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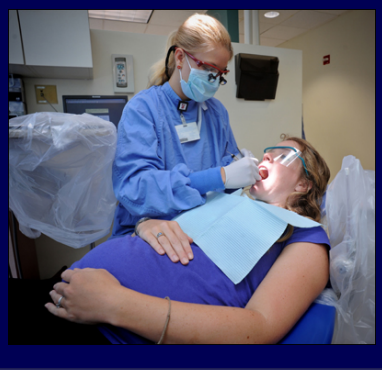

BARRIERS TO UTILIZATION OF DENTAL BENEFITS

MEDI-CAL DENTAL MANAGED CARE MEMBER SURVEY

Prepared for

Access Dental Plan
Health Net of California
LIBERTY Dental Plan

January 2016

Table of Contents

Findings not included in this report

EXECUTIVE SUMMARY: KEY FINDINGS

In 2015, the dental managed care Plans that contract with the California Department of Health Care Services Medi-Cal Dental Managed Care program—Access Dental Plan, Health Net and LIBERTY Dental Plan—conducted a member survey of enrollment in Sacramento Geographic Managed Care (GMC) and Los Angeles Prepaid Health Plans (LA PHP). The purpose of the survey presented in this report was to learn more about why child and adult enrollees have not more fully utilized their Medi-Cal dental benefits.

Key findings below are based on 849 completed surveys of 341 families with children and 508 adults. The survey response rate was 7.1% overall (5.7% children, 8.5% adults) and include the following:

Children

- More than 85% of parents reported being aware that free dental coverage was part of their child's Medi-Cal insurance.
- The majority of parents reported their child's (youngest and oldest children) last dental visit *was* within the last year, conflicting with the Plans' records. Response bias may have been a factor.
- The proportion of parents who completed the survey in Spanish reporting a recent dental visit was statistically higher than those who completed the form in English.
- The proportion of children who had "never" made a dental visit was statistically higher among English-language respondents and higher in GMC than LA PHP.
- Many reasons accounted for not taking a child to the dentist and few stood out markedly. Having to wait too long during a dental visit was a key reason, ranked significantly higher by Spanish-language respondents (but not differently based on Plan location). Fear of the dentist, absence of any tooth pain and not knowing where to go were ranked significantly higher among English than Spanish-language surveys.
- A clear majority of parents agreed that baby teeth are important, children should see a dentist by their first birthday, and dental appointments are relatively easy to make. LA PHP and Spanish-language respondents indicated significantly more agreement than GMC families and those responding in English that making an appointment was "relatively easy."

Adults

- Only two-thirds of adults reported knowing they had free dental coverage as part of their Medi-Cal insurance.
- Thinking they had to pay for the dentist (statistically higher among LA PHP respondents) was the top reason adults did not make a dental visit. This concern is legitimate as many dental services needed by patients with a higher incidence of dental decay, such as those with Medi-Cal, are not covered by Medi-Cal, and there is confusion about coverage and payment conditions.
- Concern about missing work as a reason for no dental visit was statistically higher among LA PHP respondents; long waits during dental visits and transportation issues were significantly higher among GMC respondents.

INTRODUCTION

This report presents the results of a member survey conducted in 2015 to learn more about the reasons children and adults in Sacramento and Los Angeles with Medi-Cal coverage in dental managed care plans do not more fully utilize their dental benefits.

Medi-Cal and other low-income children have the highest prevalence of disease yet are less likely to visit a dentist than children with commercial insurance coverage.[1] The problem is even greater among ethnically diverse children whose access to services is more limited: Black and Hispanic children are less likely to use preventive or any dental care.[2] While all children age 0-20 with Medi-Cal have coverage for dental services, only about half (52%) of children in the statewide dental fee-for-service system made an annual dental visit in 2014.[3] Even fewer children enrolled in the Medi-Cal dental managed care program took advantage of their dental benefits that same year: 39.6% in in Sacramento County and 38.4% in Los Angeles County.

The prevalence of dental disease and lack of access to dental care is disproportionately higher for low-income adults as well. Over 40% of poor adults (20 years and older) have at least one untreated decayed tooth compared to 16% of non-poor adults according to the Centers for Disease Control and Prevention (CDC).[4] Research shows that dental care utilization among adults with Medicaid benefits is also much lower than their adult counterparts with private insurance.[5] Of the adults enrolled in Medi-Cal dental managed care, 22.7% in Los Angeles County and 21.9% in Sacramento County made a dental visit in FY 2014-15.[6]

Barriers for accessing dental services are complex and the result of factors related to both the healthcare delivery system and patient personal reasons. On the delivery side, research shows lack of providers—due largely to the state's low reimbursement rates—cumbersome administrative processes, and inability to manage young children in the dental office account for the main barriers.[7-8] Patient factors include financial concerns, a lack of perceived need and knowledge about the importance of oral health, unawareness of having dental benefits, dental fear, and logistical challenges like transportation that can contribute to high rates of no-shows for appointments.[9,10] The dental managed care Plans have consistently cited these factors as contributing to the challenge of providing dental services to Medi-Cal members.

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[1] Vargas CM, Ronzio CR. Disparities in early childhood caries. *BMC Oral Health* 2006, 2006 Jun 15;6 Suppl 1:S3.
[2] Bouchery E. Utilization of Dental Services Among Medicaid Enrolled Children. Medicaid Policy Brief 9, October 2012. Mathematica Policy Research, Inc.
[3] By contrast, about 65% of children and 61% of adults with private dental benefits made a dental visit in 2013. As reported in Vujicic, M, Kamyar Nasseh K. Gap in Dental Care Utilization Between Medicaid and Privately Insured Children Narrows, Remains Large for Adults. Health Policy Institute, American Dental Association Research Brief. November 2015.
[4] http://www.cdc.gov/oralhealth/publications/factsheets/adult_oral_health/adults.htm
[5] Sweet M, Damiano P, Rivera E, Kuthy R, Heller K. A comparison of dental services received by Medicaid and privately insured adult populations. *J Am Dent Assoc* 2005 Jan:136(1):93-100. About 61% of adults with private dental benefits made a dental visit in 2013 as reported in Vujicic, M, Kamyar Nasseh K. Gap in Dental Care Utilization Between Medicaid and Privately Insured Children Narrows, Remains Large for Adults. Health Policy Institute, American Dental Association Research Brief. November 2015.
[6] Data source: Department of Health Care Services, Medi-Cal Managed Care Division, October 2015. Medi-Cal adult dental benefits were restored on May 1, 2014. The data cited above are for the fiscal period, July 1, 2014 – June 30, 2015.
[7] *California Department of Health Services. Weaknesses in its Medi-Cal Dental Program Limit Children's Access to Dental Care*. Report 2013-125. Sacramento: California State Auditor, December 2014.
[8] *Without Change it's the Same Old Drill: Improving Access to Denti-Cal Services for California Children through Dentist Participation.* Sacramento, CA: Barbara Aved Associates, October 2012. http://www.barbaraavedassociates.com/samples/denti-cal-final-report-nov-2-2012.pdf.
[9] Freeman R. The psychology of dental patient care: Barriers to accessing dental care: patient factor. B *British Dent J 1999(***187)**: 141–144. http://www.nature.com/bdj/journal/v187/n3/full/4800224a.html
[10] Although the focus of this report is on clinical services, we recognize that barriers to care go beyond difficulties in obtaining clinical services, and include non-clinical services such as health education and case management that promote access to oral health.

Background

The California Department of Health Care Services (DHCS) administers the Medicaid (Medi-Cal) dental program that covers more than 12 million adults and children. While about 90% of beneficiaries are in the fee-for-service system for dental services, DHCS also administers a dental managed care program. DHCS contracts with 3 dental managed care Plans—Access Dental Plan, Health Net and LIBERTY Dental Plan—that provide dental care through networks of private providers and community clinics. In Sacramento County, where enrollment in dental managed care is mandatory, the Plans contract under the Geographic Managed Care (GMC) program. In Los Angeles, where enrollment is voluntary, the Plans contract under a managed care program referred to as Prepaid Health Plans (PHP). Each dental Plan receives a negotiated monthly per capita rate from the state for every recipient enrolled in their Plan.

Collectively, the dental Plans contract to provide services for 907,524 California members with Medi-Cal dental benefits (Table 1).

Table 1. Distribution of Medi-Cal Dental Managed Care Enrollment, 2014-2015

	Sacramento GMC		LA PHP		Total
Dental Plan	Children	Adults	Children	Adults	
Access Dental Plan	66,650	69,068	114,150	96,837	346,705
Health Net	54,417	64,488	100,773	122,141	341,819
LIBERTY Dental Plan	75,000	72,000	26,000	46,000	219,000
Total	196,067	205,556	240,923	264,97	**907,524**

The dental Plans are required to provide information to beneficiaries regarding benefits they are eligible to receive, and to help members establish a dental provider and access services.

Study Purpose and Organization of the Report

Frustrated with tepid responses to the dental Plans' outbound calls and other outreach campaigns to try to increase utilization, the Plans undertook a Medi-Cal Member Survey in 2015 among adults and children enrolled in GMC and PHP. The main purpose of the survey was to learn more about beneficiary attitudes and experience, and the factors that contribute to under-utilization or non-use of dental benefits.

This report presents the findings of the study in two parts as requested by the Plans: the results in Part I are organized by total Child and total Adult responses. Part II contains the Child and Adult results for each individual dental Plan. Except for LIBERTY Dental Plan, due to its small sample size, the individual Plan results are broken out by Plan location (Sacramento GMC and LA PHP) for both age group segments. The graphics in the Plan-specific section are color coded (green, orange, blue) by individual Plan to more easily distinguish their different results.

Barbara Aved Associates (BAA), a healthcare consulting firm with experience in oral health, was engaged by the dental Plans to help develop the survey, analyze the data and prepare this report. The BAA consultant team included Barbara M. Aved, RN, PhD, MBA, Larry S. Meyers, PhD, and Elita Burmas, MA.

METHOD

After a review of literature and an examination of similar dental surveys that could inform the assessment, we helped the Plans to develop a list of questions that were approved by DHCS. Due to time and budget limitations, the survey questions were not field tested before implementation. The Plans developed their own sampling design that drew names randomly to create mailing lists. The query LIBERTY and Health Net used to pull member names was based on family number, which was random selected. After removing utilizers and duplicate addresses, the Plans filtered by sampling segment (child and adult), and without using any particular sorting order chose the first 1,000 from each file. Access Dental used a similar method, randomly populating a spreadsheet of all of its members for each mailing group and selecting the first 1,000 for each that its membership query provided.

