SUPPORTING ORAL HEALTH CARE ACCESS FOR CHILDREN LIVING IN THE BORDER REGION OF CALIFORNIA

Introduction

For the approximately 850,000 children living in the border region of California, oral health needs like toothaches and cavities are exacerbated by a limited number of dental providers, declining rates of health coverage, and the current climate of anti-immigrant policies and rhetoric that threatens the well-being of many families.[1] The region—defined as the 62 miles (100 km) north of the U.S.-Mexico border in San Diego and Imperial Counties[2]—possesses a unique cultural heritage and binational economy, but also high rates of childhood poverty and limited access to health care providers, both of which have a detrimental effect on oral health outcomes.[3]

Years of research shows that good oral health in children is linked to long-term overall health and academic opportunity, but for many children, multiple social determinants, including poverty, family education level, and immigration status, hinder good oral health—factors that are uniquely compounded for children living in the border region.

The current hostile environment of anti-immigrant policies and rhetoric further hinders good oral health by instilling a deep and growing fear and threatening the health and well-being of many communities along the border, throughout the state of California, and nationwide. A 2017 survey of providers in California conducted by The Children's Partnership and the California Immigrant Policy Center found that 67% of respondents reported an increase in concerns about enrollment in Medi-Cal, WIC, Cal Fresh, and other public programs.[4] Families are experiencing heightened stress and anxiety due to immigration enforcement that, combined with fear around enrolling and accessing health care services, may worsen oral health inequities for children.

The purpose of this issue brief is to document the unique challenges along the border region in meeting the oral health care needs of California's underserved children and broadly identify what is needed to improve California's dental care delivery system in order to improve access to oral health care services for California's children and families. Informed by a literature review and interviews with dental providers and community advocates, this brief details our findings on the socio-economic, geographic, and political factors impacting children's oral health care in the border region and provides recommendations for ensuring all families, regardless of immigration status, can access consistent, quality oral health care.

Status of Oral Health Care Access for Children and Families Living in the Border Region

Years of research shows that good oral health in children is linked to long-term overall health and academic opportunity, but for many children, it is impacted by social determinants, including poverty, family education level, and immigration status. Across California, 78% of children ages 2–11 have seen a dentist in the past six months; however, children living in the border region of California are less likely to have seen a dentist in the past six months than the statewide average. The rate is 61% in Imperial County and 70% in San Diego County.[5] For children living in the border region of California, there are additional factors impacting their oral health.

The border region offers residents access to oral health care services in Mexico, an option that is regularly utilized for a variety of reasons. Residents in the border region often cross into Mexico for health care because of factors such as cost, underinsurance, familiarity with providers, as well as perceptions of effectiveness and/or greater accessibility. One study noted that individuals in border communities often have transnational cultural capital, a unique type of cultural capital that allows them to achieve ends across borders.[6] In another study of residents from El Paso County in Texas, 63.2% of residents had crossed into Mexico for dental services within the last two years.[7] Residents cited lower cost, ease of getting an appointment, a Spanish-speaking dentist, and convenience as reasons for visiting a dentist in Mexico.[8] According to health clinic representatives we surveyed, often all members of a family that cross the border can receive services in one day, which is an attractive option and not typically available in the U.S. In addition, dental services in Mexico are often advertised online, and some providers make an effort to attract customers from California, even providing transportation for ease of use.

Children living in the border region of California are less likely to have seen a dentist in the past six months than the statewide average.

Proximity to Mexico provides opportunity to access oral health services and avoid numerous challenges. In a study specific to Mexican migrant women from three communities in North San Diego County, lack of insurance coverage, cost, dissatisfaction, wait time, and discrimination were all noted as factors associated with dental care access.[9] Cross-border utilization of health services is particularly common for migrant workers living in the border communities. Interviewees spoke about the nature and demands of migrant workers' work, which make it difficult for parents to take time off to take their children to dental appointments when clinics are open. Parents do not feel they are able to take time off and fear asking for it. Transportation also poses a major barrier to dental care access, as many do not have their own mode of transportation and live in more remote, agricultural areas.

