

Dental Appointment Availability for Young Children with Medi-Cal Insurance in San Francisco

Franklin Zhang, DMD, MPH¹; Anuradha Nayudu, BDS, MPH²; Maryna Spiegel, MPH²; Jodi Stookey, PhD²; Millie Hernandez¹; Letty Cheung²; Lisa Berens, DDS, MPH²

¹University of California, San Francisco (UCSF), Division of Pediatric Dentistry

²CavityFree SF, San Francisco Department of Public Health (SFPDH)



Introduction

BACKGROUND/SIGNIFICANCE:

- Dental access remains a major U.S. public health challenge.
- Healthy People 2030 prioritizes improving oral health access.¹
- However, **coverage ≠ access** - low reimbursement, administrative burden, and limited provider participation.²⁻³
- Children with Medicaid face longer wait times and fewer appointments, especially at younger ages.⁴⁻⁶

EXISTING EVIDENCE:

- Secret shopper studies (Chicago and the Bay Area) found inconsistent Medicaid access and inaccurate provider directories, particularly in disadvantaged neighborhoods.⁷⁻⁸
- In California, 55% of Medi-Cal-eligible children under age 5 did not see a dentist in 2017.⁹

GAP IN THE LITERATURE/RATIONALE:

- Limited research has examined Medi-Cal appointment availability for young children in San Francisco, across **Spanish-speaking and Chinese-speaking** communities.

Objectives

- Assess dental appointment availability and scheduling ease for young children with Medi-Cal in San Francisco using English, Spanish, and Cantonese calls.
- Identify barriers families face when scheduling dental appointments, including language and access challenges.
- Determine the number of dental offices accepting young Medi-Cal patients in San Francisco.
- Recommend strategies to improve appointment access and language support for children with Medi-Cal.

Research Question

- How accessible are dental appointments for young children enrolled in Medicaid in San Francisco, CA, and what barriers exist in scheduling care?

Methods

DESIGN/APPROACH:

- Cross-sectional “secret shopper” study using simulated parent phone calls to dental offices in San Francisco County.

CENSUS STUDY:

- Included all offices listed in the CA DHCS Medi-Cal Provider Directory and CavityFree SF database that serve children with Medi-Cal and had active phone lines.

“SECRET SHOPPER” PROTOCOL:

- Native English, Spanish, and Cantonese speakers posed as parents seeking **new patient appointments** for a 5-yo (with “black spots”) and an 18-mo (routine check). Each office was called up to 3 times during business hours; no voicemails or texts were left.

DATA COLLECTION:

- Recorded whether appointments were offered (primary outcome), office characteristics, reasons for denial, earliest and third available appointments, and qualitative notes on staff interactions or policies.

DATA ANALYSIS:

- Descriptive statistics conducted in Microsoft Excel.
- Data visualized using Power BI.

Results

QUANTITATIVE FINDINGS:

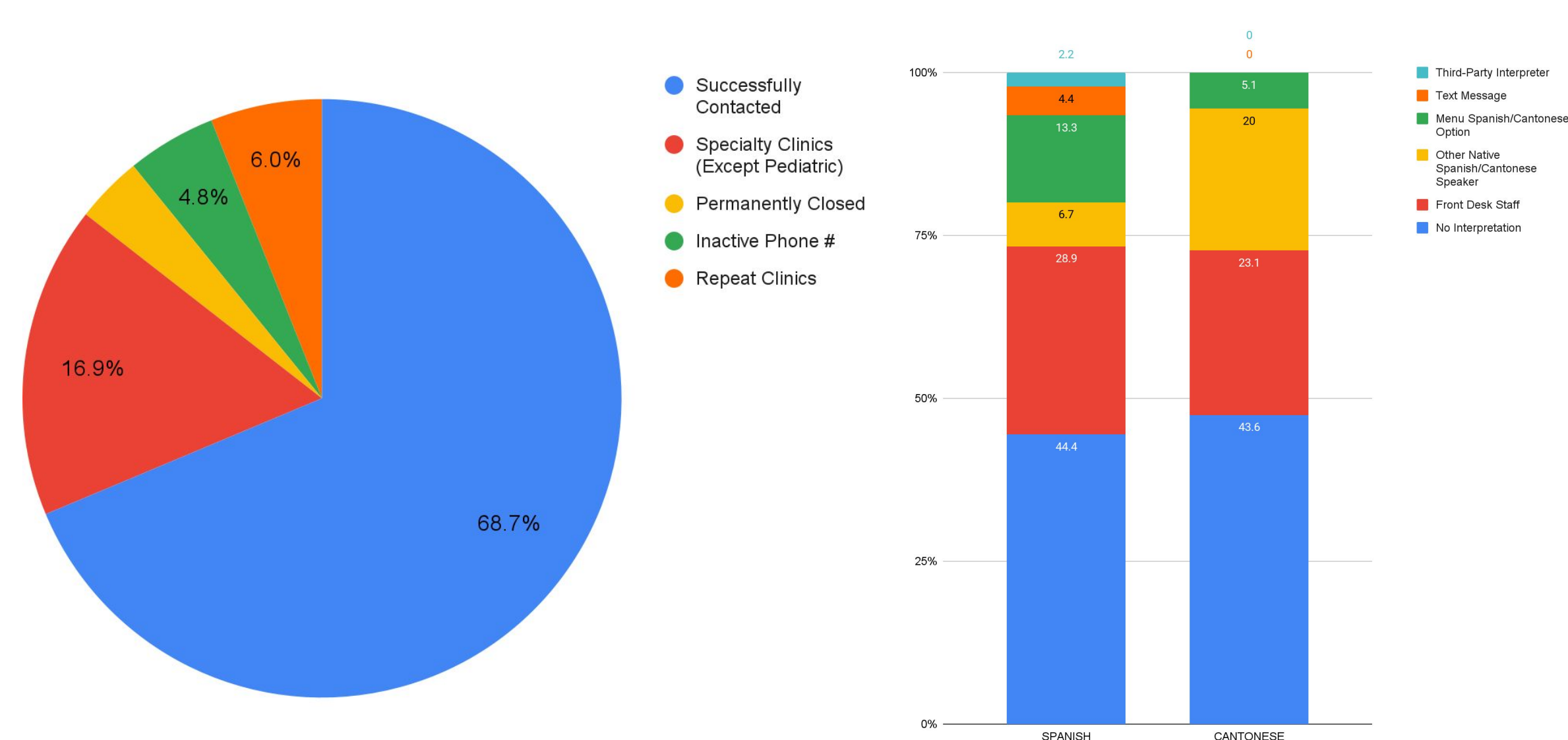


Figure 1. Clinics Contacted and Eligible.

- Roughly ~2/3 (68.7%) of the clinics were successfully contacted and eligible.
- The other ~ 1/3 (31.3%) were ineligible.

