



California Pan-Ethnic  
HEALTH NETWORK

# The Dental Divide



Oral Health Equity  
Challenges in  
Los Angeles County



# Table of Contents: Los Angeles County

<b>Purpose of this Report .....</b>	<b><u>3</u></b>
<b>Medi-Cal Serves California's Diverse Population .....</b>	<b><u>4</u></b>
<b>Oral Health is Essential to Overall Health .....</b>	<b><u>5</u></b>
<b>Medi-Cal Dental Coverage is an Ongoing Public Health Issue .....</b>	<b><u>6</u></b>
<b>About the Data .....</b>	<b><u>7</u></b>
<b>Terms and Service Categories .....</b>	<b><u>8</u></b>
<b>Statewide Insights: California Dental Service Utilization .....</b>	<b><u>9</u></b>
<b>Los Angeles County Data .....</b>	<b><u>10</u></b>
Total Utilization of Annual Dental Visit, by Year	
Average Utilization of Diagnostic, Preventative, and Restorative Services, by Year	
Total Eligibility by Race and Ethnicity, by Year	
Total Utilization by Service Type, by Year	
Total Utilization by Service Type: County vs. State Numbers, by Year	
Annual Dental Visit by Race and Ethnicity, 2022	
Annual Dental Visit by Race and Ethnicity, by Year	
Diagnostic, Preventative, and Restorative Services by Race and Ethnicity, 2022	
Diagnostic Services by Race and Ethnicity, by Year	
Preventative Services by Race and Ethnicity, by Year	
Restorative Services by Race and Ethnicity, by Year	
Total Utilization of Treatment or Prevention of Caries, County vs. State Numbers, by Year	
Treatment or Prevention of Caries by Race and Ethnicity, 2022	
Treatment or Prevention of Caries by Race and Ethnicity, by Year	
<b>Acknowledgements .....</b>	<b><u>25</u></b>
<b>References .....</b>	<b><u>26</u></b>

## Purpose of this Report

**This analysis aims to shed light on how Medi-Cal eligible beneficiaries access oral health services at the county level.**

- ▶ Communities have long reported barriers to accessing oral health services in California, including cultural and linguistic challenges, inconsistent care options, and a lack of quality services.
- ▶ The absence of easily accessible public data highlighting racial and ethnic differences in service utilization has hindered advocacy efforts throughout the state.
- ▶ This data will serve as a resource for advocates to push for oral health equity and help drive systemic change, especially in areas where significant disparities have been identified.

**This report has been completed as part of a series of case studies.**

The California counties analyzed for this larger project are Los Angeles, Alameda, Sacramento, Fresno and Madera.





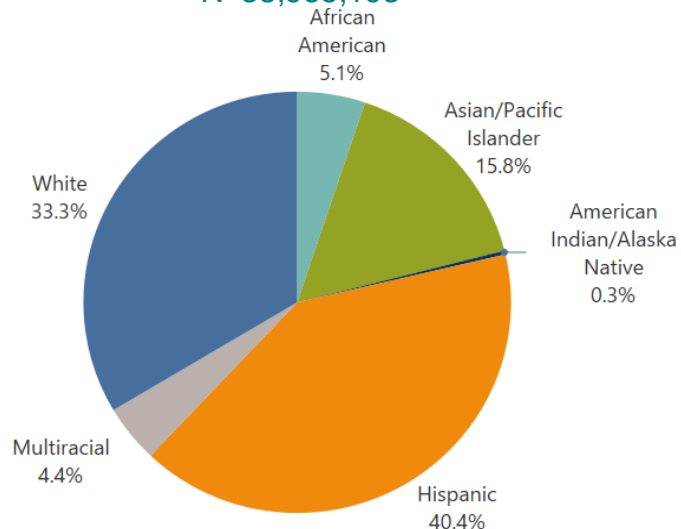
## Medi-Cal serves California's Diverse Population

**Culturally and linguistically tailored services are essential for Medi-Cal to meet the unique needs of its diverse members.**

- ▶ Medi-Cal is California's Medicaid program, providing free or low-cost health care coverage to low-income individuals, regardless of immigration status.
- ▶ **As of July 2024, Medi-Cal enrolls approximately 14.85 million people, representing almost 38% of the state's population.<sup>1</sup>**
- ▶ As one of the most culturally diverse states in the country, no single racial or ethnic group forms a majority of California's population, and in 2024 Hispanics made up the majority of the Medi-Cal enrolled population.

**Total California Population, 2023**

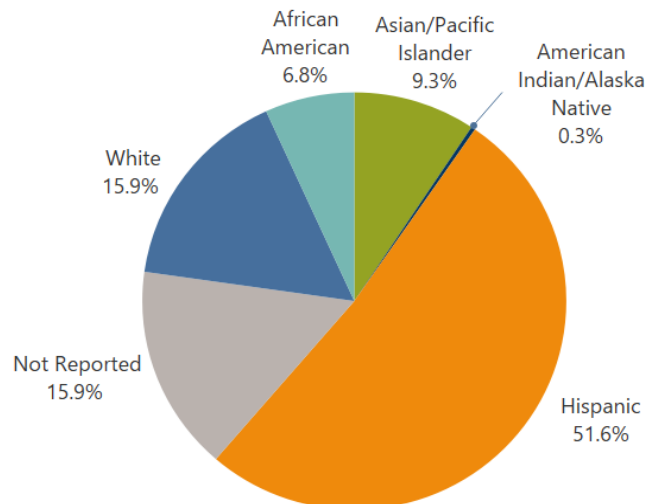
N=38,965,193



Source: American  
Community Survey, 2023

**Population Enrolled in Medi-Cal, 2024**

N=14,853,439



Source: California Department  
of Health Care Services, 2024

**The primary language for more than 5 million Medi-Cal enrolled members is not English.**

35.3% of the Medi-Cal population has a primary language other than English, with Spanish being the second largest language group with 28.2% of the population.<sup>2</sup>

Addressing language barriers are critical to ensuring members can understand their care options and communicate with medical professionals.



## Oral Health is Essential to Overall Health

**Ensuring access to dental care can prevent economic hardship for low-income communities, address broader health disparities, and improve overall well-being.**

- ▶ Medi-Cal covers one dental check-up per adult per year, and up to \$1,800 of services per each beneficiary annually.
  - ▶ Services exceeding the \$1,800 annual service limit require a Treatment Authorization Request (TAR) and documentation of medical necessity for approval.<sup>3</sup>
- ▶ For optimal oral health two dental check-ups per year are recommended.<sup>4</sup>
  - ▶ Poor oral health can lead to chronic pain, hinder employment opportunities, and exacerbate general health issues.
  - ▶ **Untreated dental conditions can lead to chronic diseases such as heart disease,<sup>5</sup> difficulty managing diabetes,<sup>6</sup> and an increased risk of cancer,<sup>7</sup> creating a cycle of worsening health outcomes that can include death.<sup>8</sup>**
- ▶ Significant barriers such as cost, lack of culturally and linguistically appropriate services, and other challenges prevent many communities from accessing essential dental care.

**High costs are a major barrier to accessing dental care, especially for marginalized populations.**

National polling shows that 44% of LGBTQI individuals, 43% of POC mothers, 42% of Latina women, and 43% of women under 50 report forgoing dental care due to cost.<sup>9</sup>

These inequities highlight the critical need for accessible and affordable oral health care programs like Medi-Cal Dental. Consistent and reliable access to these services is essential to addressing disparities and ensuring equitable care.



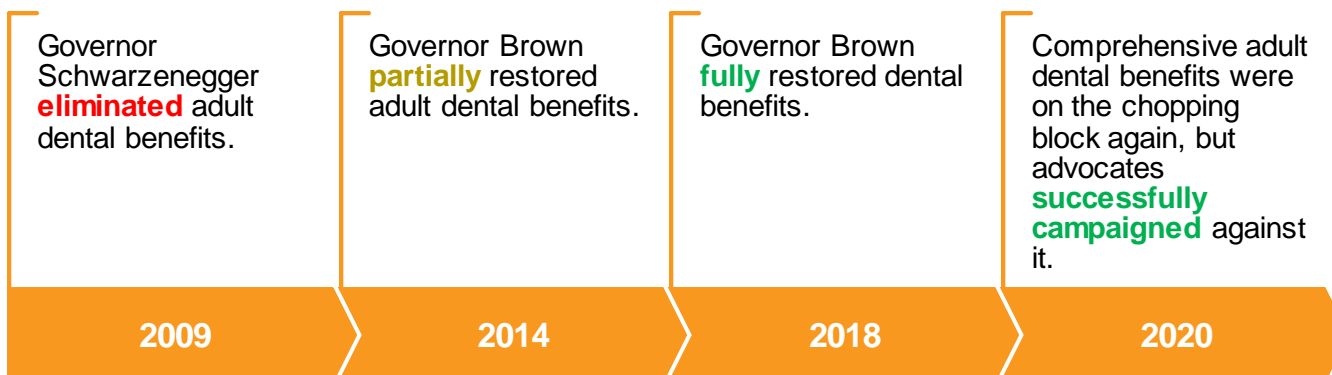


## Medi-Cal Dental Coverage is an Ongoing Policy Issue

**Permanent dental benefits are essential for providing continuous care, reducing long-term health costs and promoting oral health equity.**

- ▶ Adult dental benefits in Medi-Cal are not a permanent fixture at the federal level, so each year, the state budget cycle brings the risk of losing critical dental services for millions of Californians.
- ▶ In the last 15 years, California has eliminated and restored Medi-Cal dental benefits for adults multiple times, creating uncertainty for Medi-Cal members.
- ▶ **Coverage gaps disproportionately impact low-income communities and people of color, who make up the majority of the Medi-Cal population, leading to increased oral health disparities.**
- ▶ This instability leads to interruptions in ongoing treatment, gaps in preventive services, and an increased use of emergency rooms for preventable dental conditions.<sup>10</sup>

### Timeline of California's Oral Health Policy:



**2025 and beyond:  
Ensure adult benefits are protected.**

With a new federal administration, advocacy for stable and equitable dental coverage is more critical than ever. There are concerns that reductions in Medicaid funding could negatively impact programs like Medi-Cal Dental.

