



## **Yolo County Oral Health Needs Assessment**

*May 2022*

### **Overview and Key Findings**

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Enclosed are the findings of the Yolo County Oral Health Needs Assessment intended to inform the development of a countywide strategic plan by the Oral Health Action Committee. Completion of the needs assessment included a number of activities, including:

- Review of secondary data and reports on oral health utilization and access in Yolo County;
- Facilitation of a community dentist survey (36 responses);
- Facilitation of a survey and data request by Yolo County community health centers (4 responses);
- Facilitation of targeted community stakeholder interviews (5 responses, 2 pending).

Needs assessment activities were intended to describe oral health issues, barriers to care, current access and utilization, and perceived priorities for the future by various stakeholders. The 2022 needs assessment builds on a similar assessment conducted in 2017 by Pacific Health Consulting Group (PHCG). Where relevant, findings from this assessment are compared to findings in 2017.

Findings from the needs assessment are included in the following report. However, some key findings include the following:

- **Medi-Cal Dental coverage has grown and is expected to grow further.** Since 2016, the number of Yolo County residents covered by Medi-Cal Dental grew from 53,636 to 58,305 driven by an expansion of eligibility for undocumented residents aged 19-26 (in 2020), the pandemic surge in enrollment and related public emergency rules that have prohibited dis-enrollment. Coverage is expected to grow further as an additional Medi-Cal expansion for undocumented residents aged 50 and older goes forward in May 2022 and the legislature considers the Governor's proposal to further expand Medi-Cal to undocumented residents that are otherwise eligible for coverage aged 27-49 (2024 if approved by legislature).
- **Medi-Cal Dental utilization increased slightly between 2017 – 2019 but is still low, especially among adults.** The 2017 needs assessment indicated that Medi-Cal Dental enrollees in Yolo County were less likely to utilize services than enrollees in California overall. While utilization rates crept up slightly in 2019, only about 1 in 4 adult enrollees completed an annual visit and less than 1 in 5 used preventive services. Among children 0-18, slightly more than half of enrollees had an annual visit.
- **Dental emergency room visits in Yolo County increased before the pandemic and remain higher than in California overall.** Compared to prior years, non-traumatic dental emergency room visits in Yolo County increased in 2019 for every age group except those aged 0-17.

Emergency room visit rates in Yolo remained 30% higher than California overall for residents aged 35-64 and 10% higher for residents aged 18-34.

- **Medi-Cal Dental access is worse in 2022 than in 2016 and pandemic staffing impacts play a major role.** While 17-19% of community dentist survey respondents said they accept Medi-Cal Dental patients, just 6% said they are currently accepting new patients. More importantly, the four Yolo County community health centers report longer appointment wait times, significant staff shortages, and a decline in patients and visits between 2019 and 2021, despite increasing physical capacity:
  - Dental visit wait times increased two-fold from 30 to 60 days among two of the four health center dental providers and remains at 30 days or greater at the two other health centers;
  - Between 2019 and 2021 total health center dental visits declined by 11% overall, but by close to 30% at CommuniCare, the largest health center provider;
  - Despite adding 17 dental chairs (+61%) since 2017, Yolo health centers reported just a 0.2 Full Time Equivalent (FTE) increase in dentist staffing since that time. Additionally, they highlight staffing shortages, particularly among dental assistants, as major contributors to the temporary closure of clinics and unused physical capacity.
  - Specialty dental is still a significant challenge in Medi-Cal Dental. Few specialty providers responding to the provider survey accept Medi-Cal Dental and health centers again reported severe access limitations for their patients.
- **The workforce shortage, particularly for dental assistants, is a significant challenge.** All four health centers highlighted dental assistants as the most difficult position to recruit for, followed by dental hygienists (2 of 4). When asked the same question, 90% of community dentists highlighted dental assistant recruitment as the biggest challenge and 60% highlighted dental hygienists. Stated one community dentist, “There has been a real shortage of RDA’s and RDH’s since Covid and now the salary has also increased!”. Added a health center respondent, “the need from the community for dental care is still there, but we are not able to provide enough access because of a Registered Dental Assistant and provider shortage”.
- **While many of the same challenges and barriers to care exist, deferred preventive care and treatment has become a significant issue.** The cost of dental care was highlighted as the biggest barrier to care among community dental providers (66%), which was similar to 2017. However, deferred care was noted as the second biggest challenge (46%). Among health centers, deferred care was described as the biggest challenge or barrier to care (3 of 4), followed by lack of dental providers and Covid hesitancy.
- **Familiar barriers remain, as do commitment to ongoing priorities.** Similar to 2017, community providers and health centers again prioritized efforts to expand screening/prevention for children, improve community education and literacy, integrate oral health into primary care,

and improve Medi-Cal Dental access as future priorities. While cost and coverage was a bigger issue for community dentists, Medi-Cal Dental access and the oral health workforce was more rigorously highlighted by community health center respondents.

- **Support for community fluoridation remains strong among community dental providers.** Overall, 92% of 2022 survey respondents said they supported water fluoridation and 82% said they would be willing to ask their patients to support fluoridation if there were a local campaign to do so. This was nearly identical to the rates of support in 2017 with no meaningful differences by specialty or region.
- **School-based screening has declined dramatically since 2019.** School-based screening and education has historically played an important role in identifying and preventing decay, as well as, connecting children to dental care. Between 2012 and 2016, the percentage of students that were identified to have class II or III tooth decay increased for students screened both by CommuniCare and Northern Valley Indian Health. Since peaking at 3,900 school-based screenings in 2019-20, the number of Yolo County children receiving screenings has dropped dramatically. Over the last two years, CommuniCare and Northern Valley Indian Health have only been able to screen 826 students with several major districts, including Woodland and Davis, being completely closed off to outside visitors. During this period, decay rates of those screened have not shifted meaningfully.
- **Prevention and screening for children remains a priority but some new thinking may be needed.** Community dental providers, health center leaders and many stakeholders re-affirmed the importance of prevention, screening and education for children. In addition to a reduction in screenings during the pandemic, stakeholders highlighted the competing challenges pressing schools, difficulty establishing and advancing school-provider agreements, and the enduring importance of reinforcing and expanding prevention efforts. Some indicated that new thinking may be needed to make a meaningful impact in the community.

