

Yolo County Oral Health Strategic Planning Steering Committee
SUMMARY OF ALL NEEDS ASSESSMENT FINDINGS

Prepared by Pacific Health Consulting Group

March 1, 2017

BACKGROUND

In Fall 2016, the Yolo County Health and Human Services Agency convened a Yolo County Oral Health Strategic Plan Steering Committee to participate in the development of a Yolo County Oral Health Strategic Plan. The steering committee includes participation from a range of community stakeholders, including community dentists, community health centers, family and children service providers, county agency representatives. As an initial step in the planning process, the committee oversaw the completion of an oral health needs assessment. Needs assessment activities included the following:

- Completion of Community Leader Interviews;
- Distribution and analysis of a Community Dental Provider Survey;
- Distribution and analysis of a Community Health Center Survey;
- Distribution and analysis of a Community Resident Survey, and;
- Analysis of county and statewide data describing oral health status, access and utilization.

Needs assessment activities were intended to identify key oral health issues and dental access barriers, describe oral health status, understand the current level of dental access and utilization, and highlight potential oral health priorities among key stakeholders. Findings from the needs assessment are included in the following report and are intended to inform development of a Yolo County oral health strategic plan.

The needs assessment and strategic planning process has been supported by the Pacific Health Consulting Group (PHCG).

NEEDS ASSESSMENT KEY FINDINGS

This section summarizes key findings from across all data collection activities related to 1) oral health/dental access barriers and challenges, and 2) oral health priorities. A simple chart summarizing key findings from each data collection activity is included on page 4. More detailed description of findings for each data collection activity begins on page 5. Overall key findings included the following:

Oral Health/Dental Access Barriers and Challenges

- Findings from multiple data collection activities indicate that both child and adult Denti-Cal beneficiaries face significant barriers to timely access to dental care. Key barriers include a significant under-supply of dentists that accept Denti-Cal beneficiaries (often resulting from poor reimbursement) and limited capacity (and scope of services) at community health centers.
- Community dentist and community health center survey results also highlight a severe lack of access to specialty dental services in Yolo County, including endodontics, periodontics and oral surgery.
- Data suggests that this has resulted in under-utilization of dental services by Denti-Cal beneficiaries. Yolo County Denti-Cal beneficiaries utilize services at a notably lower rate than California beneficiaries overall. This is particularly true for child beneficiaries.
- Community resident survey and community health center survey results indicate that uninsured adults often delay or avoid care because of both the prohibitive cost and lack of providers for them to see. This appears to contribute to an increasing rate of emergency room visits with a primary dental diagnosis, particularly among adults.
- Available data on children's oral health and dental service utilization suggest important opportunities for improvement. First, the proportion of Denti-Cal child beneficiaries in Yolo County that utilize any dental services is significantly lower than California child beneficiaries overall. Second, the proportion of children participating in current screening programs who are identified to have class II or III tooth decay has increased for all programs since 2011-12. Lastly, multiple community leaders highlighted the lack of broad children's screening and prevention services across the County as a notable barrier.

Oral Health Priorities

Dental providers, community health centers and community leaders consistently identified two major oral health priorities. These included:

- Expanding dental screening and prevention services for children in the community. This was among the top two priorities for each stakeholder group. Also, 85% of dental provider respondents prioritized oral health initiatives that prioritized children.
- Fluoridating water in our communities was the top oral health priority for community dental provider survey respondents (92% support) and among the top two priorities highlighted by community leaders. Community health centers also prioritized fluoridation but ranked it below more immediate patient access and service issues.

Additional potential priorities highlighted by stakeholders included:

- Increasing community education/campaigns on the importance of oral health (community leaders);
- Potentially pursuing sugary beverage taxes in Davis and Woodland;
- Increasing access to dental services for children (dental providers), and;
- Increasing access to dental services for adults (community health centers).

SUMMARY OF BARRIERS/CHALLENGES AND ORAL HEALTH PRIORITIES

Data Collection Method	Oral Health/Dental Access Barriers and Challenges	Oral Health Priorities
<i>Needs Assessment Data</i>	<ul style="list-style-type: none"> Major increase in Medi-Cal/Denti-Cal enrollment since 2014, including surge in adult beneficiaries Significant under-supply of dental providers to serve Denti-Cal beneficiaries Much lower Denti-Cal utilization by child beneficiaries in Yolo compared to California overall Increasing emergency room visits for dental issues between 2008-15 School-based screening programs indicate increasing tooth decay rates among children since 2011 	<ul style="list-style-type: none"> N/A
<i>Community Dental Provider Survey</i>	<ul style="list-style-type: none"> Less than 2 in 10 dentists report participating in Denti-Cal Virtually no specialty dental providers accept Denti-Cal patients Providers cite extremely low reimbursement as barrier to Denti-Cal participation 	<ul style="list-style-type: none"> Fluoridating water in our communities (92% support) Increasing access to dental services for CHILDREN Expanding dental screening/prevention for CHILDREN 85% support oral health initiatives that target CHILDREN
<i>Community Health Center Survey</i>	<ul style="list-style-type: none"> Non-urgent appointment wait times of 30 days or longer Extremely limited/non-existent specialty dental access in Yolo County (endodontics, periodontics, oral surgery) Patient inability to pay, limitations on Denti-Cal preventive service coverage, lack of capacity to meet unmet demand also major challenges 	<ul style="list-style-type: none"> Increasing access to dental services for ADULTS Expanding dental screening/prevention for CHILDREN Integrating oral health with primary care Fluoridating water in our communities
<i>Community Resident Survey</i>	<ul style="list-style-type: none"> Lack of timely access to dental appointments for adults <u>and</u> children with Denti-Cal – results in delays or avoidance of care Denti-Cal does not cover needed services a major issue for adults <u>and</u> children Prohibitive cost of services for uninsured adults Lack of dental coverage for adults 	<ul style="list-style-type: none"> N/A
<i>Community Leader Interviews</i>	<ul style="list-style-type: none"> Lack of access for underserved residents (low-income, uninsured, undocumented, migrant, rural, Russian/other non-English/Spanish speaking communities, seniors) Inadequate children's screening and prevention services Insufficient community understanding or appreciation of the importance of oral health 	<ul style="list-style-type: none"> Fluoridating water in our communities Expanded dental screening/prevention for CHILDREN Increased community education on importance of oral health Exploration of sugary beverage taxes Expanded dental services for low-income and migrant communities

COMMUNITY LEADER INTERVIEW RESULTS

March 1, 2017

Overview

In January and February 2017, Pacific Health Consulting Group conducted telephone interviews with selected community leaders to solicit their perspectives about pressing dental access barriers and oral health issues, community oral health priorities for Yolo County and the appropriate role for Yolo County Health and Human Services Agency (HHS). Interviews were conducted with five community leaders, including:

- Mayor Robb Davis (Davis)
- Mayor Ángel Barajas (Woodland)
- Supervisor Don Saylor (District 2, Yolo County)
- Sheila Allen, Executive Director, Yolo Healthy Aging Alliance & staff to Yolo County Commission on Aging and Adult Services
- Lisa Baker, Chief Executive Officer, Yolo County Housing

Key findings are highlighted below:

Oral Health Priorities

Stakeholders were asked to highlight what they see as the most important oral health priorities for Yolo County. They highlighted the following priorities:

- Fluoridation (2)
- Expanded screening and prevention services for school-aged children (2)
- Community education to increase understanding about the importance of oral health and its impact on overall health (2)
- Pursuit of local sugary beverage taxes (1)
- Expanded dental services for low-income and migrant communities (1)

Specific feedback included the following:

- Two stakeholders, Mayor Davis (Davis) and Lisa Baker, strongly prioritized the expansion of early screening and prevention services for school-aged children in Yolo County. Stated Mayor Davis, ““Good preventive care makes a huge difference. It’s that preventive piece – screenings, primary prevention – those things save costs in the long run.” Lisa Baker additionally noted that while there are scattered screening/prevention programs for children, these services should be expanded to provide a more consistent baseline level of screening/prevention services to children. She also noted the

importance of more culturally appropriate services for populations beyond Spanish speakers.

- Two stakeholders, Sheila Allen and Lisa Baker, additionally pointed out that many community members, particularly low-income residents, do not fully understand the importance of oral health, its impact on their overall health, and what they can/should do to maintain strong oral health for themselves and their families. They recommended a more concerted effort, including resident education and perhaps a broader public campaign, to promote the importance of oral health. Sheila Allen suggested that this campaign may need to extend to community leaders. She stated, “we need to build consensus about the importance of oral health and its impact on overall health.
- Two stakeholders, Supervisor Saylor and Sheila Allen, strongly prioritized fluoridation as the most important and impactful oral health priority. A more detailed discussion on the perspectives of other stakeholders is included in the section below.
- One stakeholder, Mayor Barajas (Woodland), also encouraged new efforts and partnerships to increase the level of dental services available to low-income and migrant communities.
- One stakeholder, Supervisor Saylor, additionally prioritized a sugary beverage tax, although the mayors of both Davis and Woodland indicated that they were open to and saw some opportunity to pass sugary beverage taxes in their communities.

Fluoridation

Nearly all of the stakeholders expressed support for fluoridation with two emphasizing it as the most important priority. However, stakeholders shared a range of perspectives about the feasibility of fluoridation efforts and how to approach new efforts.

- Supervisor Saylor stated that “The biggest priority for us is to implement public fluoridation in our cities.... It is inexpensive and highly effective.... There really is no substitute, no set of strategies that comes close to achieving the benefits of fluoridation.” He encouraged renewed efforts in Davis and potentially going straight to voters. He further suggested that there may be lessons that could be applied to future efforts, such as the more effective engagement of dentists and residents as advocates for fluoridation.
- Mayor Davis noted that although he was not part of the Davis City Council during the 2013 fluoridation effort, he observed that it was a particularly divisive and hostile debate. He shared the perspective that any new fluoridation efforts may face similar challenges and that there may not be sufficient votes to pass a new effort. He further

noted that even if a fluoridation effort were to succeed, it could potentially face a ballot initiative to repeal it.

- Mayor Barajas in Woodland shared that he is not well-versed about the benefits of fluoridation but would be open to learning more about the issue.
- Similar to Supervisor Saylor, Sheila Allen highlighted fluoridation as the top oral health priority. She further suggested that future efforts could more effectively mobilize regular citizens as fluoridation advocates, rather than leaning on the ‘white coat’ approach that emphasizes public health experts.

Sugary Beverage Tax

Additionally, the three elected officials shared an openness to sugary beverage taxes, as well as, a somewhat more positive perspective about the feasibility of these initiatives compared to fluoridation.

- Supervisor Saylor highlighted pursuit of local sugary beverage taxes as a potential second priority to address oral health issues. He suggested that Davis may be positioned to pursue this. While less aware of the Woodland environment, he indicated that they may be open to a similar effort.
- Mayor Davis shared that the city council failed to get a sugary beverage tax on the ballot in recent years, and noted that recent efforts were opposed fiercely by beverage companies. However, he expressed some optimism that the city council would succeed in placing a measure on the ballot in 2018. If successful, he emphasized that an important question will be how to allocate resources to efforts that can have the most significant impact.
- Mayor Barajas indicated that he would be personally supportive of a sugary beverage tax but noted that it would likely require robust conversation in the community. He also acknowledged that he had observed the significant political effort against a similar initiative in Davis and was unsure how the city council and community would respond to a similar anti-campaign.

Role of Yolo County Health and Human Services Agency

Stakeholders were asked to share their guidance on the appropriate role of the Yolo County Health and Human Services Agency (HHS) to support and facilitate oral health priorities. Generally, stakeholders encouraged a continued role for HHS to convene planning efforts, educate stakeholders and promote a broader understanding of the importance of oral health and its impact on overall health.

- Supervisor Saylor endorsed HHS' continued role in convening planning discussions, advising parties on the effects of different strategies and providing expert guidance and information as needed.
- Mayor Barajas stated that the HHS could play an important role in educating the city council and mayor about oral health issues, impacts on communities and approaches that cities and counties can take to improve community oral health. He suggested that HHS could schedule time on the city council agenda to present on these issues.
- Lisa Baker highlighted a role for HHS as a community convener/planner, funder of targeted initiatives and lead in educating the community about the importance of oral health. She highlighted recent anti-smoking campaigns that emphasized the impact of smoking on physical appearance and youth as a potential model. As she stated, "people are very beauty and youth conscious. More would respond to having an ugly smile than to a million commercials about health effects."
- As stated earlier, Sheila Allen encouraged a more concerted effort to elevate awareness and appreciation for the importance of oral health and its relation to overall health. She suggested that this could be an appropriate role for HHS.

