

Keys to Oral Health Coverage: Winning in a Tough Environment

Health Action 2018

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Y @CPEHN

#HA2018





About CPEHN

Mission

Our mission is to advocate for public policies and sufficient resources to address our communities' diverse needs.



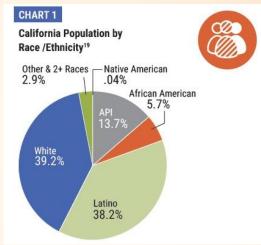




CPEHN California Pan-Ethnic Health Network

Communities of Color in California California Pan-Ethnic Health Network











Medi-Cal Overview







Administers
State
Medicaid
Program
Includes
Medi-Cal
and
Denti-Cal



□ 14 million
 Californians□ 68% of
 enrollees
 communities
 of color



- 2009: Adult optional benefits eliminated
- 2014: Partial restoration
- 2017: Restoration and increased provider payments









Recession Cuts & Impact

California Budget Crisis: 2008-2012

- California faced a \$40B deficit in 2009.
- Eliminated optional adult dental benefits.

Impacts

- Adults limited to federally required procedures, including extractions, pregnancy-related services and emergency dental services.
- Break in access and services from 2009-2014





Improving Economic Conditions

New Opportunities & Continued Advocacy

- Continuing advocacy to restore benefits
- Changing economic and political conditions
 - 2010: Passage on Proposition 25, budget voting threshold
 - 2012: Passage of Proposition 30, raising sales and income taxes
 - 2013: Budget posted small surplus

Partial Restoration in 2014

 Examinations, x-rays, prophylaxis, fluoride treatments, restorations, crowns, root canals, and complete dentures







Oral Health Equity Project





- Community needs assessment in 2015-2016
- State of oral health and access to dental services after partial restoration.
- Nine communities, including immigrants, youth, seniors, low income, API, Native American, Black, Latino







Oral Health Equity Project

Key Findings

Cost of Services

- Dental services unaffordable, not covered
- Leads to treatments that are not recommended, including unnecessary extractions, home remedies, and delayed treatments.

Lack of Providers

- Denti-Cal providers forced to turn patients away due to capacity and demand
- Medi-Cal beneficiaries unable to find a provider, or exceedingly long wait times to see a Denti-Cal provider.

Cultural and Linguistic Competency

- Immigrant and refugee communities report difficulty communicating with dental providers due to language challenges.
- Leads to confusion about treatment plans and appropriate oral health care.

Healthy Habits

 Communities also reported food deserts and prevalence of sugar-sweetened beverages in low-income communities as impediments to good oral health care.







Impact of Partial Services

Cost of Services

- Prevention of dental caries covered, but procedures needed to complete procedures not covered.
- Drastic example: partial dentures not covered, full dentures covered

Lack of Providers

- Provider network yet to recover from elimination of services in 2009.
- Many providers never returned to accepting Denti-Cal patients

Cultural and Linguistic Competency

- Critical need for better linguistically and culturally appropriate care
- Patients need to understand preventive measures and treatment plan





THE TEETH OF KTOWN

TAKING A BITE OUT OF ORAL HEALTH







After a Oral Health Workshop with Koreatown's low-income community members, we discovered:

- Most oral health work has focused on children and not adults, but adult coverage is equally important
- The majority of these community members do not have access to dental care due to high costs
- Dental providers need a more diverse workforce and cultural competency trainings
- The quality and oversight of Denti-Cal must be improved
- Dental care should be integrated into primary medical care and mental health care systems
- Healthy, high quality food should be more affordable







WORDS FROM THE COMMUNITY

"THE COSTS ARE SO HIGH THAT IF IT IS NOT A HUGE PAIN, I WILL JUST CONTINUE TO TOLERATE THE PAIN. I HAVE NO DENTAL INSURANCE OF ANY KIND."

"I HAD AN EMERGENCY ROOT CANAL DONE. IT WAS \$900 THAT I DID NOT HAVE. IT TOOK ME 12 MONTHS TO PAY."



KRCLA.ORG FACEBOOK.COM/KRCLA TWITTER.COM/KRCLA





California Pan-Ethnic Health Network

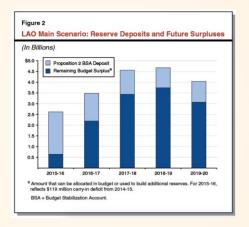


Turning Challenges into Opportunities

Audit: State fails to ensure access to dental care

By California Health Report • Dec 11, 2014







- ✓ Continued Scrutiny on ✓ Multiple Years of Oral Health Access & Services
 - Projected Surpluses
- √ Passage of New Tobacco Tax Measure **Dedicated Toward Health** Funding









Prioritizing Dental Benefit Restoration









Press Conferences Led by Community Coalitions





Press Coverage Across Media









Senior Citizens Call For Full Dental Coverage Under Medi-Cal

Advocates say senior citizens are the most affected by the lack of oral healthcare. That's why they're looking at California's new tobacco tax to pay for it.

"Just a small fraction of that would go towards restoring the Denti-Cal benefits."

Amber Christ with Justice In Aging says it would only take \$70-million of the projected billion dollars of tax revenue to bring back full coverage.

"That partial restoration doesn't include gum treatment, it doesn't include root canals on your back teeth, it doesn't include partial dentures or implants. It only includes full dentures which really incentivizes providers to pull every tooth in someone's mouth, even if they're healthy teeth, in order to have a covered benefit so people can get dentures."

The coalition calling on the governor to make the change is made up of nearly 20 organizations.







민족학교의 이자벨 강 매니저(오른쪽 끝) 등 이민자 커뮤니티 단체 관계자들은 22일 기자회견을 열고, 주의회와 주정부에 저소득층 노인들의 메디캘 치과 진료 혜택 확대를 요청하겠다고 밝혔다. 김상진 기자







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Legislative Visits in District











Big Wins!



Proposition 56
Tobacco Tax Revenues:
\$140 million
for Dental Provider
Payments

General Fund: \$73 million for Restoration of Adult Dental Benefit





Lessons Learned

- Importance of sustained community engagement
- Connecting research to advocacy to organizing
- Building a multi-ethnic, equity focused campaign



Contact

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