## Secondary Data Findings

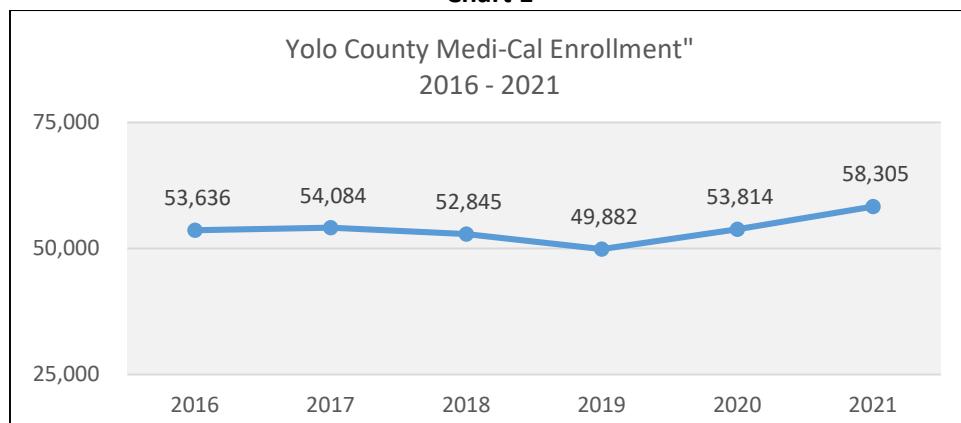
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### Medi-Cal Dental Enrollment Trends

Since December 2016, full scope Medi-Cal / Medi-Cal Dental enrollment has grown by close to 10% and may be growing again due to additional proposed expansions. This suggests that in the short-term, Medi-Cal Dental access, as opposed to coverage, will continue to be a significant challenge:

- After declining between 2016 and 2019 due to an improving economy, Medi-Cal enrollment grew again in 2020 and 2021 due to: 1) expansion of Medi-Cal eligibility to otherwise eligible undocumented residents aged 19-26, 2) the economic shocks of the pandemic, and 3) emergency policies that have prevented Medi-Cal from dis-enrolling members.
- Following the end of the pandemic ‘state of emergency’, there is an expectation that enrollment will decline up to 10% due to natural dis-enrollment. However, two coverage expansions may further expand Medi-Cal insurance coverage in the coming years. AB 133, which was passed and goes into effect on May 1, 2022, will extend Medi-Cal eligibility to otherwise eligible undocumented residents aged 50 and older. Statewide, this will only impact about 235,000 individuals statewide. Further, Governor Newsom has proposed in his 2022 budget a further expansion of Medi-Cal eligibility to otherwise eligible undocumented residents aged 27-49 effective no earlier than January 2024.
- Collectively, these anticipated expansions will further expand Medi-Cal Dental coverage to the remaining uninsured, which account for the majority of remaining low-income uninsured. This highlights what is likely to be increased pressure on the Medi-Cal Dental program and providers to ensure access to covered benefits.
- Looking even farther forward, if California again encounters a financial downturn it may re-open policy conversations about reducing optional benefits in the Medi-Cal program.

**Chart 1**



Source: DHCS Medi-Cal Managed Care Monthly Enrollment Report

## **Medi-Cal Dental and Emergency Room Utilization**

The 2017 Yolo County needs assessment highlighted a few important and relevant findings, including:

- Yolo County had a ratio of dentists to residents that was lower than the California average;
- Yolo County was among the 18 California counties with the lowest rates of utilization among child Medi-Cal Dental beneficiaries according to a California State Auditor report;
- Yolo County relied more heavily on community health centers and clinics to deliver Medi-Cal Dental services than California overall (12.1% of visits vs. 5.9% of visits statewide), and;
- Medi-Cal Dental enrollees in Yolo County were notably less likely than California beneficiaries overall to receive any dental services.

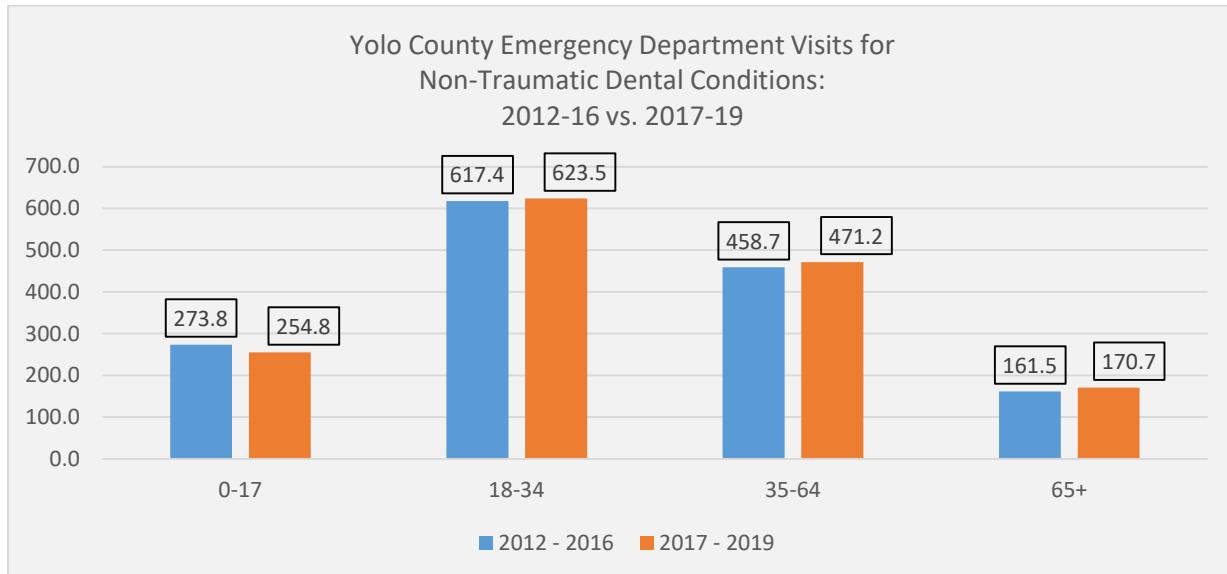
A review of 2019 Medi-Cal Dental utilization in Yolo County highlighted the following findings:

- Overall Medi-Cal Dental utilization inched up between 2017 and 2019 for most utilization measures and age groups;
- However, still just about 1 in 4 adult Medi-Cal Dental enrollees in Yolo County had an annual wellness visit and fewer than 1 in 5 used preventive services. In contrast, about 55% of Medi-Cal Dental enrollees aged 3-14 had an annual visit and/or preventive services.