COMMUNITY DENTAL PROVIDER SURVEY

March 1, 2017

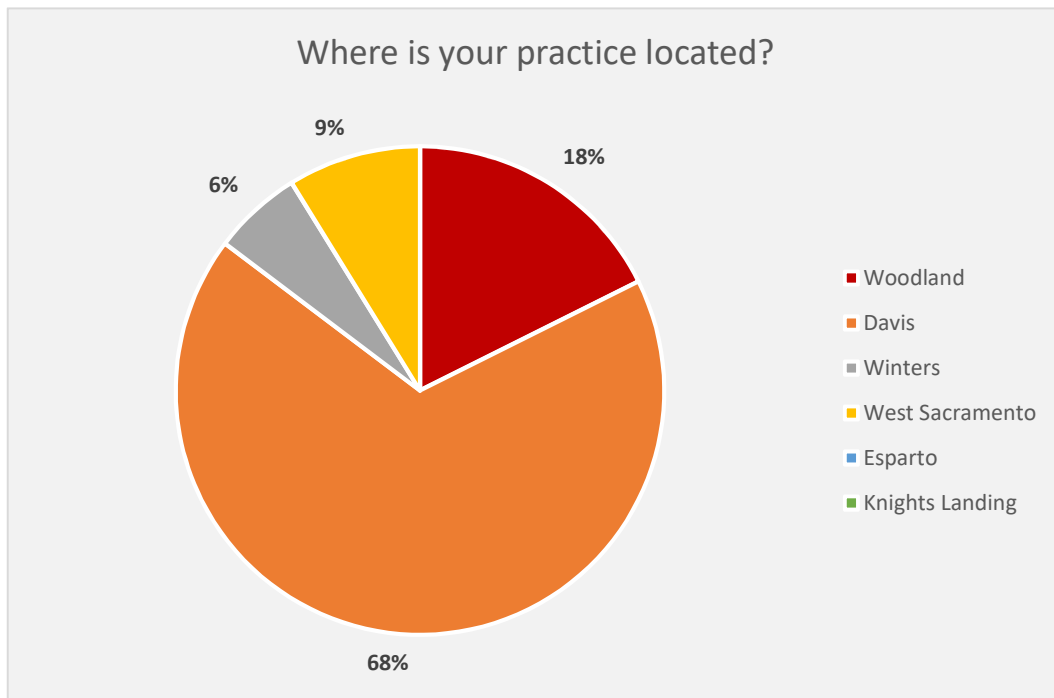
Overview and Key Findings

Between January and February 2017, members of the Yolo County Oral Health Strategic Plan Steering Committee distributed an online survey to community dentists in Yolo County. Thirty-nine individuals responded to the survey. As of February 2017, the Office of Statewide Health Planning and Development (OSHDP) reported that there were 116 licensed dentists in Yolo County.

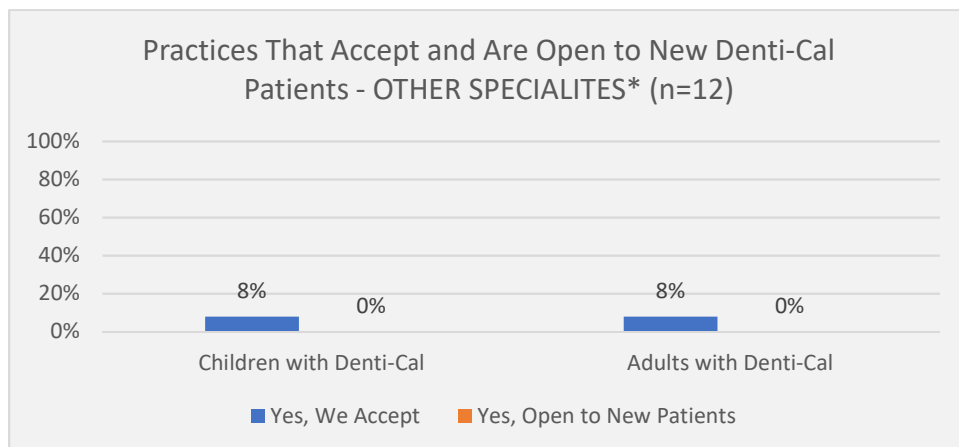
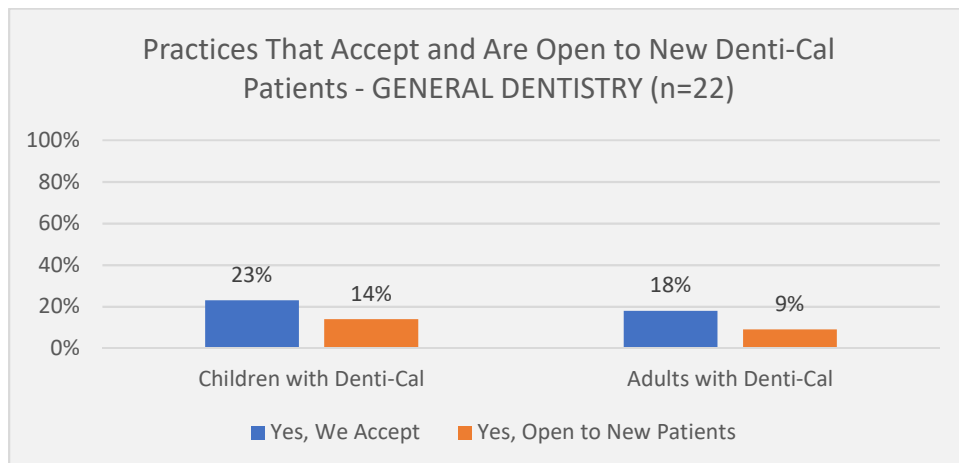
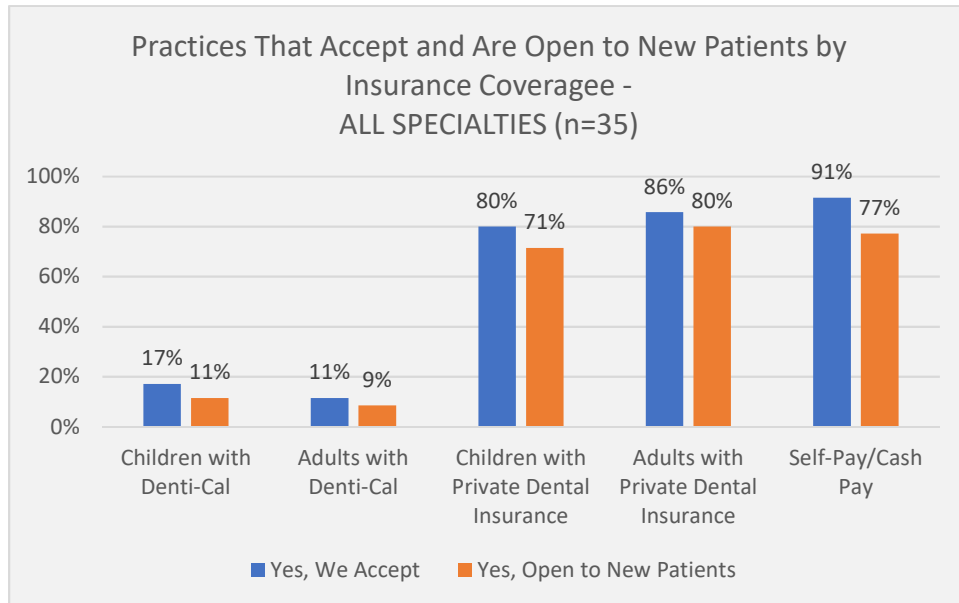
- Sixty-seven percent of respondents indicated a specialty of “General Dentistry” and 68% had practices located in Davis.
- While 8 in 10 dentists reported that their practice accepted cash pay or privately insured patients, only 17% reported accepting children with Denti-Cal and 11% reported accepting adults with Denti-Cal. An even smaller percentage reported being open to new patients with Denti-Cal.
- Virtually no specialists reported accepting Denti-Cal patients. Among the 12 respondents with specialties in orthodontics, oral and maxillofacial surgery, endodontics and periodontics, only 1 said they accepted Denti-Cal patients and none reported being open to new Denti-Cal patients.
- When asked about the barriers affecting dental access and health outcomes, most respondents stated that extremely low Denti-Cal reimbursement prevented them from participating in the Denti-Cal program. Other barriers highlighted included poor coverage options with limited benefits and high patient share of cost, lack of fluoridation in local communities, and lack of community education.
- When asked to rank community oral health priorities, respondents prioritized:
 1. Fluoridating the water in our communities;
 2. Increasing access to dental services for children;
 3. Expanding dental screening and prevention services for children.
- Overall, 92% of respondents indicated support for water fluoridation and 79% said they would be willing to ask their patients to support fluoridation as part of a campaign.
- 85% of survey respondents prioritized children as the population of particular interest for any new oral health initiative.

Survey Respondent Characteristics

Please indicate what specialties are provided at your office.	Percent
General Dentistry	67%
Pediatric Dentistry	8%
Orthodontics	8%
Oral and Maxillofacial Surgery	11%
Endodontics	8%
Periodontics	6%



Dental Providers that Accept and/or Are Open to New Patients by Dental Insurance Coverage



*Includes orthodontics, oral and maxillofacial surgery, endodontics and periodontics

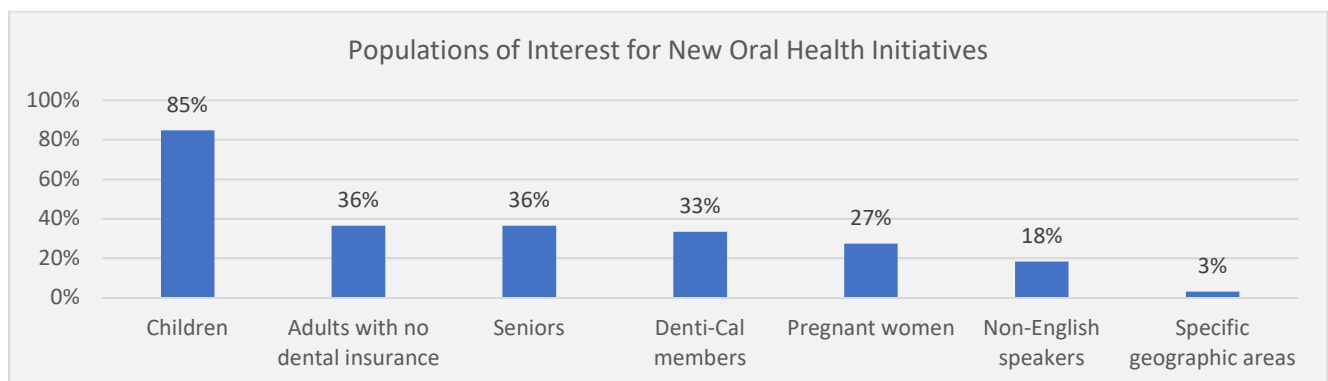
Community Oral Health Priorities

- Survey respondents were asked to rank different community oral health priorities from 1 to 5, where 1 = not a priority and 5 = essential priority. The top 3 priorities highlighted by respondents included:
 1. Fluoridating the water in our communities
 2. Increasing access to dental services for CHILDREN
 3. Expanding dental screening and prevention services for CHILDREN
- While the top 3 priorities were consistent both by specialty and by geographic region, respondents with practices outside of Davis were notably more likely to prioritize 'ensuring an adequate number of dental providers' than those located in Davis (3.70 compared to 3.30).

Oral Health Priority Ranking	Ranked as a "High" or "Essential" Priority	Rating Average
Fluoridating the water in our communities	82%	4.18
Increasing access to dental services for CHILDREN	84%	4.11
Expanding dental screening and prevention services for CHILDREN	76%	4.05
Expanding oral health education in the community	68%	3.89
Integrating oral health with primary care	63%	3.78
Increasing the number of residents with dental insurance coverage	63%	3.58
Increasing access to dental services for ADULTS (21-64)	61%	3.55
Increasing access to dental services for SENIORS	58%	3.55
Improving access to dental services for residents with DENTI-CAL	55%	3.50
Improving access to dental services for pregnant women	39%	3.39
Building the oral health workforce	39%	3.35
Ensuring an adequate number of dental providers in the community	42%	3.30
Passing a tax or initiative to curb consumption of sugary drinks	24%	2.63

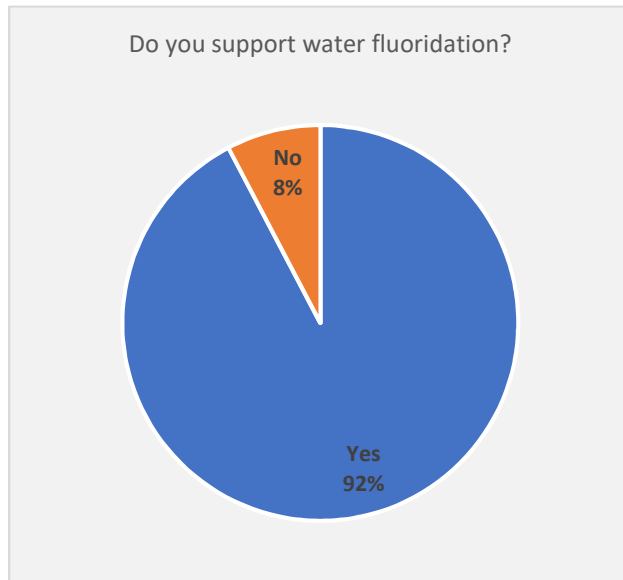
Populations of Interest

- Survey respondents clearly prioritized children (85%) as the population of particular interest for any new oral health initiatives.



