

# Access to Oral Health Care in Central California

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## Introduction

- Tooth decay-- most common chronic childhood disease
- 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
- Preventable dental conditions accounted for more than 83,000 ED visits in 2007—a 12% increase from 2005
- Of the 18 central California counties, 7 had higher rates of ED visits for preventable dental conditions than diabetes and asthma ED visits
- Denti-Cal is the primary public payer for dental care for low income Californians
- 40% of private dental practices accepted Denti-Cal payments in 2003
- 25% of Medi-Cal patients received any Denti-Cal services in 2004

### Central California



## Study Questions

- Is there an overall oral health provider shortage?
- Is there a misdistribution of service (geographically and/or socio-economically)?
- Are there other access issues?

## Methods

### Qualitative Interviews

- 34 interviews with oral health key stakeholders
- Interview questions addressed oral health resources, initiatives, best practices for preventive care, access challenges, advocacy efforts and policy issues

### Quantitative Survey

- Identified 2000 practicing dental providers in 2008 in 18 counties using state licensing data and White Pages
- Sampled 1800 dental practices stratified by county using equal probability of selection method
- Sent letters and surveys to dentists and/or their practice managers and followed-up through telephone and mail
- 900 surveys completed

## Results

### Qualitative Interviews

- Primary barrier to access – Shortage of dental providers accepting Denti-Cal or Healthy Families
- Other access barriers: transportation, language, affordable care, lack of public education/awareness about importance of dental care
- Main challenge to providing care is funding
- Counties are trying their best to piece together oral health care services for low-income children and families

### Quantitative Survey

- 26% of dental practices currently serving Denti-Cal
- 17% of dental practices accepting new Denti-Cal
- 98% of dental practices serving children under 18
- 73% of dental practices have Spanish speaking staff
- 99% of respondents stressed importance of water fluoridation (Fluoridation almost completely absent in region)
- Barriers to dental practices serving Denti-Cal patients
  1. Reimbursement rates too low – 82%
  2. Too much paperwork/red tape – 68%

## Practices Accepting NEW Denti-Cal Patients

County	# Surveyed	% 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%	20.35
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

## Practice Characteristics Associated With Acceptance of Denti-Cal Patients

	Currently Accepts Denti-Cal n=232	Does Not Currently Accept Denti-Cal n=663	Accepts NEW Denti-Cal n=154	Does Not Accept NEW Denti-Cal n=741
FTE Dentists	1.66 (2.08)	1.21 (.69)	1.65 (1.28)	1.25 (1.13)
FTE Hygienists	.62 (1.22)	1.14 (1.69)	.44 (.88)	1.13 (1.69)
Years Open	16 (12.4)	19.7 (13.5)	13.4 (11.9)	19.8 (13.4)
Provide Care in Language(s) Other Than English	94%**	90%**	97%	89%
Provide Voluntary Dental Services	14%	6%	13%	7%

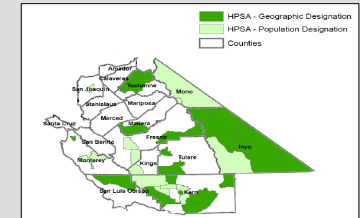
All differences are significant at  $p < .05$  unless otherwise noted  
\*\* difference significant at  $p < .10$

## 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  $p < .05$

## Dental Health Professional Shortage Areas



## Conclusion

- 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

## Policy Recommendations

- 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.
- Increase Denti-Cal reimbursement rates as well as streamline administrative workload on providers
- Provide funding for community dental clinic start up, fixed costs
- Establish a permanent and continuing revenue source to fund the state's loan repayment program for providers willing to serve in medically underserved areas
- Provide Medi-Cal beneficiaries information about dental benefits and where to seek care

## Access to Oral Health Care Website

Please visit:

[http://www.csufresno.edu/ccchs/institutes\\_programs/CVHPI/dental/](http://www.csufresno.edu/ccchs/institutes_programs/CVHPI/dental/)

### References

1. Children Now. (2009). *California Report Card*.
2. California HealthCare Foundation. (2007). *Denti-Cal Facts and Figures: A Look at California's Medicaid Dental Program*.
3. California HealthCare Foundation. (2009). *Emergency Department Visits for Preventable Dental Conditions in California*.
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