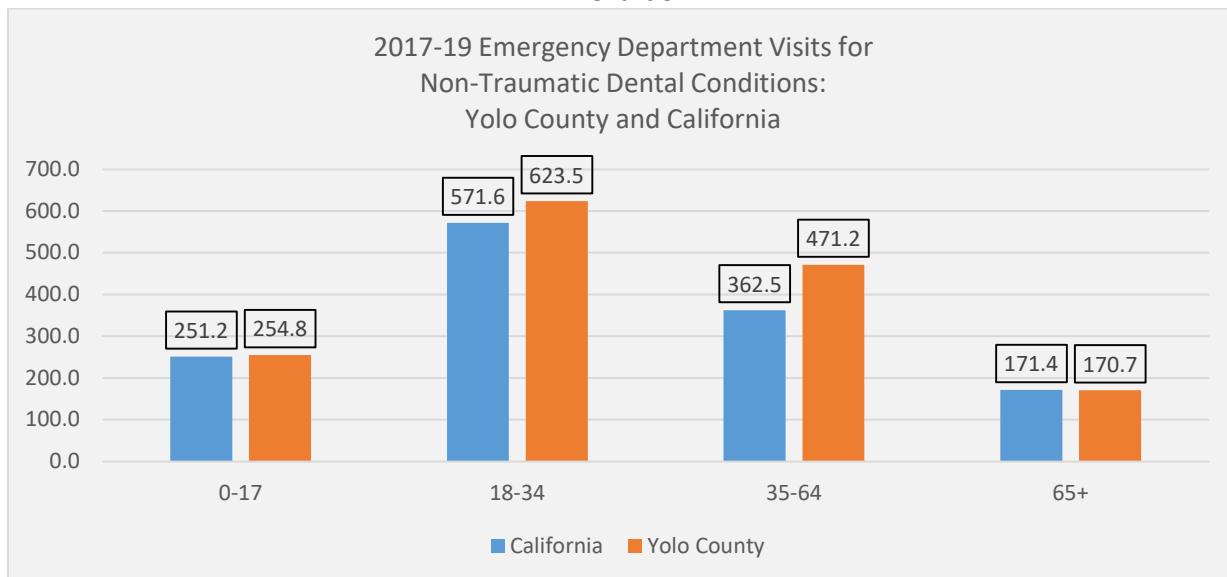
Dental emergency department visit trends suggest that access to dental care was worsening in Yolo County before the pandemic and was still worse than for California overall:

- According to available OSHPD data, the rate of non-traumatic emergency department visits for dental conditions increased in every age group except aged 0-17 between 2016 and 2019.
- In addition, Yolo County dental emergency department rates in 2019 were higher than for California overall in every age group except 65 and older. This includes rates that were significantly higher for adult residents 18-34 (10% higher) and 35-64 (30% higher).
- As of 2020, Yolo County had fewer dentists per 1,000 residents than California overall (1:1,570 vs. 1:1,130). While this ratio has improved over time, it remains worse than the state overall.

### Chart 2

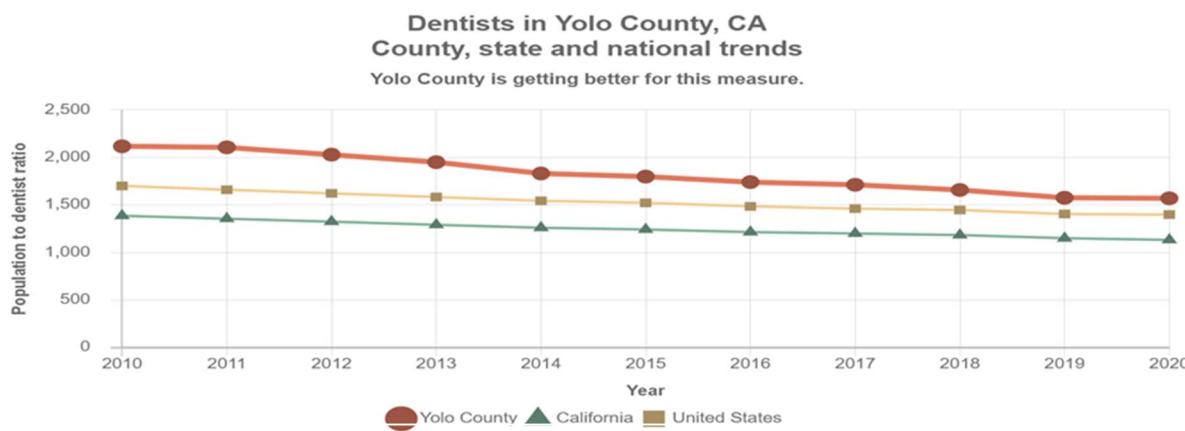


### Chart 3



Source: OSHPD Emergency Department Visit Data, 2012 – 2019

### Chart 4



Source: [Yolo County, California | County Health Rankings & Roadmaps](#)