Water Fluoridation

- 92% of dentist respondents indicated that they support water fluoridation and 79% said they would be willing to ask their patients to support fluoridation as a part of a campaign.



Challenges and Barriers Affecting Dental Service Access and Oral Health Outcomes

- In an open-ended question, providers were asked to describe the biggest challenges limiting access to dental services and affecting oral health outcomes in Yolo County.
- The vast majority of respondents identified low Denti-Cal reimbursement as a barrier to access for low income residents.
- Although no other themes were nearly as prevalent as Denti-Cal reimbursement, other issues raised included the following:
 - Poor dental coverage options for residents that cover limited services and require a high patient share of cost;
 - Lack of fluoridation in local communities, and;
 - Lack of adequate community education both about good oral health practices and the importance of oral health for maintaining overall health.

COMMUNITY HEALTH CENTER SURVEY

March 1, 2017

Overview and Key Findings

Between January and February 2017, three independent community health centers serving low-income residents in Yolo County completed the Community Health Center Oral Health Survey in which they provided information on dental services provided, 2016 patient numbers and characteristics, key challenges and barriers affecting their patients and oral health priorities for Yolo County. Participating health centers included Winters Healthcare Foundation, Northern Valley Indian Health, Inc., and CommuniCare Health Centers. This report summarizes findings from the survey.

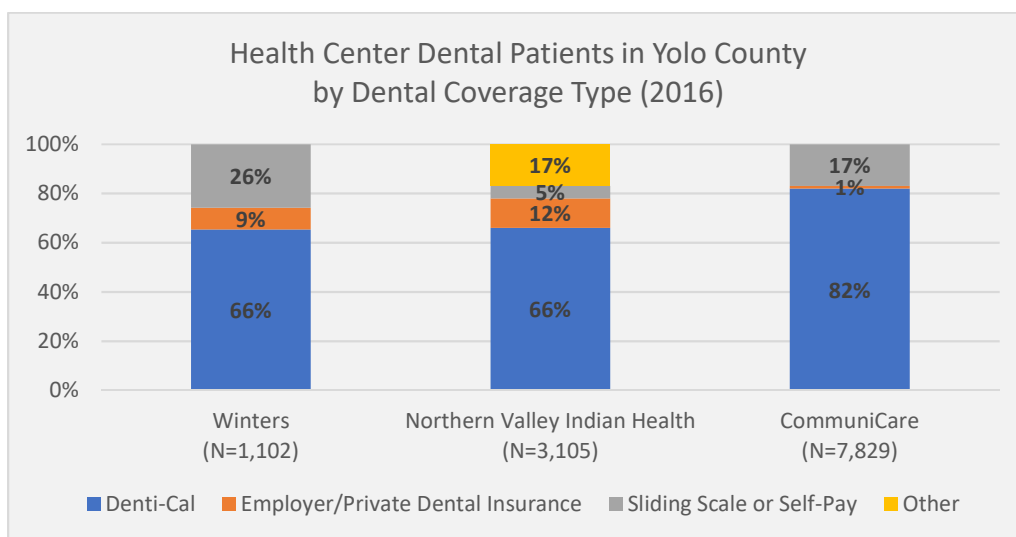
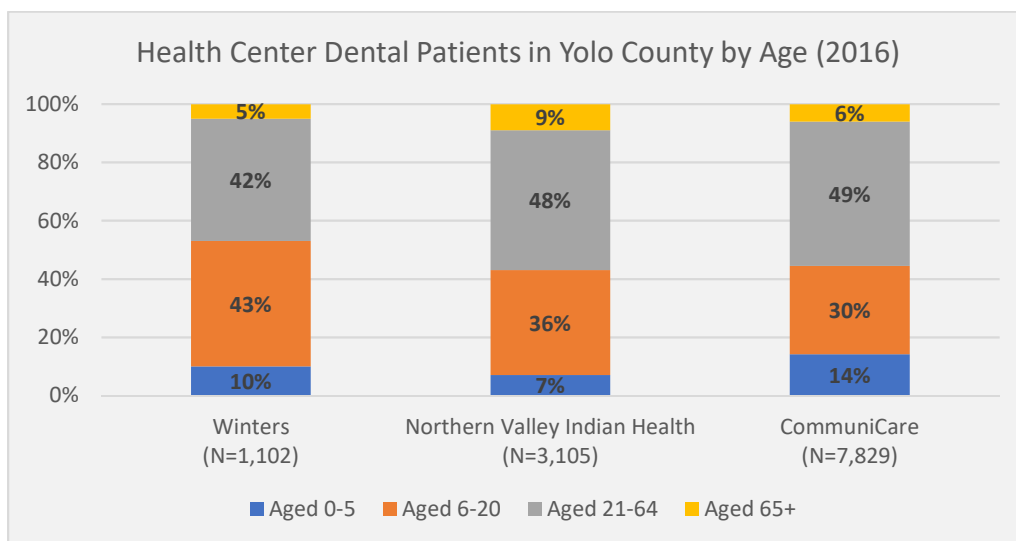
Key findings from the survey included the following:

- The three community health centers located in Yolo County reported serving 12,081 dental patients in 2016, of which about 9,200, or 76% were covered by Medi-Cal/Denti-Cal. In 2016 there were just over 53,000 Yolo County residents enrolled in Medi-Cal.
- While 2 of 3 health centers reported accepting new Denti-Cal patients, the wait times for a non-urgent appointment at 4 of 5 clinic sites was 28 days or greater.
- Health centers also highlighted significant challenges accessing specialty dental services for Denti-Cal enrollees, with particular challenges identifying Endodontic, Periodontic and Oral Surgery services. One health center reported that they have been unable to find any specialists in Yolo County that provide these services to Denti-Cal patients.
- In addition to limited specialty access, health center respondents identified patient inability to pay, limitations on preventive service coverage in Denti-Cal, lack of capacity to meet patient need and lack of dentists that accept Medi-Cal as key barriers.
- When asked to rate community oral health priorities, health center respondents highlighted the following priorities:
 1. Increasing access to dental services for adults;
 2. Expanding dental screening and prevention services for children
 3. Integrating oral health with primary care, and;
 4. Fluoridating the water in our communities.

Number and Characteristics of Dental Patients

Collectively, Winters Healthcare Foundation, Northern Valley Indian Health, Inc., and CommuniCare Health Centers reported providing 30,864 dental encounters to 12,081 dental patients in 2016:

- CommuniCare cared for 7,829 dental patients compared to 3,150 by Northern Valley Indian Health, Inc. and 1,102 at Winters Healthcare;
- 9,226 patients, or 76%, were covered by Denti-Cal and 15% (1,775) were sliding scale or self-pay patients;
- 5,384 patients, or 45%, were aged 20 or younger while 48% (5,811) were aged 21-64 and just under 7% were aged 65 or older.



Dental Services Provided

Health Center Dental Services

Health centers were asked to indicate which dental services were provided by their organization, as well as to note any differences in services provided to adult Denti-Cal enrollees, children Denti-Cal enrollees and self-pay/sliding scale patients. Each health center also indicated if the services were provided, provided in a limited fashion or not provided.

- All three health centers reported providing the full range of preventive treatment (e.g. caries risk assessment, fluoride, sealants) to their full patient population.
- Crowns/Laminates services are provided fully at Winters and Northern Valley Indian Health, but on a limited basis at CommuniCare.
- Root canal therapy at both Winters and CommuniCare for their entire patient population. While root canal therapy for children is limited at Northern Valley Indian Health, it is provided more fully to the adult patient population.
- Extractions are provided by all three health centers. At Winters, however, this is a limited service for adults.
- Fixed prosthodontics (e.g. crowns, bridges) are either not provided or provided as a limited service at the health centers. Northern Valley Indian Health does not provide this service to any Denti-Cal patients. CommuniCare reported providing it as a limited service. Winters provides it for all patients but service is limited for children with Denti-Cal.
- Northern Valley Indian Health and Winters provide removable prosthodontics (e.g. partials) to adults but not children. In contrast, CommuniCare provides this service to both adults and children.
- Implant supported restorations are not provided at all by CommuniCare or Winters, but are provided to adults by Northern Valley Indian Health.
- Oral health case management is provided by both CommuniCare and Northern Valley Indian Health, but not by Winters.
- None of the health centers provide Periodontical Specialty Treatment.

Oral Health Screening, Prevention and Education Services

- Winters Healthcare conducts outreach and education to pre-schools and elementary schools during Children's Dental Health month (February). Additionally, they provide prevention education during visits, including the use of booklets, photographs and use of an intra-oral camera, which has been very successful.
- In addition to in-visit education, Northern Valley Indian Health participates in health events as feasible. They also conduct screenings for Woodland Joint Unified School District, which includes providing results to parents, data to the schools and First 5, and referral assistance for services as needed. 582 WJUSD students received oral health screenings.
- The Smile Saver Program provides nutrition counseling, screening, oral hygiene education, varnish application and sealants placement through school outreach, health affairs, WIC outreach and other efforts. 1,261 students throughout Yolo County received oral health screenings in 2015-16.

Treatment Plans

- Although data is limited, health centers reported that they are generally successful completing treatment plans for children.
- Health centers noted that completing treatment plans for adults is more difficult due to a number of factors, including the limitations on covered benefits for adult Denti-Cal enrollees, limited capacity to serve adult patients, complexity/extensiveness of dental needs, patient anxiety and lack of motivation to resolve dental issues. They highlighted the need for more comprehensive benefits, additional capacity, and education and engagement with adult patients.

Dental Access and Barriers to Care

Appointment Access

- Overall, health center respondents reported wait times for non-urgent appointments of between 14 and 60 days. Overall, 4 of 5 sites reported wait times of 28 days or longer. None of the health centers reported differences in wait time by either age (adult/children) or by type of coverage.
- Two of three health center organizations reported that they were currently accepting new Denti-Cal patients. Again, there were no differences reported by age.

Site	Open to New Denti-Cal Patients	Average Wait Time (non-urgent appointment)
<i>Winters</i>	Yes	30-60 days*
<i>Northern Valley Indian Health</i>	No	14 days
<i>CommuniCare – Davis</i>	Yes	28 days
<i>CommuniCare – Woodland</i>	Yes	48 days
<i>CommuniCare – West Sacramento</i>	Yes	33 days

*varies by type of visit

Specialty Dental Service Access

- Overall, health centers reported that between 10% and 15% of children are referred for specialty dental compared to between 15% and 20% of adults.
- According to health center respondents, the number of dental specialists that accept Denti-Cal in Yolo County is extremely limited. Specifically, health centers reported significant challenges accessing Endodontic, Periodontic and Oral Surgery services for patients with Denti-Cal. One health center stated that they were unable to find any specialists in Yolo County that would provide these specialty services to Denti-Cal patients.

Organization	Children		Adults	
	Number of Patients (2016)	% Referred to Specialty Dental*	Number of Patients (2016)	% Referred to Specialty Dental*
<i>Winters</i>	584	10%	518	20%
<i>Northern Valley Indian Health</i>	1,355	15%	1,796	15%
<i>CommuniCare</i>	5,384	13%	6,619	15-20%

*Health center estimates using best available information

Biggest Challenges Limiting Dental Access and Affecting Oral Health Outcomes

In an open-ended question, health centers were asked to describe the biggest challenges affecting dental access and oral health outcomes in Yolo County. Responses included the following:

- Lack of specialists for Denti-Cal patients (2)
- Patients inability to pay
- Lack and limitations for preventive services thru Denti-Cal
- Lack of capacity to meet low-income need
- Lack of dentists that accept Denti-Cal, which is due to inadequate reimbursement

Community Oral Health Priorities

Each of the three health centers were asked to rank the priority level for the below areas from 1 to 5 with 1 = Not a Priority, 2 = Low Priority, 3 = Medium Priority, 4 = High Priority and 5 = Essential Priority. The below chart shows the total number of points received for each area.

The top 4 priorities highlighted by health center respondents included:

- Increasing access to dental services for adults;
- Expanding dental screening and prevention services for children;
- Integrating oral health with primary care, and;
- Fluoridating the water in our communities.