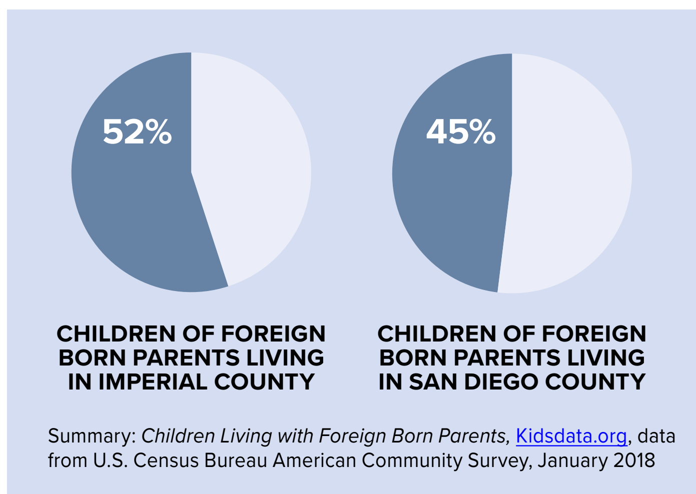
The level of oral health education and awareness in parents and caregivers impacts a child's access to oral health services. Interviewees noted that many parents and caregivers in the region have not had oral health care themselves, and thus they have not been provided the education to support the oral health of their children. One study of Latino agricultural worker families in California found that untreated caries among mothers were positively associated with untreated caries in their children.[10] Additionally, the researchers found that children were more likely to have a past-year dental visit if they had a usual source of dental care and if their caregiver had a past-year dental visit as well. Identifying opportunities to reach parents and caregivers with the education tools and resources to better understand the importance of health care and where they can have their oral health needs met is paramount to improving children's oral health status.

In the absence of accessible and affordable care, oral health problems can lead to individuals' seeking out unsafe forms

of care. One interviewee noted the prevalence of "garage dentistry" in the region: a term referring to the practice of unlicensed dentists' performing dental procedures in their garages or homes without having the proper training, sanitary conditions, or credentials.[11] There are many risks associated with this type of care, including infection and injuries that can lead to more severe problems. Oral health education and awareness in parents and caregivers is critical to improving both adult and child oral health while also preventing potentially dangerous procedures.

Multiple interviewees spoke to a lack of understanding among families about what dental services are covered in Medi-Cal for children and how to access them. Without even a basic level of knowledge, as noted above, respondents shared that parents often choose to cross the border for oral health care and not enroll in Medi-Cal because the options for care across the border can be more affordable, more flexible, less bureaucratic, and less time-consuming than going through Medi-Cal.

Immigrant families already faced barriers to enrolling in programs and accessing services for children before the Trump Administration. Half of the children living in the border region are part of an immigrant family: 52% in Imperial County and 45% in San Diego County.[12] Immigration status directly impacts access to programs for children, programs that are critical to good oral health. For example, many immigrant parents—whether undocumented immigrants or lawfully residing—are ineligible for federal programs designed to support low-income working families, such as the Supplemental Nutrition Assistance Program (SNAP), Medicaid, and Temporary Assistance for



Summary: *Children Living with Foreign Born Parents,* Kidsdata.org, data from U.S. Census Bureau American Community Survey, January 2018

Needy Families.[13] However, children are often eligible, and parents may still not apply because they fear that enrolling a child in public programs could affect their application for legal status or could allow personal information to be shared with immigration authorities.[14] Historically, immigration status has impacted the likelihood of families' receiving dental visits. One study noted that non-citizens and naturalized citizens were significantly less likely (39.5% and 23.1%, respectively) to have at least 1 dental visit within 12 months compared with U.S.-born citizens.[15] In addition, non-citizens and naturalized citizens were less likely to have a comprehensive dental exam, prophylaxis, or radiographs, but they were more likely to experience tooth extraction.[16] The heightened level of anti-immigrant rhetoric and policies is worsening this problem.

While some children and caregivers are Medi-Cal eligible, the growing fear associated with today's anti-immigrant climate is negatively impacting families' decision to enroll. For example, despite the passage of Senate Bill 75 in 2018, which provides full-scope Medi-Cal benefits to children regardless of immigration status, expert interviewees said that many parents have expressed hesitancy to utilize the benefit. Additionally, the proposed "public charge" rule change has created further fear and confusion around enrolling in Medi-Cal and accessing vital public benefits such as food stamps.[17] Multiple interviewees spoke about families' anxiety about the rule change and the problem of misinformation spread throughout communities on what public benefits are and are not impacted. The policies of the current federal administration is having a devastating "chilling effect" on immigrant families, who are made to be constantly fearful of utilizing healthcare, nutrition assistance, childcare, and other essential services. Such a chilling effect is also impacting children's access to oral health services.

Recommendations

Now, more than ever, families living in the border region need additional resources to support the oral health of their children. In order to increase access to oral health care and ensure all children—no matter where they live or their families' immigration status—have the opportunity to grow up healthy and successful, California must proactively connect families along the border with services and supports to ensure good oral health.