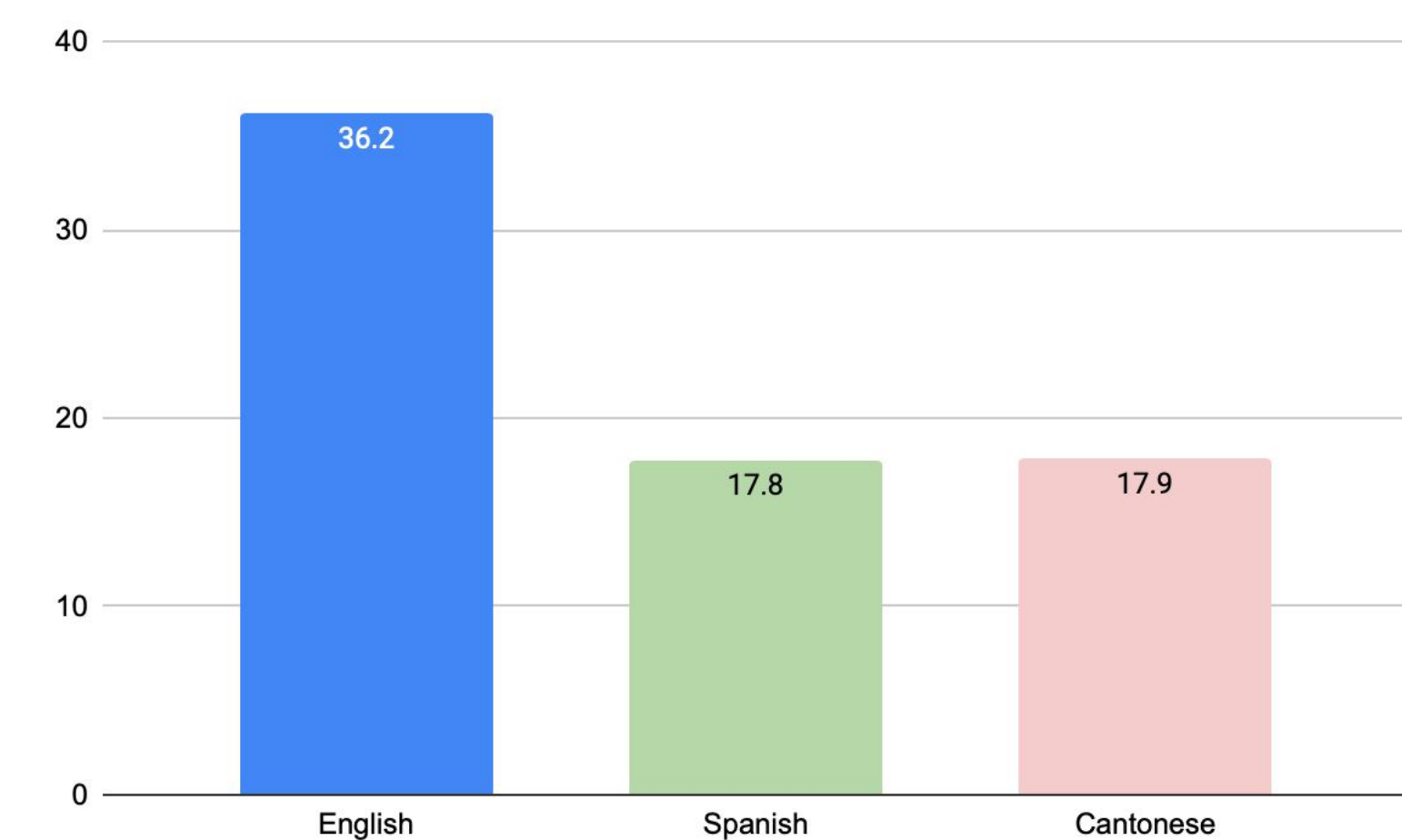


Figure 3. % of Reached Clinics That Offered Appointments.

- Appointment offers were low overall, but especially for Spanish and Cantonese callers (< 18%) compared to 36.2% for English.

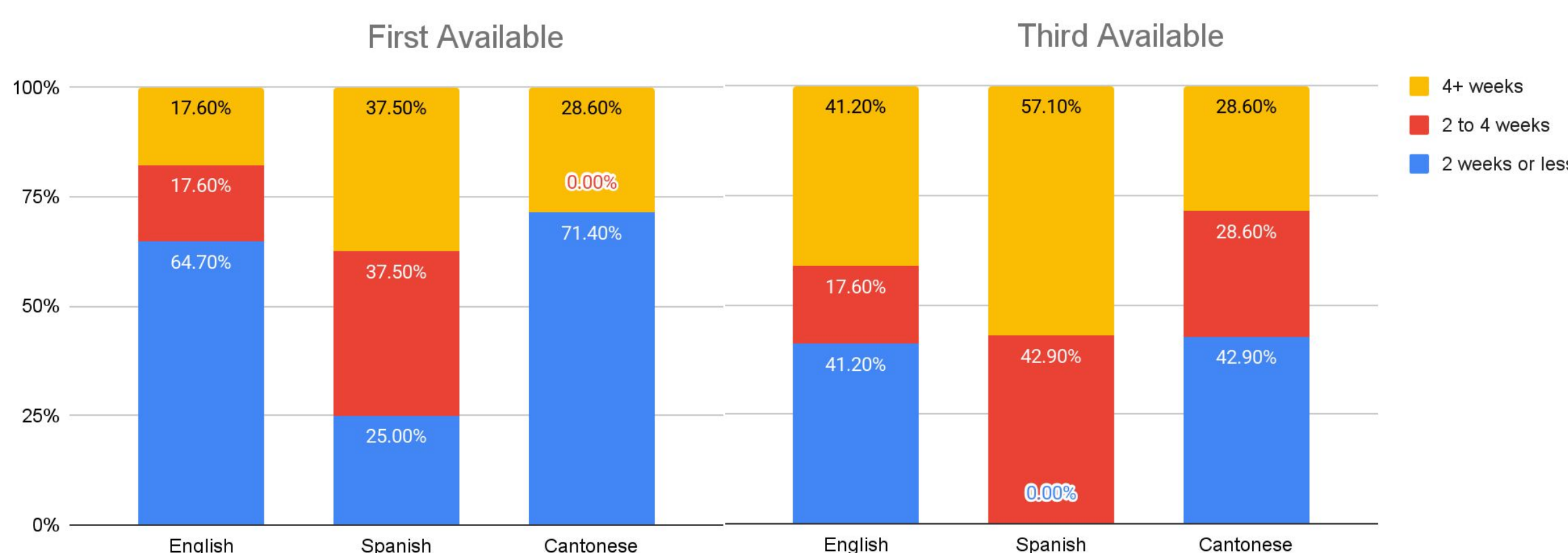


Figure 4. Wait Time for First and Third Available Appointments.