**Table 1: Yolo County Medi-Cal Dental Utilization: 2017, 2019**

Age	Utilization %		Age	Utilization %	
	2017	2019		2017	2019
<b>Annual Dental Visit</b>					
Age 1-2	25.7%	28.1%	Age <1	n/a	n/a
Age 3-5	50.9%	53.2%	Age 1-2	11.1%	12.8%
Age 6-9	59.0%	60.4%	Age 3-5	34.2%	38.5%
Age 10-14	53.2%	55.8%	Age 6-9	45.8%	47.7%
Age 15-18	42.3%	45.7%	Age 10-14	38.1%	41.3%
Age 19-20	26.2%	28.8%	Age 15-18	26.7%	32.0%
Age 21-34	18.9%	22.6%	Age 19-20	13.7%	18.3%
Age 35-44	21.3%	25.5%	Age 21-34	n/a	11.4%
Age 45-64	23.5%	27.9%	Age 35-44	8.3%	11.9%
Age 65-74	24.8%	27.7%	Age 45-64	8.5%	12.1%
Age 75+	22.2%	n/a	Age 65-74	8.1%	11.1%
<b>Use of Preventive Services</b>					
Age <1	1.1%	n/a	Age 75+	6.6%	n/a
Age 1-2	23.5%	26.5%	<b>Use of Dental Treatment Services</b>		
Age 3-5	49.1%	51.4%	Age <1	n/a	0.0%
Age 6-9	56.0%	58.1%	Age 1-2	7.0%	9.0%
Age 10-14	50.2%	53.1%	Age 3-5	23.1%	28.0%
Age 15-18	37.5%	42.0%	Age 6-9	27.4%	32.2%
Age 19-20	21.1%	23.9%	Age 10-14	n/a	21.5%
Age 21-34	12.7%	17.0%	Age 15-18	18.0%	19.2%
Age 35-44	13.2%	18.2%	Age 19-20	11.5%	13.0%
Age 45-64	14.6%	19.0%	Age 21-34	8.9%	11.6%
Age 65-74	14.3%	18.1%	Age 35-44	10.7%	13.5%
Age 75+	12.0%	n/a	Age 45-64	12.1%	16.2%
<b>Exams/Oral Health Evaluations</b>					
Age <1	n/a	n/a	Age 65-74	13.1%	16.8%
Age 1-2	12.6%	n/a	Age 75+	13.5%	15.9%
Age 3-5	46.8%	49.1%	<b>Use of Restorative Services</b>		
Age 6-9	55.0%	56.5%	Age <1	0.0%	0.0%
Age 10-14	49.2%	51.6%	Age 1-2	1.2%	1.2%
Age 15-18	37.8%	41.1%	Age 3-5	13.8%	15.5%
Age 19-20	22.9%	25.2%	Age 6-9	22.4%	24.2%
Age 21-34	15.7%	19.5%	Age 10-14	14.2%	16.8%
Age 35-44	n/a	21.7%	Age 15-18	13.1%	15.4%
Age 45-64	19.4%	23.4%	Age 19-20	7.9%	9.5%
Age 65-74	20.5%	22.8%	Age 21-34	5.7%	8.1%
Age 75+	18.6%	20.4%	Age 35-44	6.4%	8.7%

## Community Health Center Survey Findings

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Pacific Health Consulting Group (PHCG) distributed an information request and survey to the four community health centers serving Yolo County, including Elica Health Centers, CommuniCare Health Centers, Northern Valley Indian Health, and Winters Healthcare, Inc. All four health centers responded to the request. All of the information included below is self-reported by the health centers.

### Service Capacity

While health centers have increased dental chairs and physical capacity by 61% (+17 dental chairs), dentist full time equivalents were essentially unchanged between 2017 and 2021.

- The four responding health centers (Elica, CommuniCare, Winters, Northern Valley Indian Health) reported having 45 dental chairs, 10.8 full-time equivalent (FTE) dentists and 3.8 FTE dental hygienists. This is equivalent to about 4.17 dental chairs per dentist FTE.
- As a point of comparison, in 2016 three health centers reported 10.6 FTE dental providers, 3.0 FTE dental hygienists and 28 dental chairs representing an equivalent of 2.64 chairs per dentist FTE.

**Table 2: Yolo Community Health Center Dental Capacity**

Organization	Location	# of Dentist Full Time Equivalents (FTEs)*	# of Dental Hygienist Full Time Equivalents (FTEs)*	# of Dental Chairs
CommuniCare	Davis	1.5	0.20	7
CommuniCare	Woodland	1.0	0.2	6
CommuniCare	West Sacramento	1.2	0.2	4
CommuniCare	Woodland	0.6	0	5
Winters Healthcare	Winters	1.0	0	8
Elica Health Centers	West Sacramento	2.5	1.0	7
Northern Valley Indian Health	Woodland	3	2.2	8

*Source: Self-Reported Data*

### Total Patients and Visits

While the total number of dental patients seen and visits delivered by community health centers in Yolo County increased between 2016 and 2021, the pandemic contributed to a loss of patients and visits between 2019 and 2021.

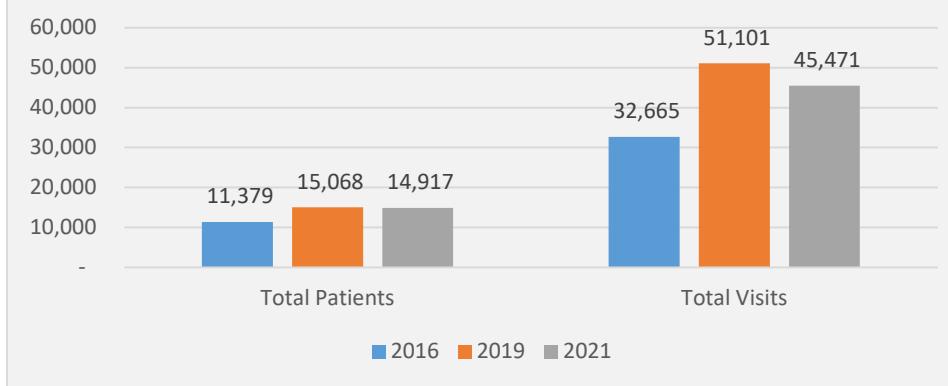
- Both CommuniCare and Winters cared for fewer dental patients in 2021 than in 2016. CommuniCare grew from 7,829 to 9,881 dental patients between 2016 and 2019. Largely due to the pandemic and subsequent impact on provider/staff supply, the number of patients seen by CommuniCare shrank to 6,580 dental patients in 2021. This represents a 33% decline in patients between 2019

**Between 2019 and 2021, total health center dental visits declined by 11% overall but by close to 30% at CommuniCare, the largest health center dental provider.**

and 2021. In contrast, Winters experienced absolute declines in patients between 2016 and 2019 with some moderate improvement through 2021.