Priority Area	Total Points
Increasing access to dental services for ADULTS (21-64)	13
Expanding dental screening and prevention services for CHILDREN	13
Integrating oral health with primary care	12
Fluoridating the water in our communities	11
Increasing access to dental services for SENIORS	9
Improving access to dental services for residents with DENTI-CAL	9
Improving access to dental services for pregnant women	9
Increasing access to dental services for CHILDREN	8
Building the oral health workforce	8
Ensuring an adequate number of dental providers in the community	8
Increasing the number of residents with dental insurance coverage	7
Passing a tax or initiative to curb consumption of sugary drinks	7
Expanding oral health education in the community	4

COMMUNITY RESIDENT SURVEY

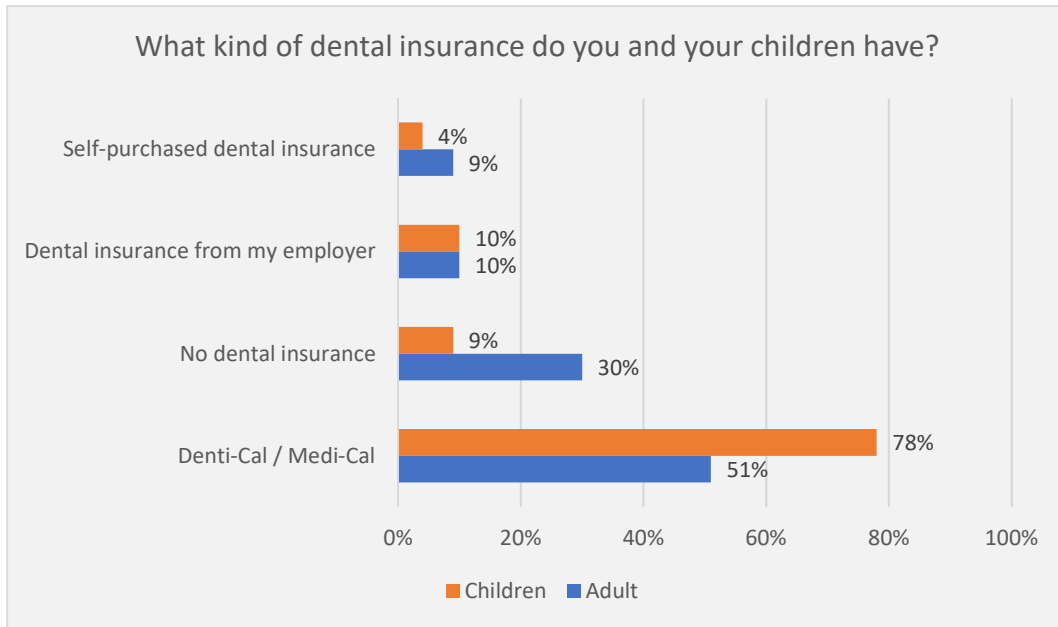
March 1, 2017

Overview and Key Findings

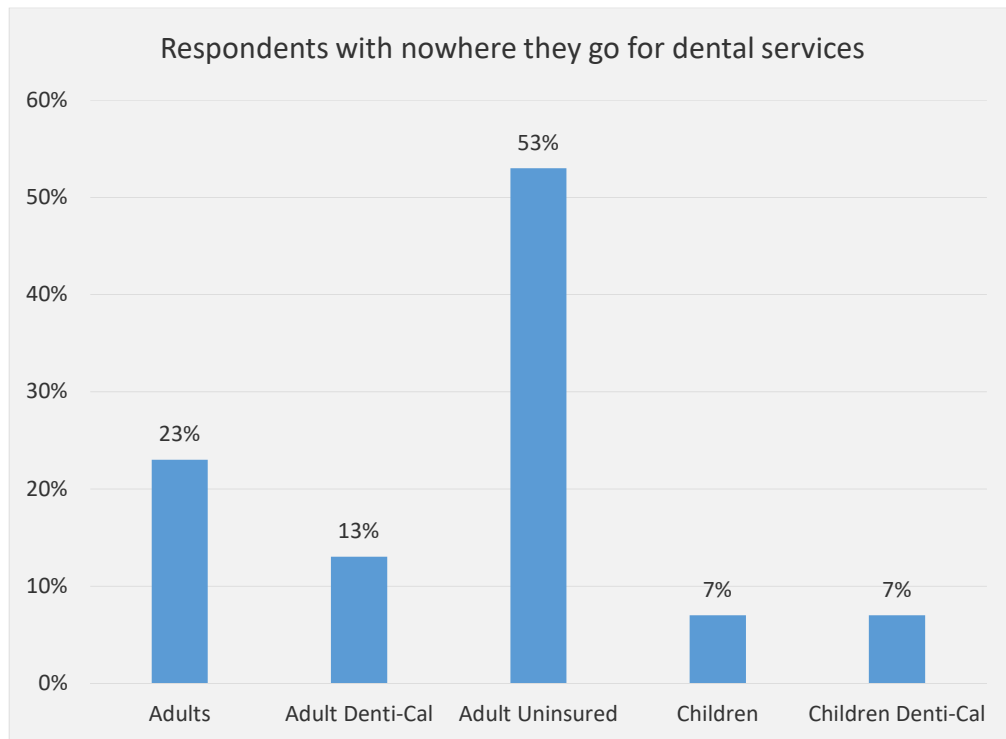
In November 2016, participating non-profit social services agencies distributed a brief oral health survey to families participating in a Thanksgiving food distribution. Overall, 507 community members completed surveys. Key findings included the following:

- 51% of respondents speak Spanish at home; 41% speak English at home. There was no significant differences in responses by language.
- According to respondents, 30% of adults lacked dental insurance compared to 9% of children. Seventy-eight percent of children had Medi-Cal/Denti-Cal compared to 51% of adults.
- Overall, 23% of adults and 7% of children said they had nowhere they went for dental services, with 53% of adult uninsured patients reporting nowhere to go for dental services.
- Respondents reported that 43% of adults and 56% of children go to Yolo County community health centers for dental services.
- When asked about the biggest problems they face in getting dental care, 70% of adults without dental insurance said it was too expensive.
- In contrast, the biggest problem highlighted for both children and adults with Denti-Cal was that the wait for an appointment was too long – this was true for 45% of adults with Denti-Cal and 40% of children with Denti-Cal.
- Importantly, the fact that insurance does not cover needed services was a major problem cited for 36% of adults with Denti-Cal and 33% of children with Denti-Cal.
- Whereas 62% of children with Denti-Cal could get a dental appointment within 30 days, the same was true for only 46% of adults with Denti-Cal and 43% of adults without dental insurance.
- 36% of adults without dental insurance had either never been to a dentist or not been within the last 5 years. The same was true for 11% of children. Between one-quarter and one-third of respondents reported delaying dental care for themselves or their family in the last 12 months. Although the rate was higher among uninsured adults (40%), a relatively high percentage of respondents also reported that children with Denti-Cal delayed needed care (28%).

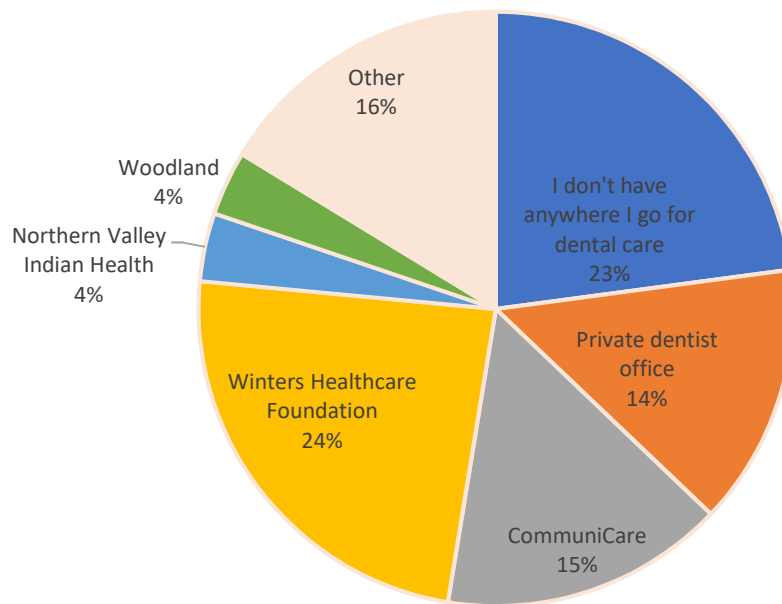
What kind of dental insurance do you and your family have right now?



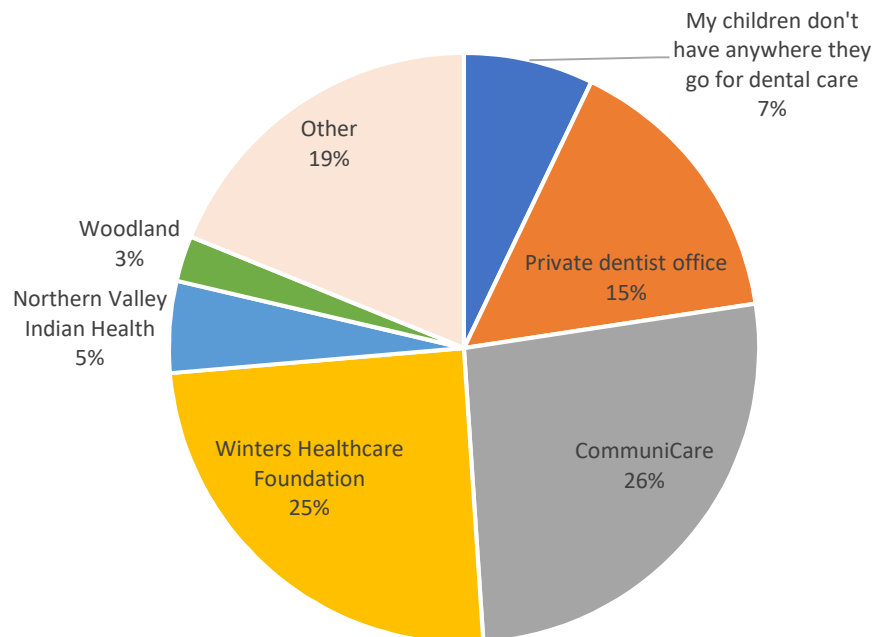
Where do you and your family go for dental services?



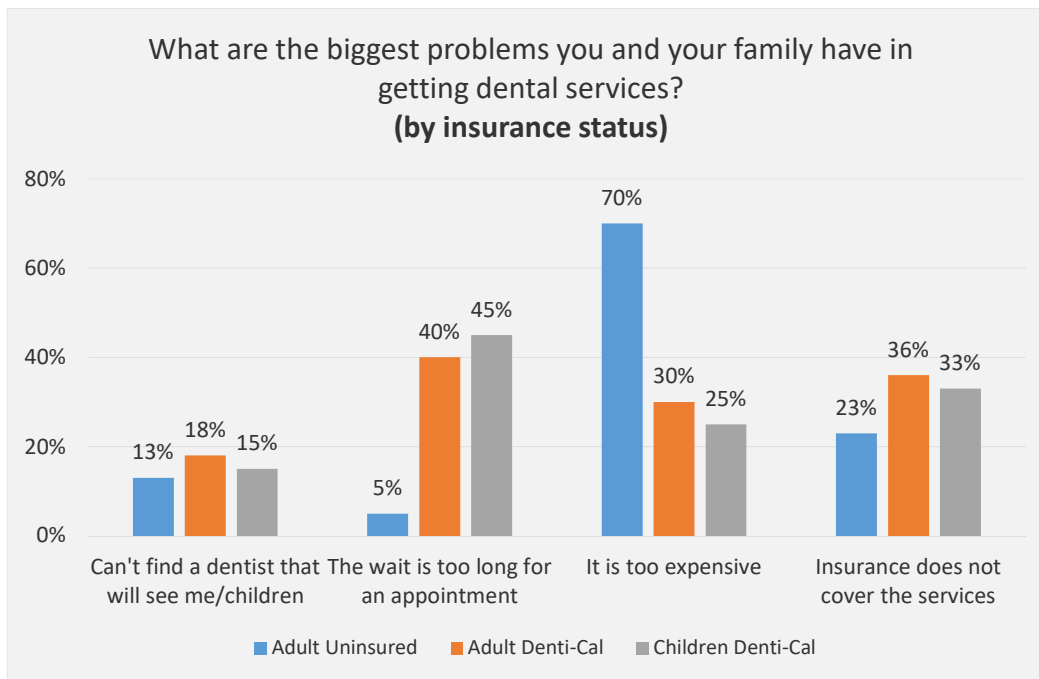
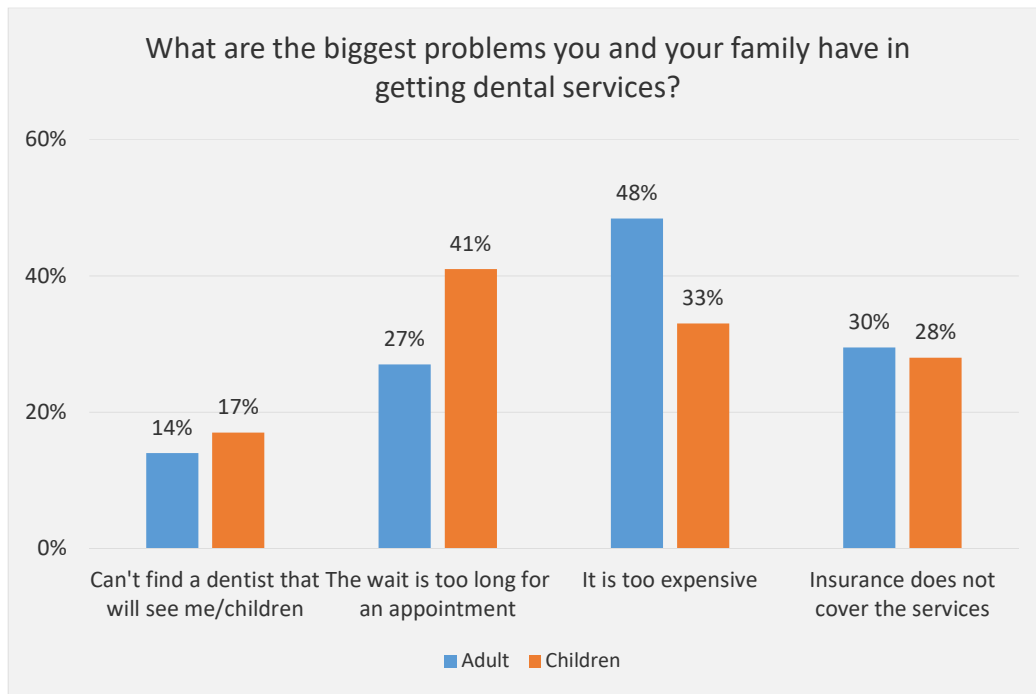
Where do you go for dental care - Adults