Using a common cover letter approved by DHCS and signed by each individual Plan, the Plans mailed the surveys with self-addressed, stamped reply envelopes between October 2 and 8, 2015, to 2,000 members (1,000 adults and 1,000 children) in both PHP and GMC, for a total of 12,000 mailed surveys. The sampling Plan for the proportion of surveys Access mailed in Spanish aligned with their Medi-Cal adult and child membership profiles. LIBERTY and Health Net did not pull names with primary language as a selection criterion.

Members were offered the incentive of a lottery to increase the response rates. Members were informed if they returned their completed survey within 2 weeks, their name would be entered into a drawing. The incentive offered was a chance to win a Target Gift Card for $100.00, and there would be 2 winners drawn.[11] Although the incentive was not as effective as prepaid or promised financial and material incentives, it was affordable and easy to implement for the volume of surveys mailed.[12] The survey period was October 5, 2015 – November 3, 2015. The survey data were cleaned, coded and entered into Excel spreadsheets for analysis using standard data security measures. Statistical testing (chi square analyses and ANOVA) was performed using IBM SPSS Version 22.0.

Although some studies have shown that children's dental use patterns correlate positively with those of their parents, this study did not investigate any associations between parents' and children's use of oral health

FINDINGS

The findings in this report are based on a total count of 849 completed surveys (341 children and 508 adults) as shown in Table 2 on the next page, representing an overall survey response rate of 7.1% (5.7% children, 8.5% adults).

Surveys completed in Spanish made up about 15% of the total sample (33.9% children, 8.8% adults). Because the sample size of adult surveys completed in Spanish was too small (n=41), analysis by language group was not included for all adult survey questions. For the same reason, analysis by language at the individual Plan level was not possible. Although the total number of Spanish-language surveys for children (n=86) was small, based on the sizable *proportion* of these child

[11] 4 winners per plan: 2 adults and 2 children from each county and from each of the 3 plans.
[12] Using Incentives to Boost Response Rates. CDC Evaluation Brief No. 22, July 2010. http://www.cdc.gov/healthyyouth/evaluation/pdf/brief22.pdf

surveys (33.9%), we analyzed the child data by survey language type. All written-in comments on all surveys, regardless of language, were examined for inclusion in this report.

Table 2. Number of Completed Surveys by Dental Plan, County Location and Member Age Group

Dental Plan	Sacramento GMC			LA PHP			Total
	Total	Children	Adults	Total	Children	Adults	
Access	163	83	80	162	70	92	325
Health Net	224	92	132	215	77	138	439
LIBERTY	34	6	28	51	13	38	85
Total	421	181	240	428	160	268	849

These are fairly low response rates to a mailed survey even for relatively unresponsive groups such as the Medicaid population,[13] and the reasons are unclear. The findings, however, are consistent with barriers identified in other published reports of dental clients' experience in Medicaid dental managed care,[14] and should be useful to the Plans for implementing improvement strategies that reduce barriers.

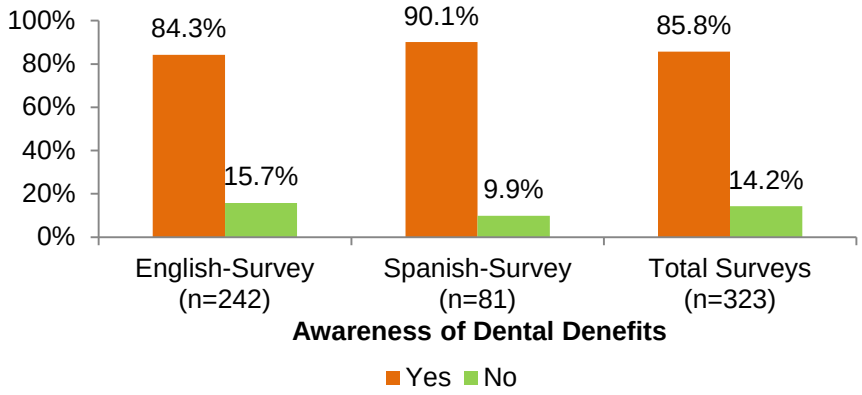
PART 1: TOTAL SAMPLE

Children

Awareness of Benefits

More than 85% of parents of Medi-Cal-enrolled children reported being aware that free dental coverage was part of their child's Medi-Cal insurance. Respondents who completed the survey in Spanish had a somewhat greater awareness than parents completing the survey in English, 90.1% vs. 84.3% (Figure 1). There was relatively little difference in parents' awareness by Plan location in Sacramento GMC and LA PHP.

Figure 1. Parents' Knowledge and Awareness of Having Free Medi-Cal Dental Coverage for Child



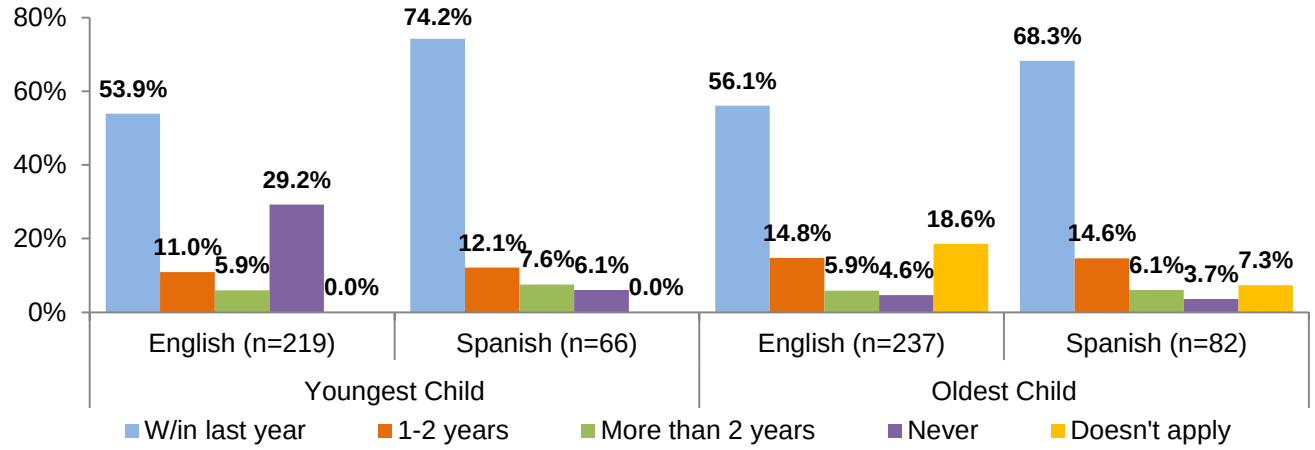
[13] Gibson PJ, Koepsell TD, Diehr P, Hale C. Increasing response rates for mailed surveys of Medicaid clients and other low-income populations. J Epidemiology 1999;149(11):1057-1062.
[14] Dental Care Survey, Medicaid Managed Care Members. New York State Department of Health Office of Managed Care. IPRO. February 2007. https://www.health.ny.gov/health_care/managed_care/reports/dental/docs/pdf/final_report_dental_care.pdf

Last Dental Visit

Parents were asked when the last time their youngest child age 1-6 and oldest child age 7-20 saw the dentist. Although the survey was mailed to members whose Plan records indicated there had *not* been a dental visit in the last year, over half (53.9%) of parents responding in English and well over two-thirds (74.2%) of parents responding in Spanish reported that their youngest child *had* seen a dentist within the last year (Figure 1). The percentage of parents reporting such a recent dental visit for their oldest child was also higher among Spanish-language respondents (68.3% and 56.1%, respectively).

Parents completing the survey in English reported their youngest child had "never" had a dental visit to a greater extent than Spanish-language respondents (29.2% vs. 6.1%). While some percentage of the youngest children would be expected to never have had a visit if they were infants, the difference in proportion by language group is strikingly.

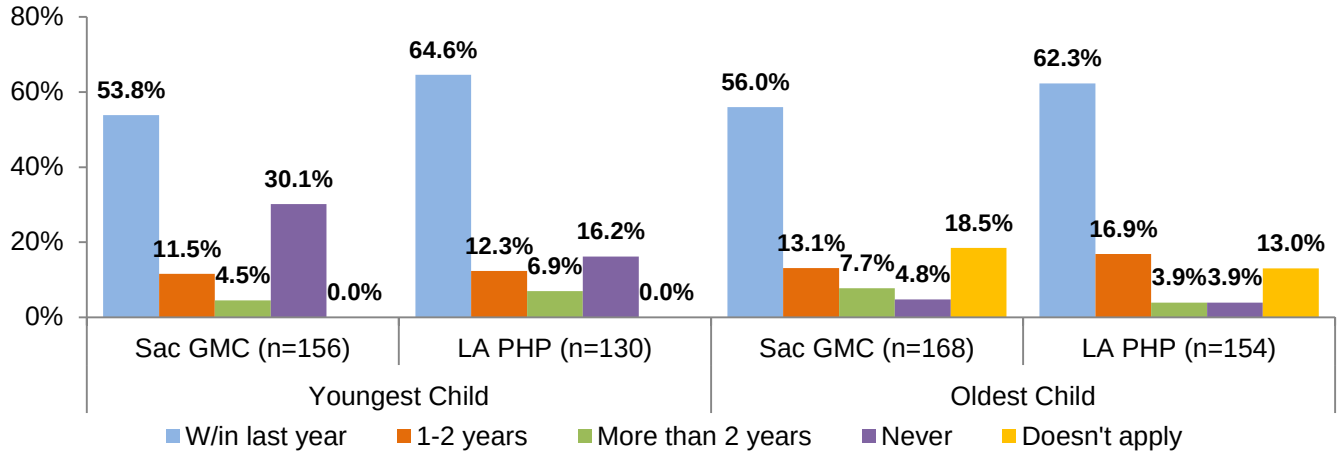
Figure 1. Parents' Report of Children's Last Dental Visit, by Language of Respondent



Note: "Doesn't apply to me" was a response choice for parents who only had a youngest child, or their oldest child was over age 20.