- Importantly, while CommuniCare saw total declines in dental patients between 2016 and 2021, this appears to have been felt most acutely among adults 21 and older. While CommuniCare dental patients aged 0-20 grew from 3,442 patients in 2016 to 3,882 patients in 2021, the number of adult patients 21+ declined by about 1,600 patients during that time.
- Elica Health Centers, which did not offer dental services in Yolo County in 2016, added 7 dental chairs in West Sacramento that served 3,342 patients in 2021. While total patient visits in Yolo County have grown for Elica, this is partially due to the redirection of staff and patients to this site from 3 of 7 other dental sites have been temporarily closed. So, increased visits in Yolo County may actually represent some percentage of patients coming from Sacramento County.
- The number of dental patients seen by Northern Valley Indian Health (NVIH) increased from 1,775 patients in 2016 to 3,492 in 2021. That said, the number of visits conducted by NVIH decreased by about 3,100 visits, or 17% between 2019 and 2021.
- In 2021, more than 80% of dental patients at CommuniCare, NVIH and Elica were enrolled in Medi-Cal Dental while about 15% were self-pay/uninsured. At Winters, 60% of patients were enrolled in Medi-Cal Dental but 38% were self-pay/uninsured. These rates were relatively consistent with insurance characteristics of patients in 2016.

**Chart 5**  
Community Health Center Dental Patients and Visits in Yolo County: 2016 - 2021



*Source: Self-Reported Data*

## **Access and Barriers to Care and Health Outcomes**

- Compared to 2016, wait times for dental appointments at community health center sites have increased. On average, wait times in 2016 for 4 of 5 clinic sites was about 30 days. In contrast, current wait times for services at Elica and CommuniCare, where significant capacity exists, is up to 60 days. Wait times at Winters vary from 5 to 25 days, while NVIH reported wait times of around 28 days.
- Provider and staffing shortages have severely impacted health center dental capacity.
  - CommuniCare, the largest safety-net dental provider in the county reports being down 8 dental providers, which has contributed to a 33% decline in patients and visits.
  - Winters reports operating at 60% capacity.
  - Elica, has temporarily closed 4 out of 7 dental clinics (in Sacramento and Yolo counties) due to high staffing turnover.
  - Northern Valley Indian Health reported losing one-third of dental visits throughout its entire organization due to the pandemic, though highlight COVID fear and the pandemic shutdown as particularly impactful on access.

*"The need from the community for dental care is still there, but we are not able to provide enough access because of a Registered Dental Assistant and provider shortage"*

*"Elica did not lay off any dental employees due to the pandemic. However, staff turnover was 30% higher in our dental department versus our medical department. Due to lack of staff, Elica has temporarily closed 4 of our 7 dental clinics and reassigned patients and staff to one of the other clinics (one of the remaining open dental clinics is in West Sacramento)."*

- When asked where they face the biggest staffing challenges, all four health centers highlighted dental assistants and two also highlighted dentists.
- While lack of school-based prevention and education was not highlighted as a top barrier, health centers indicated that Covid and related staffing issues have significantly hampered their screening and education services at schools.

**4 of 4 Yolo health centers highlight major challenges recruiting dental assistants**

- Deferred preventive care and treatment, lack of dental providers and community fear or hesitancy due to Covid were highlighted by community health centers as the biggest barriers to care.

*"Patients delayed or canceled oral health care throughout the pandemic. Many treatment plans were interrupted and some patients have not come back to resume care"*

Community Health Center Leader

- Similar to the prior needs assessment, community health centers in Yolo County report that they still provide a full range of preventive treatment to their patients, with more limited availability of operative, endodontic and other specialty dental services. According to a couple of health centers, timely access to specialty and surgical dental services remains essentially non-existent within the Medi-Cal Dental program. Shared one respondent, "it is a chronic problem and I don't see a solution in sight.... There is one office in Sacramento that will do root canals but they are so backed up – like 3 months. So the patients come back to us sometimes and we have to pull the tooth".

**Table 3: Challenges Impacting Oral Health Outcomes – Community Health Centers**

<b>Biggest Challenges Limiting Access to Dental Services and Affecting Oral Health Outcomes in Yolo County</b>	<b>Number of CHCs Selecting as Challenge (N=4)</b>
Deferred Preventive Care and Treatment Among Children and Adults	3
Lack of Dental Providers	2
Community Fear or Hesitancy Due to Covid	2
Lack of Oral Health Literacy	1
Lack of Access to School and Community Based Oral Health Prevention and Education	1
Lack of Fluoridated Water in Most Communities	1
Residents Not Following Up to Receive Restorative/Specialty Services	1
Cost of Dental Care	0
Travel Time / Distance to Care	0

*Source: Self-Reported Data*

### **Oral Health Priorities and Populations of Focus**

- All four health centers prioritized expanded dental screening and prevention services for children, building the oral health workforce and integrating oral health with primary care as either high or essential priorities for the future. Additional priorities encompassed expanded access for specific populations, adequate dental providers in the community and water fluoridation. Interestingly, increasing the number of residents with dental insurance coverage was the lowest priority among health centers. This underscores their fundamental focus on access to care.

- When asked which populations to focus new oral health initiatives around, all 4 respondents highlighted Medi-Cal Dental members and 3 of 4 highlighted non-English speakers.

