2019 Assessments Grid

Shared with the Advisory Committee on February 4, 2019 for input. Those comments are reflected below and highlighted.

Survey: Providers

Objective: Assess capacity of providers serving vulnerable populations. Specifically surveying how many providers there are in particular specialties.

INTRODUCTION PARAGRAPH: TB created

PRACTICE PROFILE INFORMATION:

• Position of the person completing the survey

• What is the type of practice?

(Pull down Menu-choose one)

- Private,
- DSO,
- Nonprofit,
- FQHC,
- Travel dental clinics (outside of Long Beach, for profit)

• What is the practice's specialty?

(Pull down menu-choose all that apply)

- Pediatrics
- Orthodontics
- Endodontics
- Periodontics
- Oral Surgery

• What languages are spoken in the practice?

(Pull down menu-choose all that apply)

- English
- Spanish
- Khmer
- Tagalog
- Other

SPECIFIC PRACTICE INFORMATION

• Do you accept Medi-Cal (Y or N)?

- o If NO, why?
  - Dropdown from NO: Reasons
    - Patients do not show
    - Low reimbursement rates
    - Cumbersome billing

- o IF NO, what would encourage you to accept Medi-Cal?

- o If YES, what percentage of business is Denti-Cal?
  - Drop down from YES

- Percentage ranges or fill-in? TBD
  10% or less, 20-49%, 50% or more

• Do you serve patients with special healthcare needs? Y/N
• Does the practice provide tobacco cessation education?
• Are you aware of the restored dental benefits and the new Medi-Cal Rates?

Surveys: Vulnerable Populations

Objective: To discover issues contributing to poor oral health among vulnerable populations.

• Universal questions for all vulnerable populations we survey:
- Surveys will be anonymous
- Zip code (for dental providers)
- Age/Date of Birth
- Whether they are insured (Y or N). If so, what kind of insurance?
- Date of last dental visit
- Active treatment now?
- Race
- Chronic disease – diabetes and HIV patients can be captured through the LBDHHS; other diseases
- Tobacco use including vaping, chewing, smoking of any kind
- Gender M/F/They
- Have you had dental pain that caused you to miss school or work?
- Do you have a dentist?

Identify themselves as:

• Parents of children 0-5
- What was the age of your child at his/her first dental visit?
- How important is dental care to you? Scale of 1-4, 1 being not important at all to 5 being very important
- What keeps you from going to the dentist? (Pull down menu – check all that apply)
  - Transportation
  - Cost
  - Can't take time off work to go
  - Fear of the dentist
  - Lack of insurance
  - My language is not spoken at the dentist
  - Don't need to go to the dentist
- Does your child use toothpaste with fluoride?
- Does your child drink local tap water
- Does your child drink soda
  Or
- What is your child's favorite drink? (Pull down menu)
  - Soda
  - Water
  - Gatorade or sports drink
  - Juice
- Does anyone in your home smoke?

• Seniors age 65 and up
- Do you have mouth sores lasting a month or longer?
- Do you have any trouble chewing?
- Do you have dry mouth?

• Pregnant
- Do your gums bleed?
- Did you receive oral care education from your obstetrician?
- Do you use tobacco?
- Clearance? DDS needs to be comfortable/able to treat pregnant women

• Homeless

Nothing other than the universal questions.
- Do you have a toothbrush?
- Do you wear dentures?

• Other?

Children 5+ including teens
- Do your children have sealants?
- Do your children drink energy drinks? (Red Bull, Rockstar, Starbucks)
- Do you have Medi-Cal?
- Do your teens use tobacco? Vaping?