JUSTICE IN AGING
FIGHTING SENIOR POVERTY THROUGH LAW

February 6, 2018

Little Hoover Commission
State of California
925 L Street, Suite 805
Sacramento, California 95814

Re: Older Adults and Denti-Cal

Dear Chair Nava:

Justice in Aging is an advocacy organization with the mission to improve the lives of low-income older adults. We advocate for the rights of seniors to affordable, quality health care and basic economic security. Over the past two years, we have been engaged in a concerted advocacy campaign to improve the oral health of older adults and people with disabilities. We commend the Little Hoover Commission for its April 2016 report, *Fixing Denti-Cal,* outlining the significant deficiencies in the Denti-Cal program. We also applaud the Commission's ongoing commitment to holding the Department of Health Care Services (DHCS) accountable, including its November 2017 letter to the Governor and Legislature entitled *Denti-Cal Program is Still Broken*. The work of the Commission to date has called upon DHCS to improve dental services for children. However, that effort has neglected to hold the Department equally accountable for similar violations in the context of older adults and adults with disabilities.

The Unmet Dental Health Needs of Adults in California

We write today to draw your attention to the dental health needs of adults in California.[i] Nearly 50 percent of adults in California age 45-64 have had a permanent tooth extracted because of dental caries or periodontal disease.[ii] Almost 30 percent of adults over 65 have lost six or more permanent teeth, and nearly 9 percent of older adults aged 65-74 have complete tooth loss.[iii] Tooth loss in nursing facilities is sadly much higher. Thirty-eight percent of nursing facility residents in California report complete tooth loss.[iv] Of those without any teeth in facilities, 17 percent have neither an upper or lower denture.[v] In fact, the oral health of individuals residing in skilled nursing facilities is significantly poorer than individuals living in the community on all measures including untreated decay, ability to chew, and gum health.[vi]

Poor dental health has hit some populations harder than others. National data demonstrate troubling disparities based on income level, education, and race/ethnicity that arise early in childhood. Since untreated oral health decay and disease is progressive, these childhood disparities carry forward throughout an individual's lifetime. Consequently, nearly 62 percent of black adults and 55 percent of Hispanic adults aged 20-64 have lost permanent teeth compared to 49 percent of white individuals of the same age.[vii] And for black individuals 65 and over, 29 percent have complete tooth loss compared to 16 percent of white individuals. Similarly, 39 percent of older adults who have less than a high school

WASHINGTON
1444 Eye Street, NW, Suite 1100
Washington, DC 20005
202-289-6976

LOS ANGELES
3660 Wilshire Boulevard, Suite 718
Los Angeles, CA 90010
213-639-0930

OAKLAND
1330 Broadway, Suite 525
Oakland, CA 94612
510-663-1055

education have complete tooth loss compared to just 13 percent of persons with at least some college.[viii] Higher income older adults on average have two to three more teeth than lower income older adults.[ix] Poor older adults are also twice as likely as those with more income to have a cavity that needs treatment, have untreated root caries, or need periodontal treatment.[x]

The Impact of Poor Dental Care on the Health of Older Adults

There is agreement among dental experts that poor oral health has a substantial impact on the overall health of older adults. Tooth decay and associated mouth pain lead to weight loss and poor nutrition, and exacerbate chronic conditions like hypertension, diabetes, and hyperlipidemia – conditions that individuals are more likely to acquire later in life.[xi] Poor oral health also leads to increased infections, which research associates with higher risk for heart and lung disease, suffering a stroke, and experiencing diabetic complications.[xii] For older adults with weakened immune systems, oral infections can become chronic.[xiii]

Poor oral health care also has a significant impact on overall quality of life. Mouth pain disrupts sleep, increasing the likelihood for depression and insomnia. Adults aged 50 to 64 years, racial/ethnic minorities, and those living in poverty report to a greater extent oral pain, food avoidance, and self-consciousness or embarrassment because of their mouth, teeth, or dentures.[xiv] They are also about twice as likely to report that poor oral health negatively impacts their satisfaction with life.[xv]

Denti-Cal is Failing Older Adults

Low-income older adults in California rely on Denti-Cal to meet their oral health needs. Yet, despite high need for oral health treatment, reports from Denti-Cal demonstrate that it has achieved exceedingly low utilization rates for enrolled older adults. Only 23 percent of older adults had an annual dental visit in 2015/16[xvi], and only 4 to 12 percent of older adults received preventive treatment in 2015 varying based on ethnicity.[xvii] The most current utilization data for adults remains low with only 15 percent of adults 21 and over receiving an oral health exam and only 10 percent receiving preventive services in 2016/17.[xviii] Unfortunately, DHCS only publishes aggregate utilization data, so we do not have the most recent data specific to older adults. DHCS also does not publish data on utilization rates for specific services that older adults are more likely to need like dentures, root canals, and tooth extraction.

In addition to low utilization rates, there is also minimal integration of dental treatment with overall health treatment, leading to barriers to care and poor outcomes for older adults. Take Maddie, for example, a Denti-Cal beneficiary in Los Angeles who suffers from Crohn's Disease, an autoimmune disorder that causes inflammation in the gastrointestinal tract and leads to significant weight loss, fatigue, and pain. Maddie's doctor decided that her best treatment option was chemotherapy. Her doctor, however, told her that he could not proceed with chemotherapy until she had her oral health needs addressed because the risk of infection was too great. The solution seemed easy: Maddie just needed to see a Denti-Cal provider who would deliver the proper oral health treatment. In reality, however, Maddie ping-ponged between her doctors and her oral health providers for months, ultimately having to seek help from a legal advocate when her dental services were denied. Not only did Maddie's providers not communicate with each other, she had to navigate two different delivery systems – the Medi-Cal delivery system and the Denti-Cal delivery system, each with different contacts, procedures, and rules.