**Table 4: Oral Health Priorities – Community Health Centers**

Oral Health Priority Ranking	Ranked as a “High” or “Essential” Priority	Rating Average
Expanding dental screening and prevention services for CHILDREN	100%	4.5
Building the oral health workforce	100%	4.5
Integrating oral health with primary care	100%	4.25
Fluoridating the water in our communities	75%	4.0
Improving access to dental services for residents with MEDI-CAL DENTAL	75%	4.0
Expanding oral health education in the community	75%	4.0
Improving access to dental services for pregnant women	75%	4.0
Ensuring an adequate number of dental providers in the community	75%	3.75
Increasing access to dental services for CHILDREN	75%	3.75
Passing a tax or initiative to curb consumption of sugary drinks	50%	3.75
Increasing access to dental services for ADULTS (21-64)	75%	3.5
Increasing access to dental services for SENIORS	75%	3.5
Increasing the number of residents with dental insurance coverage	25%	3.0

*Source: Self-Reported Data*

## Community Dental Provider Survey Findings

Between March and May 2022, members of the Yolo County Oral Health Action Committee (OHAC) distributed an anonymous online survey to community dentists in Yolo County. Overall, thirty-six (36) dental providers responded to the survey. As of May 2022, the Office of Statewide Health Planning and Development (OSHPD) reported that there were X licensed dentists in Yolo County. The survey replicated several questions from a similar needs assessment survey in 2017. A comparison of 2017 and 2022 results are included where relevant.

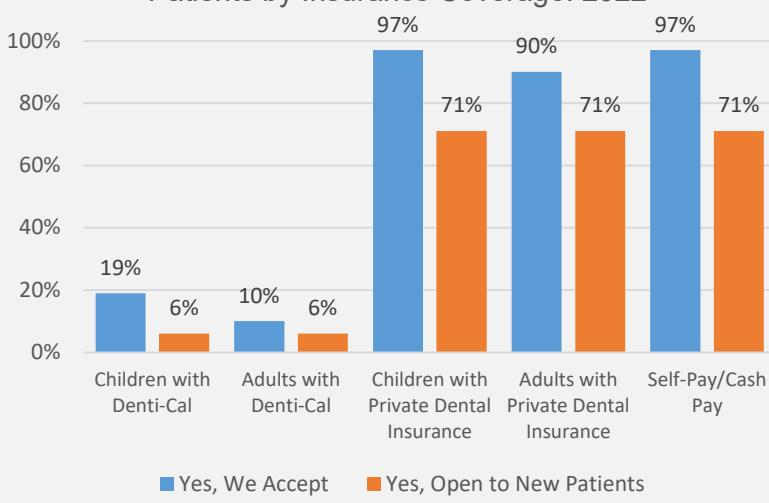
- The vast majority of respondents (78%) indicated a specialty of general dentistry, while a smaller proportion reported practicing in orthodontics (16%), oral/maxillofacial surgery (12%), endodontics (9%) and periodontics (9%). Comparatively, 67% of respondents in 2017 reported practicing in general dentistry.
- 52% of respondents reported practicing in Davis, 27% in Woodland, 12% in West Sacramento and 9% in Winters.

### Acceptance of Patients by Insurance Coverage

- Overall, just 19% of responding dentists reported accepting children with Medi-Cal Dental and 10% reported accepting adults with Medi-Cal Dental, while just 6%, or 2 providers shared that they are currently accepting new Medi-Cal Dental patients. These rates were similar to those reported in 2017.
- Comparatively, over 90% of respondents shared that they accept private insurance or cash pay patients with 75% currently open to new patients.
- Similarly, one oral/maxillofacial surgery provider, one periodontic and one orthodontic provider reported accepting and taking new Medi-Cal Dental patients (child or adult) while no endodontic providers currently accept Medi-Cal Dental, further suggesting that there are little if any options for Medi-Cal Dental members requiring a root canal.

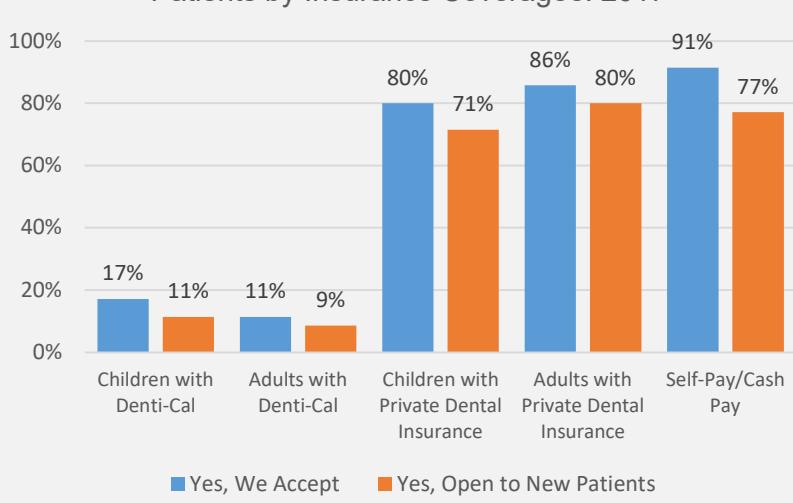
**Chart 6**

#### Practices that Accept and Are Open to New Patients by Insurance Coverage: 2022



**Chart 7**

#### Practices That Accept and Are Open to New Patients by Insurance Coverage: 2017



## **Challenges Limiting Dental Access**

- 66% of 2022 survey respondents highlighted the cost of dental care as the biggest challenge limiting dental access in the community, followed by deferred care and treatment (46%), lack of oral health literacy (43%), and residents not following up to receive restorative/specialty services (40%).
- While 34% also highlighted fear or hesitancy due to COVID, fewer than 1 in 4 highlighted the lack of fluoridation, lack of providers, distance or lack of access to school/ community-based prevention as the biggest challenges.
- These responses largely echoed themes from 2017 where providers described low Medi-Cal Dental reimbursement, poor coverage options and high patient share of cost as significant issues.
- When asked how COVID impacted or shifted oral health needs in Yolo County, the majority of providers pointed to deferred cleaning and treatment during COVID, which has impacted the level of decay and treatment need. Some noted that now that there is a rush to come back to care, patients face longer wait times for services. Most respondents indicated that fear for safety is no longer an issue with their patients.