As we move forward, it is essential to advocate for the protection of these benefits to ensure that all Californians have access to the comprehensive oral health care they need.

**Nationwide, 83% of voters support making dental coverage an essential health benefit**, emphasizing the broad demand for improved access to oral health care.<sup>11</sup>

# About the Data

This report analyzes Medi-Cal oral health utilization data with a special focus on the county of Los Angeles, and provides descriptive statistics by race and ethnicity.

## ► Data Source

- Dental Utilization Measures and Sealant Data by County, Ethnicity, & Age Calendar Year 2013 to 2022 available on the California Health and Human services (CalHHS) Open Data Portal

## ► Population

- This analysis of oral health service type utilization is focused on Medi-Cal members age 21 and older who were continuously enrolled in either Dental Managed Care or the Dental Fee-for-Service system for at least 3 months during calendar years 2016-2022.



## Data Limitations:

There is only one dataset available through the California Health and Human Services (CalHHS) Open Data Portal that allows for a racial and ethnic analysis of service utilization data at the county level.

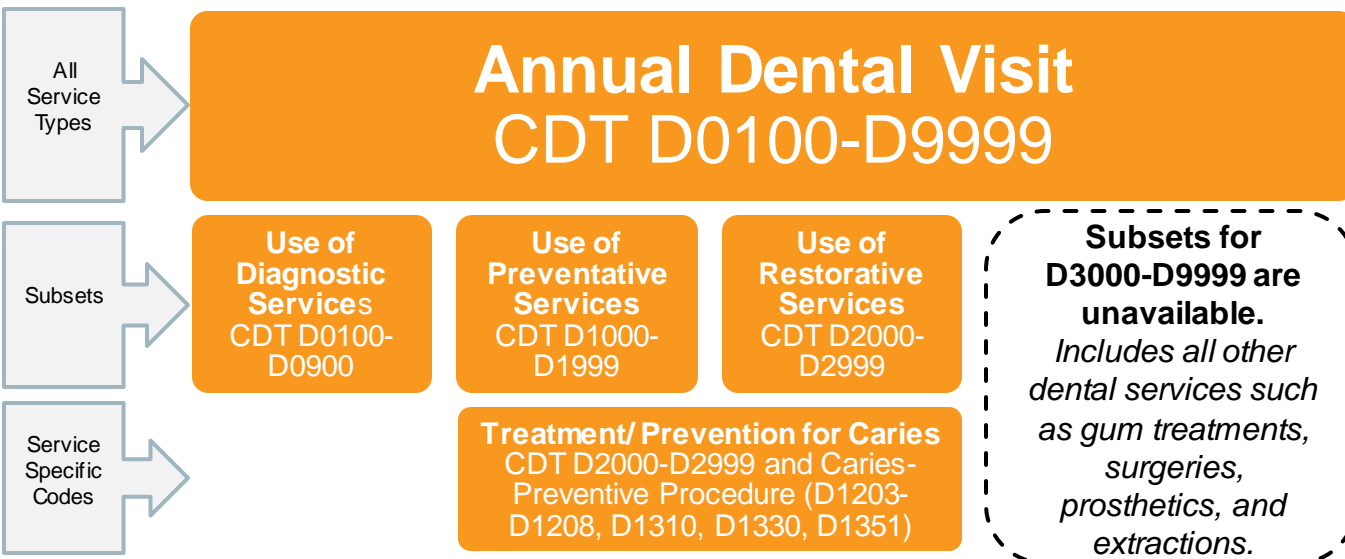
Within this dataset, racial and ethnic categories are limited, which reduces the ability to make accurate or specific assertions about utilization rates among certain communities.

This dataset also lacks additional categories that would allow for a more nuanced analysis such as gender, sexual orientation, and preferred language, which are also key elements to equitable care.

# Terms and Service Categories

- ▶ **Utilization (%):** Refers to the percentage of eligible adults (21+) who received that specific service.
- ▶ **Service Categories:** In this dataset groupings of dental services were defined primarily using Current Dental Terminology (CDT) procedural codes from the American Dental Association (ADA).
  - ▶ When someone visits a dental office, CDT codes are used to report what was done for that patient. Multiple codes can get reported for each visit, but this dataset does not allow us to link services to individual visits.
  - ▶ Annual Dental Visit is our largest category, encompassing all CDT service codes. Diagnostic, Preventative, and Restorative services are distinct subsets of this larger category, capturing specific types of treatments (shown to the right). Treatment/Prevention for Caries only includes codes specific to cavity prevention and treatment.

## Service Categories Included in this Analysis:



## Services included in each category:

**Annual Dental Visit** includes any reason that someone may have visited a dentist office.

**Diagnostic** services include oral health evaluation and imaging.

**Preventative** services include cleanings and fluoride application.

**Restorative** services include fillings, crowns, and other repair services.

**Treatment/Prevention for Caries** captures the codes specific to cavity prevention and treatment from both Preventative and Restorative services categories.



# Statewide Insights: California Dental Service Utilization

As of July 2024, approximately 14.85 million Californians are enrolled in Medi-Cal, representing almost 38% of the state's diverse population.<sup>12</sup>

The majority of the eligible Medi-Cal population consists of communities of color, making the dental benefits program an essential tool for oral health equity.



## Overall utilization of dental benefits are low.

- ▶ In California, between 75% and 80% of eligible beneficiaries did not access Medi-Cal dental services in any given year between 2016-2022.



## California is still recovering from the impact of COVID.

- ▶ While more Californians are enrolled in Medi-Cal than ever before, utilization has not exceeded pre-pandemic levels.



## Racial disparities exist, and vary by county.

- ▶ Dental service utilization varies by racial group and county, raising concerns about barriers to accessing care in the local context.

**Legislation alone has not been enough to sustainably increase utilization of oral health benefits.**

Inconsistent policies have left many Medi-Cal members confused about whether dental care is included in their coverage.

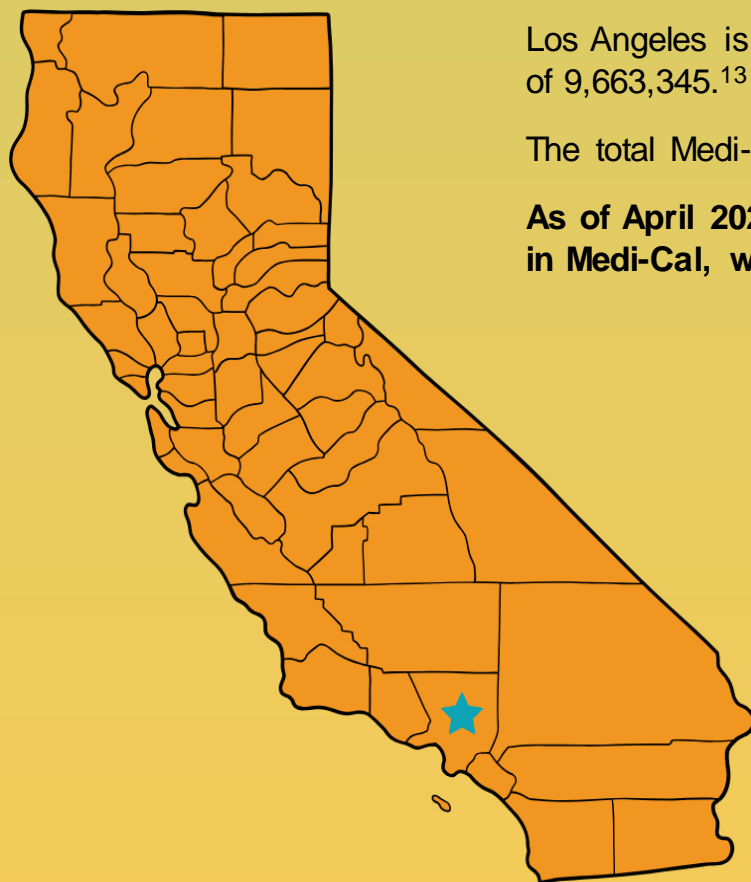
To fix this, more local outreach is needed to help people understand their benefits and identify other barriers to care.

Improving access will also require ongoing efforts to provide dental services that meet the cultural and language needs of Medi-Cal members, alongside a push to make dental coverage a permanent part of the program.

