

## Access to Oral Health Care in Central California

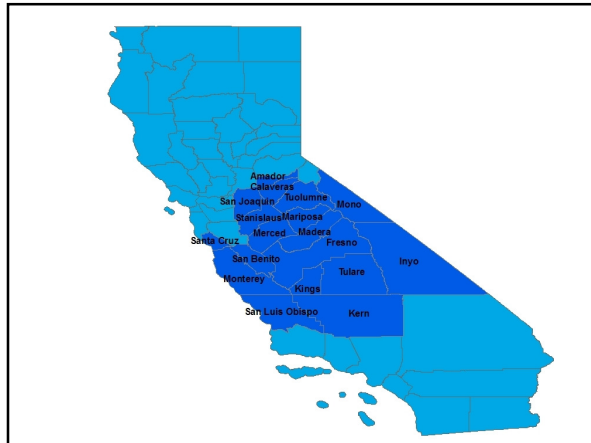
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## Purpose of Project

- An 18-county oral health access profile to support planning and policy analysis related to care for low-income and underserved residents of Central California region
- Explore socio-economic factors associated with oral care access
- Offer policy recommendations based on study findings



## Context: Oral Health in California

- Tooth decay is the most common chronic childhood disease
- More than one-half of kindergarteners & more than 7 out of 10 third-graders have experienced tooth decay
- More than 1 out of 4 elementary school children have untreated tooth decay

Source: Children Now: California Report Card '09



## Context: Oral Health in California

- Periodontal (gum) disease is linked to:
  - Pre-term delivery/low birth weight infants
  - Atherosclerosis and vascular disease
  - Diabetes and increased prevalence and severity of gingivitis and periodontitis
- Dental diseases can result in severe pain and infection leading to various health problems, difficulty with activities of daily living, and in rare cases, death
- The mouth is a reflection of overall health and well-being

1. Source: [http://ada.edu/content/vol137/suppl\\_2/index.dtl](http://ada.edu/content/vol137/suppl_2/index.dtl)

2. Source: California HealthCare Foundation, *Denti-Cal Facts and Figures*, May 2007



## Context: Oral Health in California

- Preventable dental conditions accounted for more than 83,000 emergency department (ED) visits in 2007—a 12% increase from 2005
- Hospitals charged commercial insurers, government programs, and uninsured individuals about \$55 million for ED visits for preventable dental conditions in 2007
- Of the 18 central California counties, 7 had higher rates of ED visits for preventable dental conditions than diabetes and asthma ED visits

Source: California HealthCare Foundation, *Emergency Department Visits for Preventable Dental Conditions in California*, 2009.



## Context: Oral Care Financing for Low-Income Californians

- Denti-Cal is the primary public payer for dental care for low-income Californians
- While nearly all Medi-Cal beneficiaries have access to dental benefits, they face significant barriers to receiving care
- Only 40% of private dental practices accepted Denti-Cal payments in 2003
- Only about 1 in every 4 Medi-Cal patients received any Denti-Cal services in 2004

Source: California Healthcare Foundation, *Denti-Cal Facts and Figures*, May 2007.



## Percent of Medi-Cal enrollees using Denti-Cal services & ED visits for preventable dental conditions

County	Percent of Medi-Cal enrollees that utilized dental benefits (2004)	Total dental ACS ED visits per 100,000 (2007)
Amador	15.00%	560
Calaveras	21.00%	414
Fresno	31.00%	261
Inyo	9.00%	*
Kern	27.00%	286
Kings	21.00%	243
Madera	25.00%	323
Mariposa	16.00%	*
Merced	22.00%	381
Mono	4.00%	*
Monterey	21.00%	230
San Benito	18.00%	201
San Joaquin	25.00%	268
San Luis Obispo	17.00%	419
Santa Cruz	19.00%	214
Stanislaus	24.00%	411
Tulare	22.00%	444
Tuolumne	17.00%	779

Source: California Healthcare Foundation, 2007 & 2009.

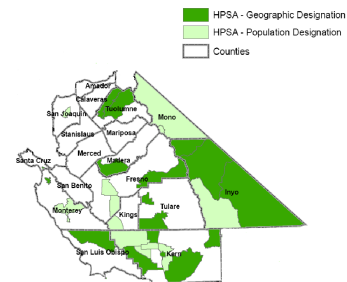


## Low Denti-Cal Utilization Rates

- While about 95% of all Medi-Cal beneficiaries are eligible for dental benefits, not all are receiving the dental care they need
- Three important questions:
  - Is there an overall oral health provider shortage?
  - Is there a misdistribution of services (geographically and/or socio-economically)?
  - Are there other access issues?