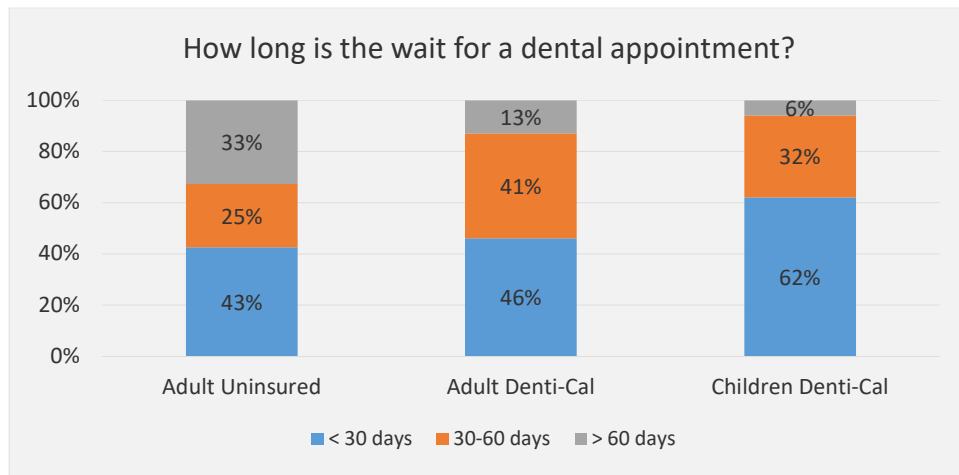
Where do you go for dental care - Children



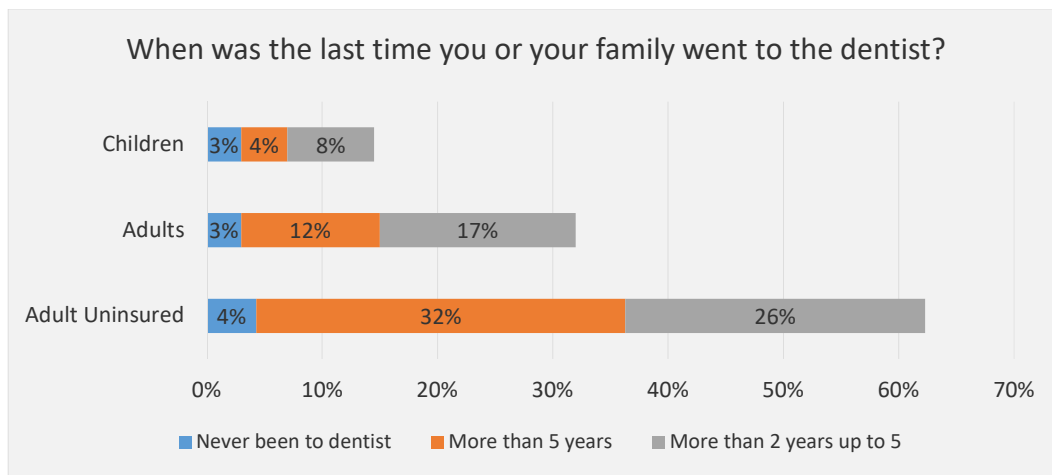
What are the biggest problems you and your family have in getting dental services?



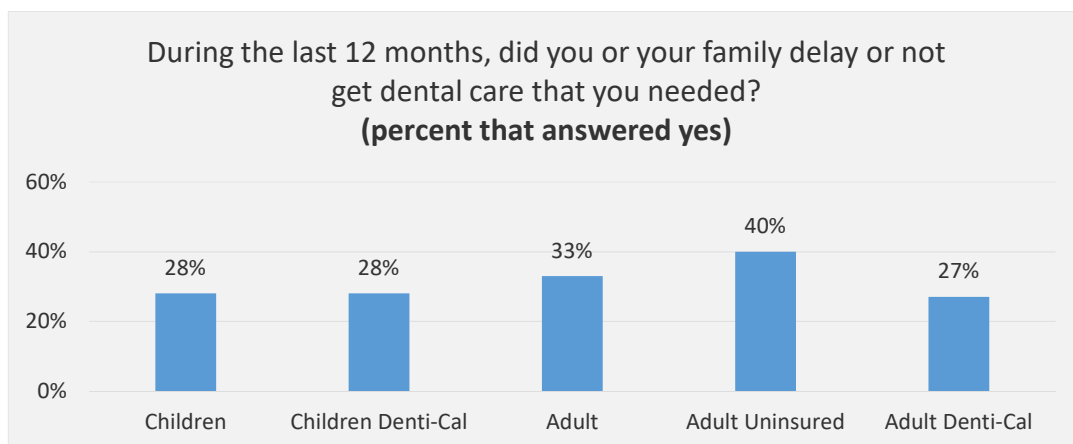
How long is the wait for a dental appointment?



When was the last time you or your family went to the dentist?



During the last 12 months, did you or your family delay or not get dental care that you needed?



SECONDARY DATA COLLECTION FINDINGS

March 1, 2017

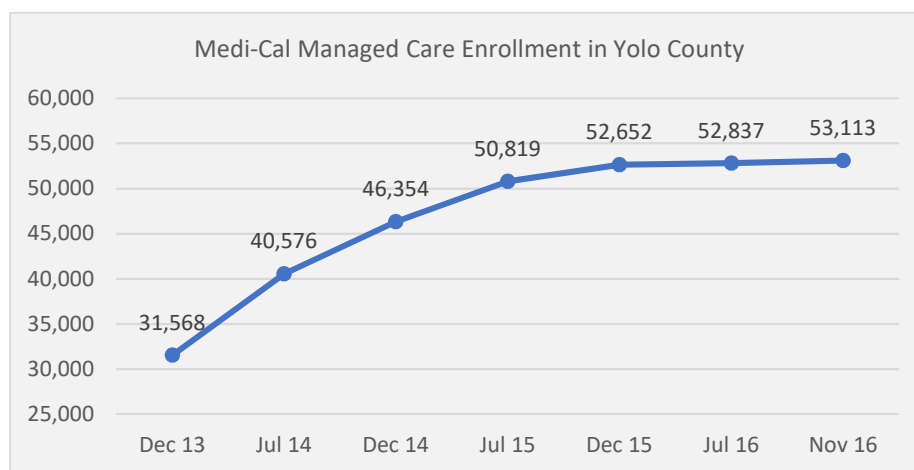
Overview and Key Findings

Included in this document are state and local data findings describing dental coverage in Yolo County, the supply of dental providers to serve the community, Denti-Cal utilization rates in Yolo County and California overall, local emergency department visits with a dental issue as the primary diagnosis, and screening and prevention data describing tooth decay in preschool and school-aged children. The data highlights several key findings for Yolo County:

- As of 2016, over 53,000 Yolo residents (out of 213,000 total residents) were enrolled in Medi-Cal/Denti-Cal. Due to the 2014 Medi-Cal expansion under the Affordable Care Act, an increasing percentage of beneficiaries are adults aged 18 and older.
- Available data points indicate that there is a significant under-supply of dental providers that serve Denti-Cal beneficiaries in Yolo County. A 2013 State Auditor Report found that Yolo County had an insufficient number of dental providers that accept new child Denti-Cal beneficiaries and that the County was one of sixteen California counties that fell into this category.
- The California Medi-Cal Dental Indicators Annual Report Matrix shows that Yolo County Medi-Cal/Denti-Cal beneficiaries utilize dental services at consistently lower rates than California Medi-Cal/Denti-Cal beneficiaries overall. Utilization is particularly low among child beneficiaries. This may suggest a lack of timely and/or affordable access to care, insufficient provider capacity and/or a need for additional outreach and education to link beneficiaries to available services.
- As an example, in 2015, only 31% of Yolo County beneficiaries aged 1-20 with one-year continuous eligibility received a dental service in the past year compared to 44% for California overall. This gap is persistent across child age categories with the most notable gaps occurring between ages 3 and 15.
- The rate of emergency department visits with dental problems as the principal diagnosis by Yolo County residents rose by about 40% between 2008 and 2015. The increase was particularly significant among adults aged 18 and older. This may be another indicator of the lack of affordable and/or timely access.
- Data from two screening and prevention programs for school-aged programs highlight a small but parallel increase in the proportion of screened children with class II or III tooth decay. The rate of children with decay grew in the Smile Saver program grew from 26% to 33% between 2011-12 to 2015-16. The rate similarly grew from 22% to 26% between 2012-13 and 2015-16 for the Northern Valley Indian Health Woodland Joint Unified School District program.

Dental Insurance Coverage

- Reliable estimates of the number of Yolo County residents who lack dental insurance coverage are not available. However, multiple studies suggest that in addition to those who lack any health insurance coverage, up to 30% of individuals with private health insurance also lack dental coverage. As of 2016, between 5% and 11% of Yolo County residents were uninsured with up to two-thirds covered by private insurance.
- Denti-Cal enrollment expanded dramatically between December 2013 and the end of 2016 with most, but not all, growth in coverage occurring among adults. The chart below shows growth in Medi-Cal managed care enrollment in Yolo County since December 2013. Following the Adult Medi-Cal expansion in January 2014, adult Denti-Cal benefits were restored in May 2014. Overall, the data shows that between December 2013 and November 2016, the number of residents enrolled in Denti-Cal likely grew by about 68%, or over 21,500 individuals. As stated above, a majority of these new beneficiaries were adults.
- According to State Medi-Cal Dental indicators, an estimated 56% of Yolo County Denti-Cal beneficiaries with 3+ months of eligibility in 2013 were aged 0-17. In contrast, only 38% of beneficiaries in 2015 were aged 0-17.



Source: DHCS Medi-Cal Managed Care Enrollment Monthly Reports

Dental Provider Supply and Access to Care

Available data suggests that while the overall supply of dentists in Yolo County is slightly lower than for California overall, the most significant shortage is among providers that accept Denti-Cal beneficiaries.

- As of 2014, Yolo County had a ratio of 1 dentist for every 1,820 residents compared to an overall California average of 1 dentist for every 1,620 residents.¹
- A 2013 State Auditor report examined the dental provider-to-beneficiary ratios for 2013 by county both of those providers that accepted child Denti-Cal beneficiaries and those providers that accepted **new** Child Denti-Cal patients. The audit identified Yolo County as one of sixteen counties with a provider-to-beneficiary ratio above 1:2,000 of providers willing to accept new Denti-Cal child beneficiaries. The audit identified any ratio above 1:2,000 as an insufficient number of dental providers willing to accept new patients.²
- Additionally, the audit found that Yolo County was among the 18 California counties with the lowest rate of utilization by child beneficiaries in CY 2013.³

Provider-to-Beneficiary Ratios Child Denti-Cal Beneficiaries (2013)

County	Accept Child Denti-Cal Beneficiaries	Accept NEW Child Denti-Cal Beneficiaries
Yolo	1:245	1:2,487
Sacramento	1:221	1:2,585
Napa	1:255	1:1,767
Solano	1:191	1:1,588

Source: "Weaknesses in Medi-Cal Program Limit Children's Access to Dental Care: Report 2013-125". California State Auditor, December 2014.