**More research and better data are needed to fully understand the experiences and challenges Medi-Cal members face in accessing dental care.**



# Los Angeles County



Los Angeles is a county in Southern California with a total population of 9,663,345.<sup>13</sup>

The total Medi-Cal Enrolled Population as of April 2024 is 4,147,742<sup>14</sup>

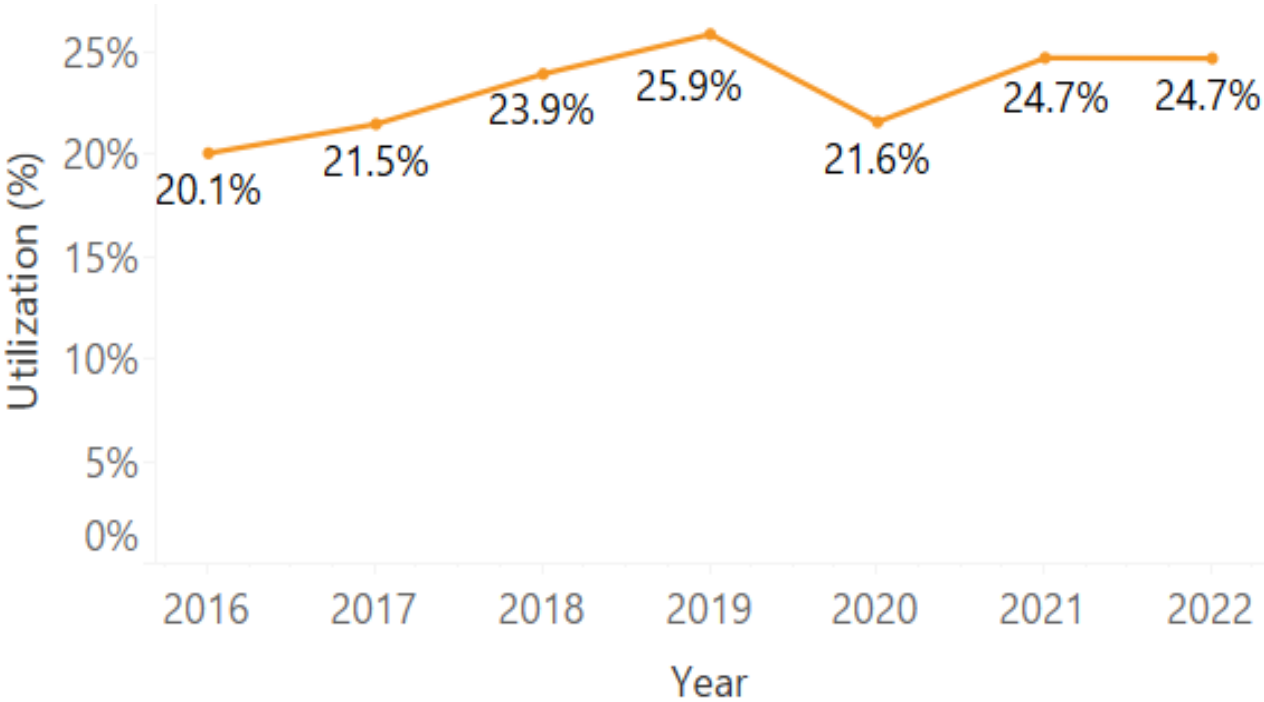
**As of April 2024, 41.7% of the Los Angeles population is enrolled in Medi-Cal, which is more than the statewide average.**

## Key Takeaways for Los Angeles County:

- ▶ Overall utilization of dental services is low among Medi-Cal beneficiaries in LA County.
- ▶ LA performs similarly to the statewide utilization levels across all service categories included in this report.
- ▶ Asian beneficiaries consistently have the highest utilization across all service types.
- ▶ American Indian/Alaska Native (AI/AN) and Native Hawaiian/Pacific Islander (NHPI) beneficiaries consistently have the lowest utilization across service types and over time.

Total Utilization of Annual Dental Visit, by Year

In Los Angeles, between 75% and 80% of eligible beneficiaries did not access Medi-Cal dental services in any given year between 2016-2022.



Overall utilization of dental benefits are low.

Medi-Cal will cover one dental check-up per year, and for optimal oral health adults should visit a dentist at least twice a year.<sup>15</sup> This data suggests that a majority of Medi-Cal beneficiaries are both not accessing services they are eligible for, and also falling short of oral health recommendations.

Utilization of annual dental visits increased from 2016-2019, then decreased in 2020 during the COVID-19 pandemic.

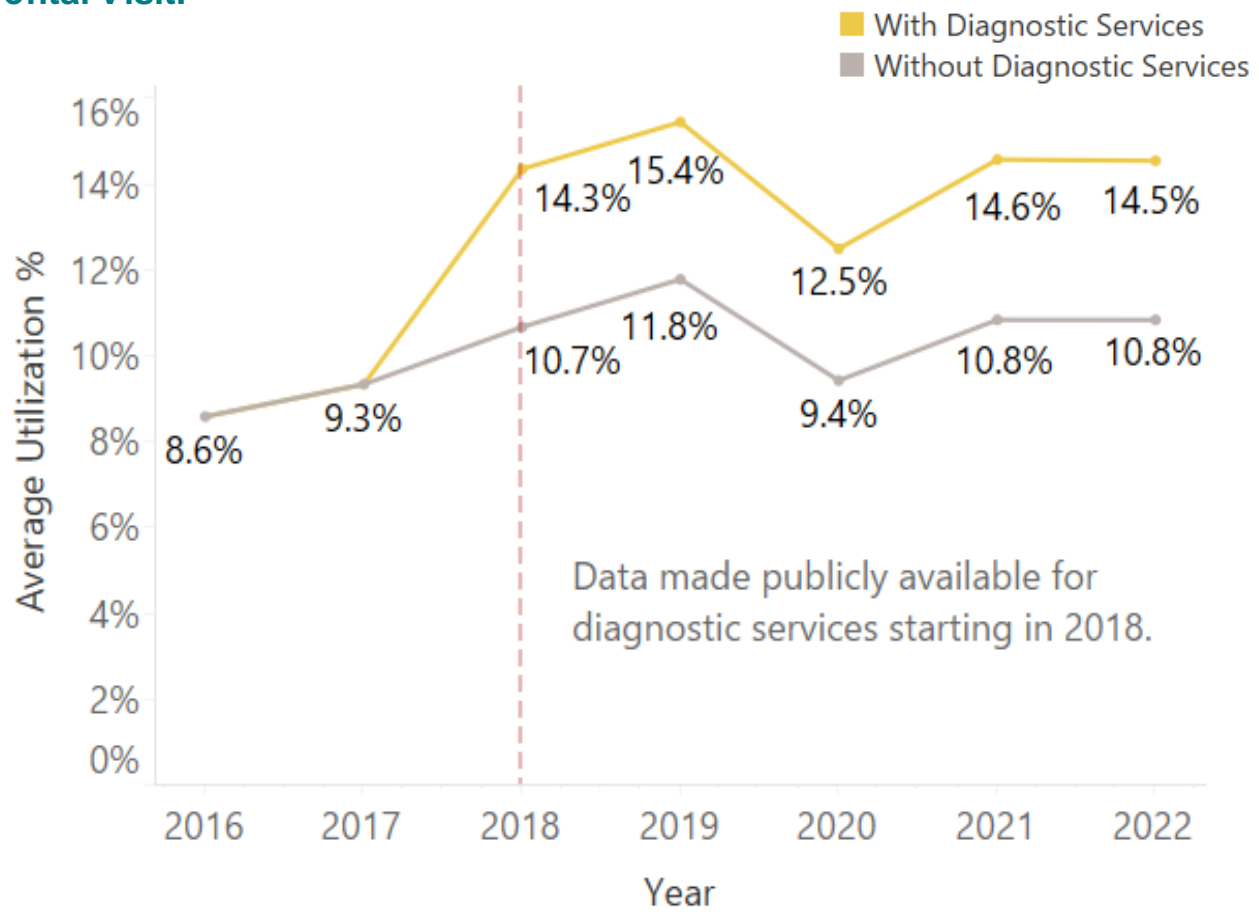
Utilization has nearly recovered to pre-pandemic levels, but has not exceeded them.

**Annual Dental Visit** is the largest service category, and captures any reason someone may have visited a dentist office.<sup>16</sup>

Note: For all graphs in this report, "Year" indicates calendar year.

# Average Utilization of Diagnostic\*, Preventative, and Restorative Services, by Year

Availability of data on diagnostic services increased the overall average of these service types from 2018-2022, but overall trends are similar to Annual Dental Visit.



Legislation alone has not been enough to sustainably increase utilization of oral health benefits

After controlling for the introduction of diagnostic service data\*, we see a steady but modest increase in utilization from 2017-2019 following the full restoration of California dental benefits in 2017.

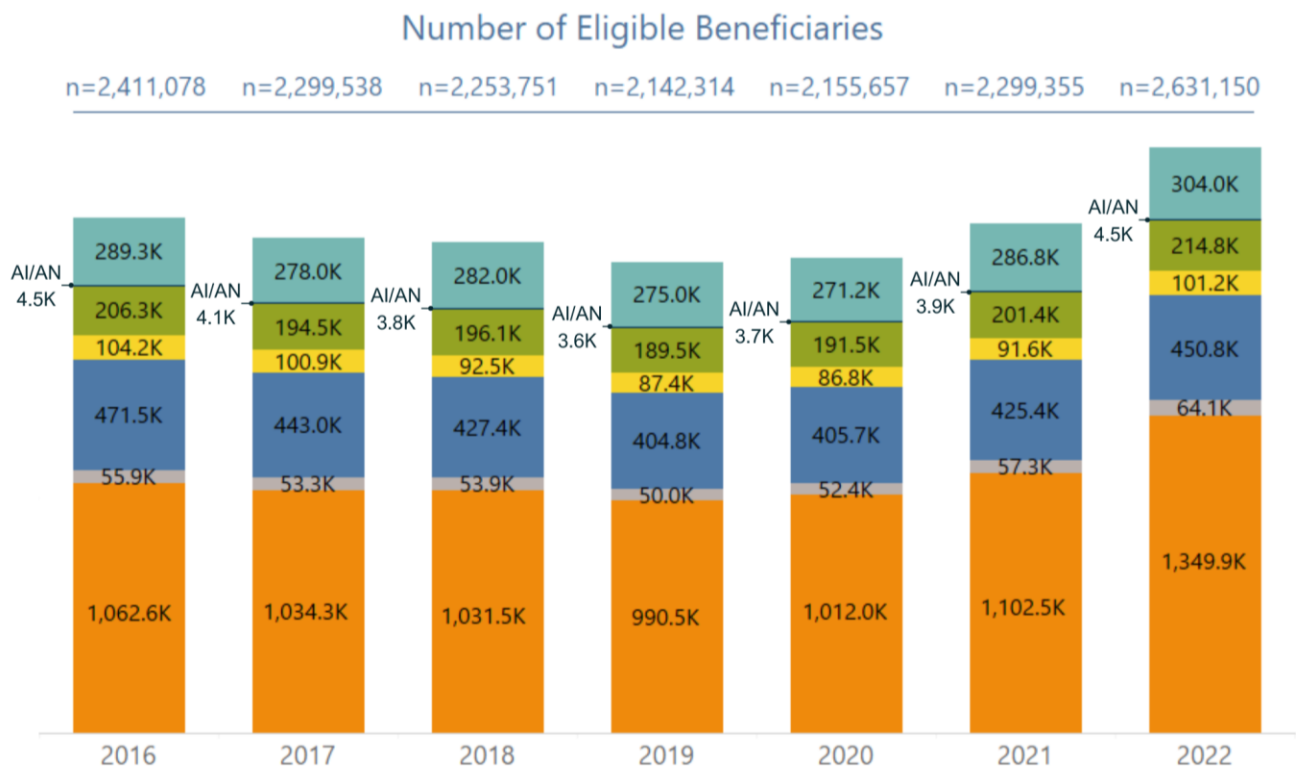
Those gains were lost during the COVID-19 pandemic with an overall drop in utilization. Though utilization has climbed following the pandemic, LA County has not fully recovered.