When the data were examined by location of plan, certain differences were noted. For both youngest and oldest children, a higher percentage of parents in LA PHP than in Sacramento GMC reported dental visits for their child within the last year. Twice the proportion of Sacramento GMC-enrolled children was reported to "never" have had a dental visit (30.1% in GMC, 16.2% in PHP).

Figure 2. Parents' Report of Children's Last Dental Visit, by Plan Location



If Plans' records are assumed to be generally accurate, these findings indicate a high rate of "false positive" reports by parents. Parents' overestimation of their children's last dental visit could have been affected by recall confusion of time, or for any of the reasons that can occur because of response bias, which is discussed in more detail in the Conclusions section of this report. Or, the children are receiving care through a Head Start or other program where the parent believes the dental benefits are being used when the utilization is never reported to the plan.

Main Reason for the Last Dental Visit

More than two-thirds of the parents reported taking the initiative themselves as the main reason for their youngest child's last dental visit (Table 3). About twice the proportion of respondents who completed the survey in Spanish went in response to being called by the dental office (23% vs. 11.6%). Pain was the reason for about 9% of all parents in taking their child to the dentist. There were no significant differences in parents' responses by Plan location.

Table 3. Main Reason for Last Dental Visit of Youngest Child[1]

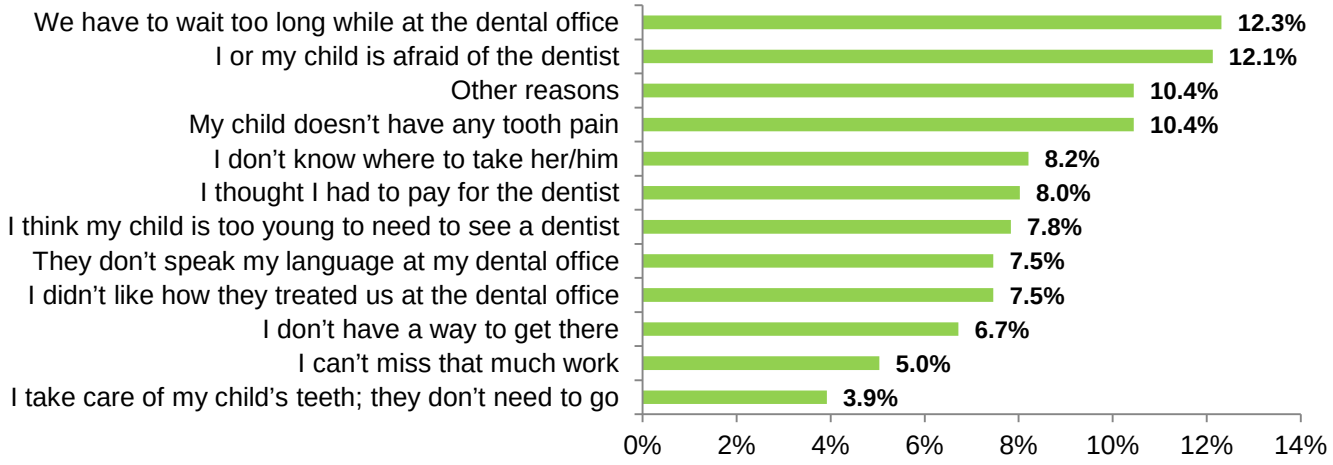
Reason	English		Spanish	
	n	%	n	%
We went to the dentist on our own for a check-up	138	73.0%	47	63.5%
Dental office called and said time for a check-up	22	11.6%	17	23.0%
We were referred by school, dentist or doctor	13	6.9%	3	4.1%
Something was hurting	16	8.5%	7	9.5%

[1]The reason for last dental visit was only asked in reference to the youngest child.

Reasons for No Dental Visit

The survey listed 11 "common reasons why children don't go to a dentist," and asked parents to mark all the ones that were reasons for *their family*. An average of 1.6 reasons was marked per respondent. As the distribution of responses in Figure 3 indicates, nearly all of the common reasons play at least some part in acting as barriers to parents' appointment-seeking and appointment-keeping behaviors. The waiting time during the dental visit and fear and anxiety pose the largest barriers each for about 12% of families. Importantly, 10.4% of parents inferred that dental appointments were only made in response to a child's tooth pain.

Figure 3. All Reasons for Child not Going to the Dentist, All Parent Respondents (n=325)

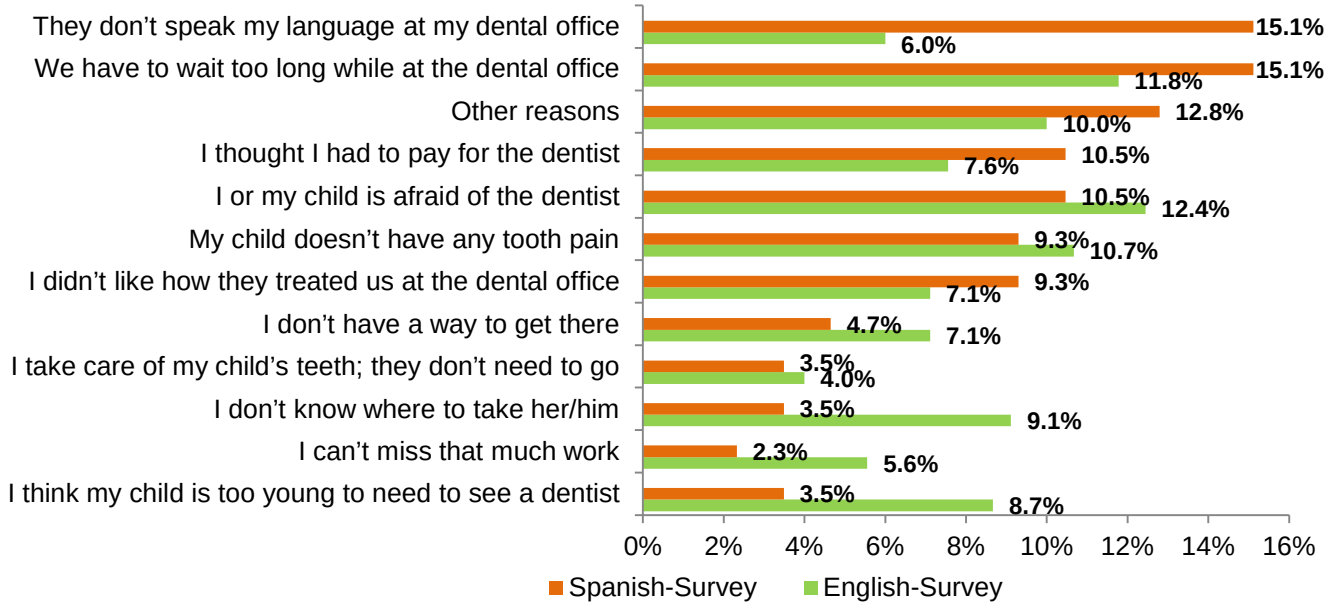


Note: Respondents could select more than one reason.

Figure 4 breaks out the ranking of the common barriers by English/Spanish respondents. Six of these barriers were statistically different by language type: the English survey group gave higher ranking to these reasons for no dental visit:

- I think my child is too young to need to see a dentist
- I don't know where to take him/her
- I or my child is afraid of the dentist
- I can't miss that much work
- I don't have a way to get there
- My child doesn't have any tooth pain

Figure 4. All Reasons for Child not Going to the Dentist, by Survey Language of Parent (n=325)

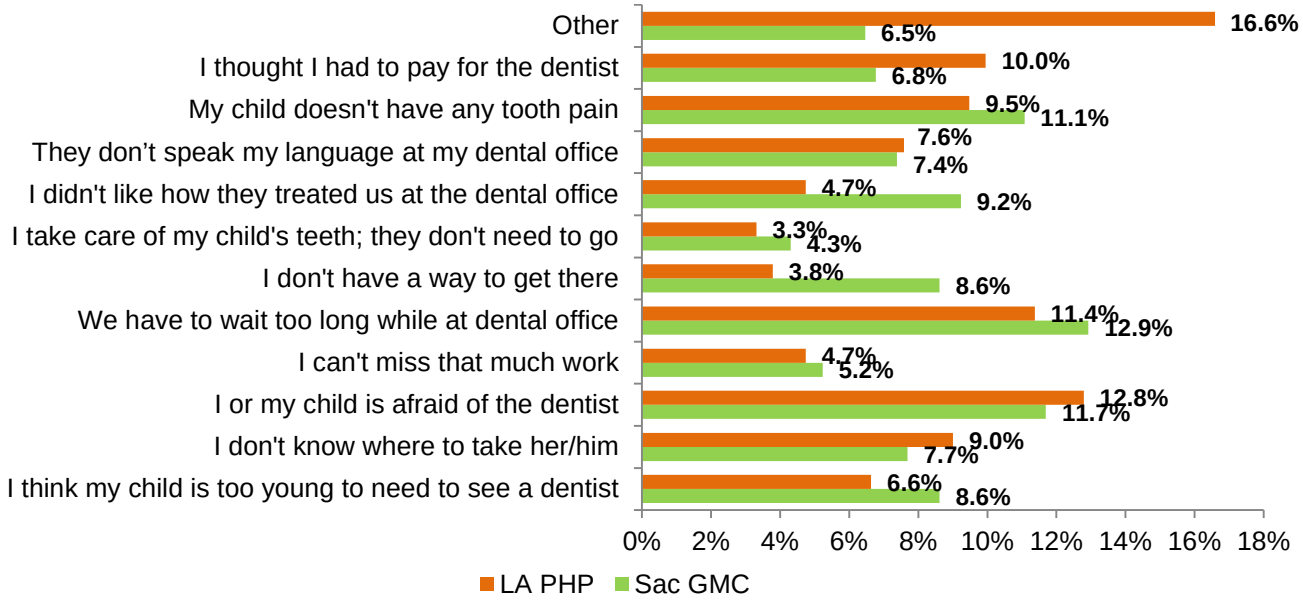


Note: Respondents could select more than one reason.

Figure 5 on the next page shows the ranking of the common barriers broken out by Plan location. The following 2 reasons for no dental visit were ranked statistically higher by LA PHP than GMC members:

- I thought I had to pay for the dentist
- I can't miss that much work

Figure 5. All Reasons for Child not Going to the Dentist, by Plan Location (n=325)



Note: Respondents could select more than one reason.