- English and Cantonese calls had similar wait times, while Spanish calls had the longest wait times for both earliest and third available appointments.

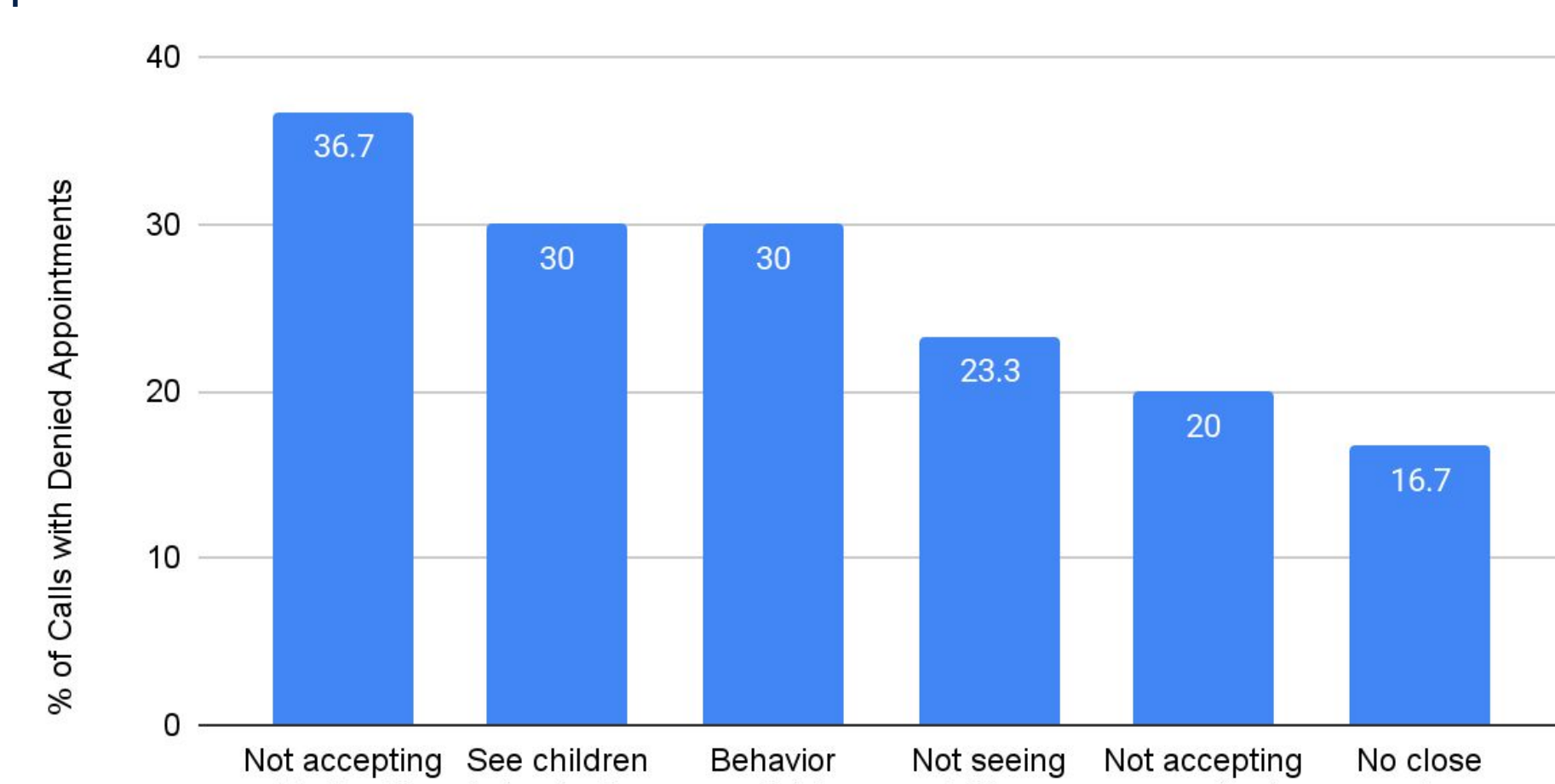


Figure 5. Reasons for Denial.