Diagnostic, Preventative, and Restorative services represent just a few of the service types captured by Annual Dental Visit. Data on additional services types are not currently available. See page 8.

\*DHCS began to include diagnostic service data in public datasets in Calendar Year 2018. When assessing trends overtime, we included both average utilization with (yellow line) and without diagnostic services (grey line) to illustrate both scenarios.

Total Eligibility by Race and Ethnicity, by Year

The majority of LA County's eligible Medi-Cal population represent historically underserved communities.



Share of Total Eligible Beneficiaries

	2016	2017	2018	2019	2020	2021	2022
Black	13.2%	13.2%	13.5%	13.7%	13.4%	13.2%	12.2%
AI/AN	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%
Asian	9.4%	9.2%	9.4%	9.5%	9.5%	9.3%	8.6%
NHPI	4.7%	4.8%	4.4%	4.4%	4.3%	4.2%	4.1%
White	21.5%	21.0%	20.5%	20.2%	20.1%	19.6%	18.1%
Other	2.5%	2.5%	2.6%	2.5%	2.6%	2.6%	2.6%
Hispanic	48.4%	49.1%	49.4%	49.5%	50.0%	50.8%	54.2%

Despite lower utilization post-pandemic than pre-pandemic, more adults are enrolled in Medi-Cal than ever before.

The overall eligible population decreased in 2019 and 2020, but has since risen to its highest in 2022.

Federal and state pandemic policies ensuring continuous coverage for Medicaid enrollees are among likely reasons for growth in recent years.<sup>17</sup>

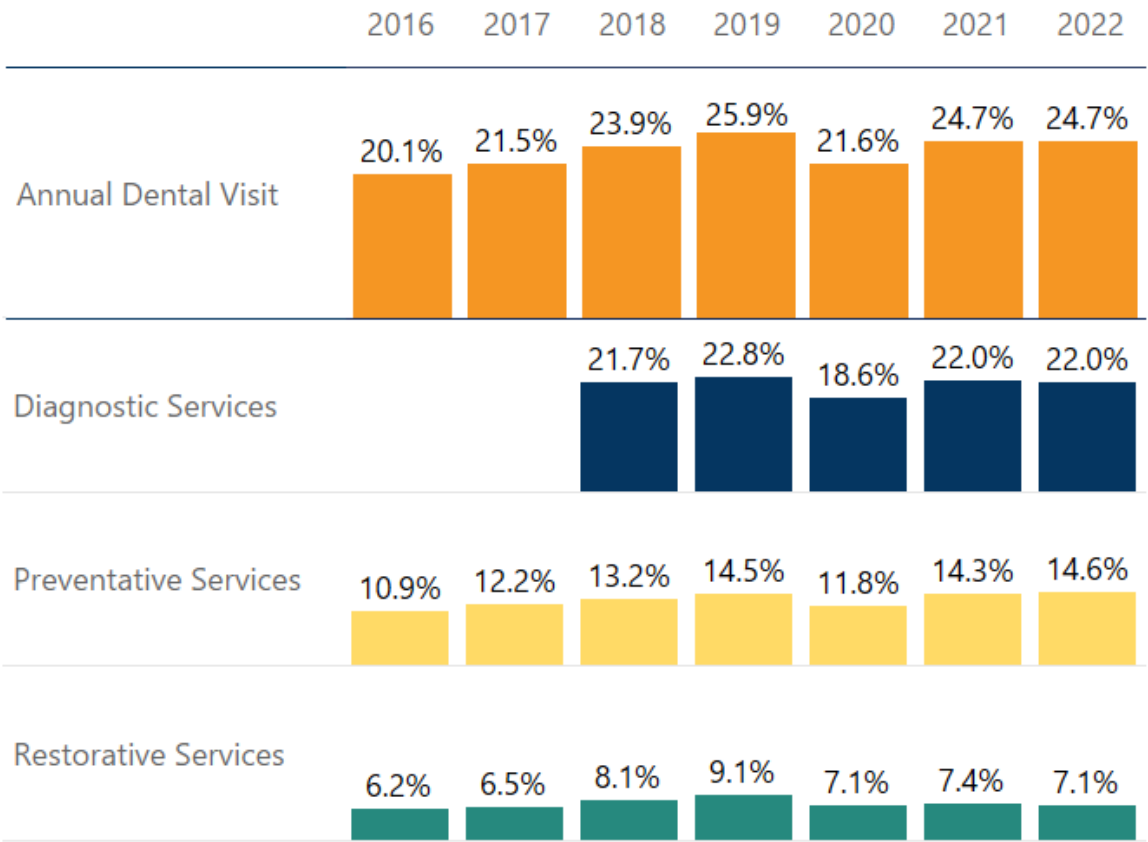
Hispanic beneficiaries compose the highest share of eligibles, while also consistently increasing from 2019-2022.

Medi-Cal oral health benefits remain an important tool for health equity in California. Culturally and linguistically tailored services are essential for Medi-Cal to meet the unique needs of its diverse members.



## Total Utilization by Service Type, by Year

Across service types, the pandemic caused a drop in utilization in 2020 that Los Angeles has not fully recovered from.



**There is little variation in overall trends across these service categories.**

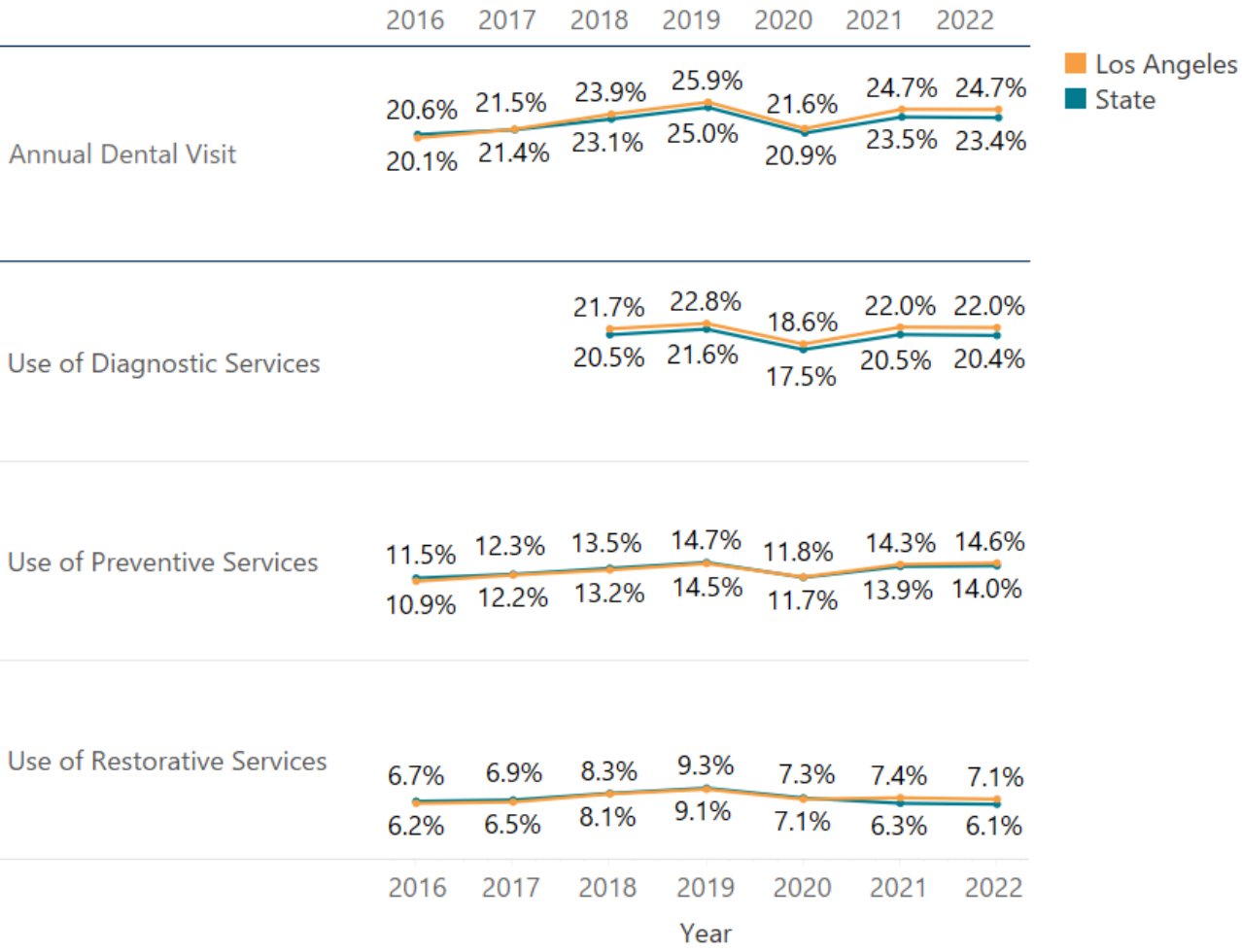
Overall, utilization across diagnostic, preventative, and restorative services increased slightly in LA County from 2016-2019, with a decrease in 2020.