Other Reasons for No Dental Visit

About 16%-17% of parents of parents in each language group and Plan location gave an "Other" reason for their child not going to the dentist. The majority (45%) of the Other written-in reasons related to difficulties in making an appointment/customer services, followed by various statements that their child *does* get dental care somewhere (36%), procrastination (12%), and having a child with special needs (7%).

The customer service and access-related reasons, which did not differ significantly by survey language or plan location, included concerns described as:

- "Office not accepting new patients. We get the run around."
- "Dentist never answers the phone. Can't make appointment."
- "Waiting on the phone takes too long."
- "Calls not returned. Told children are not assigned to this dental plan."
- "They drill on my kid's teeth only to collect money."
- "Provider didn't refer child to dentist when physical exam was done."
- "Dentist office kept charging us because they said it took too long for dental plan to pay."
- "My child didn't receive a dental card."
- "They always do x-rays."
- "Child needs work that is not covered, and I cannot afford it. He has developed problems eating because of lack of care."

Parents' comments from those who reported their child gets dental care somewhere reported screenings at school (which they may have seen as an adequate substitute for making an annual dental visit); waiting to be assigned to a particular dentist; and not feeling the need to go every year.

A slightly higher percentage of the parents who said they put off taking their child to the dentist completed the survey in Spanish. These parents explained they were "procrastinating," "haven't gotten around to it," and "have no motivation."
Having a child with special needs (e.g., "an autism spectrum disorder") was another reason a few parents had not taken their child to a dentist or had needed a specialist and were not able to find or be referred to one.

Most Important Reason

Among English-language respondents, not knowing where to go and fear of the dentist ranked highest as the *most important* barriers for children going to the dentist (Table 4). The difference in the ranking of these barriers was not statistically significant by survey language type. The most important barriers for parents who completed the survey in Spanish were provider not speaking their language and waiting too long during the dental visit; both rankings were significantly different from the English-language surveys.

When Plan location was examined, GMC respondents ranked fear of the dentist highest but not by much more than the belief their child was too young to need to see a dentist. The most important barrier for LA PHP respondents—twice as important as for GMC members—was not knowing where to take their child for dental services. None of the differences in the ranking of the barriers was significant based on Plan location.

Table 4. Most Important Reason Children do Not Make a Dental Visit

Reason	By Language Type				By Plan Location			
	English	Spanish	Sig.[1]	Notes[2]	GMC	LA PHP	Sig.	Notes
Child is too young to see DDS	13.8%	0.0%	*	English higher	12.4%	10.0%	NS	
Don't know where to take child	15.4%	7.4%	NS		10.3%	20.0%	NS	
Afraid of the DDS	15.4%	3.7%	NS		13.4%	13.3%	NS	
Can't miss that much work	3.9%	3.7%	NS		4.1%	3.3%	NS	
Wait too long when at dentist	6.2%	22.2%	*	Spanish higher	7.2%	11.7%	NS	
Don't have a way to get there	8.5%	0.0%	NS		10.3%	1.7%	NS	
Parents takes care of the teeth	3.1%	0.0%	NS		3.1%	1.7%	NS	
Don't like customer service at DDS	10.0%	3.7%	NS		10.3%	6.7%	NS	
They don't speak my language	5.4%	25.9%	*	Spanish higher	9.3%	8.3%	NS	
Child doesn't have any tooth pain	3.9%	3.7%	NS		5.2%	1.7%	NS	
Thought I had to pay for the DDS	5.4%	14.8%	NS		7.2%	6.7%	NS	
Other	9.2%	14.8%	NS		7.2%	14.8%	NS	

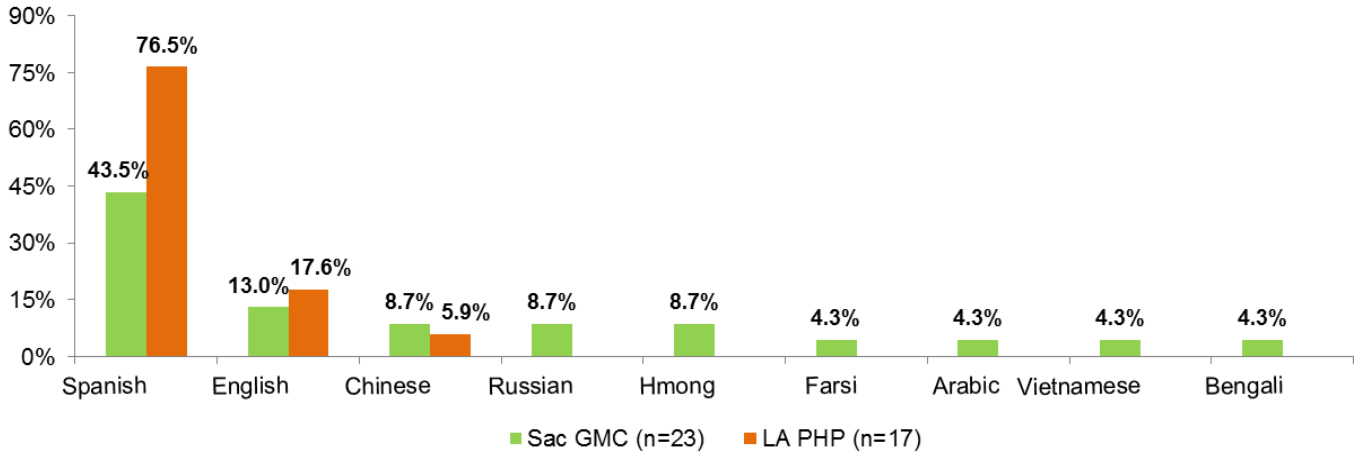
[1] * = statistically significant $p < .05$; NS = not significant.
[2] Group with the statistically higher difference.

Language Preference

Forty (12.3%) of the child surveys where "they don't speak my language at my dental office" was marked as a reason why children do not go to the dentist included the respondent's language preference. As Figure 6 shows, Spanish was by far the most commonly preferred language. (Some respondents misunderstood that the intent of the question was tied to the problem of communicating with the dental office and wrote in "English.") Besides Spanish, Chinese was the only other non-

English language preference identified by parents enrolled in LA PHP. Though few in number, Sacramento GMC parents identified a variety of other languages.

Figure 6. Parent's Language Preference When Language is a Barrier (n=40)



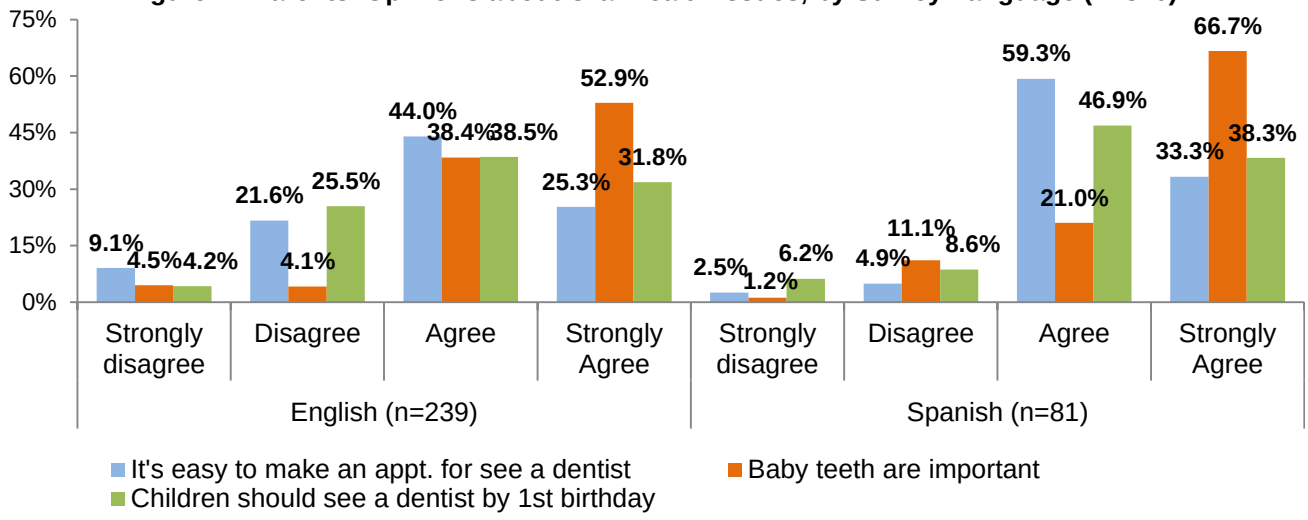
Opinions about Oral Health Issues

Parents were asked about their agreement with certain positive statements about oral health. They agreed that baby teeth were important, though a slightly higher percentage of English-language respondents, 91.3%, than Spanish-language respondents, 87.7%, expressed agreement or strong agreed with the importance of primary teeth (Figure 7).

A higher percentage of parents who completed the survey in Spanish agreed or strongly agreed with the following:

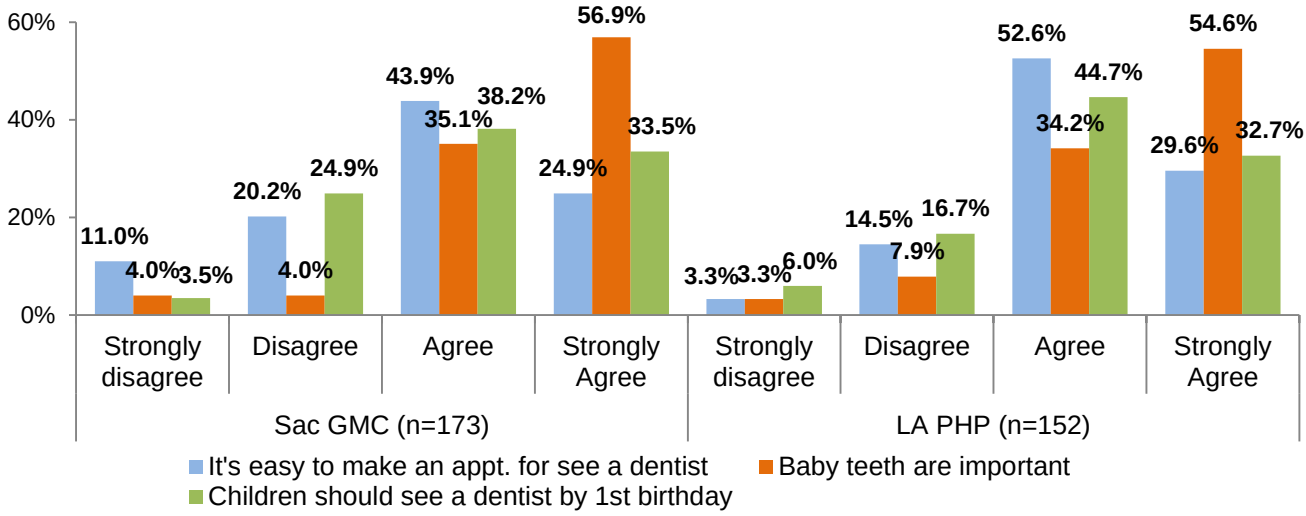
- It is easy to make an appointment for my child to see a dentist, 92.6% and 69.3%, respectively, a statistically significant difference from English-language surveys.
- Children should see a dentist by the first birthday, 85.2% and 70.3%, respectively.