In key informant interviews, experts identified areas where policy changes and investments would further support the oral health needs for children living in the border region. The challenges faced by this population are similar to challenges faced by children statewide with some unique exceptions. In order to best meet the needs of California's most vulnerable children, California leaders and policymakers should take the following actions:

Ensure Families Can Feel Safe Accessing Oral Health Care

California should mount a state response to today's federal anti-immigrant climate to ensure families continue to access health care services. As part of this response, California should explore ways in which all sites of care can be safe and welcoming for immigrant families. This likely requires additional investments in local clinics and hospitals; early childhood spaces, including child care centers and home visiting programs; and schools so they can hire sufficient staff, reach remote areas, and expand access for children. Providers need additional training on the rights of immigrant families to access care and resources to discuss policy changes like the public charge rule with families. The Department of Health Care Services should explore ways in which the Medi-Cal program can become a more nimble and trusted system. As key informants highlighted, there is a great need for improved communication that better informs families of their eligibility and benefits while also bringing care to the community.

Leverage Schools as Strong Oral Health Partners

Additional resources should be dedicated to fostering partnerships between schools and clinics/oral health providers to connect more children to care before problems become emergencies. Our research found that schools, churches, and other community-centered sites in San Diego and Imperial Counties are providing much-needed oral health information and support to immigrant families. Schools serve as strong partners in providing dental screenings to students and connecting them to further dental care; however, interviewees spoke to the limited capacity of existing infrastructure to meet the oral health needs of all children. One clinic provider noted that their mobile dental unit is booked fully within days of opening it up to school sites.

Programs that connect students with oral health care at school sites such as mobile dental units and teledentistry models, like the Virtual Dental Home,[18] should have

School-based and community clinics like Community Health Centers have helped connect more children to oral health services through mobile dental vans. Photo credit: Community Health Centers of the Central Coast, Inc.

sustainable funding streams. School-based health care, including telehealth, allows providers to reach more kids and provide referrals to dental homes when necessary. These models also ease the burden on parents who face barriers in transporting their children to appointments.

Invest in Broad-Scale Public Awareness

Public education and outreach about oral health should reflect the unique barriers faced by families residing in the border region. Strategies should be explored to partner with trusted community members to educate families, especially parents and caregivers, about the importance of oral health, having good oral health habits, and the link between nutrition and oral health. Additionally, immigrant families need better information from trusted sources about their rights and protections in this current climate. Providers and community leaders need training and resources to answer families' questions and recognize the chronic stress and trauma being experienced by children in immigrant families.

Family education should also include information on eligibility and benefits in the Medi-Cal Dental program, including updated and accurate information related to policies such as public charge. As our research found that parents and caregivers need support obtaining consistent oral health care for themselves as well as their children, providing parents and caregivers with access to quality dental care will increase the likelihood that children receive consistent care as well.

Improve Data Collection

Improving the collection of data on oral health in the region will strengthen understanding of how to better support the health of children. Exploring ways to effectively track both process data (for example, referrals to an oral health care provider) and outcomes data (for example, prevalence of dental caries in children throughout their time receiving dedicated services) will help inform policy and funding decisions. As is evidenced by the literature review utilized for this brief, there is limited information on the specific barriers to oral health care for children living in the border region. Stakeholders engaged in binational health efforts should come together with oral health

data experts, state and federal decisionmakers, and other relevant stakeholders to create recommendations for what information is needed from existing programs; identify financial and technical support for such data collection; and identify systems for using such data to inform investments and targeted efforts. In our research, interviewees spoke to a growing interest in data collection by county public health officials, health system leaders, and other stakeholders committed to children's health. The state of California has also made a large investment in children's oral health through the Dental Transformation Initiative (DTI), which aims to increase the utilization of preventive services, prevent and treat dental caries, and increase continuity of care under the Medi-Cal 2020 Waiver.[19] As the initiative enters its final year, it is paramount that evaluation of the program provides publicly available outcomes data, and strategies for sustaining any progress made after 2020.

These next steps create an opportunity to give children and families in the border region a consistent source of quality oral health care, leading to improvements in the oral health of California's children and other vulnerable populations. With the investment from policymakers, oral health and health care systems, communities, and other stakeholders, we can move California another step closer to oral health equity.