**Table 5: Challenges Impacting Oral Health Outcomes – Community Dental Providers**

<b>From your perspective, what are the biggest challenges limiting access to dental services and affecting oral health outcomes for Yolo County residents?</b>	<b>Responses</b>	
Cost of Dental Care	66%	23
Deferred Preventive Care and Treatment Among Children and Adults	46%	16
Lack of Oral Health Literacy	43%	15
Residents Not Following Up to Receive Restorative/Specialty Services	40%	14
Community Fear or Hesitancy Due to Covid	34%	12
Lack of Fluoridated Water in Most Communities	26%	9
Lack of Dental Providers	17%	6
Travel Time / Distance to Care	11%	4
Lack of Access to School and Community Based Oral Health Prevention and Education	9%	3

## **Community Oral Health Priorities and Water Fluoridation**

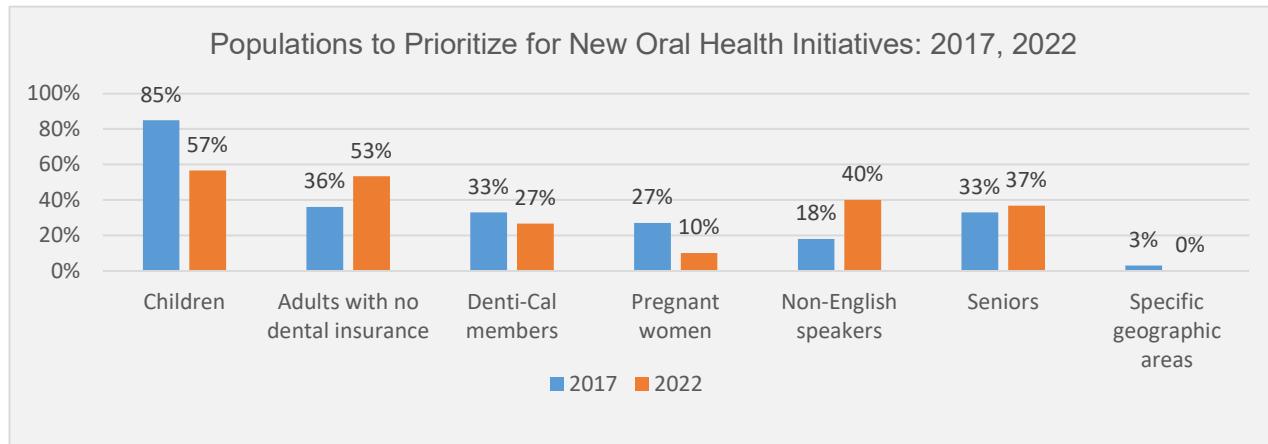
- Fluoridating the water, expanding oral health education, and increasing access to dental services for children were the top 3 oral health priorities identified by respondents in 2022. In comparison, water fluoridation and increasing dental access for children were the top priorities in 2017.

- Other priorities, including expanding dental screening/prevention for children, increasing the number of residents with dental insurance coverage, and integrating oral health and primary care, were also deemed “high” or “essential” priorities by half of respondents.
- 92% of survey respondents said they supported water fluoridation and 82% said they would be willing to ask their patients to support fluoridation if there were a local campaign to do so. This was nearly identical to the rates of support in 2017 with no meaningful differences by specialty or region.
- When asked which populations to prioritize for future initiatives, more than 50% of respondents highlighted children and adults with no dental insurance. Between one-quarter and one-third also highlighted non-English speakers, seniors, and Medi-Cal Dental patients.

**Table 6: Community Oral Health Priorities – Community Health Centers**

Oral Health Priority Ranking	Ranked as a “High” or “Essential” Priority	Rating Average
Fluoridating the water in our communities	63%	3.71
Expanding oral health education in the community	66%	3.69
Increasing access to dental services for CHILDREN	57%	3.57
Increasing the number of residents with dental insurance coverage	51%	3.51
Expanding dental screening and prevention services for CHILDREN	49%	3.51
Building the oral health workforce	34%	3.4
Improving access to dental services for residents with MEDI-CAL DENTAL	50%	3.38
Integrating oral health with primary care	57%	3.37
Increasing access to dental services for SENIORS	37%	3.14
Increasing access to dental services for ADULTS (21-64)	23%	2.91
Improving access to dental services for pregnant women	26%	2.91
Ensuring an adequate number of dental providers in the community	20%	2.83
Passing a tax or initiative to curb consumption of sugary drinks	14%	2.26

**Chart 8**



## **Workforce**

- Survey respondents were asked to identify those positions they face the biggest challenges recruiting for open positions. Overall, 90% highlighted dental assistant recruitment as the biggest challenge.
  - Dental Assistants: 90%
  - Dental Hygienists: 60%
  - Dentists: 17%
- When asked to share reflections and suggestions for addressing workforce challenges, respondents shared the following:

*There has been a real shortage of RDA's and RDH's since Covid and now the salary has also increased!!*

*Pay needs to be higher but increased staffing costs leads to increased overhead and we cannot hire quality staff for insurance reimbursement rates.*

*We need bilingual dentists, hygienists, and assistants at all of our locations.*

*Everyone should be training new staff. I have trained 3 new people this year toward Rda and from desk plus cross trained all my other employees. We should offer low-cost classes in xray certification and other courses.*

*Perhaps have a local dental auxillary school. Locate people that actually have a work ethic without an entitled attitude.*

*Reimbursement rate from Delta have not changed and unless you are a Premier provider, hygiene is a loss leader. Hygiene and dental assistant wages are at a historic high but supplies cost more and reimbursement is same as it was 12 years ago.*

## School-Based Screening and Prevention

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The 2017 Yolo County oral health needs assessment highlighted that collectively CommuniCare and Northern Valley Indian Health provided dental screening to 3,600 pre-school and elementary school children in 2016.

Between 2012 and 2016, the percentage of screened children with class II / III tooth decay increased within both screening programs.

- This includes an increase in class II/III tooth decay from 26% to 33% among the children screened through CommuniCare's Smile Savers program (Espero, Davis, West Sacramento, Woodland and Winters school districts).
- During that same period, the decay percentage among Woodland Unified children screened by NVIH increased from 24% to 31% among kindergarteners and 22% and 26% among 3<sup>rd</sup> graders.

The pandemic has severely reduced the number of children who are being screened by health centers.