Figure 7. Parents' Opinions about Oral Health Issues, by Survey Language (n=320)



Parents' agreement levels with the positive statements about oral health, which were very high, did not differ significantly based on Plan location, except for the ease of making appointments. LA PHP respondents said they found it easier than members in Sacramento GMC to make an appointment for their child to see a dentist, 82.2% and 68.8%, respectively (Figure 8), a statistically significant difference. Members in both Plan locations agreed or strongly agreed with the recommended timing for a child's first dental visit—71.7% of parents in GMC and 77.4% in LA PHP.

Figure 8. Parents' Opinions about Oral Health Issues, by Plan Location (n=325)

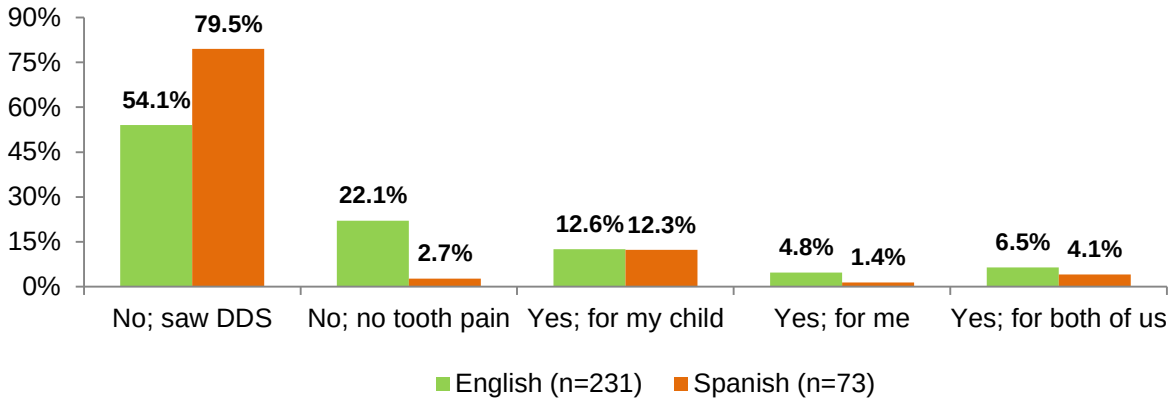


Request for Assistance

The dental plans used the survey as an opportunity for parents to request help in making a visit to the dentist. About 24% of respondents completing the survey in English and 18% of those completing it in Spanish requested some sort of assistance (Figure 9).[15] On average, 12.5% in both language groups asked for help in making a dental appointment for a child, and about 5% requested help for both themselves and a child. Between 76% and 82% declined any follow-up (with a slightly higher proportion of Spanish-language respondents saying "no thank you." While the majority of respondents not needing any assistance reported it was because their child "had seen a dentist not long ago," 22.1% of English-language and 2.7% of Spanish-language respondents declined because "my child doesn't have any tooth problems to need to see a dentist." Pain as a driver for appointment-seeking is a worrisome finding.

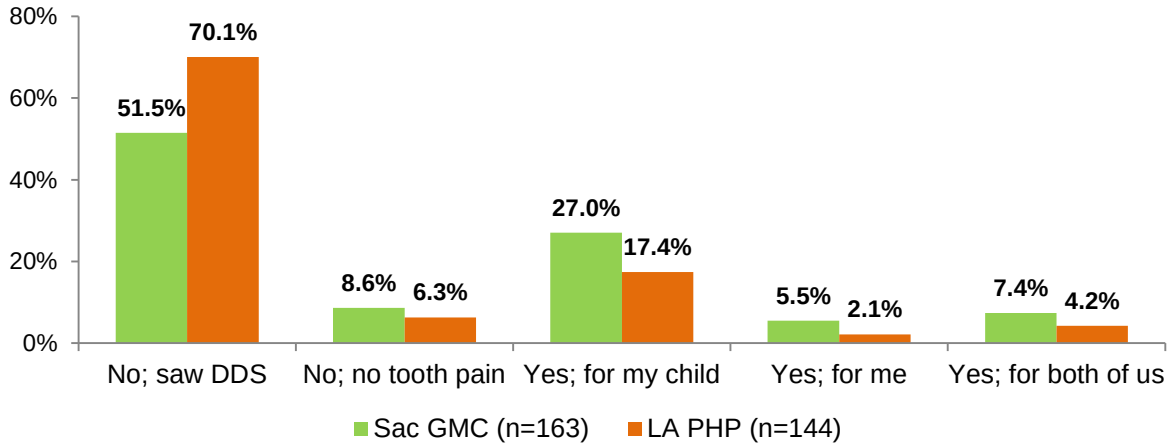
[15] On average among the 3 plans, 97% of the respondents provided their contact information, whether or not they requested help. This was probably because the question was worded, "Please give us your contact information for the [incentive] drawing *or* if you would like help." All completed surveys that requested assistance and contained contact information were returned to the dental Plans at the end of the study for follow-up.

Figure 9. Parents' Response to Offer of Dental Plan Assistance, by Survey Language (n=304)



When the responses to the offer of help with appointments were examined by Plan location, it became clear that parents in Sacramento GMC indicated experiencing greater access problems. These parents requested more assistance for their child, themselves and for both their child and themselves (Figure 10). A higher proportion of PHP than GMC-enrolled families declined help based on a recent dental visit, and a slightly higher proportion of GMC parents based their decline on the fact that their child was not having any tooth pain.

Figure 10. Parents' Parents' Response to Offer of Dental Plan Assistance, by Plan Location (n=307)



Adults

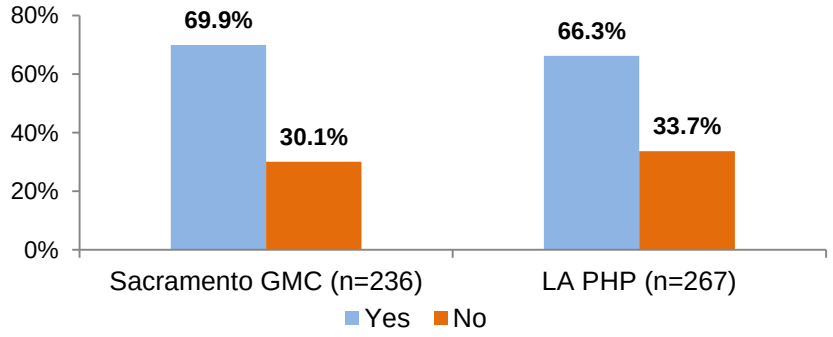
Awareness of Benefits

According to research, many Medicaid-enrolled adults lack awareness about whether dental benefits are available. For example, among Medicaid-enrolled adults that live in states that offer adult Medicaid dental benefits, 37.3% believe their state does not offer adult dental benefits or are unsure.[16] The findings in the present study are somewhat more favorable than the national findings: 30.1% and

[16] Yarbrough C, Nasseh K, Vujicic M. Key Differences in Dental Care Seeking Behavior between Medicaid and Non- .Medicaid Adults and Children. Health Policy Brief, American Dental Association, September 2014.

33.%%, respectively, of adults enrolled in GMC and PHP reported not knowing they had free dental coverage as part of their Medi-Cal insurance (Figure 11).

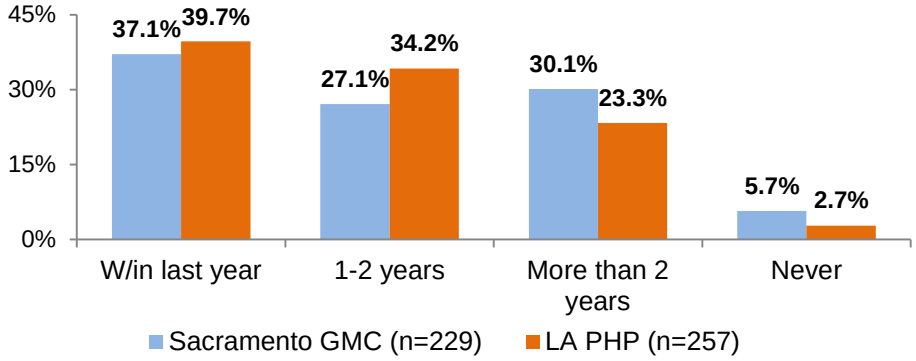
Figure 11. Adults' Knowledge and Awareness of Having Free Medi-Cal Dental Coverage (n=503)



Last Dental Visit

Adults enrolled in LA PHP reported more dental visits within the last year than adults in Sacramento GMC. About three-quarters (73.9%) of GMC adults and two-thirds (64.2%) of PHP adults said they had visited a dentist within the last year *or* 1-2 years ago (Figure 12). While 23.3% of PHP members said it had been more than 2 years since they had seen a dentist, 30.1% of GMC reported this period of time. The overall percentage of adults reporting "never" had a dental visit was small; however, twice the proportion of GMC than PHP members stated they had never visited a dentist.[17]

Figure 12. Adults' Report of Last Dental Visit (n=486)