- The 2013 State Auditor report also found that a higher percentage of Yolo County child Denti-Cal beneficiaries utilized services at FQHCs, RHCs and Indian Health Centers than in California overall. Neighboring counties varied notably on this measure.⁴

Dental Services from Centers and Clinics for Child Denti-Cal Beneficiaries (2013)

County	Center/Clinic Utilization Rate (2013)
Yolo	12.1%
Sacramento	0.6%
Napa	19.8%
Solano	12.2%
California	5.9%

Source: "Weaknesses in Medi-Cal Program Limit Children's Access to Dental Care: Report 2013-125". California State Auditor, December 2014.

¹ "County Health and Rankings Roadmap", Robert Wood Johnson Foundation. 2014.

<http://www.countyhealthrankings.org/app/california/2016/measure/factors/88/map>

² "Weaknesses in Medi-Cal Program Limit Children's Access to Dental Care: Report 2013-125". California State Auditor, December 2014.

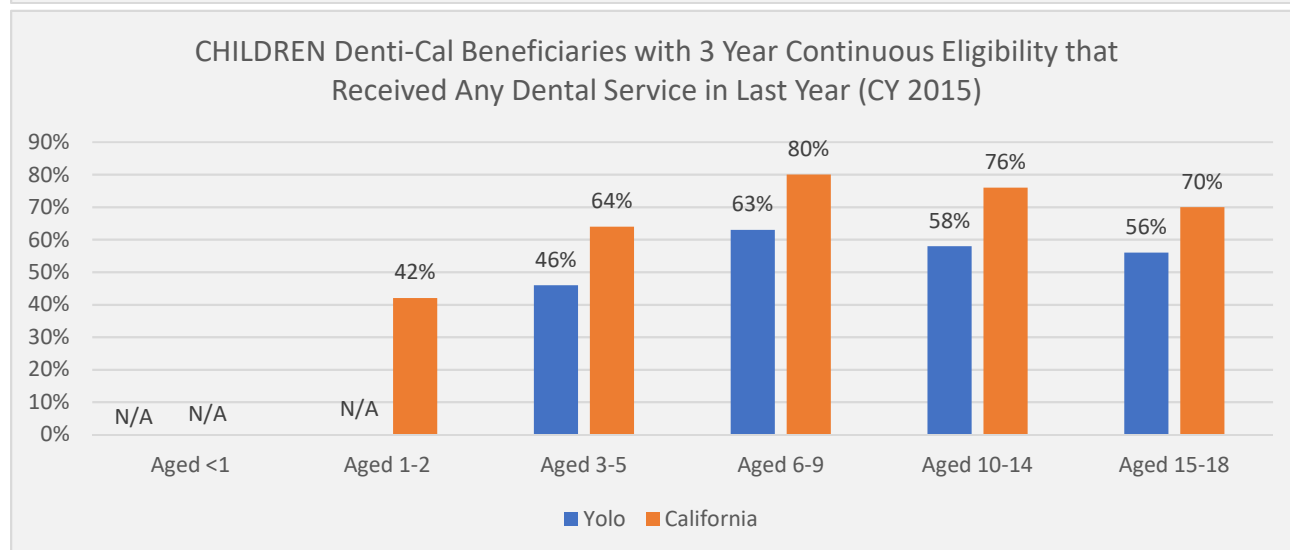
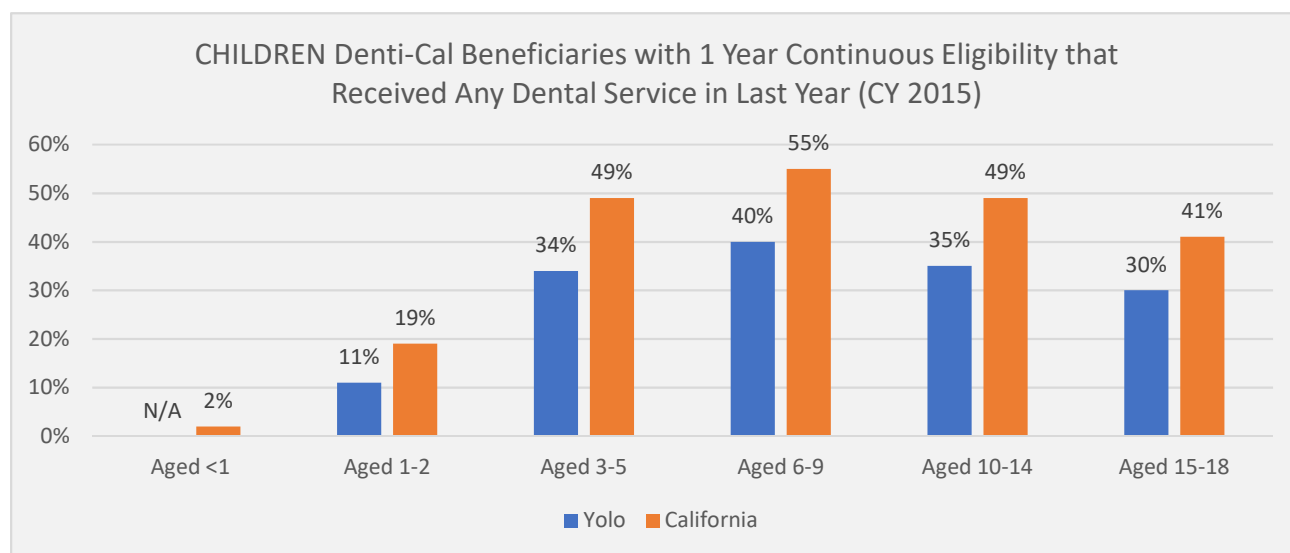
³ "Weaknesses in Medi-Cal Program Limit Children's Access to Dental Care: Report 2013-125". California State Auditor, December 2014.

⁴ Ibid.

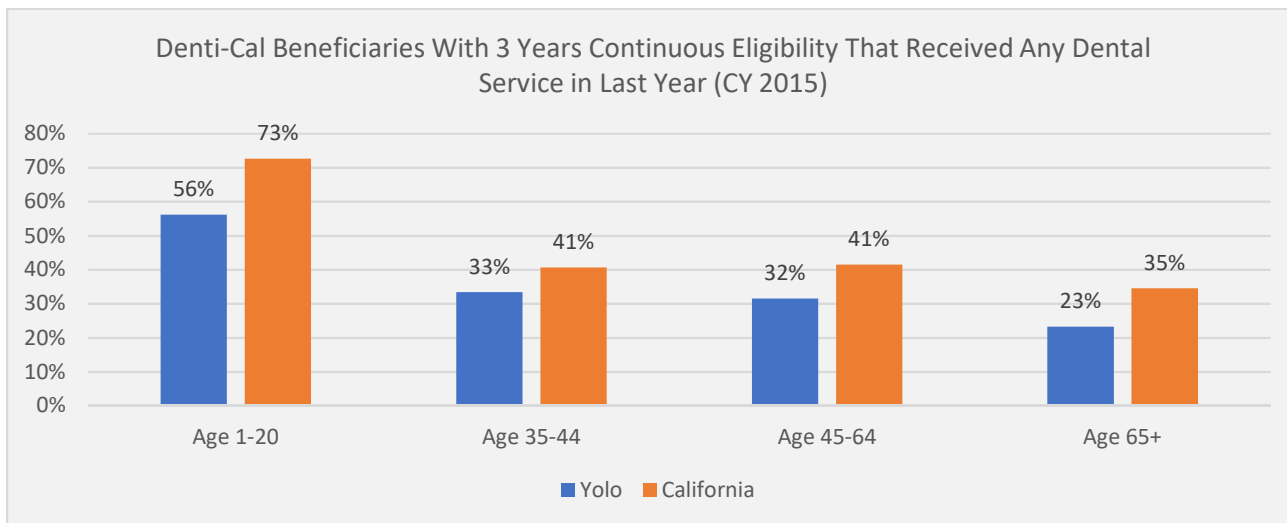
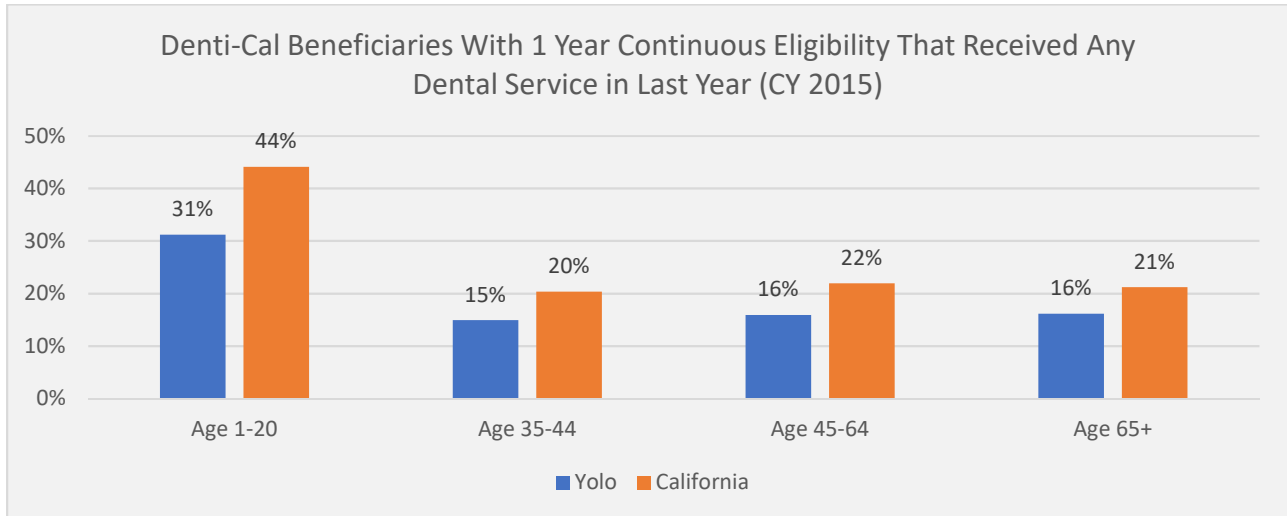
Denti-Cal Utilization and Access to Care

Available Denti-Cal data further indicates that Yolo County Denti-Cal beneficiaries, and particularly children, utilize dental services at a lower rate than California Denti-Cal beneficiaries overall.

- The California Medi-Cal Dental Indicators Annual Report Matrix provides state and county-level data for a number oral health indicators. Data from calendar years 2013 – 2015 highlight consistently lower utilization by Yolo County Denti-Cal beneficiaries across measures.
- In Calendar Year (CY) 2015, Yolo County Denti-Cal beneficiaries with continuous coverage for one year were notably less likely than beneficiaries in California overall to receive any dental services. This gap was most significant among beneficiaries aged 1-20.

