Young Tahoe Smiles
4th Quarter Report
2011

Recognizing the fact that poor oral health in children is at epidemic proportions, the Young Tahoe Smiles children's oral health program, was implemented in 2011 to provide dental services to our area's lower socioeconomic youth. In an attempt to remove the barriers between our economically underserved children and necessary oral health services, YTS provides dental care for those children who "fall between the cracks" and do not have access or qualify for dental insurance or other dental programs. Since its inception, local children have received subsidized dental care valued at over $58,000 dollars.

The goal of the program is to restore children's oral health to a stable, infection free, pain free and functional state.

The Maternal and Child Health Branch of the California Department of Health Services contracted to conduct a statewide assessment of oral health needs of California children in 1993-94. This epidemiological survey was designed to gain a representative sample of California's children (N = 6,643) in 10 geographic regions of California at three age levels: preschool, kindergarten through third grade, and 10th grade. Dental examinations were done in classrooms using a dental explorer and mirror. The assessment found the percentage of California children with untreated caries as follow: 55 percent of children age 6-8, 60 percent of black children age 6-8, 66 percent of Hispanic children age 6-8, and 45 percent of adolescents age 15. (see references)

Oral function can affect quality of life, chewing, eating and speaking, as well as social interactions. Untreated caries cause pain, infection, and oral dysfunction. While dental decay has decreased during recent decades, children of low-income families have not benefited as greatly as others and still remain at significant risk for dental disease. Children in the national Head Start Program, who are members of lower socioeconomic groups, have caries rates well above the national averages. This is pertinent because socioeconomic status is consistently associated with health outcomes. Low family income is a consistent risk factor for poor health among white children. Ability to pay is a critical barrier when coupled with culture and language differences that contribute to limited health care access for racial and ethnic minorities at the lower end of the socioeconomic scale. (see references)

The National Center for Health Statistics reports that in 1988, 18.1 percent of all children age 3-17 had not seen a dentist in the previous two years. Family income influenced dental visits: 54 percent of children from families whose income was less than $19,999 had not seen a dentist in the previous two years. This outcome was also influenced by race: 16.5 percent of white children, 23.6 percent of African American children, 21.2 percent of Asian children, 23.1 percent of Native American children, and 28.9 percent of Hispanic children age 3-17 had not seen a dentist in the previous two years. (see references)

Promoting children's oral health is a good policy: oral health is integral to children's well-being and investing in it makes solid financial sense for all. For every dollar spent on preventive oral health care, as much as $50 is saved on restorative and emergency oral health procedures. (see references)

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General Statistics:

1. 26 Children were treated in 2011 during one hundred and twenty-two visits.
2. The average dental need for services treatment planned ranged from $53,153 to $60,170
3. The actual amount of services rendered was $58,707.00.
4. The average amount of care needed per child was $2,258. There were a few root canals provided which increased the statistical average, upon correcting for this factor the average treatment required per child was $2,046, a $212 dollar difference.
5. There were a total of 519 procedures provided, 42.6 % diagnostic (examinations & x-rays), and 20.4 % (preventive, cleanings, fluoride & sealants), 29.9 % (fillings), 7.1 % (endodontic & extractions).

Financial contributions:

1.	Young Tahoe Smiles	$ 37,540.85
2.	Tahoe Magic	$ 2,100.00
3.	Open	$ 250.00
4.	Dr M Ortega	$ 31,273.82

The success of the program is directly related to the generosity of Sue Boyer, Rob Rodriguez, Tahoe Magic, Open and the collaborative efforts of the community, parents and dental community.

On behalf of the children thank you for your assistance and generosity.

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