- Not accepting Medi-Cal (36.7%) was the biggest reason for denial.

Figure 2. % of Spanish and Cantonese Language Interpretation.

- Slightly over half of Spanish (55.6%) and Cantonese (56.4%) calls had some level of language interpretation.

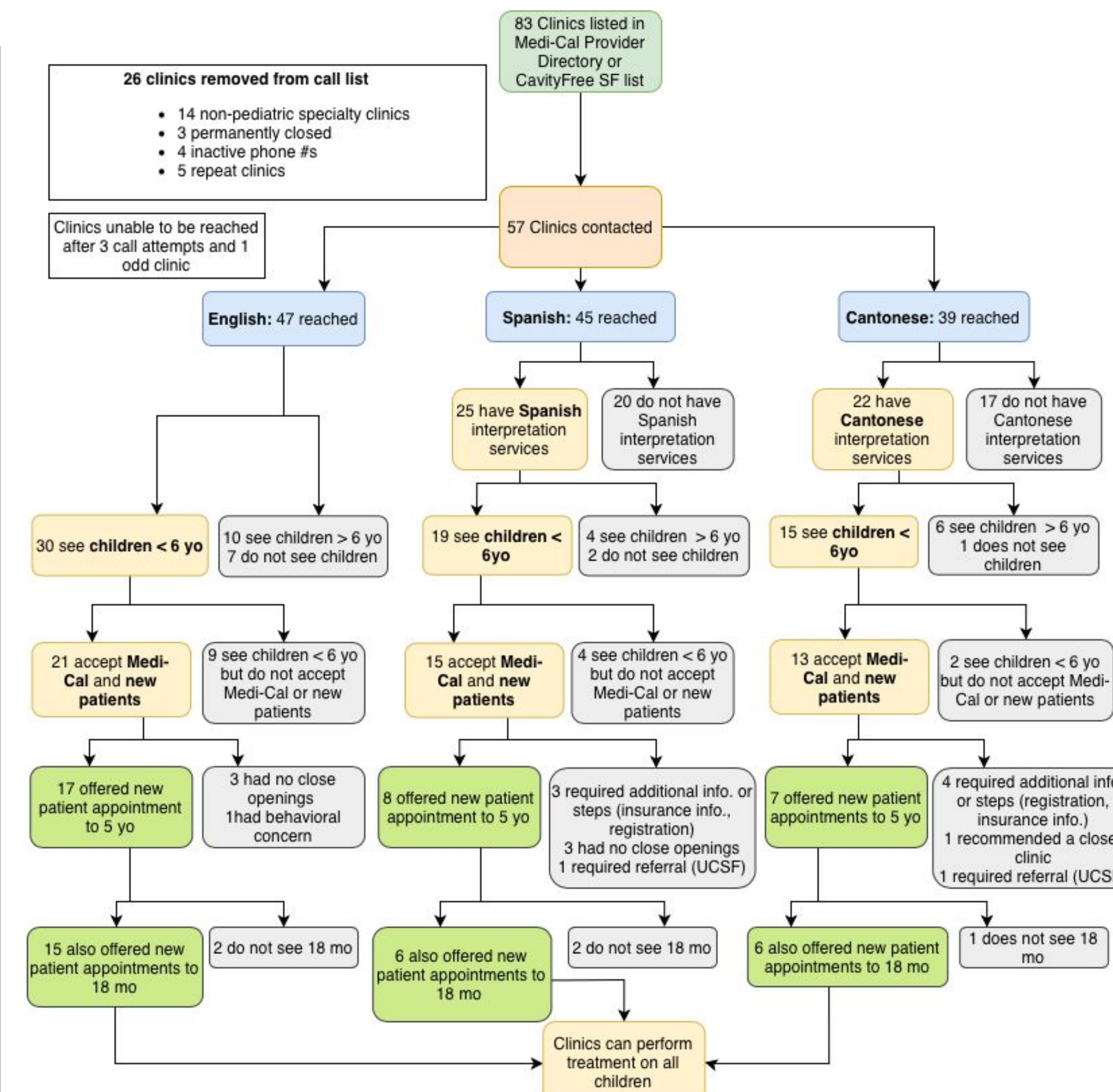


Figure 6. Overview - Flowchart for Call Data.