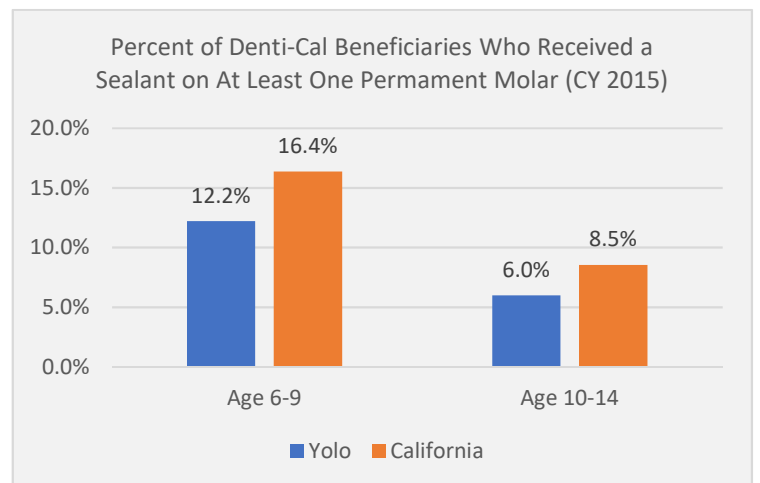
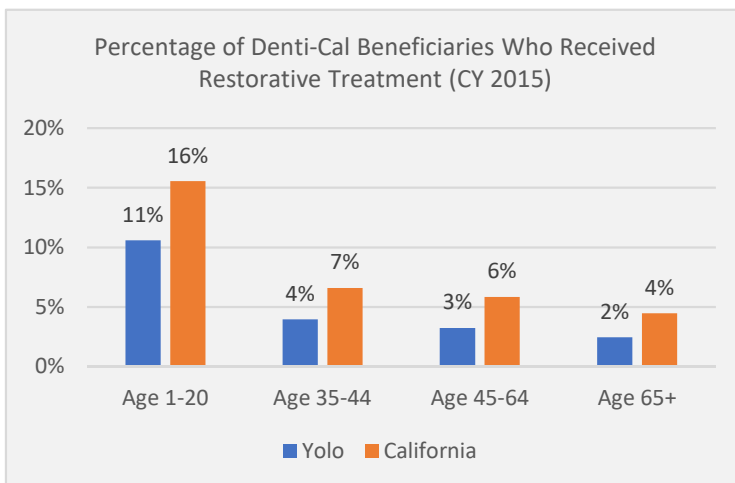
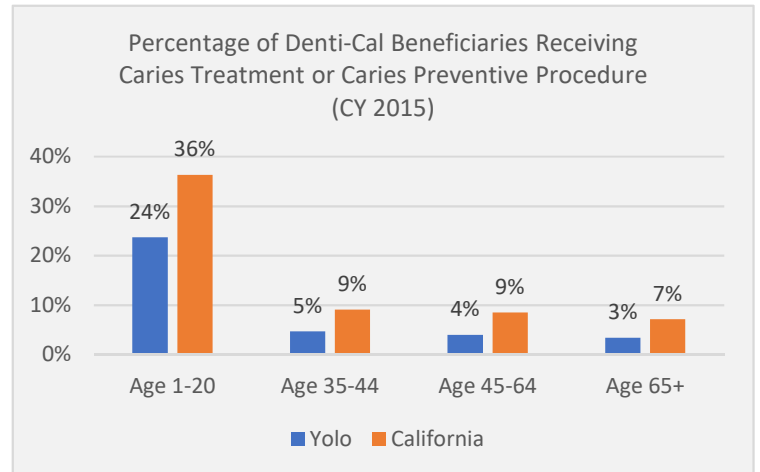
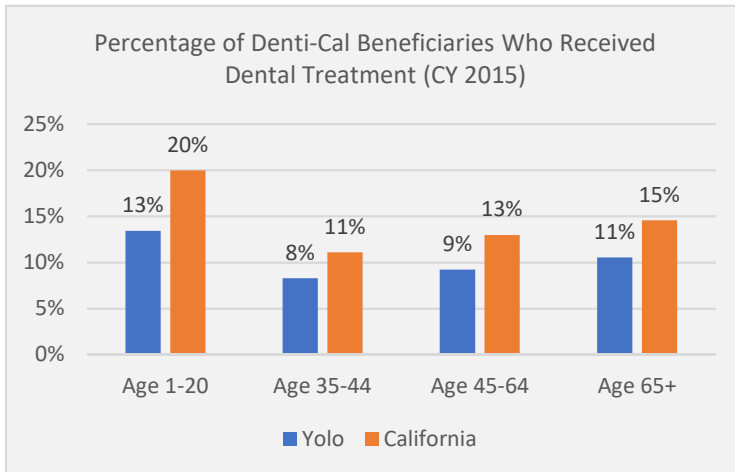
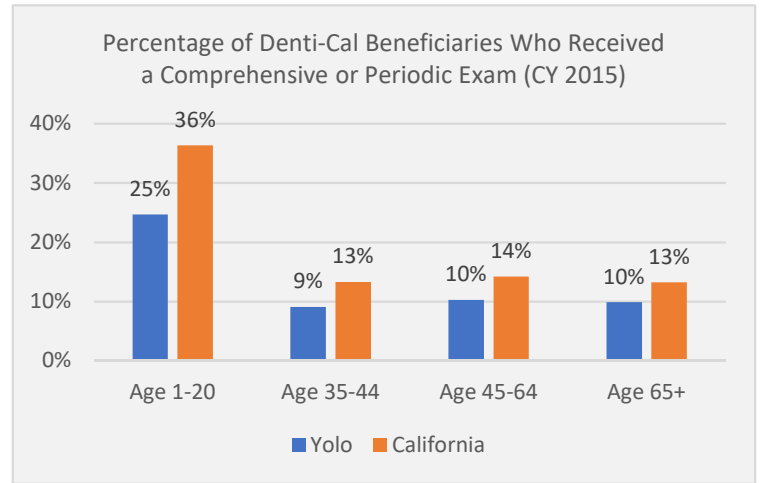
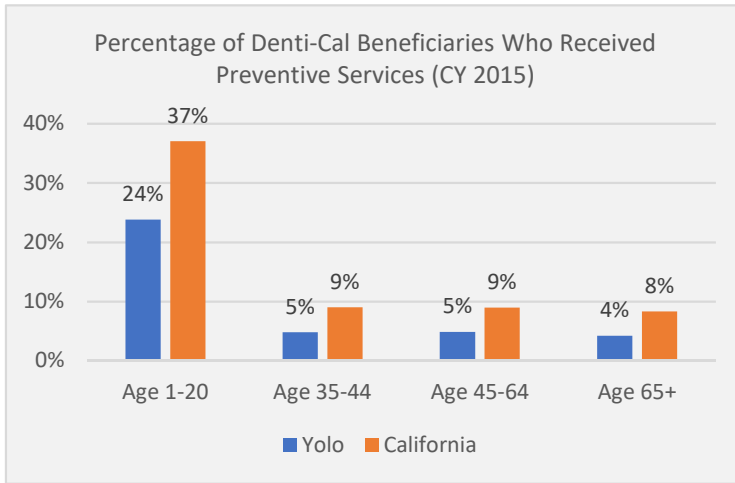


- Though not as significant, disparities in utilization were also evident among beneficiaries of all age groups in Yolo County compared to California overall. The disparities were consistent between 2013 and 2015.



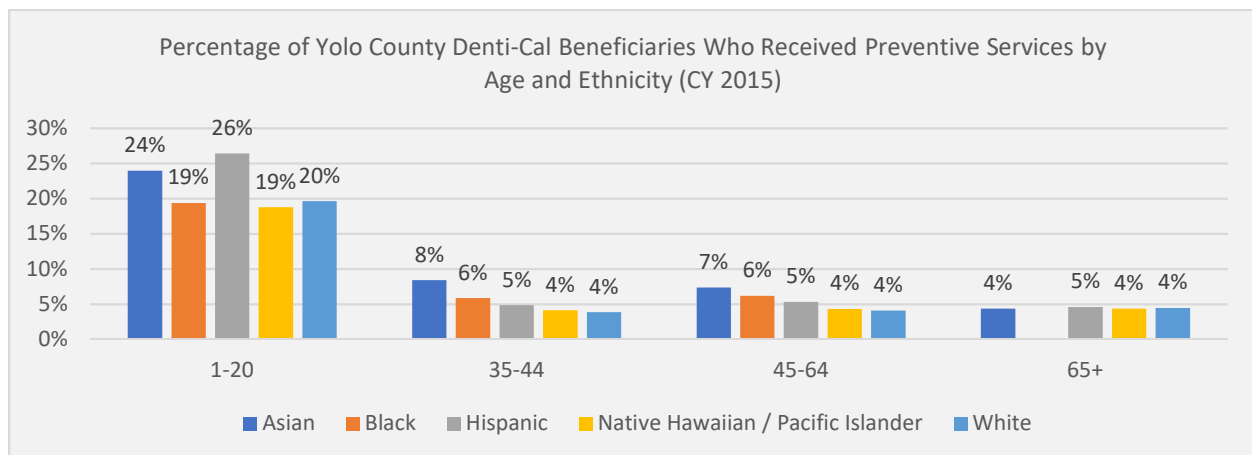
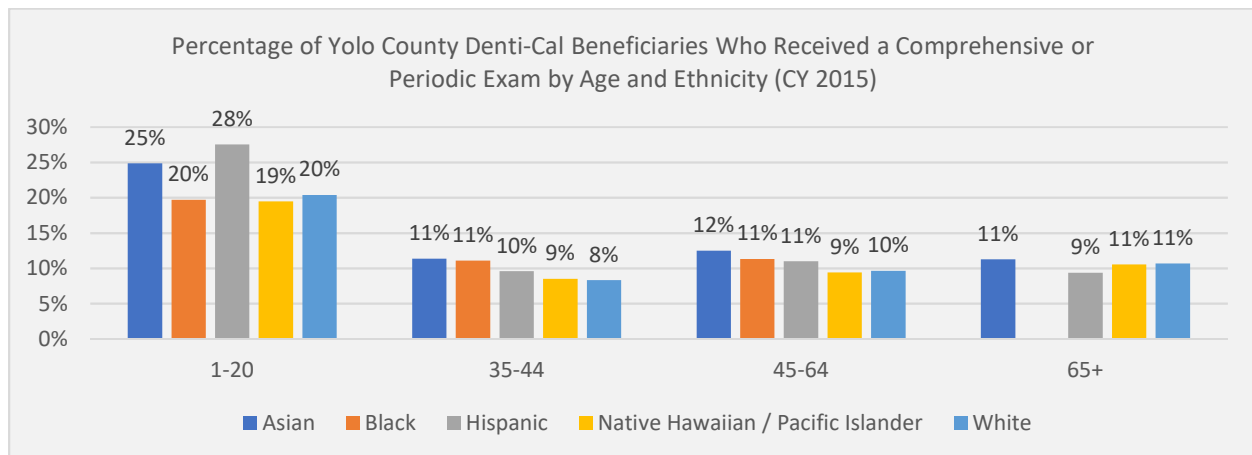
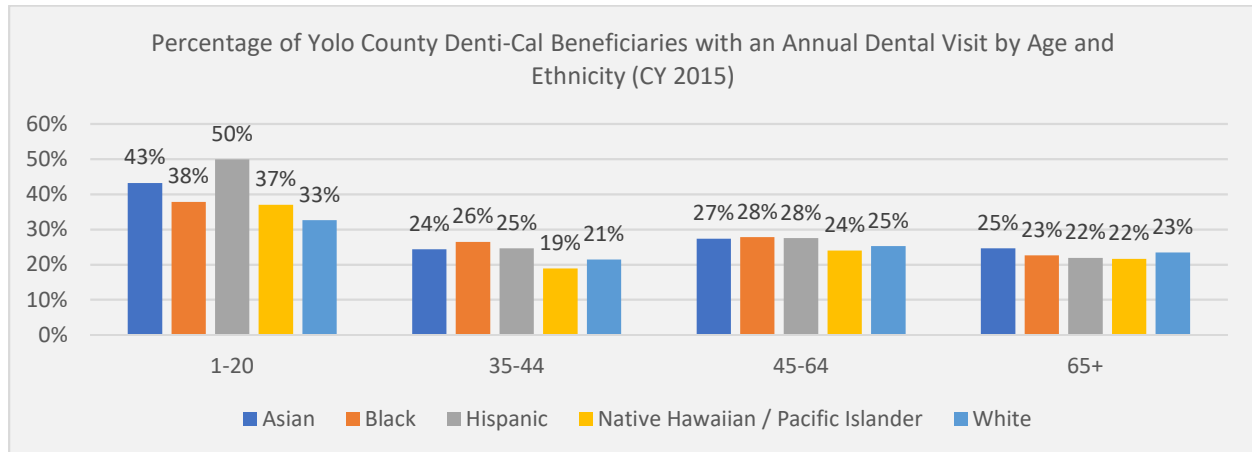
Source: California Oral Health Program, Medi-Cal Dental Indicators Annual Reporting Matrix, 2013-15

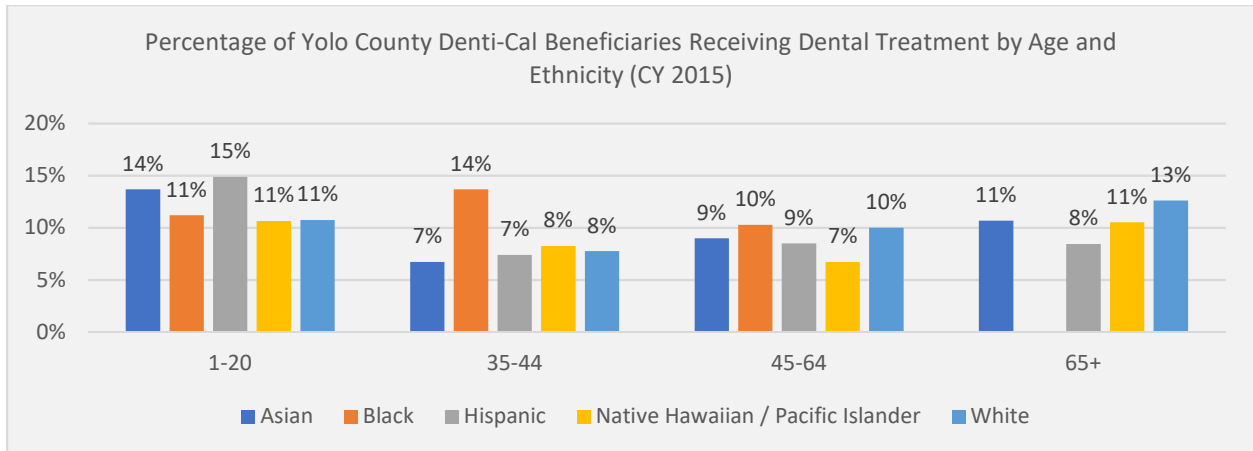
- Multiple indicators for CY 2015 show that Yolo County Denti-Cal beneficiaries with at least three months continuous eligibility had consistently lower utilization rates for preventive and treatment services across age groups compared to California beneficiaries overall.