Although utilization recovered to near-pre-pandemic levels for all services except for restorative services, utilization remained steady from 2021-2022.

\*DHCS began to include diagnostic service data in public datasets in Calendar Year 2018.

# Total Utilization by Service Type: County vs. State Numbers, by Year

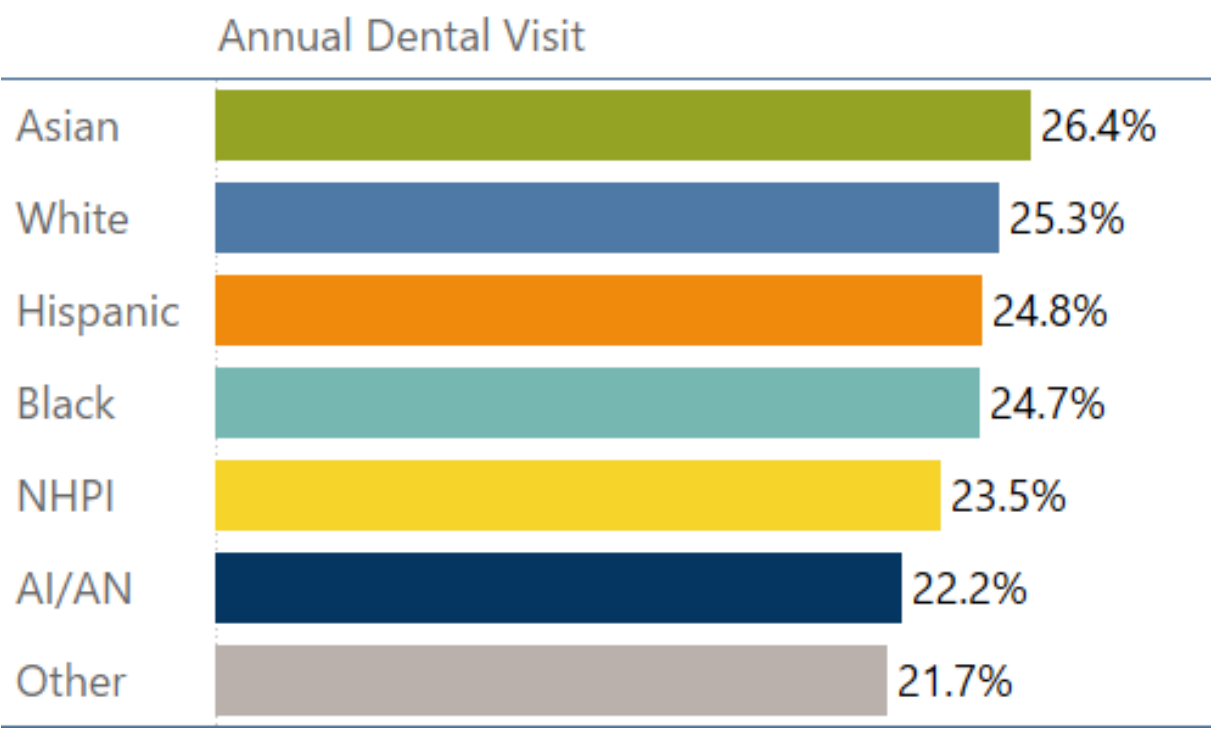
Total utilization in Los Angeles is similar to statewide performance.



Overall, LA County stays relatively close to statewide performance, with utilization being slightly above the state rate for Annual Dental Visit and Diagnostic services.

# Annual Dental Visit by Race and Ethnicity, 2022

In the most recent year of available data, total utilization varied by racial and ethnic group.



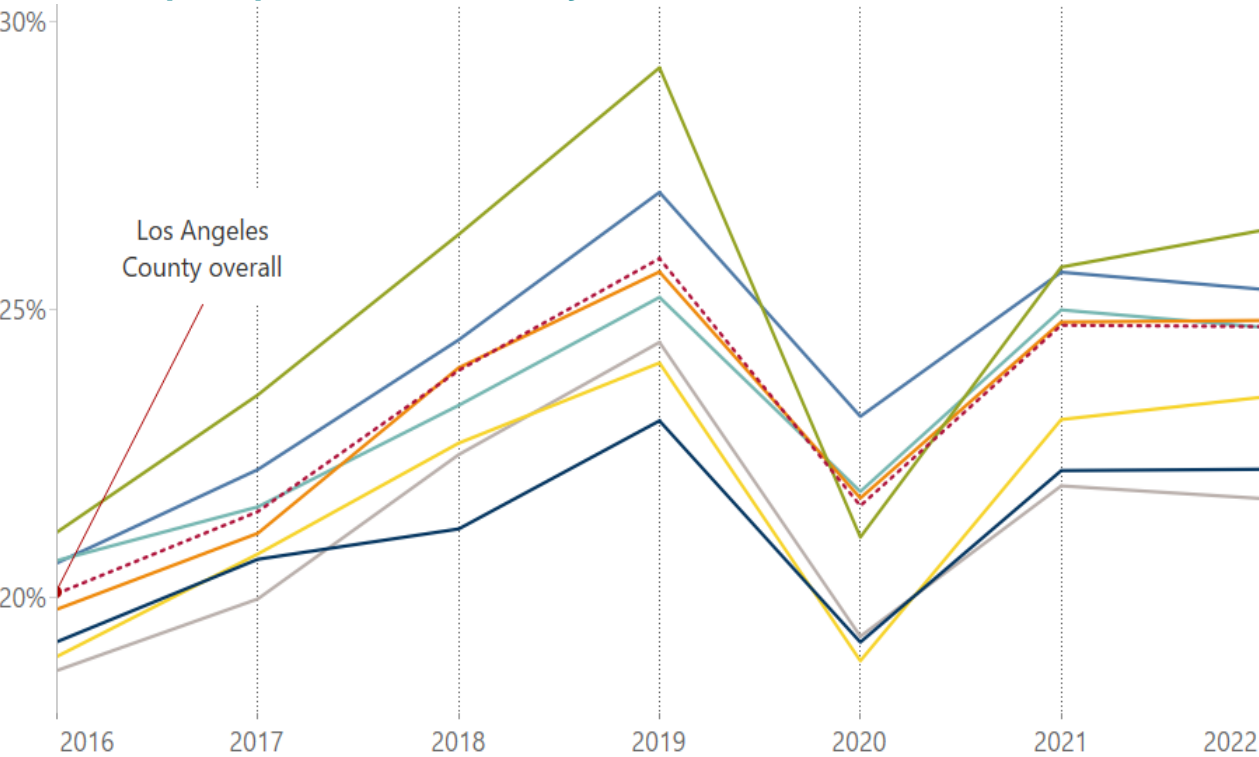
There is no biological reason some groups would have higher oral health needs than others. Differences between groups indicate a potentially higher unmet need for oral health services among groups with lower rates of utilization.

Asian and White Medi-Cal beneficiaries in LA County visited the dentist at least once in a year at a higher percentage than other racial and ethnic groups in 2022.

American Indian or Alaskan Native (AI/AN) beneficiaries visited the dentist at least once in 2022 at the lowest rate.

Annual Dental Visit by Race and Ethnicity, by Year

When viewed over time, clear patterns in utilization across racial and ethnic groups raise concerns about barriers to accessing care, and post-pandemic recovery.



Across 2016-2022, utilization of dental visits gradually increased for all racial and ethnic groups until 2020.

Rates dropped significantly, with Asian beneficiaries experiencing the largest reduction from 2019 to 2020.

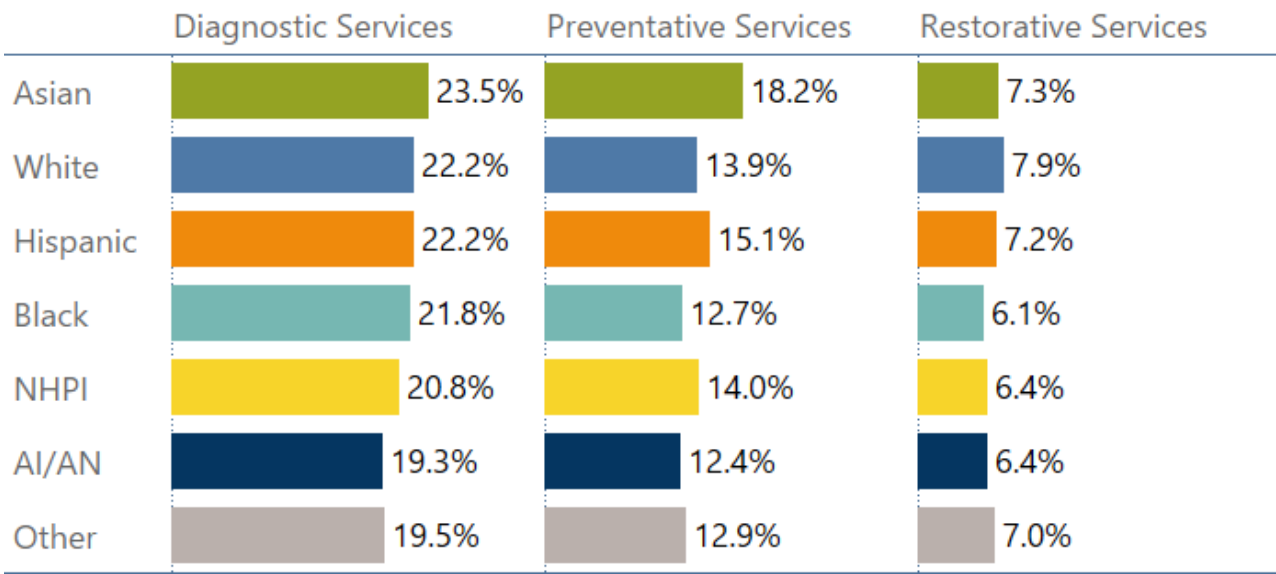
Although utilization has gradually recovered post-pandemic, they have not returned to 2019 levels, with rates stagnating from 2021 to 2022.