Recommendations

State and federal law require that DHCS provide access to covered Medi-Cal benefits with reasonable promptness and comparable to access available to other insured Californians.[xix] To address the serious lapses of Denti-Cal in ensuring that older adults receive needed dental care, the Commission should include older adults and people with disabilities in its ongoing monitoring and adopt the following recommendations to improve access for older adults. While our letter focuses on older adults, these recommendations would improve the program for all enrolled adults.

- **Collect and Report Data**. DHCS should be required to provide data specific to the utilization of Denti-Cal services for older adults and adults with disabilities, including data specific to race and ethnicity, location of service (e.g. community versus institutional setting), and region (e.g. by county, zip code, and urban versus rural).
- **Set Utilization Targets**. The Commission recommended a utilization rate of 66 percent for children with the legislature ultimately setting the target at 60 percent. Setting utilization goals for older adults, including targets in institutional settings, would push DHCS to implement new initiatives to reach these targets.
- **Coordinate Denti-Cal with Medi-Cal**. DHCS should review its regulations and administrative guidance to better coordinate dental benefits with the delivery of other health benefits. DHCS should also enforce the provisions set forth in AB 2207 requiring Medi-Cal plans to coordinate Denti-Cal benefits for their enrollees by including a dental screening in the health risk assessment, referring beneficiaries to the appropriate dental provider, and employing a health plan liaison to work with dental providers to ensure referrals to the health plan for health plan covered services. DHCS could also incentivize its contracted Medi-Cal and Denti-Cal providers to obtain cross-professional training to better integrate care.[xx]
- **Create Incentives for Providers to Treat Older Adults**. Under the Medi-Cal 2020 Dental Transformation Initiative, there are several incentives to improve provider participation in Denti-Cal and provide preventive services for children. Incentives should also be adopted that encourage more providers to both obtain training to treat older adults and provide services to older adults. California should also consider incentive programs to encourage the provision of dental services in the same settings as primary health care.

Thank you for your ongoing efforts to improve the Denti-Cal program. We would welcome the opportunity to provide additional information to the Commission on the dental health needs of older adults. In addition, we are available to further discuss these recommendations with you. Please contact me at (213) 674-2901 or achrist@justiceinaging.org to make arrangements.

Sincerely,

Amber Christ, Senior Staff Attorney
Justice in Aging

[i] For more information, see Justice in Aging's report, "Oral Health in California: What About Older Adults?" (July 2016), available at www.justiceinaging.org/wp-content/uploads/2016/07/Oral-Health-in-CA_What-About-Older-Adults.pdf.

[ii] "Status of Oral Health in California: Oral Disease Burden and Prevention 2017," California Department of Public Health (April 2017), available at www.cdph.ca.gov/Programs/CCDPHP/DCDIC/CDCB/CDPH%20Document%20Library/Oral%20Health%20Program/Status%20of%20Oral%20Health%20in%20California_FINAL_04.20.2017_ADA.pdf.
[iii] Id.
[iv] "Oral Health Assessment of Older Adults in California," Center for Oral Health, available at https://centerfororalhealth.org/clinics/healthy-teeth-healthy-smiles-2-2-2/.
[v] Id.
[vi] Referencing the Center for Oral Health's soon to be published report. For a copy of the report, contact Sahiti Bhaskara at the Center for Oral Health.
[vii] "Dental Caries and Tooth Loss in Adults in the United States, 2011-2012," U.S. Dept. of Health and Human Services (May 2015), available at www.cdc.gov/nchs/data/databriefs/db197.pdf.
[viii] "Healthy People 2010: Understanding and Improving Health," U.S. Dept. of Health and Human Services (Nov. 2000), available at www.healthypeople.gov/2010/Document/pdf/Volume2/21Oral.pdf.
[ix] "Burden of Oral Disease Among Older Adults and Implications for Public Health Priorities," American Journal Public Health (March 2012), available at www.ncbi.nlm.nih.gov/pmc/articles/PMC3487659/. See also, "Dental Disease Is a Chronic Problem Among Low-Income Populations," GAO (April 2000), available at www.gao.gov/new.items/he00072.pdf.
[x] Id.
[xi] "Food Insecurity Is Associated with Chronic Disease among Low-Income NHANES Participants," Journal of Nutrition (February 2010), available at www.ncbi.nlm.nih.gov/pmc/articles/PMC2806885/.
[xii] "Oral Health in America: A Report of the Surgeon General," Dept. of Health and Human Services (2000), available at www.nidcr.nih.gov/DataStatistics/SurgeonGeneral/Documents/hck1ocv.@www.surgeon.fullrpt.pdf.
[xiii] Id.
[xiv] "Burden of Oral Disease Among Older Adults and Implications for Public Health Priorities," American Journal Public Health (March 2012), available at www.ncbi.nlm.nih.gov/pmc/articles/PMC3487659/.
[xv] Id.
[xvi] Medi-Cal Dental: Annual Dental Visits Statewide – Fee-for-Service and Dental Managed Care, available at www.dhcs.ca.gov/services/Documents/MDSD/AnnualDentalVisitsStatewideSFY07-16.pdf.
[xvii] Medi-Cal Dental: Statewide Performance Measures by Age, available at www.dhcs.ca.gov/services/Documents/MDSD/FFSStatewideMeasuresbyAge.pdf.
[xviii] FFS Statewide Performance Measures Reports by Age, available at www.dhcs.ca.gov/services/Pages/FFSPerformanceMeasures.aspx.
[xix] See, 42 USC § 1396a(a)(30)(A); 42 U.S.C. § 1396a(a)(8); WIC § 14000(a).
[xx] See WIC § 14149.8(g).