## Dental Health Professional Shortage Areas

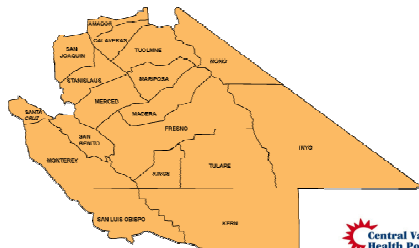


Source: U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Bureau of Health Professions, 2008



## A Study of Access to Oral Health Care in Central CA

- Assessed oral health care accessibility in The California Endowment's 18 county central CA region



## Methodology

- Multiple research methods, including literature review, quantitative survey, demographic and spatial analysis, qualitative interviews, regional focus groups
- Began by conducting a scan and analysis of existing secondary data and reports from public sector



## Methodology: Qualitative Interviews

- Interviewed key informants in the 18-county region. Investigators used a protocol that combined close-ended and qualitative questions to assess oral health resources, initiatives, best practices for preventive care, access challenges, advocacy efforts and policy issues.
- 34 interviews were completed with organizations that included dental clinics, public health departments, Head Start, First 5 organizations, community-based organizations and others



## Methodology: Quantitative Survey

- Identified the universe of providers (about 2000 practicing in 2008) across 18 counties using multiple sources, including state licensing data and [www.whitepages.com](http://www.whitepages.com)
- Sampled 1800 dental practices in the 18 counties-stratified by county using equal probability of selection method
- Letters sent to all dental providers about the study
- Surveys mailed out to dentists and their practice managers
- Telephone and mail follow-up on surveys
- 900 surveys completed equaling a 50% return rate



## Methodology: Data Analysis and Presentation

- Developed profiles for the region and each county and selected sub-county/community clusters
- Key data elements were compiled that reflect oral health access across geographic and socio-economic groups



## Methodology: Demographic Data Source

- Demographic data was gathered from an online company, Maponics ([www.maponics.com](http://www.maponics.com)) that specializes in custom mapping services.
- Census County sub-divisions were used. Each sub-division includes multiple census tracts and zip codes.



## Methodology: Regional Focus Groups

- Conducted 4 regional focus groups/community meetings with key stakeholders to (1) get feedback on preliminary findings and presentation, and (2) explore policy and program implications of findings
- Regional meetings were co-sponsored by "Little Smiles" of the Kern County Department of Public Health, Community Oral Health Services of Monterey, First 5 Fresno County and First 5 Amador County



## Qualitative Interviews Findings

- Across all counties, respondents view the shortage of dental providers who accept Denti-Cal (Medi-Cal) or Healthy Families as the primary barrier to access
- Respondents noted other access barriers: transportation, language, affordable care, lack of public education/awareness about the importance of dental care
- Mixed opinions of the impact of Oral Health Screenings (AB 1433)



## Qualitative Interviews Findings

- Across counties, respondents reported the main challenge to providing care is funding
  - Funding sources included: Medi-Cal/Denti-Cal, First 5, Head Start, County Health Department's, County Office's of Education, CA Children's Dental Disease Prevention Program, and private grants
- Counties are trying their best to piece together oral health care services for low-income children and families, but there are still gaps



## Quantitative Survey Findings

- Practices in all 18 Counties provided information
- 26% of dental practices currently serving Denti-Cal
- 17% of dental practices accepting new Denti-Cal
- 98% of dental practices serving children under 18
- 70% of dental practices serving children under 5
- 73% of dental practices have Spanish speaking staff



## Quantitative Survey Findings

Dental Practices Accepting NEW Denti-Cal Patients

County	# Surveyed	Percent New DC	Projected # accepting New DC
Amador	1.00	20.00%	2.20
Calaveras	1.00	11.11%	1.44
Fresno	41.00	24.55%	81.75
Inyo	0.00	0.00%	0.00
Kern	39.00	34.82%	81.48
Kings	5.00	29.41%	9.12
Madera	4.00	21.05%	7.58
Mariposa	0.00	0.00%	0.00
Merced	11.00	27.50%	29.35
Mono	0.00	0.00%	0.00
Monterey	11.00	15.28%	26.13
San Benito	0.00	0.00%	0.00
San Joaquin	14.00	12.07%	28.84
San Luis Obispo	4.00	6.67%	8.67
Santa Cruz	4.00	6.15%	7.69
Stanislaus	9.00	10.00%	18.70
Tulare	9.00	13.04%	16.57
Tuolumne	1.00	5.56%	1.78