Over the years, Asian and white beneficiaries have consistently visited a dentist at a higher rate than LA County overall and other racial and ethnic groups. Hispanic and Black beneficiaries had rates more similar to the county, while NHPI and A/AN had the lowest rates across the years.

	2016	2017	2018	2019	2020	2021	2022
Los Angeles	20.1%	21.5%	23.9%	25.9%	21.6%	24.7%	24.7%
A/AN	19.2%	20.7%	21.2%	23.1%	19.2%	22.2%	22.2%
Asian	21.1%	23.5%	26.3%	29.2%	21.0%	25.7%	26.4%
Hispanic	19.8%	21.1%	24.0%	25.6%	21.7%	24.8%	24.8%
Black	20.6%	21.6%	23.3%	25.2%	21.8%	25.0%	24.7%
NHPI	19.0%	20.7%	22.7%	24.1%	18.9%	23.1%	23.5%
White	20.6%	22.2%	24.5%	27.0%	23.1%	25.6%	25.3%
Other	18.7%	20.0%	22.5%	24.4%	19.3%	21.9%	21.7%

# Diagnostic, Preventative, and Restorative Services by Race and Ethnicity, 2022.

In the most recent year of available data, utilization of restorative services was lowest across all racial and ethnic groups compared to other service types.



Utilization of diagnostic services is the highest out of the three service categories included here, with restorative services having the lowest utilization.

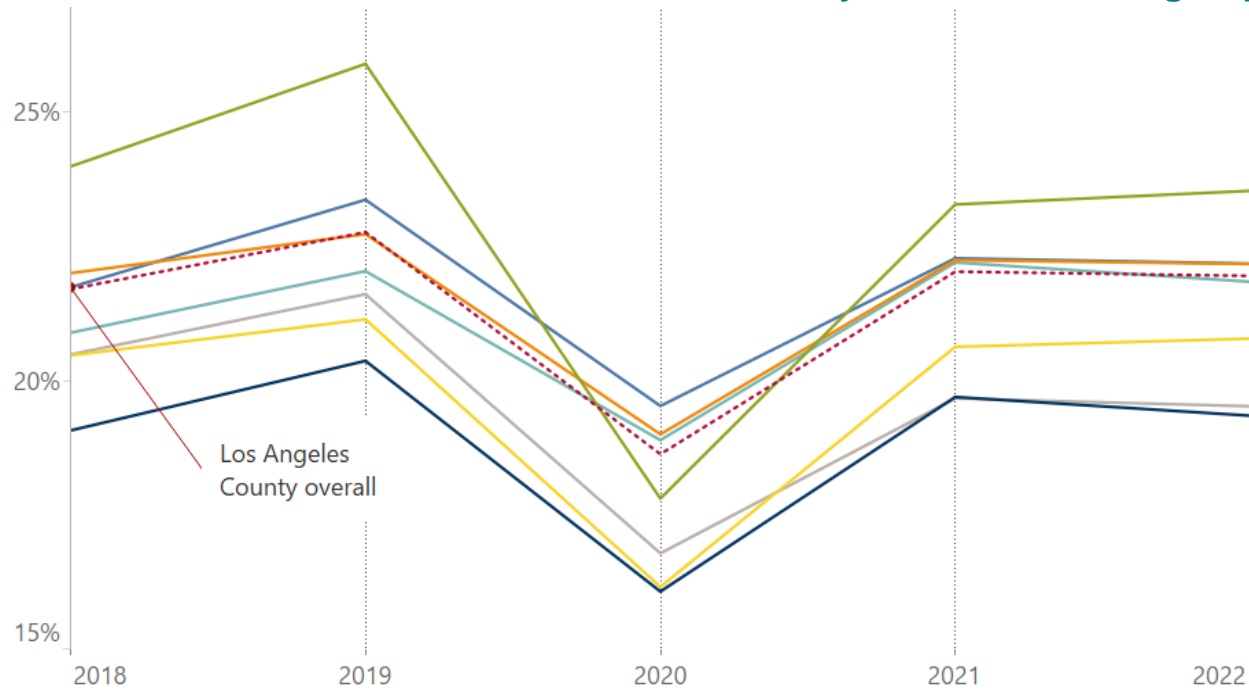
Asian beneficiaries had the highest utilization of diagnostic and preventative services in 2022.

Overall, utilization is lowest for all racial and ethnic groups in restorative services. More research is needed to understand what is happening at the local level, but one notable difference between these categories is that restorative services require a Treatment Authorization Request (TAR) to be covered by Medi-Cal.



# Diagnostic Services\* by Race and Ethnicity, by Year

Diagnostic services utilization remained stagnant in 2021 and 2022 and have not reached 2019 utilization levels for many racial and ethnic groups.



	2018	2019	2020	2021	2022
Los Angeles	21.7%	22.8%	18.6%	22.0%	22.0%
AI/AN	19.1%	20.4%	16.1%	19.7%	19.3%
Asian	24.0%	25.9%	17.8%	23.3%	23.5%
Hispanic	22.0%	22.7%	19.0%	22.2%	22.2%
Black	20.9%	22.0%	18.9%	22.2%	21.8%
NHPI	20.5%	21.1%	16.2%	20.6%	20.8%
White	21.7%	23.4%	19.5%	22.3%	22.2%
Other	20.5%	21.6%	16.8%	19.7%	19.5%

Asian beneficiaries had the highest utilization of diagnostic services across the board, except in 2020.

AI/AN and NHPI had lower utilization than the countywide rate from 2016-2022.

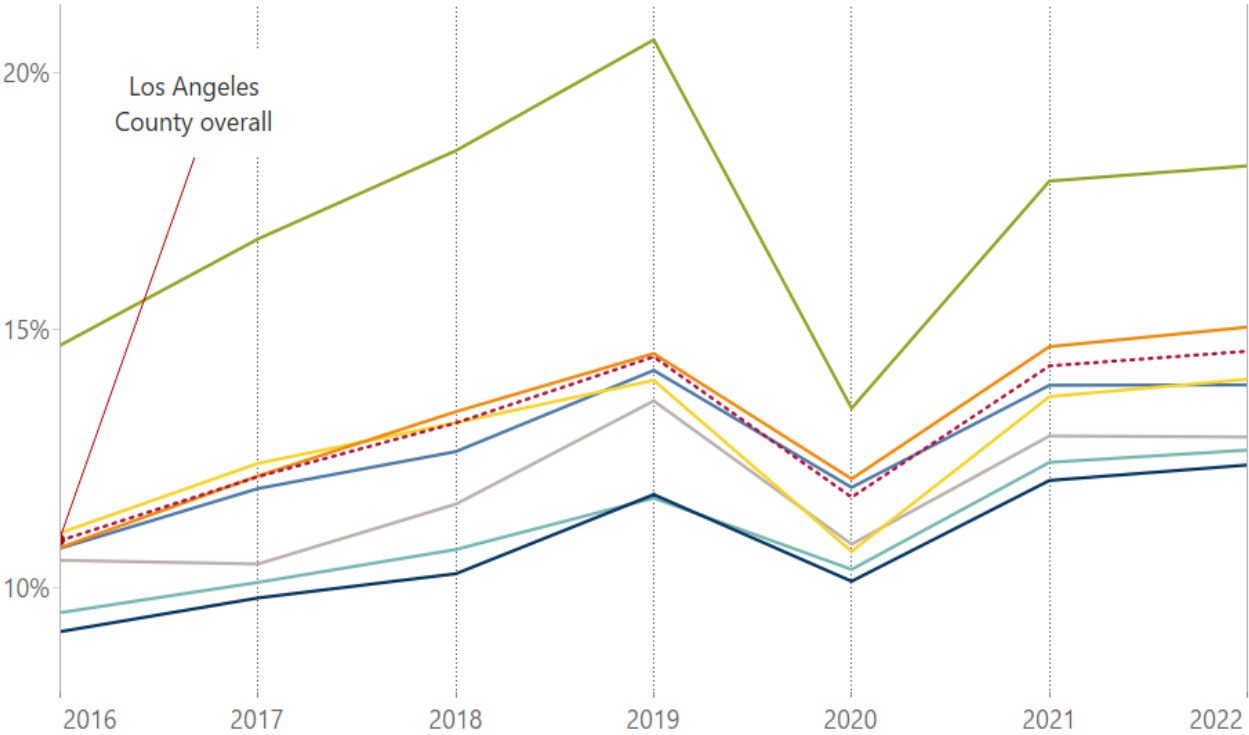
Overall, utilization of diagnostic services nearly returned to pre-pandemic levels for all groups except for Asian beneficiaries. Between 2021 and 2022, however, utilization has stagnated across the board.

**Diagnostic** services include things like oral health evaluation and imaging.<sup>18</sup>

\*DHCS began to include diagnostic service data in public datasets in Calendar Year 2018.

# Preventative Services by Race and Ethnicity, by Year

Asian beneficiaries had the highest utilization of preventative services in LA County, with all groups moderately recovering after the pandemic.