Source: California Oral Health Program, Medi-Cal Dental Indicators Annual Reporting Matrix, 2013-15

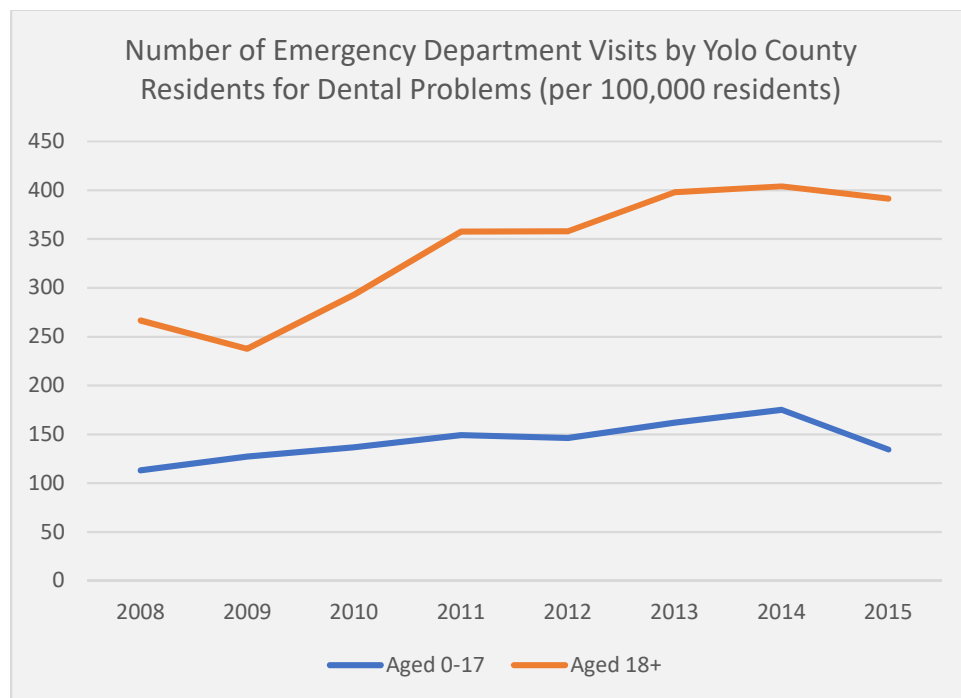
- A comparison of CY 2015 Denti-Cal measures in Yolo County, indicate that Latino children aged 20 and younger utilize dental services at a higher rate than other ethnic groups. Whites, African-Americans and Native Hawaiian/Pacific Islanders appear to utilize services at a lower rate. Among adults there do not appear to be consistent disparities in utilization by ethnicity.





Source: California Oral Health Program, Medi-Cal Dental Indicators Annual Reporting Matrix, 2013-15

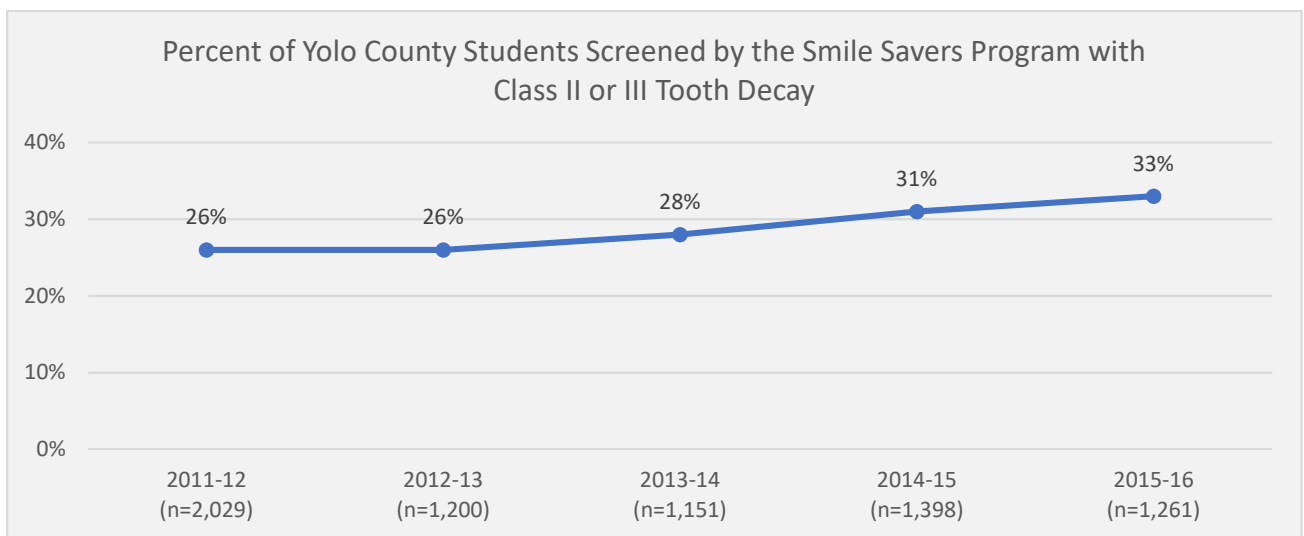
- An analysis by the Yolo County Health and Human Services epidemiologist, found that between 2008 and 2015, emergency department visits by Yolo County residents with a dental problem as the primary diagnosis increased by about 40%. While increases occurred for both children 0-17 and adults 18 and older, the most significant increase was among adults 18 and older.



Screening and Prevention Programs

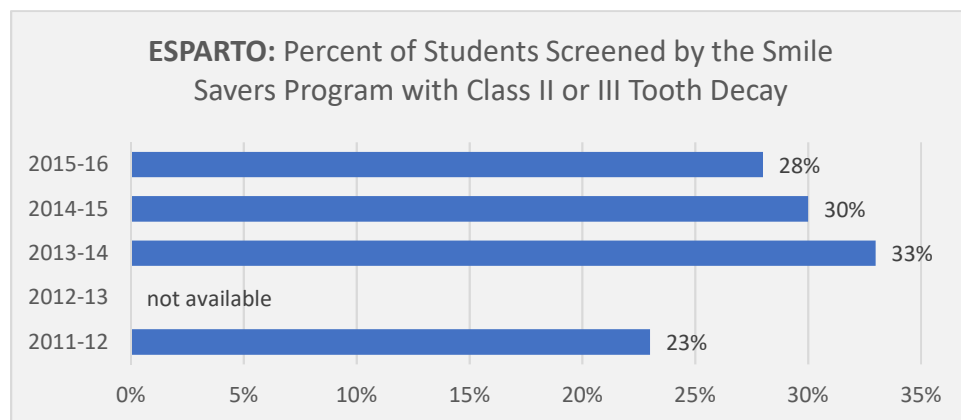
Smile Savers Program

- Smile Savers is a program that provides dental screenings, fluoride, exams, application of sealants to prevent cavities, dental education, and referrals into dental treatment for preschool children and low-income children enrolled in Yolo County schools. On average, the Smile Savers program screens about 1,400 children per year.
- Findings from Smile Savers program dental screenings showed that the proportion of screened children that were found to have Class II or III tooth decay increased from 26% in 2011-12 to 33% in 2015-16.

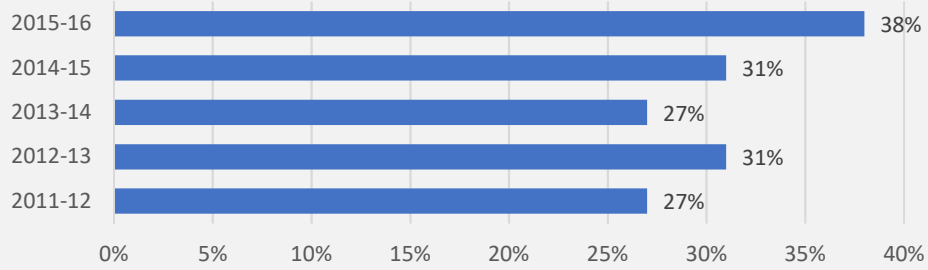


Source: Smile Savers Program Data 2011-2016

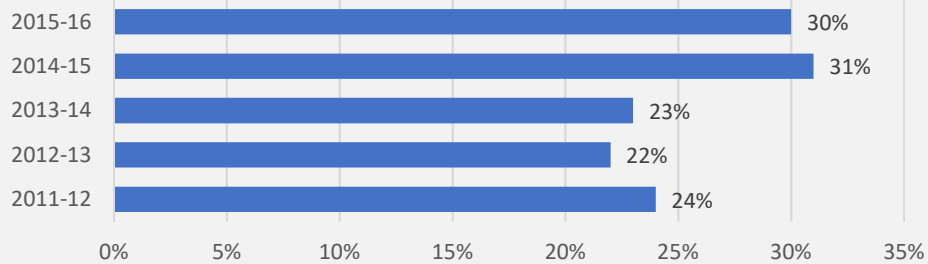
- The following tables show changes in Smile Saver screening outcomes over time for each city.



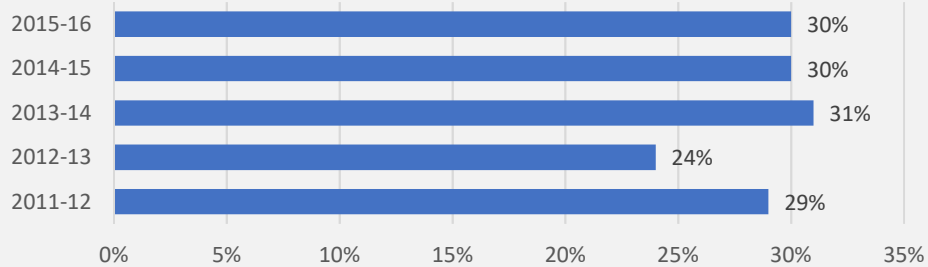
WEST SACRAMENTO: Percent of Students Screened by the Smile Savers Program with Class II or III Tooth Decay

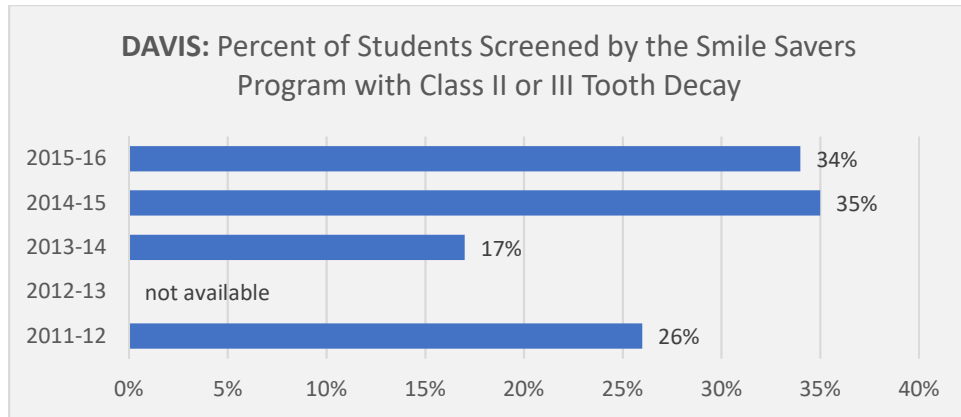


WOODLAND: Percent of Students Screened by the Smile Savers Program with Class II or III Tooth Decay



WINTERS: Percent of Students Screened by the Smile Savers Program with Class II or III Tooth Decay





Northern Valley Indian Health Woodland Joint Unified School District Program

- Northern Valley Indian Health also provides dental screenings to elementary students enrolled at Woodland Joint Unified School District. In 2015-16, an estimated 2,193 students were screened. Similarly, the percentage of children identified with class II or III decay increased from 22% to 26% since 2012-13 with the proportion of kindergarteners with decay increasing from 24% to 31%.