Reasons for No Dental Visit

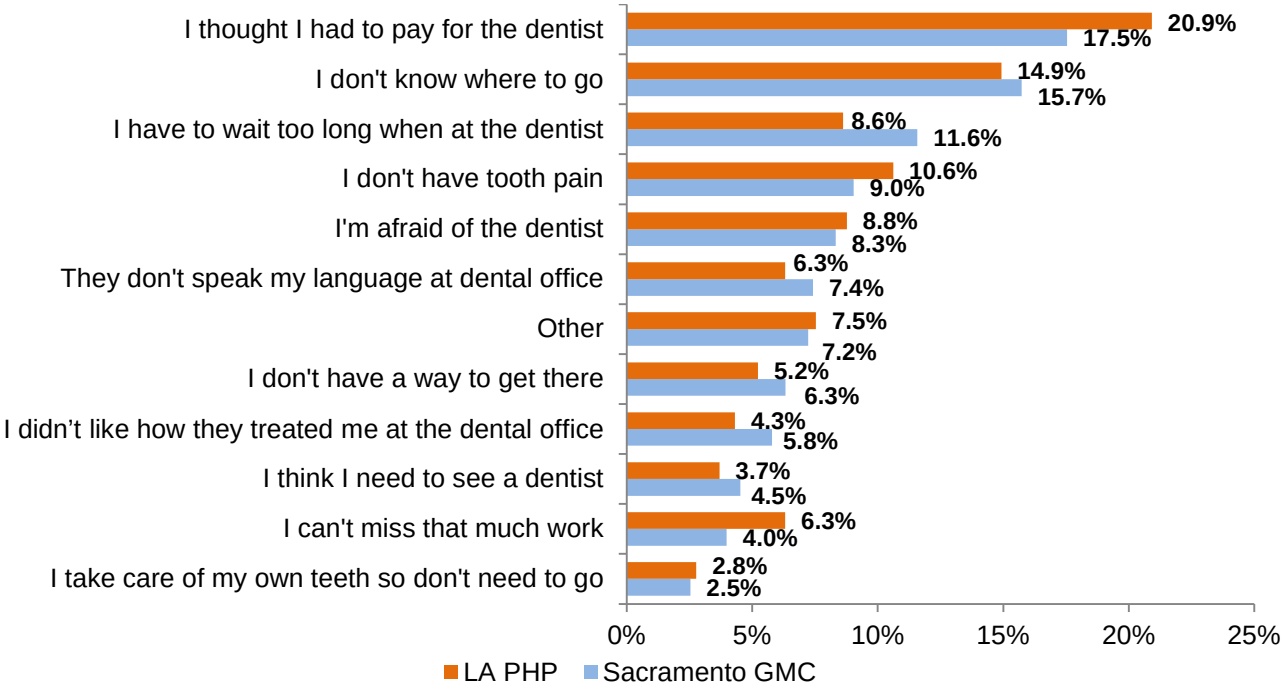
Respondents marked an average of 2.4 of the 11 listed choices for reasons people don't go to the dentist. As the distribution of responses in Figure 13 indicates, the top reasons for not going to the dentist for adults were affordability and not knowing where to go. Nearly 21% of LA PHP and 17.5% of Sacramento GMC adults thought they had to pay for the dentist. (Their responses may also have indicated financial concerns due to the limited scope of adult Medi-Cal dental benefits and patient knowing they were responsible for some payment.) Waiting time during the dental visit, transportation difficulties, and language barriers were slightly more problematic for GMC members; not being able to

[17] It is possible some respondents interpreted the question to mean *never since having Medi-Cal dental benefits*.)

miss that much work was a greater concern among PHP members. Both groups reported fear of the dentist as a barrier nearly equally (about 8.5%).

Not understanding the need for oral health maintenance is an important barrier among these survey respondents. About 10% of the adults indicated the absence of any tooth pain as a reason for them to not have made a dental visit. About 2.6% reported thinking their mouth was healthy and taking care of their teeth themselves (brushing/flossing) was also a reason to not need to see a dentist.

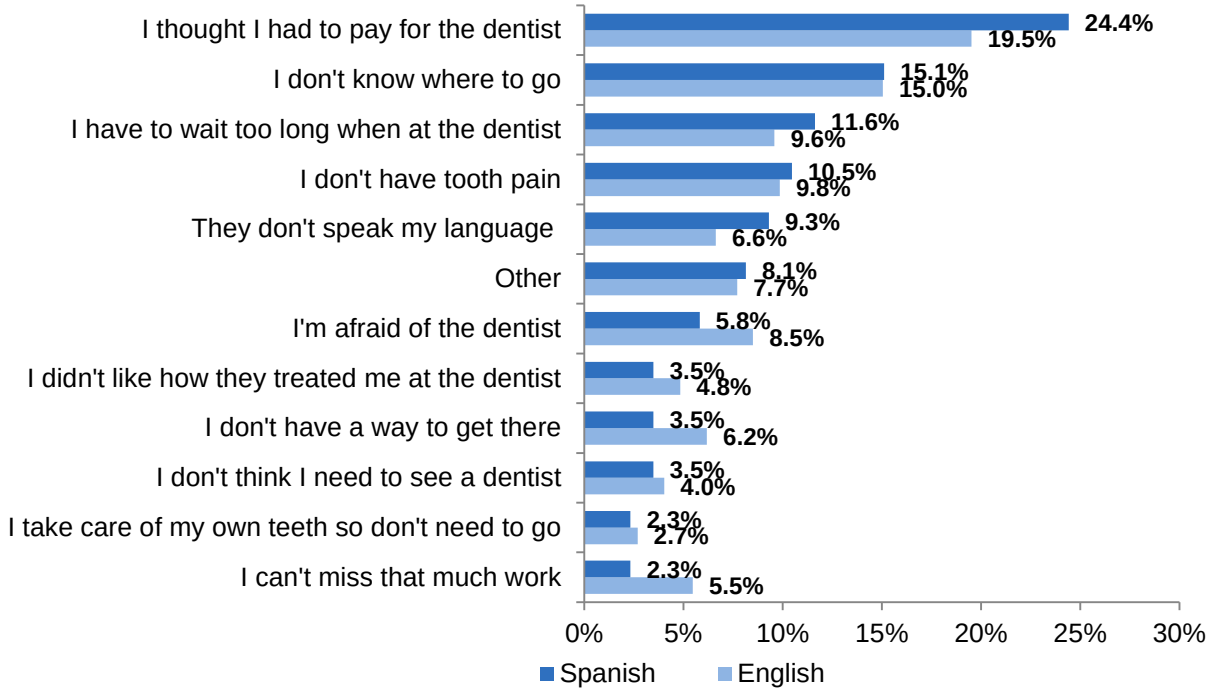
Figure 13. All Reasons for Adults Not Going to the Dentist, All Respondents (n=503)



Note: Respondents could select more than one reason.

Despite the very small sample size of surveys completed in Spanish, we thought it was important to examine the reasons these respondents gave for not making a dental visit. There were a total of 86 reasons selected by the 41 adults who completed the survey in Spanish (2.1 reasons per respondent); and, 1,117 reasons selected in the 462 English-language surveys (2.4 per respondent). Confusion about the cost of services was much more of an issue for the Spanish-language respondents; long wait times during the visit and communication barriers were also marked more frequently in the Spanish surveys. For those who completed the survey in English, fear of the dentist, transportation difficulties, and concerns about missing work were more of an issue (Figure 14).

Figure __. All Reasons for Adults Not Going to the Dentist, by Language (n=503)

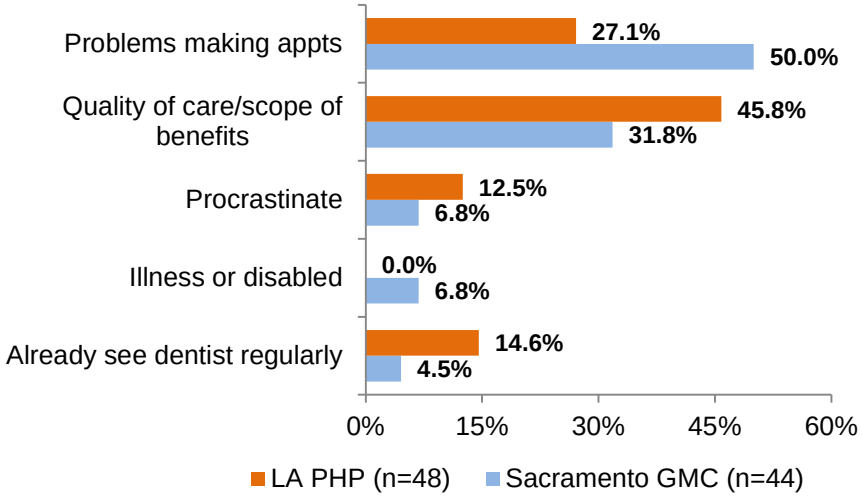


Note: Respondents could select more than one reason.

Other Reasons for no Dental Visit

About 7.5% of adults overall gave an “Other” reason for not going to the dentist. A representative list of these comments is described on the following page in patients’ own words. As Figure 15 shows, the majority (50%) of the written-in comments from Sacramento GMC members related to difficulties in making an appointment/customer services, followed by concerns about the quality of care and/or limited scope of benefits (31.8%). Appointment and customer service concerns were also noted by LA PHP members, but to a lesser extent than for GMC members (27.1%). Having a disability or chronic illness (“I’m not in good shape”) was reported as a barrier to getting dental care by 6.8% of the GMC respondents, but not given as a reason by any of the LA PHP members. A greater proportion of LA than GMC members acknowledged procrastinating (“I have no excuse”) or “just don’t have time to go to the dentist” (12.5% vs. 6.8%).

Figure 15. "Other" Reasons Adults Gave for not Going to the Dentist



The type of **customer service and access-related** reasons, which did not differ significantly by Plan location (or from comments parent respondents made in the child surveys) included concerns described as:

- "Inconvenient appointment dates."
- "I can't figure out how to make an appointment."
- "They changed dentists on me without my permission."
- "I just get a message when I call; they don't return my call."
- "I don't get much information about what's covered when I try to ask."
- "The appointment was too complicated; I just went home."
- "The people there aren't nice."
- "Are they bumping up the [cost of] services because Medi-Cal patients aren't the ones paying?"
- "Not enough dentists in the practice."