- After increasing to over 3,900 students collectively screened in the 2019-20 school year, CommuniCare and NVIH have collectively completed just 826 screenings over the past two years. This includes no screenings in Woodland, Davis or Winters and minimal screenings in Espero and West Sacramento. While the numbers have declined, both NVIH and CommuniCare reported similar decay rates since 2016.
- One health center, CommuniCare, indicated that while expanding screening and prevention is essential, it has been a challenge to establish agreements with school districts. Stated the Dental Director, "the County has been very supportive toward prevention and the modified policies make it easier for us to go to the schools... but the difficult part is to set up those agreements with the schools. For example, we reached out to a school in West Sacramento. The principal really liked the idea and wanted to do it, and 6 months later still no agreement.... Maybe the County could facilitate some sort of MOU with the County Office of Education or school district. I don't understand exactly the process or the hold up."

*"We are not able to provide education and screening because the staffing issues. Also the local schools/districts are quite "slow" with coordination efforts with those activities. And there is no "centralized system or point of contact" to establish connection which has been a major barrier to expand those activities."*

- CommuniCare Health Centers

*We have historically provided school districts within our sphere of influence for the kindergarten surveys and school screening in multiple grades, providing that data to each school and county at no charge, parents at no charge and providing information for urgent needs to the parents and school nurses.... One entire school district [Woodland] was inaccessible to outside visitors for screenings, etc. for two years."*

- Northern Valley Indian Health

## **Stakeholder Interviews**

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Between March and May 2022, Pacific Health Consulting Group completed five interviews via zoom or email (when scheduling limitations existed). Themes from each of the completed interviews are outlined below.

### **Dr. Barry Chang, DDS, Dental Services Director, CommuniCare Health Centers**

- Believes that dental access barriers within Medi-Cal Dental are more severe now compared to five years ago due to Covid. Although many patients deferred care, demand for services have returned. Providers are unable to meet demand due to workforce shortages, particularly among dental assistants, which has created an acute shortage of capacity.
- Specialty dental services remain chronically inaccessible for Medi-Cal Dental enrollees. Noted that the one specialty office in Sacramento that supports root canals has a back-log of more than 3 months, which essentially makes that acute service unavailable. Noted that CommuniCare is trying to develop its own specialty dental clinic, but that provider recruitment and service sustainability present real challenges to operating these services successfully. Highlighted the response limitations locally and emphasized the importance of an adjusted Medi-Cal Dental rate structure. Lastly, reminded us that
- Highlighted school-based prevention as a continuing priority, stating “we can’t keep pace with the decay, the only thing we can do is prevent decay from arising”. Noted that Covid essentially shutdown school-based prevention and that it has been slow to restart. Also noted that decay rates among those screened has not changed. Lastly indicated that while schools are interested in hosting prevention services, it can be slow and cumbersome to execute agreements or receive approval to launch services. Suggested a role for the County may be to support or facilitate expedited MOU processes with schools/districts. Indicated that the County has “been very supportive toward prevention” and modified policies to make visiting schools easier.

### **Supervisor Angel Barajas, District 5**

- Highlights lack of dental access, lack of prevention care and language barriers as the biggest oral health challenges.
- Prioritizes oral health education, expanded access to dental services and prevention, particularly for farmworker children and rural communities. Focused on reducing dental disparities.

- Recommends incorporating oral health priorities into the Yolo County annual infrastructure plan with a request that the County HHSA set aside funding for these efforts. Further recommends an HHSA and farmworker ad hoc workgroup to address dental health disparities.
- Strongly supports water fluoridation with a first step to communicate information to the population.
- Noted that the pandemic ‘amplified’ needs across sectors, including oral health, mental health and physical health.

**Jeneba Lahai, Executive Director, Yolo County Children’s Alliance**

- Reflecting on dental access and care delivery for low-income residents, sees minimal change over the last several years, stating “I don’t think it has changed, it’s very much the same.” Advocates for a ‘whole person’ approach that pulls oral health out from its own silo.
- Believes a key lesson from the pandemic is that public agencies need to rely on community-based organizations to truly reach and connect with residents. Noted that the pandemic highlighted the value of these organization.
- Encourages the OHAC to pursue strategies to more meaningfully and fully involved the communities and individuals being affected in the work of the committee, including pursuing strategies to engage community perspectives *and* exploring opportunities to expand or shift the membership of OHAC to reflect varied perspectives and geographic/ethnic/socioeconomic communities.
- Values the County role as convener, funder, and vehicle for advancing policy. Expressed some concern that sometimes the County tries to “do it all”. Posed the question of where the County can add the most value and what it has the capacity to do. Lastly noted she greatly appreciates the orientation and partnership of the County.

**Melina Ortigas, Management Services Officer, First 5 Yolo County**

- Understands the oral health challenges presented by Covid as parallel to physical health and medical services, such as deferral of care, deepening of ongoing health issues, fear to return to care and disconnection from care. Particularly concerned about impact on school absences, but lacks data to understand the impact.
- Sees that oral health continues to be a significant issue for families participating in home visiting. Sees value in strengthening prenatal to age 3 oral health education and materials.

Overall, sees promoting oral health awareness and education as a major component of the next strategic plan.

- Could envision a potential role for First 5 programs to promote oral health screening and education for the prenatal to age 5 cohort, and further notes the understandable bandwidth limitations among schools due to Covid. Sees opportunities to engage families prior to school.
- Additional priorities for the future include collectively addressing the provider shortage in some way, as well as, helping build data infrastructure in a way that enables the community to monitor progress.

**Amanda Gibson, RN, Davis Unified School District**

- Views cost of dental care and the lack of providers as the biggest barriers impacting oral health care. Prioritizes an emphasis on strategies addressing the needs of special needs children and providing low-cost dental services to the uninsured and under-insured.
- Advocates for state mandated oral health screenings as a necessary step to expand prevention services in schools. Notes that hearing and vision screening are already mandated, stating “without the mandate we don’t make time for it or provide enough staffing for it”. Further shares that school nurses, who oversaw screenings, had attention diverted to Covid, noting that “if dental screenings were state mandated, a health clerk would schedule and manage the screenings and it would be a priority”.