## Quantitative Survey Findings

Dental Practices Accepting Denti-Cal Patients in the Past

County	# surveyed	Percent past DC	Projected # accepting DC in past
Amador	2.00	40.00%	4.40
Calaveras	5.00	55.56%	7.22
Fresno	97.00	58.08%	193.42
Inyo	1.00	50.00%	3.50
Kern	64.00	57.14%	133.71
Kings	6.00	35.29%	10.94
Madera	13.00	68.42%	24.63
Mariposa	2.00	50.00%	2.50
Merced	25.00	62.50%	46.25
Mono	3.00	60.00%	2.40
Monterey	42.00	58.33%	99.75
San Benito	5.00	50.00%	10.50
San Joaquin	66.00	56.90%	135.98
San Luis Obispo	25.00	41.67%	54.17
Santa Cruz	35.00	53.85%	67.31
Stanislaus	47.00	52.22%	97.66
Tulare	42.00	60.87%	77.30
Tuolumne	8.00	44.44%	14.22



## Quantitative Survey Findings

Practice Characteristics Associated With Current Acceptance of Denti-Cal Patients

	Accepts Denti-Cal n=232	Does Not Accept Denti-Cal n=663
FTE Dentists	1.66 (2.08)	1.21 (.69)
FTE Hygienists	.62 (1.22)	1.14 (1.69)
Years Open	16 (12.4)	19.7 (13.5)
Provide Care in language(s)** other than English	94%	90%
Provide Voluntary Dental Services	14%	6%

All differences are significant at  $p < .05$  unless otherwise noted  
 \*\* difference significant at  $p < .10$



## Quantitative Survey Findings

Practice Characteristics Associated With Acceptance of NEW Denti-Cal Patients

	Accepts New Denti-Cal n=154	Does Not Accept New Denti-Cal n=741
FTE Dentists	1.65 (1.28)	1.25 (1.13)
FTE Hygienists	.44 (.88)	1.13 (1.69)
Years Open	13.4 (11.9)	19.8 (13.4)
Provide Care in language(s) other than English	97%	89%
Provide Voluntary Dental Services	13%	7%

All differences are significant at  $p < .05$  unless otherwise noted



## Quantitative Survey Findings

Demographic Features of Zip Codes Where Dental Practices Accept NEW Denti-Cal Patients

	Zip Code Includes At Least One Practice that Accepts New Denti-Cal n=85	Zip Code Includes Only Practices that Don't Accept New Denti-Cal n=142
Median Household Income (\$)**	42,231 (13,642)	49,147 (15,756)
% of Households with Children**	44% (11%)	38% (12%)
Hispanic % of Population**	53% (24%)	36% (25%)
Population	32,846 (17,757)	26,881 (18,390)
Population Density	1,810 (2,404)	1,525 (2,247)

\*\* differences significant at  $p < .05$



## Quantitative Survey Findings

Additional Findings

- Fluoridation almost completely absent in region
- 99% of survey respondents stressed importance of fluoridation for patients
- Barriers to dental practices serving Denti-Cal patients
  1. Reimbursement rates too low – 82%
  2. Too much paperwork/red tape – 68%



## Summary of Findings

- There does not appear to be a regional shortage of oral health care providers
  - BUT, there are very few providers in some counties and in rural parts of many counties
  - AND there are relatively few oral health providers accepting NEW Denti-Cal patients
- Transportation, language, affordable care and other barriers to access are present



## Final Product

- Please visit:
  - [http://www.csufresno.edu/ccchhs/institutes\\_programs/CVHPI/dental/](http://www.csufresno.edu/ccchhs/institutes_programs/CVHPI/dental/)
- Website is a complete package tying survey data to visual analysis
- Individual landing page for each county
  - GIS based maps include survey data and basic demographics
  - Qualitative interview summaries



## Policy Recommendations

- Study findings indicate that many low-income Central California residents do not have reasonable access to oral health care services
- If the goal of public policy is that all Californians have reasonable access to oral health care, the following recommendations could be considered:



## Policy Recommendations

1. Protect, expand, and enhance public oral health care programs and services for underserved and uninsured populations, e.g. school-based programs, mobile clinics, community health centers, etc.
2. Increase Denti-Cal reimbursement rates as well as streamline administrative workload on providers
3. Provide funding for community dental clinic start up, fixed costs
4. Establish a permanent and continuing revenue source to fund the state's loan repayment program for providers willing to serve in medically underserved areas
5. Provide Medi-Cal beneficiaries information about dental benefits and where to seek care
6. Complete a policy analysis of AB 1433 to assess the impact on children's oral health



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## [ About CVHPI ]

The Central Valley Health Policy Institute improves equity in health and health care by developing the region's capacity for policy analysis and program development through integrating the resources of California State University, Fresno and the institutions and communities of the San Joaquin Valley. The Institute was funded in July 2003 by The California Endowment, in partnership with the university, to promote health policy and planning in the region.

Additional information about the Central Valley Health Policy Institute, its programs and activities, can be found at:  
[www.cvhpi.org](http://www.cvhpi.org)

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