	2016	2017	2018	2019	2020	2021	2022
Los Angeles	10.9%	12.2%	13.2%	14.5%	11.8%	14.3%	14.6%
AI/AN	9.2%	9.8%	10.3%	11.8%	10.1%	12.1%	12.4%
Asian	14.7%	16.8%	18.5%	20.6%	13.5%	17.9%	18.2%
Hispanic	10.8%	12.2%	13.4%	14.5%	12.1%	14.7%	15.1%
Black	9.5%	10.1%	10.7%	11.7%	10.4%	12.4%	12.7%
NHPI	11.1%	12.4%	13.2%	14.0%	10.7%	13.7%	14.0%
White	10.8%	11.9%	12.6%	14.2%	11.9%	13.9%	13.9%
Other	10.5%	10.5%	11.6%	13.6%	10.8%	12.9%	12.9%

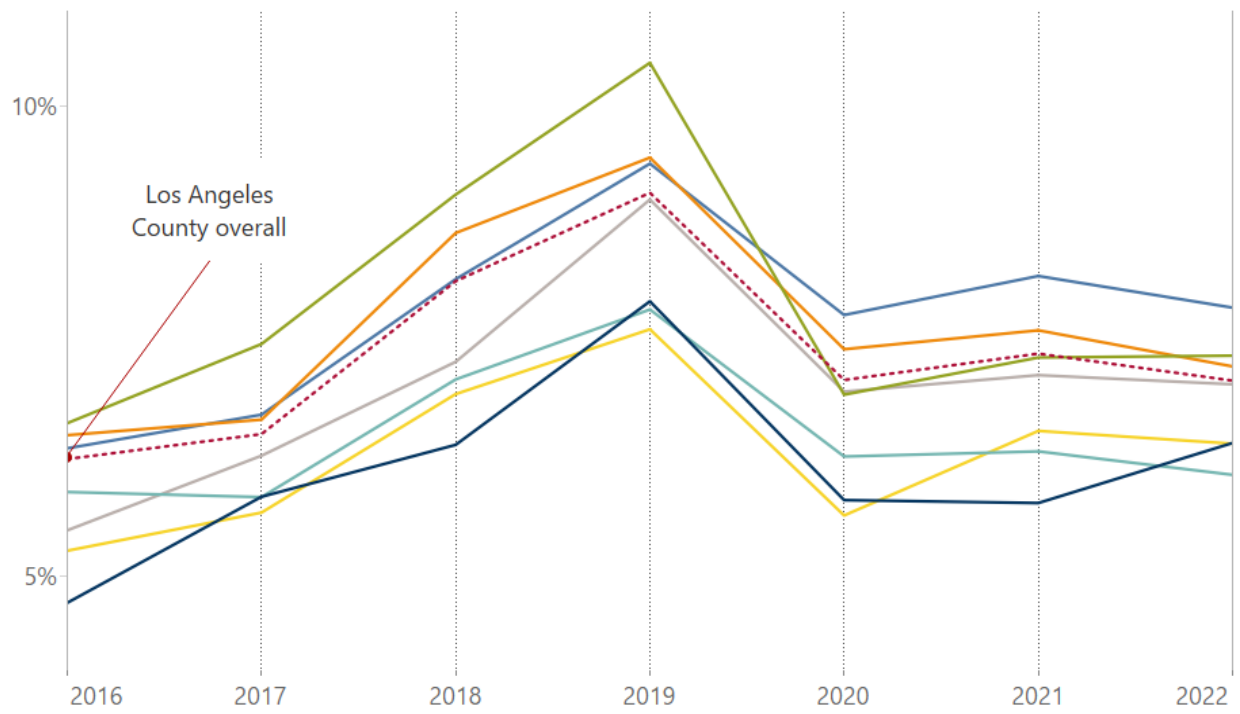
From 2016 to 2022, Asian beneficiaries utilized preventative services at a much higher percentage than other groups and countywide, but utilization in 2021 and 2022 has not reached pre-pandemic levels.

AI/AN and Black beneficiaries' utilization has increased from 2016 to 2022, but still remain among the lowest rates.

**Preventative services** include things like cleanings and fluoride application.<sup>19</sup>

Restorative Services by Race and Ethnicity, by Year

Total utilization of restorative services is much lower compared to diagnostic and preventative services, and rates have been stagnant since the pandemic.



While the reason is unclear, restorative services reflected unusual trends in all of the counties analyzed for this series of case studies. More research is needed to understand what is happening at the local level.

Asian, White, and Hispanic beneficiaries had the highest utilization over 2016-2022 in LA County, with Black, AI/AN, and NHPI having lower utilization.

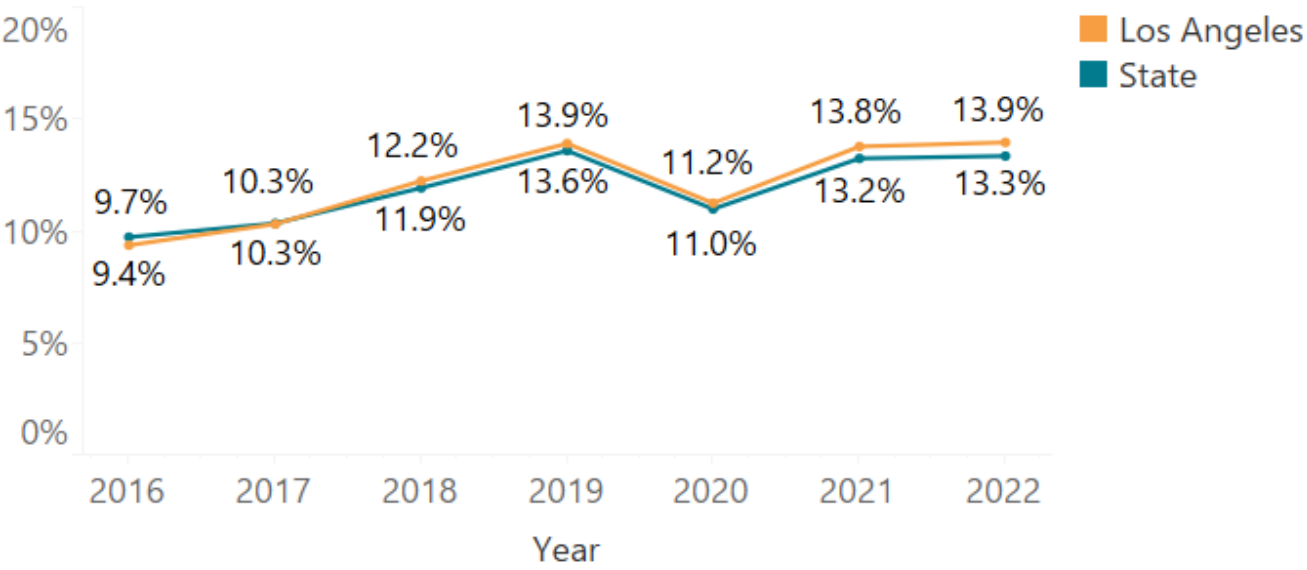
Overall, utilization of restorative services increased from 2016-2019 and decreased during the pandemic, and have not experienced significant change since.

**Restorative** services include things like fillings, crowns, and other repair services.<sup>20</sup>

	2016	2017	2018	2019	2020	2021	2022
Los Angeles	6.2%	6.5%	8.1%	9.1%	7.1%	7.4%	7.1%
AI/AN	4.7%	5.8%	6.4%	7.9%	5.8%	5.8%	6.4%
Asian	6.6%	7.5%	9.1%	10.5%	6.9%	7.3%	7.3%
Hispanic	6.5%	6.7%	8.6%	9.4%	7.4%	7.6%	7.2%
Black	5.9%	5.8%	7.1%	7.8%	6.3%	6.3%	6.1%
NHPI	5.3%	5.7%	6.9%	7.6%	5.6%	6.5%	6.4%
White	6.4%	6.7%	8.2%	9.4%	7.8%	8.2%	7.9%
Other	5.5%	6.3%	7.3%	9.0%	7.0%	7.1%	7.0%

# Total Utilization of Treatment or Prevention of Caries: County vs. State Numbers, by Year

Total utilization of treatment and prevention for caries in Los Angeles is similar to statewide performance, which is consistent with other services categories.



Treatment of caries (cavities) is important for overall oral health. This subcategory was analyzed in an effort to better understand the unusual trends seen in Restorative services.

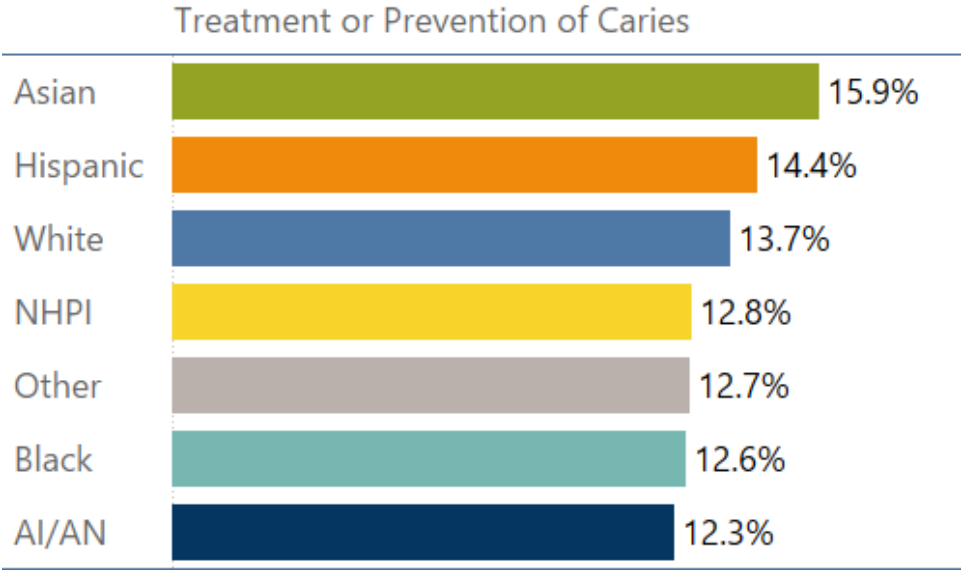
More information on how much of this data comes from each of the larger preventative and restorative service categories is unavailable.