Representative comments about the **scope of benefits and/or quality of care** concerns included:

- "Dentures don't fit."
- "Crowns and root canals are very expensive."
- "No preventative procedures covered."
- "Only do regular cleaning. Insurance does not cover deep cleaning."
- "I only receive cleaning and x-rays. I need more work and can't afford to pay."
- "Dentist only does extractions. Nothing else."
- "Deep cleaning not offered. Have to go to another dentist for deep cleaning and fillings."
- "Have crowns and require a specialist to clean teeth."
- "Not sure of the quality of work done by a Medical dentist."
- "Prefer a holistic approach to dental care and that's not available."

Concerns about having **health conditions** as a reason to not see a dentist included comments such as the following:

- "Have to wait to go after I am done with chemotherapy."
- "Almost too weak to go to dentist."
- "I'm handicap so it is difficult to see one [dentist]."

- "Have bad gum disease and loose teeth."
- "Not in good shape."
- "Have high blood pressure, cancer, and surgeries."

Representative comments that reflect **patient responsibility and personal factors** included:

- "The appointment times they have aren't convenient to my schedule."
- "I keep forgetting."
- "I don't smoke and I brush and floss so don't need to go."
- "I'm too scared. Went when I was 15 and now I'm 46."

Most Important Reason

Not unexpectedly, confusion about payment conditions ranked as the highest barrier and *most important* reason for not going to the dentist. Waiting too long during the visit ranked second among GMC members, and not knowing where to go to get care ranked second among LA PHP members. As Table 5 indicates, the differences by Plan location were significant for 3 of the barriers: not being able to miss work; waiting too long; and difficulties with transportation.

Table 5. Most Important Reason Adults do Not Make a Dental Visit

Reason	By Plan Location[1]			
	Sacramento GMC	LA PHP	Sig.[2]	Notes[3]
Thought I had to pay for the DDS	29.0%	33.3%	NS	
Don't know where to go	10.3%	15.4%	NS	
Other	7.5%	14.5%	NS	
Afraid of the DDS	8.4%	9.4%	NS	
Can't miss that much work	2.8%	9.4%	*	LA PHP higher
Wait too long when at dentist	15.9%	3.4%	*	GMC higher
Don't like customer service at DDS	6.5%	3.4%	NS	
Don't have any tooth pain	2.8%	3.4%	NS	
Don't think I need to see DDS	4.7%	2.6%	NS	
Don't have a way to get there	8.4%	1.7%	*	GMC higher
Take care of my own teeth	0.0%	1.7%	NS	
They don't speak my language	3.7%	1.7%	NS	

[1] In rank order by LA PHOP
[2] * = statistically significant $p < .05$; NS = not significant.
[3] Group with the statistically higher difference.

Language Preference

Eighty-eight adults (6.8% of respondents) who marked "they don't speak my language at my dental office" as a reasons for not going to the dentist also identified a preferred language. As Table 6 shows, the majority of the respondents misunderstood the intent of the question and wrote in "English." Otherwise, Spanish was the most commonly preferred language for Sacramento GMC members (27.3%); Russian was most commonly preferred for those in LA PHP (15.9%).

Table 6. Preferred Language*

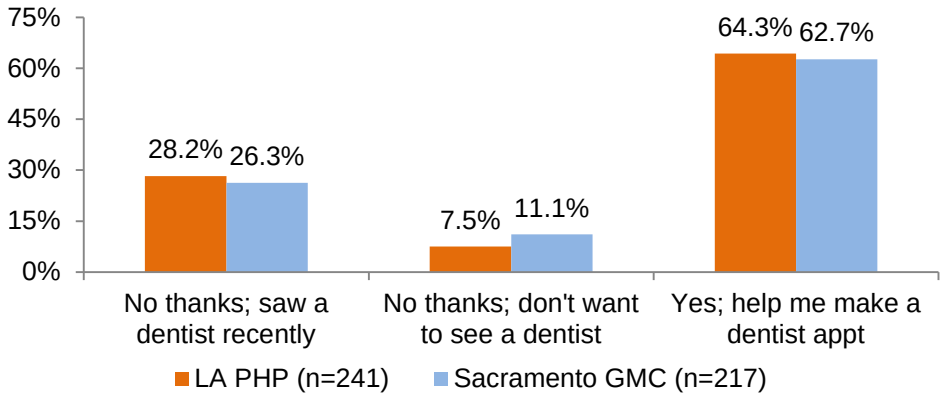
	LA PHP	Sacramento GMC
English	29.5%	40.9%
Spanish	6.8%	27.3%
Chinese	6.8%	9.1%
Vietnamese	9.1%	6.8%
Korean	0.0%	4.5%
Russian	15.9%	2.3%
Filipino	4.5%	2.3%
Tagalog	4.5%	2.3%
Punjabi	0.0%	2.3%
Thai	0.0%	2.3%
Hmong	9.1%	0.0%
Mien	9.1%	0.0%
Farsi	4.5%	0.0%

*Answered by respondents who marked "they don't speak my language at the dental office.

Request for Assistance

On average, about 63% of Sacramento GMC and LA PHP respondents requested a contact by their Plan for assistance in making a dental appointment (Figure 16).[18] More than one-quarter of the respondents declined assistance due to a recent dental visit ("saw dentist not long ago"). A slightly higher percentage of GMC than LA PHP respondents not needing any assistance reported it was because "I don't want to see a dentist," (11.1% vs. 7.5%).

Figure 16. Parents' Request for Assistance, by Plan Location (n=458)



[18] On average among the 3 plans, 88.2% of the respondents provided their contact information, whether or not they requested help. This was probably because the question was worded, "Please give us your contact information for the [incentive] drawing or if you would like help." The completed adult surveys that requested assistance and contained contact information were returned to the dental plans at the end of the study for follow-up.

CONCLUSIONS

The response rate to this survey was lower than other studies involving mailed surveys to Medicaid recipients and lower than anticipated, particularly for LIBERTY members, especially given the number of surveys mailed, and the reasons for this are unclear. The lottery incentive did not appear to positively influence the survey response rate. While the $100 Target gift card was most likely regarded as favorable, the chances of winning may have been viewed as too small. The lower proportion of returned surveys in Spanish may be a reflection of the numbers mailed, as LIBERTY and Health Net did not pull names with primary language as a selection criterion.

High response rates are essential to avoiding potential nonresponse bias and achieving stable estimates from surveys. Maximizing response rates tends to minimize nonresponse bias.[19] Some respondents to this survey whose children visited a dentist may also have been more likely to complete the survey. While accuracy of parental report may also be affected by recall timeframe, because of social desirability parents may overestimate children's preventive dental visits.[20] Data analyzed by The Children's Health Project found that parents were optimistic reporters of unmet need for dental care.[21] At the same time, although parents' recall and self-report of selected dental treatments have been found to be valid, studies have also found they may *underestimate* their children's routine dental visits.[22] As a result, the relatively low return rate and potential response bias pose an unavoidable limitation to this study.

Despite these limitations, however, this study has numerous strengths that should be recognized. First, it provides both dental Plans and DHCS a clearer view of the reasons adults and families of enrolled children avoid going to the dentist, permitting implementation of specific strategies that can address those barriers. Second, the requests for assistance in making a dental appointment for members (and help in identifying their dental home, in some cases) allow the dental Plans an opportunity to contact members who specifically indicated a need for help. Finally, the revelation that such a large percentage of adults reportedly had no idea they had dental coverage obligates action by the dental Plans and DHCS for outreach with tailored communication strategies indicating what is free and what is not covered.

Like other studies,[23] this survey found confusion among adult Medi-Cal members regarding the availability of dental benefits under Medi-Cal. At least one-third of adults in both Plan locations reported being unaware that free dental coverage was part of their Medi-Cal insurance. However, confusion about benefits extended to misunderstandings and great concerns about the limited scope of benefits and what services had to be paid for by patients; this was the main reason for not visiting the dentist. Although California is among the 15 states that covers 5 or more dental services for non-pregnant, non-disabled adults,[24] its benefits for treatment, including partial dentures, are limited and

[19] Gibson PJ, Koepsell TD, Diehr P, Hale C. Increasing response rates for mailed surveys of Medicaid clients and other low-income populations. J Epidemiology 1999;149(11):1057-1062.
[20] Gilbert GH, Rose JS, Shelton BJ. A prospective study of the validity of self-reported use of specific types of dental services. *Public Health Rep* 2003;118(1):18–26
[21] Edelstein B. Children's Oral Health and Use of Dental Services. http://mchb.hrsa.gov/researchdata/MCHESP/dataspeak/pastevent/april2008/files/bedelstein.pdf
[22] Huebner CE, Bell JF, Reed SC. Receipt of preventive oral health care by U.S. children: a population-based study of the 2005–2008 Medical Expenditure Panel Surveys. *Matern Child Health J* 2013;17 (9):1582–90.
[23] Yarbrough C, Nasseh K, Vujicic M. Key Differences in Dental Care Seeking Behavior between Medicaid and Non- .Medicaid Adults and Children. Health Policy Brief, American Dental Association, September 2014.
[24] Medicaid Coverage of Dental Benefits for Adults 2015. https://www.macpac.gov/wp-content/uploads/2015/06/Medicaid-Coverage-of-Dental-Benefits-for-Adults.pdf

as many of these respondents indicated were beyond the reach financially of most individuals with Medi-Cal. As expressed by one member, "I might as well not have Medi-Cal for all the coverage it *doesn't* give me for the amount of dental stuff I need to have done." Another respondent who indicated an interest in being helped with a dental appointment added, "only if I don't have to pay for the services." A number of members commented on how they needed dentures that fit ("can't eat, can't talk right") but reportedly were not able to obtain them as a Plan benefit. These are important findings that provide an opportunity for advocacy efforts in sharing the findings with the Medi-Cal program for the critically needed expansion of adult dental benefits in California.

In some cultures and among some groups, there is a belief that treatment for primary teeth in children is unnecessary as those teeth are going to fall out anyway. This makes it harder to gain the cooperation of parents in brushing young children's teeth.[25] It was encouraging in this survey, where there was no difference by type of survey language or Plan location, that such a high percentage of parents demonstrated an understanding of the importance of baby teeth and early dental exams. The dental Plans' efforts to raise awareness and practice regarding seeing a child by first tooth or first birthday have paid off.