Acknowledgements

This brief was informed by interviews with numerous leaders and advocates. The Children's Partnership would like to thank the following individuals for their thoughtful contributions to this research (affiliations are for informational purposes only):

- Dr. Maritza Cabezas, Los Angeles County Department of Public Health
- Claudia Galvez, Clinicas de Salud del Pueblo
- Avalon Hernandez, Catholic Charities of San Diego
- Herminia Ledesma, Vista Community Clinic
- Eliseo Macias, San Ysidro Health Center
- Luz Moreno, Clinicas de Salud del Pueblo
- Nancy Starr, San Diego County Department of Public Health

The Children's Partnership acknowledges and is grateful to the Dentaquest Partnership, California Health Care Foundation, and The California Wellness Foundation for their support of the development and production of this brief and for their ongoing support of our broader advocacy agenda for children.

Additional Resources

For additional resources on the importance of oral health care for children, Medi-Cal eligibility, and health care rights and protections for families regardless of immigration status, visit The Children's Partnership website, www.childrenspartnership.org, and for materials for school partners and families, visit All In for Health website, www.allinforhealth.org.

Endnotes

1 The La Paz Agreement of 1983 defines the U.S.–Mexico border region as the 100 kilometers north and south of the border. As of 2018, 804,235 children aged 0–17 reside in San Diego County, and 55,371 reside in Imperial County. Data from Child Population, by County. Kidsdata.org

2 Demographics: 2017–2018 Border Health Status Report to the Legislature, The Office of Binational Border Health, California Department of Public Health.

3 "Rural Border Health," Rural Health Information Hub, September 2019.

4 "Healthy Mind, Healthy Future: Promoting the Mental Health and Wellbeing of Children in Immigrant Families in California," The Children's Partnership and California Immigrant Policy Center, 2018.

5 "Length of Time Since Last Dental Visit," Kidsdata.org, data from UCLA Center for Health Policy Research.

6 Sara E. Grineski, "Why parents cross for children's health care: Transnational cultural capital in the United States-Mexico border region," Social Theory and Health 9 (2011): 256-274.

7 Theresa L. Byrd and Jon G. Law, "Cross-border utilization of health care services by United States residents living near the Mexican border," Pan American Journal of Public Health 26, no. 2 (2009): 95-100.

8 Ibid.

9 Diane Velez, Ana Palomo-Zerfas, Arcela Nunez-Alvarez, Guadalupe X. Ayala, and Tracy L. Finlayson, "Facilitators and Barriers to Dental Care Among Mexican Migrant Women and Their Families in North San Diego County," Journal of Immigrant and Minority Health 19 (2017): 1216–1226.

10 Tracy L. Finlayson, Stuart A. Gansky, Sara G. Shain, and Jane A. Weintraub, "Dental utilization by children in Hispanic agricultural worker families in California," Journal of Dental, Oral and Craniofacial Epidemiology 2, no. 1–2 (2014): 15–24.

11 Emily Valdez, "Uninsured Patients Seek Inexpensive Dental Care in Mexico," The Boyle Heights Beat, May 17, 2013.

12 "Summary: Children Living with Foreign Born Parents," Kidsdata.org, data from U.S. Census Bureau American Community Survey, January 2018.

13 Tanya Broder, Avideh Moussavian, and Jonathan Blazer. "Overview of Immigrant Eligibility for Federal Programs," National Immigration Law Center, revised December 2015.

14 R. Capps et al., "Paying the Price: The Impact of Immigration Raids on America's Children," The Urban Institute, 2007. In addition, the eligibility rules are complex, and some programs are not easy to access in languages other than English. See H. Yoshikawa et al., "Unauthorized Immigrant Parents and their Children's Development: A Summary of the Evidence," Migration Policy Institute, March 2013.

15 Fernando A. Wilson, Yang Wang, Jim P. Stimpson, Kimberly K. McFarland, and Karan P. Singh, "Use of dental services by immigration status in the United States," Journal of the American Dental Association 147, no. 3 (2016): 162-169.

16 Ibid.

17 In 2018, the Trump Administration proposed changes to the "public charge test"—a federal immigration law that is designed to identify individuals who may depend on government benefits as their main source of support. The proposed rule expanded the list of public assistance programs that might be considered "negative factors" in a public charge determination. The changes to the rule were scheduled to take place on October 15, 2019, but on October 11, 2019, several federal courts issued preliminary injunctions to halt the rule. As of the publication of this brief, the rule is on hold. However, legal challenges to the decision are likely to continue.

18 For more information on the Virtual Dental Home, see https://www.dental.pacific.edu/departments-and-groups/pacific-center-for-special-care/innovations-center/virtual-dental-home-system-of-care/about-the-virtual-dental-home

19 "Dental Transformation Initiative," Department of Health Care Services, https://www.dhcs.ca.gov/provgovpart/Pages/DTI.aspx