Utilization of treatment or prevention services for caries gradually increased from 2016 to 2022, except for a drop in 2020, with little variation from the statewide level.

**Treatment/Prevention for Caries** captures the codes specific to cavity prevention and treatment from both the Preventative and Restorative service categories.<sup>21</sup>

# Treatment or Prevention of Caries by Race and Ethnicity, 2022

Utilization of services for of treatment or prevention of caries varies across racial and ethnic groups in LA County, with Asian beneficiaries having the highest utilization in 2022.

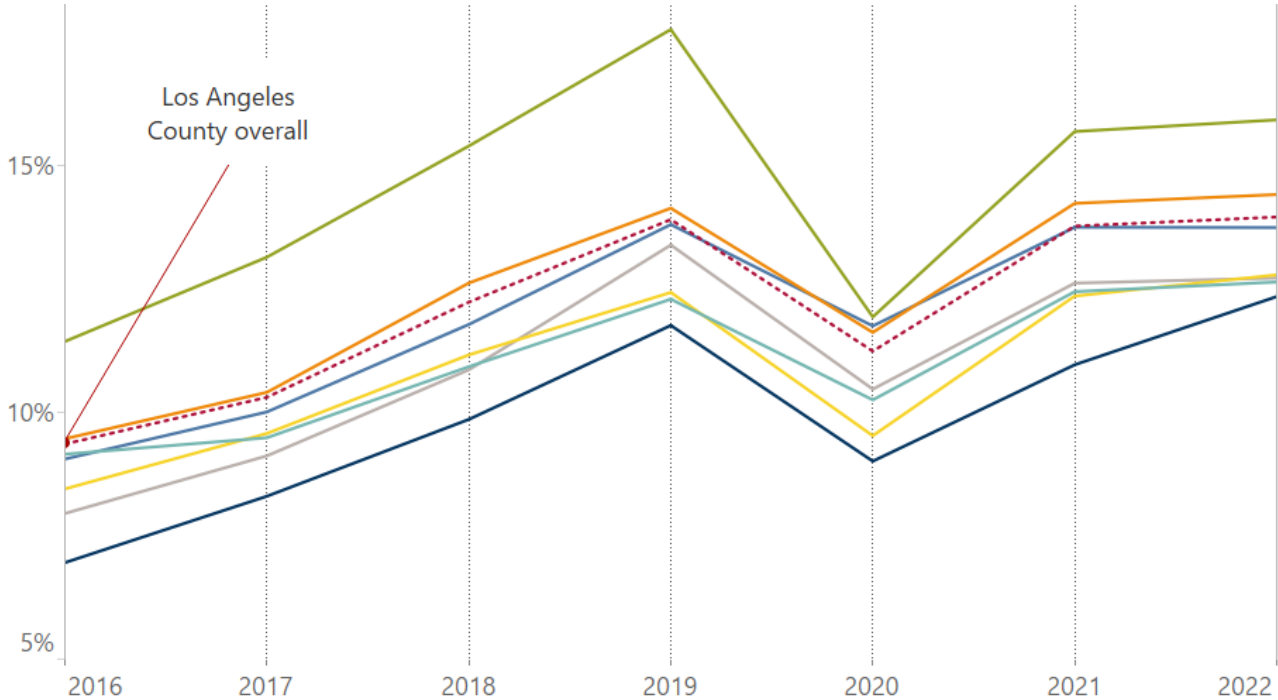


In 2022, AI/AN and Black beneficiaries had the lowest utilization of treatment or prevention services for caries. Asian and Hispanic beneficiaries had the highest utilization.



# Treatment or Prevention of Caries by Race and Ethnicity, by Year

The unusual post-pandemic trend in restorative services cannot be explained by the trends in treatment or prevention of caries.



	2016	2017	2018	2019	2020	2021	2022
Los Angeles	9.4%	10.3%	12.2%	13.9%	11.2%	13.8%	13.9%
AI/AN	7.0%	8.3%	9.9%	11.8%	9.0%	11.0%	12.3%
Asian	11.4%	13.1%	15.4%	17.7%	11.9%	15.7%	15.9%
Hispanic	9.5%	10.4%	12.6%	14.1%	11.6%	14.2%	14.4%
Black	9.1%	9.5%	10.9%	12.3%	10.2%	12.4%	12.6%
NHPI	8.4%	9.6%	11.2%	12.4%	9.5%	12.3%	12.8%
White	9.0%	10.0%	11.8%	13.8%	11.7%	13.7%	13.7%
Other	7.9%	9.1%	10.9%	13.4%	10.5%	12.6%	12.7%

More comprehensive data is needed to fully understand patient experience.

Post-pandemic trends suggest that prevention services are the driving force behind this subcategory for LA County.

Most racial and ethnic groups have gradually increased their utilization of treatment or preventative services for caries from 2016-2022. Utilization for Asian members have not returned to their pre-pandemic peak.

Asian and Hispanic beneficiaries utilized these services at the highest rates, while AI/AN beneficiaries had the lowest utilization.

# Acknowledgements

**We thank our partners for their important contributions to this work:**

- ▶ Huong Le, Asian Health Services
- ▶ Margarita Santiago, Centro Binacional para el Desarrollo Indígena Oaxaqueño
- ▶ Teresa Morales, Centro Binacional para el Desarrollo Indígena Oaxaqueño
- ▶ Jenny Kattlove, Strategic Concepts in Organizing & Policy Education

## About CPEHN

The California Pan-Ethnic Health Network (CPEHN) is a multicultural health policy organization dedicated to improving health of communities of color in California. CPEHN's mission is to advance health equity by advocating for public policies and sufficient resources to address the health needs of the state's new majority. We gather the strength of communities of color to build a united and powerful voice in health advocacy.

**This project was supported by generous  
funding from the CareQuest Institute for Oral  
Health**



**This report was researched  
and written by:**

Marlyn Pulido  
Senior Research Manager,  
CPEHN

Stephany Strahle  
Data Scientist, CPEHN

Ruqayya Ahmad  
Policy Manager, CPEHN

**Advisors and Reviewers:**

CareQuest Analytics & Data  
Insights team

California Department of Health  
Care Services

Kiran Savage-Sangwan,  
Executive Director, CPEHN

**Design by:**

Cassandra Aguilar  
Communications & Events  
Coordinator, CPEHN

# References



1. "[Medi-Cal Monthly Eligible Fast Facts](#)." California Department of Health Care Services, October 2024.
2. Ibid.
3. "[Dental Services through Medi-Cal](#)." Disability Rights California, January 24, 2023.
4. "[Resources for Improving Your Oral Health](#)." Office of Oral Health, California Department of Public Health. July 26, 2023.
5. "[Gum disease and heart disease: The common thread](#)." Harvard Health, February 15, 2021.
6. "[Diabetes & Oral Health](#)." National Institute of Dental and Craniofacial Research.
7. Michaud, Dominique S, Yan Liu, Mara Meyer, Edward Giovannucci, and Kaumudi Joshipura. "Periodontal Disease, Tooth Loss, and Cancer Risk in Male Health Professionals: A Prospective Cohort Study." *The Lancet Oncology* 9, no. 6 (June 2008): 550–58. [https://doi.org/10.1016/s1470-2045\(08\)70106-2](https://doi.org/10.1016/s1470-2045(08)70106-2).
8. Kim, Jung Ki, Lindsey A. Baker, Shieva Davarian, and Eileen Crimmins. "Oral Health Problems and Mortality." *Journal of Dental Sciences* 8, no. 2 (June 2013): 115–20. <https://doi.org/10.1016/j.jds.2012.12.011>.
9. Woodbury, Terrance, Erica Tebbs, Roshni Nedungafi, Ashley Aylward. "[Health and Economic Justice Survey 2024](#)." Community Catalyst & HIT strategies presentation, May 2024.
10. Singhal, Astha, Daniel J. Caplan, Michael P. Jones, Elizabeth T. Momany, Raymond A. Kuthy, Christopher T. Buresh, Robert Isman, and Peter C. Damiano. "Eliminating Medicaid Adult Dental Coverage in California Led to Increased Dental Emergency Visits and Associated Costs." *Health Affairs* 34, no. 5 (May 2015): 749–56. <https://doi.org/10.1377/hlthaff.2014.1358>.
11. Woodbury, Terrance, Erica Tebbs, Roshni Nedungafi, Ashley Aylward. "[Health and Economic Justice Survey 2024](#)." Community Catalyst & HIT strategies presentation, May 2024.
12. "[Medi-Cal Monthly Eligible Fast Facts](#)." California Department of Health Care Services, October 2024.
13. U.S. Census Bureau; American Community Survey, 2023 American Community Survey 1-Year Estimates, Table DP05; using data.census.gov; <[https://data.census.gov/table/ACSDP1Y2023.DP05?q=DP05&t=Race%20and%20Ethnicity&g=040XX00US06\\_050XX00US06037](https://data.census.gov/table/ACSDP1Y2023.DP05?q=DP05&t=Race%20and%20Ethnicity&g=040XX00US06_050XX00US06037)> (December 2024).
14. "[Medi-Cal Enrollment Tracking Tool](#)." California Health Care Foundation, August 6, 2024.
15. "[Resources for Improving Your Oral Health](#)." California Department of Public Health, July 26, 2023.
16. "[Medi-Cal Dental Schedule of Maximum Allowances \(SMA\)](#)." Medi-Cal Dental. California Department of Health Care Services, May 21, 2024.
17. "[California's Implementation of Federal Flexibilities During the Medicaid Unwinding Reduced Racial, Ethnic, and Linguistic Disparities in Medi-Cal Redeterminations Rates](#)." California Pan-Ethnic Health Network, October 25, 2024.
18. "[Medi-Cal Dental Schedule of Maximum Allowances \(SMA\)](#)." Medi-Cal Dental. California Department of Health Care Services, May 21, 2024.
19. Ibid.
20. Ibid.
21. Ibid.