Dental Health Disparities: What Can We Do in Alameda County?

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Overview

• Dental Health and Overall Well-being
• Prevalence of Dental Caries, nationally and in Alameda County
• Disparities and Socio-ecological model
• Denti-Cal Environment, Providers Capacity and Access to Care Barriers
• Solutions: Prevention, Treatment and Systems
Dental Health and Overall Well-being

• Child development and well-being
• Quality of life
  – Chewing and eating
  – Speech
  – Smiling
  – Self-esteem
  – Employment
• School performance
• Disability and death
Dental Health and Society

• Missed Days from Work
• Human **Suffering**
• Expensive to Treat
• High Emergency Room Visits
• **Cost** to the Society and Individuals
• **Disparities** in the Disease and the Ability to Get Treatment
Prevalence of the Disease
Disparities in Children Experience of Dental Caries

Figure 2. Prevalence of dental caries in permanent teeth, by age and race and Hispanic origin among children aged 6–11 years: United States, 2011–2012
Disparities in Dental Caries in Adults

• Nationally, 26% of adults 20 to 64 have untreated decay.
• Hispanic subgroups and those with lower incomes have more severe decay in permanent teeth.
• Black and Hispanic subgroups and those with lower incomes have more untreated permanent teeth
What about Alameda County?

Chart 5: Percentage of School Children with Untreated Decay by School Poverty Status, Alameda County, 2002-2004

- Kindergarteners
- Third Graders

<table>
<thead>
<tr>
<th>Percentage</th>
<th>&lt;25%</th>
<th>25-49%</th>
<th>&gt;=50%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kindergarteners</td>
<td>23</td>
<td>31</td>
<td>46</td>
</tr>
<tr>
<td>Third Graders</td>
<td>18</td>
<td>28</td>
<td>44</td>
</tr>
</tbody>
</table>

% Students Free or Reduced School Lunch
Chart 2: Oral Health of Third Graders and the HP2010 National Objectives, Alameda County, 2002-2004

- **Dental Disease Experience**: 69% for Alameda County, 42% for HP 2010 Objective
- **Untreated Dental Caries**: 31% for Alameda County, 21% for HP 2010 Objective
Denti-Cal Environment, Providers Capacity and Access to Care Barriers
State leaves poor kids short of dental care

Low rates mean few providers serve neediest children

By Victoria Caliver

California’s dental program for low-income children is leaving many of the kids it is intended to serve at high risk of developing lifelong dental diseases because it has failed to provide adequate services, a state audit released Thursday has found.

The 92-page report described a system that serves fewer than half the children enrolled in the program, attributing that mainly to a lack of dentists willing to accept the rates the state is willing to pay them for their services. Those rates, which haven’t increased since 2000, were cut by 10 percent last year.

Problems with the program, known as Denti-Cal, have persisted for years, but health advocates worry that the migration last year of more than 865,000 kids into Medi-Cal from the state's Healthy Families program under the federal health law.

Dental continues an D4

Dr. Tony Mock gives Jenine Smith a dental checkup.

Low-income children are at high risk of dental problems.
Utilization of Care FY 2012-13 : 43.9%

“nearly 56% of the 5.1 million children in Medi-Cal did not receive dental care”

- Addition of 8 million Adults to Denti-Cal
- Increase in Enrollment
- Less Providers
• Provider Capacity FY 2012-13
  – “While the number of providers appears sufficient...some counties may not have enough providers to meet the dental needs child beneficiaries ”.

• Provider fee-for-service reimbursement
  – Fees have not increased since FY 2000-01
  – Are significantly lower than national, regional averages
  – California implemented a 10% fee reduction in 2013
Provider Capacity in Alameda County

Community Dental Clinics

Source: CAPE, with data from ACPHD Dental Program.
Alameda County Dental Offices Accepting Medi-Cal Children/Youth

North. County: 1dds/407 M-C kids

Oakland: 1dds/884 M-C kids

Eden Area/Central: 1dds/998 M-C kids

Tri-City: 1dds/380 M-C kids

Tri-Valley: 1dds/580 kids w MC

Source: CAPE.
Socio-ecological Model for Children’s Oral Health

Community-level influences

Family-level influences

Child-level Influences

Oral Health
Disparities in Dental Health

“Improving Access to Oral Health Care for Vulnerable and Underserved Populations” IOM 2011
Prevention or Treatment or Systems?

- All!
- More upstream approaches!
1. Prevention: Best Practices

- Sealants
- Fl Varnish
- School-Based Programs
- Prenatal Programs
Sealants

• Evidence-based simple and cost-effective intervention that prevents caries in permanent molars
• A County-wide Sealant program through a hybrid model and tied to assessment
• It’s the law!
2. Treatment

• Expanding capacity
  – FQHCs and other providers: outside of 4 walls
  – Reimbursement rates
  – Creating incentives models
  – Workforce Development

• Mid-level providers
  – Promotoras
  – Virtual dental home

• Reaching out to vulnerable populations:
  – Pregnant women
  – Seniors
3. Systems and policies

• Integrating Oral Health and Overall Health Care:
  – Systems within DPH and HCSA as well as externals partners

• Creating Optimal Laws and Regulations:
  – Regulations around public health model in FQHCs
  – Sugar Sweetened Beverage policies
## Life Course Model for the Office of Dental Health

<table>
<thead>
<tr>
<th>Current</th>
<th>Future</th>
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</thead>
<tbody>
<tr>
<td>Limited</td>
<td>Robust program</td>
</tr>
<tr>
<td>WIC (Fl Varnish)</td>
<td>Integration</td>
</tr>
<tr>
<td>WIC (Fl Varnish)</td>
<td>Head start Promotora model</td>
</tr>
<tr>
<td>Sealants (limited)</td>
<td>County-wide Sealant Program</td>
</tr>
<tr>
<td>SBHC</td>
<td>SBHC-prevention and tx model</td>
</tr>
<tr>
<td></td>
<td>Reimbursement/incentive models</td>
</tr>
<tr>
<td></td>
<td>Virtual Dental Home</td>
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VISION
for Dental Health in Alameda County

• Every Child has a Dental Home by Age 1
• Integrated Preventive Models throughout the County
• Reduce the Prevalence of Disease by 75%
• No Untreated Urgent Dental Needs in Children and Adults
Thank you!