

Written Comments by:

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A. Introduction

Thank you for your interest in Community Health Centers and their role in providing critical pediatric services to underserved areas. These comments address the importance of providing two important and vitally needed services to children – dental and developmental services.

B. About Eisner Pediatric & Family Medical Center and Community Health Centers— Role as Safety Net Pediatric Providers

Established in 1920, Eisner Pediatric & Family Medical Center is a private, non-profit community-based organization dedicated to providing high quality medical, dental, and mental health services, children's day care, and early intervention programs for the working poor and uninsured. In December 2004, we became a 330-funded Federally Qualified Health Center (FQHC) under the President's New Start Program. We are located in the 34th Congressional District of California that is known as East Los Angeles. Over the years, we have evolved from just taking care of children to providing care to all members of the family. Collectively, our programs provide over 75,000 patient visits per year. The patients that we serve are largely low-income, people of color and uninsured. More than 90 percent have family incomes below 100 percent of the federal poverty level, about \$20,000/year for a family of four.

*Carl Coan, CEO, Eisner Pediatric & Family Medical Center
Subcommittee on Labor, Health and Human Services, Education, and Related Agencies
March 29, 2006
Page 1*

The Federal law establishing Community Health Centers was enacted 40 years ago. Over this time, the “bundle of services” that are required to be provided by FQHCs has evolved to include a broad range of medical, dental and behavioral services. In addition, Medicaid, the State Children’s Health Insurance Program, and the Early Periodic Screening, Diagnosis, and Treatment program provide health care funding for children which FQHCs readily take advantage. Yet even with his funding, as well as emerging state and locally funded children’s health programs, Community Health Centers still have an enormous challenge to provide even basic medical and dental care to the million’s of children in need of ongoing care.

C. The Need for Dental Services for Children

Let me tell you about 8 year old Jesus. When he came to us he had tartar, plaque and many cavities. Of particular concern to our dentist was the state of his permanent 1st molars. They were heavily decayed and would probably need extensive restoration or be lost. His mother thought they were just baby teeth. With no insurance, she could not afford to take him to a dentist anyway. Thanks to limited grant funds that we had available, we were able to begin treatment. But the prognosis, at least for the teeth that are already there, is not good.

A recently published report by the Oakland California based Dental Health Foundation titled “Mommy, It Hurts to Chew” looked at the prevalence of dental disease in California. (The results essentially mirrored those reported a few years ago in the U.S. Surgeon General’s report on oral health.)

They reported that neglecting the oral health of our children creates a cascade of problems including:

- Children with infected and painful teeth missing more school days than other children, disrupting their educational and social development – and costing school districts money. It has been estimated that school children age five to 17 miss nearly 2 million school days in a single year nation-wide due to dental health problems.
- Infected teeth are reservoirs of pathogens that flood the rest of the body, leaving the child prone to many other childhood infections, including ear infections, sinus infections, and infected abrasions from the bumps and scrapes of childhood.

*Carl Coan ,CEO, Eisner Pediatric & Family Medical Center
Subcommittee on Labor, Health and Human Services, Education, and Related Agencies
March 29, 2006
Page 2*

- Chronically painful and infected teeth make chewing and swallowing an uncomfortable and difficult chore. Children with dental disease often are not getting the nutrition they need to grow. Poor eating habits contribute to the increase of obesity and diabetes in children.

Dental disease – not obesity or asthma or childhood diabetes - is by far the number one health problem for children!

To promote oral health, we need to remove the barriers that exist between people and services such as poverty, lack of health insurance, lack of providers, immigration status, ethnicity, language and culture, disability, homelessness, geographic isolation and other diverse issues. In addition, we need to:

- Stress prevention through regular check ups beginning at age one
- Fluoridate drinking water systems
- Make fluoride treatments available for young children through primary medical care providers, such as Community Health Centers
- Provide oral health education to parents.

Our dental clinic provides adults and children with preventive dental exams, diagnosis and treatment of dental and gum problems and orthodontic services. We have eleven dental chairs, state of the art digital x-ray, 4.5 full time equivalent general dentists, part time periodontists and part time orthodontists. With this we annually provide 11,000 dental visits.

However, not all health centers are able to provide dental care. Many are limited by the availability of resources to build and equip dental clinics, and to recruit and retain the dentists, hygienists and other staff necessary for their operation. In addition, they are also limited by the funding to pay for the services provided.

D. The Need for Child Development Services

Let me tell you about Davian. He lives in extreme poverty in a rehab housing facility. When Davian was three years old his mother enrolled him in our Parent Child Home Program (PCHP), an early childhood in-home literacy development program. The program is designed to provide early language arts instruction and the social development necessary for success in kindergarten and beyond. It is also designed to develop strong parent-child relationships in a supported environment. Davian “graduated” from the program after two program years of weekly sessions with our in-home staff. We recently received word that Davian was accepted in a local exceptional kindergarten program based on a skill assessment of his readiness for school entry.

Recently there have been major studies which have reported on the role early brain development has on the eventual success that children have in school and possibly beyond. Starting with the prenatal period, when expectant mothers are advised not only to avoid drugs and alcohol use and other high risk behaviors during pregnancy, they are now learning about the importance of early child development which includes early literacy opportunities, speech and language development, behavior modification, and socialization skills. Ideally for the first five years of life, a child should have a developmental assessment at each well-child visit and if appropriate, a consultation between the parent and a developmental specialist. This would be an ideal mode of practice for any child to receive, regardless of income or economic status. But we know that children from low income families are at greater risk of delayed development without appropriate intervention. This is what we are striving to achieve at Eisner Pediatric & Family Medical Center.

E. Challenge to Policy Makers

Community Health Centers are a proven model to address the health care needs of low-income families. Because of our commitment to the communities we serve, we define health care needs very broadly to include unique programs such as the Parent Child Home Program that I previously described. Community Health Centers do significantly more than just give shots and take temperatures. We understand that prevention and well being give individuals the ability to

*Carl Coan ,CEO, Eisner Pediatric & Family Medical Center
Subcommittee on Labor, Health and Human Services, Education, and Related Agencies
March 29, 2006
Page 4*

live full and productive lives, particularly children. Well being comes about through multiple interventions that address not just health but education, child development and parenting.

The country needs hundreds, maybe thousands more health centers to provide access points for the broad range of services that will improve the lives of children, even as more states add insurance coverage for children. As policy makers, you need to find ways to navigate the fiscal challenge of the deficit, war, and homeland security, while at the same time providing resources so that Community Health Centers can grow in number and size to take on the challenge of providing the full scope of health and developmental services children need. We need you to develop an expanded model for health center funding that goes beyond HHS to include the Department of Education, HUD and other areas of the federal system to assure healthy, well developed children.

F. Closing

I am personally grateful to you, Mr. Chairman, and to members of the Subcommittee for your continued strong investment in the Health Centers program. With the President's support, you have dramatically increased the reach of health centers into our underserved communities, and widened access to the effective, affordable services we provide. I hope you will continue that investment in FY2007 by fully funding the President's requested increase of \$181 million for the Health Centers program.