Dental care utilization among both adults and children with Medi-Cal benefits is low relative to the recommendations of the American Dental Association.[26] Therefore, it was reassuring that such a large percentage of parents reported taking their child to a dentist on their own initiative. However, it was discouraging that about 10% of the time tooth pain was the driver for both adults and children for the need to see a dentist. Even though this is a small percentage, it speaks to the need for continuing to provide patient education for Medi-Cal members about the value of preventive services and regular oral health maintenance.

If Plans' records of "no dental visit" for children are generally accurate (even with parents' reports to the contrary), it would be important to determine if some of these children are receiving care through a community or school program where the parent believes the dental benefits are being used. Determining what services have been provided, re-affirming or re-establishing dental homes, correcting utilization reports and possibly setting up reimbursement mechanisms may be necessary.

While it might have been hoped that one or two key barriers stood out starkly overall or by Plan location or language group, it is apparent that most of the reasons commonly cited for under-utilization of dental services can be applied in the case of these survey respondents. One of the chief complaints by many parents in both Plan locations concerned "having to wait for hours" because offices overbooked appointments, and relatedly, "not being able to take off" a whole morning or afternoon" for these appointments—access problems that discourage parents from keeping appointments and add to the dilemma of no-show rates. Waiting too long during the dental visit was especially noted by respondents who completed the survey in Spanish. Advocates believe one reason for no-shows and disinterest in rescheduling appointments is the overbooking by dental offices which some offices are known to do to minimize the impact of empty chairs.

An examination of the data by Plan location revealed that families with children enrolled in GMC have experienced more problems in accessing dental services than children enrolled in LA PHP, or at least use the services at lower rates. One indication of this was the higher proportion of requests for assistance in making dental appointments for their child, themselves and both their child and themselves by GMC families. Although it is part of appointment-making reality regardless of a person's type of insurance, patients with Medi-Cal may find it more troubling to deal with dental offices

[25] Henderson L, Millett C, Thorogood N: Perceptions of childhood immunization in a minority community: qualitative study. J Emerg Nurs 2008, 21(6):569-70. "How Culture Affects Oral Health Beliefs and Behaviors" by Marcia Carteret, Copyright © 2012. All rights reserved.
[26] American Dental Association. Question about going to the dentist. Mouth Healthy. American Dental Association. 2013. http://www.ada.org/en/Home-MouthHealthy/dental-care-concerns/questions-about-going-to-the-dentist/.

that use confusing telephone menu systems and/or messaging methods that promise a call back (which sometimes does not happen). The dental Plans can benefit from reading many of the specific examples from the written-in comments that suggest better customer service might be needed for this population. It may also be constructive for the dental Plan staff to share relevant findings from this report with dental office staff during routine visits.

Although there was a significant difference between the Spanish- and English-language surveys relative to "not speaking my language" as the main reason for no dental visit (Spanish group higher), language preference overall did not seem to present too much of a barrier as the reason for children or adults not going to the dentist in either Sacramento GMC or LA PHP. While GMC respondents noted a greater variety of language preferences (by those who understood the question), the numbers of other languages were very small.

Some barriers to accessing dental care have their sources within the patient's life experiences and psycho-social factors. Research suggests these factors combine to construct barriers that reduce a patient's ability to access dental health care.[27] For adult patients in this study these barriers included dental anxiety, financial costs of dental treatment and perceptions of dental need. Fear was a real barrier for many adults in this study and has been highlighted as being one of the most important barriers with regard to dental attendance.[28] One respondent, admittedly an outlier, shared having made a dental visit at age 15 (he is now 46) and being scared to the point of not going back. Patients with unaddressed dental fears will avoid dental care or remain irregular dental attenders. However, despite their considerable dental fears, some patients accept regular dental treatment, and it is up to network dental professionals to allow members to ventilate these anxieties and work constructively with them so they may be successfully treated.[29] What is important about these barriers is to acknowledge that they exist, and consider how they influence making and keeping appointments and affect compliance with treatment and preventive service regimens.

Clearly, patients bear some responsibility for their own and their family's oral health and this study pointed to the failure of some to take enough charge for it. Candid comments by a number of respondents to this were interesting. Several individuals in the parent as well as adult survey group wrote, "I've been lazy" and made similar remarks about "not gotten around to it" concerning making an appointment. Some respondents expressed frustration about wanting but not always getting an appointment on a specifically requested date and time as their reason for not scheduling or re-scheduling a visit. Unless a member is a patient of a community dental clinic that is open on Saturdays and some evenings, it may not be understood by members that visiting the dentist is an "inconvenience" experienced by anyone having to take time off from work (especially without pay) or school. As much as the Plans try to provide dental care for this population, their success will be diminished if individuals do not take personal responsibility to ensure they receive the care they are offered.

While this study should be useful to the dental Plans and DHCS and should lead to system improvements, it would be beneficial to take a further step and meet directly with Medi-Cal members to understand the details of their specific experiences and needs. This could be accomplished through several well-designed focus groups in Sacramento and Los Angeles, or through a series of in-person interviews.

[27] Freeman R. The psychology of dental patient care: Barriers to accessing dental care: patient factor. B *British Dent J 1999(***187)**: 141–144. http://www.nature.com/bdj/journal/v187/n3/full/4800224a.html

[28] Vassend O. Anxiety, pain and discomfort associated with dental treatment. *Behav Res Ther* 1993; 31**:**659–666.

[29] Freeman R. Ibid.

Finally, if the survey is repeated we recommend the following modifications to the instrument to increase clarity:

- Add “long waiting time to *make* an appointment” to the list of reasons for no dental visit in addition to the existing response choice of “having to wait too long when *at the dental office*.”
- Add as a response choice to the list of reasons for no dental visit “none of these apply to me as I/we regularly visit the dentist.” A number of respondents wrote this in, but it wasn’t clear whether some who left the question blank were non-responsive or implying this list wasn’t applicable to them or their family.
- Re-word the language preference question to make it clearer this refers to a *non*-English language.

ATTACHMENTS

Member Survey Cover Letter

[Date]

Dear Dental Plan Member,

We want to help you with your dental benefits. Your opinion is very important to us, and we want to know how you feel. Please take a few minutes to fill out the survey and return it in the reply envelope.

If you send back your survey within 2 weeks, your name will be entered into a drawing to win a Target Gift Card for $100.00. There will be 3 winners drawn, so please send in your survey …the winner could be you!!

Thank You,

[Name of Plan]

Dental Survey for Adults

1. Do you know that free dental coverage is a part of your Medi-Cal insurance? Yes ___ No ___
2. When was the last time you saw the dentist?
   a. Within the last year or so ___
   b. Between 2-5 years ago ___
   c. More than 5 years ago ___
   d. Never ___
3. There are many reasons why people don't go to the dentist. Here are some of the reasons. Put a check (✓) by all the ones that are reasons for *you*. Then, put a circle around the **most important** reason.
   a. I don't think I need to see a dentist ___
   b. I don't know where to go ___
   c. I'm afraid of the dentist ___
   d. I can't miss that much work ___
   e. I have to wait too long when I'm at the dental office ___
   f. I don't have a way to get there ___
   g. I take care of my own teeth (brush/floss) so don't need to go ___
   h. I didn't like how they treated me at the dental office ___
   i. They don't speak my language at my dental office ___
      (What language do you prefer? _____)
   j. I don't have tooth pain ___
   k. I thought I had to pay for the dentist ___
   l. Other reasons? Please tell us:

      _____

      _____
4. How can we help you in making a visit to the dentist? Check (✓) only one answer.
   a. No thanks. I saw a dentist not long ago ___
   b. No thanks. I don't want to see a dentist ___
   c. Contact me at the number below to help me make a dentist appointment ___

PLEASE GIVE US YOUR CONTACT INFORMATION FOR THE DRAWING – OR IF YOU WOULD LIKE HELP:

NAME	
ADDRESS	
CITY	Phone number:

Thank you!

Dental Survey – Children (page 1 of 2)

1. Did you know that free dental coverage is a part of your child's Medi-Cal insurance? Yes ___ No ___
2. When was the last time your youngest child between age 1 and 6 saw the dentist?
   a. Within the last year ___
   b. Between 1-2 years ago ___
   c. More than 2 years ago ___
   d. Never ___
3. What was the main reason for this child's last dental visit?
   a. We went to the dentist on our own for a check-up ___
   b. Dental office called and said time for a check-up ___
   c. We were referred by school, dentist or doctor ___
   d. Something was hurting ___
4. When was the last time your oldest child under between age 7 and 20 saw the dentist?
   a. Within the last year ___
   b. Between 1-2 years ago ___
   c. More than 2 years ago ___
   d. Never ___
   e. This question doesn't apply to me ___
5. There are many reasons why children don't go to the dentist. Here are some of them. Put a check (✓) by all the ones that are reasons *for your family*. Then, put (a circle) around the **most important** reason.
   m. I think my child is too young to need to see a dentist ___
   n. I don't know where to take her/him ___
   o. I or my child is afraid of the dentist ___
   p. I can't miss that much work ___
   q. We have to wait too long when we're at the dental office ___
   r. I don't have a way to get there ___
   s. I take care of my child's teeth (brush/floss) they don't need to go ___
   t. I didn't like how they treated us at the dental office ___
   u. They don't speak my language at my dental office ___

      (What language do you prefer? _____)

   v. My child doesn't have any tooth pain ___
   w. I thought I had to pay for the dentist ___
   x. Other reasons? Please tell us:

      _____

      _____

Dental Survey – Children (page 2 of 2)

6. Put (a circle) around how much you agree or disagree with these statements:

   a. It's easy to make an appointment for my child to see a dentist. *Strongly Disagree* *Disagree* *Agree* *Strongly Agree*
   b. Baby teeth are important. *Strongly Disagree* *Disagree* *Agree* *Strongly Agree*
   c. Children should see a dentist by their first birthday. *Strongly Disagree* *Disagree* *Agree* *Strongly Agree*

7. How can we help you in making a visit to the dentist?

   a. No thanks. My child saw a dentist not long ago ___
   b. No thanks. My child doesn't have any tooth problems to see a dentist ___
   c. Please contact me to help make a dentist appointment for my child ___
   d. Please contact me to help make a dentist appointment for me ___

PLEASE GIVE US YOUR CONTACT INFORMATION FOR THE DRAWING – OR IF YOU WOULD LIKE HELP:

NAME:	PHONE NUMBER:
ADDRESS (Street, City, Zip Code)	

Thank you!