to the US populations is Latino

- 60% or more of Latino children live in an immigrant family; one or both parents are foreign born
  - Risk
    - Poverty
    - Commonly with less than a high school education
    - Frequently not fluent in English
  - Strengths
    - 70% have two parent families
    - Multi-generational families

- Pediatric Practices, general and subspecialties, will see increasing numbers of Latino children and adolescents and most will live in an Immigrant family
'Train of death' drives migrant American dreamers

- June 23, 2010     By Karl Penhaul, CNN

- The ground rumbles when it moves. The steel wheels grind and screech. The whistle is a snarl not a toot. Some call it the "train of death," others simply call it "La Bestia," or the "the beast."

- To thousands of poor migrants, this thundering cargo train is a free ride to their American Dream -- or their modest dreams of working hard and saving even harder to send a few dollars home to loved ones.

- But along the ride, migrants who cram onto the roof of the trucks and any spare space in between risk death and injury.

  CHILDREN AMONG THEM AGE RANGE 8 TO 22
Health Status of Latino Children and the Immigrant Paradox

- Low Birth Weight
- Infant Mortality
- Growth – Obesity and Stunting
- Asthma
- Dental Health
- Perceived Health Status
Profile of Early Head Start
Hispanic Population in the United States: 1970 to 2050

Population in millions

1970 | 1990 | 2010* | 2030* | 2050*
---|---|---|---|---
9.6 | 14.6 | 35.3 | 59.7 | 102.6

*Projected Population as of July 1

Percent Hispanic of the Total Population in the United States: 1970 to 2050

- **1970**: 4.7%
- **1990**: 6.4%
- **1990**: 9.0%
- **2010**: 12.5%
- **2010**: 15.5%
- **2010**: 17.8%
- **2030**: 20.1%
- **2050**: 22.3%
- **2050**: 24.4%

*Projected Population as of July 1, 2010 to July 1, 2050*

Percent of Population 2006
Hispanic or Latino

Hispanic or Latino population as a percent of total population by county:
- 25.0 to 100
- 10.0 to 24.9
- 5.0 to 9.9
- 2.5 to 4.9
- 0 to 2.4

Source: U.S. Census Bureau, Population Estimates, July 1, 2006
Early Head Start

• In 2010, the Early Head Start (EHS) program served 81,914 children under age 3 and 10,485 pregnant women in 741 programs throughout the country.
• Seven percent of all Head Start slots were in Early Head Start.

• About 45 percent of children are served through a home-based program model, while about half receive services through a center-based program.

• Nationally just 2.5 percent of eligible children are served by EHS.

Source: PIR, 2010
The gap is getting bigger!
Why the Disparity?

• Lack of education among Latino mothers
• Lack of dental insurance
• Lack of time
• Difficulty with transportation
• Lack of cultural diversity among dental providers
• Mistrust of the dental community
Policy Implications

• Adopt a less reactive and more preventive approach to treating dental disease
• Increased emphasis on creating a dental workforce that reflects the diversity of the population it serves
• Explore alternative access options
• Empowerment of community organizations
• Consensus of standards of care
Prevalence of Dental Decay

Dental decay is the most common chronic disease of childhood

1 Year Olds: 8% 8%
2 Year Olds: 78% 22%
3 Year Olds: 65% 35%
4 Year Olds: 33% 67%
A) RESEARCH
Prevention of ECC
Using Fluoride Varnish

Supported by NIH P60 DE13058 and U54 DE14201
Mean dfs at Last Follow-up Exam by 
# Active FV Applications (n=280)

dfs: p=.0066; log dfs+ws: p<.0001
SUMMARY FV STUDY

FV with counseling (AG) should be recommended as part of a caries prevention program targeting infants and toddlers.

From this findings the state is now getting reimbursement 3 x year based on risk
PERINATAL ORAL HEALTH
PERINATAL ORAL HEALTH
2007 NY and 2010 CA

Relationship with preterm labor and low birth weight

New 2010 Guidelines from CDA
www.cdafoundation.org/Journal

Main focus optimal oral health for pregnant women is essential
Interpreter Services

• “Errors in Medical Interpretation and Their Potential Clinical Consequences in Pediatric Encounters” Flores 2003
  – 13 taped pediatric encounters, 6 with medical interpreters
  – Average encounter had 31 errors with 63% of medical consequence (omissions, false fluency, substitutions)
  – “official” medical interpreters had 53% of their error of medical consequence, while ad hoc interpreter had 77% errors of consequence.
B) CONNECTING AND MAXIMIZING RESOURCES

- GIVE KIDS A SMILE
- GIS SYSTEM - MAPPING
- CHCs - Safety Net & Dental Schools
- Local Regional Resources - CAMBRA
- CA POHAP TRAINING
- AAPD
AAPD DENTAL HOME PROJECT
www.aapd.org

HRSA ORAL DISPARITIES COLLABORATIVE
www.nnnoha.org

CANDO Center
www.ucsf.edu/cando
Policy & Program Opportunities Based on the “New View”

Adapted from SG Workshop and AMCHP in “Opening the Mouth” at http://ccnmtl.columbia.edu/draft/soup/openMouth/pt02.html

1. Start early and involve all
2. Assure competencies
3. Be accountable
4. Take public action
5. Maximize the utility of science
6. Fix public programs
7. Grow an adequate workforce
8. Empower families and enhance their capacities
C) TRAINING AND EDUCATION
MCHB ORAL HEALTH WEBSITE
www.mchb.oralhealth.org
(Spanish resources)

AMERICAN ACADEMY OF
PEDIATRICS
www.aap.org/section of oral health

CAVITY FREE AT THREE
www.cavityfreeatthree.edu
POTENTIAL ROLE OF HDA AND HDST/MSHDST

HDA Providers

- Training
  - In-services
  - Newsletter
  - Health Literacy
  - Bilingual Ed. Materials

HDST

Families

Outreach & Education

Outreach/ Case Management

RESEARCH
HDST

Oral Health

Case Managers / Health educators/ Promotoras/ Pt Navigator.

BUSINESS MODEL PLAN
HDST INFANT Oral Health TRAININGS

CALIFORNIA
MINNESOTA
COLORADO
ARIZONA
NEW MEXICO
WASHINGTON
NEW JERSEY
TEXAS
MISSOURI
CHALLENGES
INTEGRATION OF ORAL HEALTH INTO ALL HS/MSH
MORE INTEGRATION MSH TO HS
POLICY CHANGES PERINATAL AND INFANT ORAL HEALTH
RECOMMENDATIONS FROM HDA/HS PANEL OF EXPERTS
SUSTAINABLE SYSTEM CHANGE MODEL PLAN

COLLABORATION, COLLABORATION, COLLABORATION
Early childhood caries prevalence has increased significantly in children under 3 years. ECC disproportionately affects lower socioeconomic and minority populations and is a predictor for future decay, but is preventable and manageable. Caries in the primary dentition of children is a significant public health priority.
PROMOTING INFANT ORAL CARE VISIT
TWO IS TOO LATE !!!
Thank You!