- Of 83 clinics originally listed, only 17 offered appointments in English, 8 in Spanish, and 7 in Cantonese.

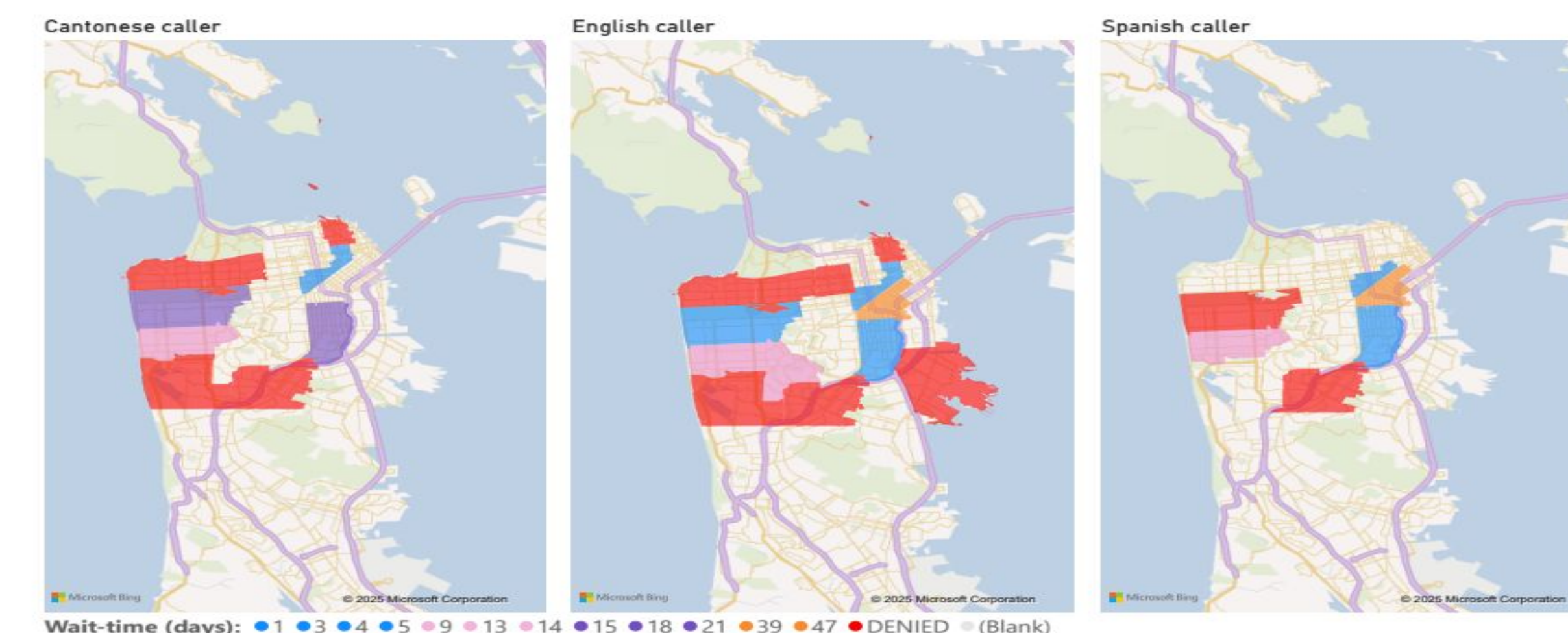


Figure 7. SF Neighborhood Maps (1st Available Wait Times).

- Mapping identified dental deserts, with no appointments available in Bayview-Hunters Point, Fillmore, or OMI - historically marginalized neighborhoods with large Black, Latinx, and Asian communities.

QUALITATIVE FINDINGS:

- Age-Based Discrimination and Bias
 - Clinics set age- and behavior-based restrictions for young children.
- Referrals
 - Clinics frequently deferred care to pediatric dental offices due to behavior and treatment limitations.
- Language Access Issues
 - Automated multilingual options were common.
- Staff Attitudes & Professionalism Problems
 - Poor customer service and dismissive behavior.
- Operational Barriers
 - Long waitlists and staff shortages.
 - Long phone waits or automated transfers.
 - Online membership registration.

Discussion

- Highlighted systemic barriers to timely, equitable dental care for young children < 6yo with Medi-Cal, especially among non-English speaking families.
- Inaccurate Medi-Cal Directory with roughly 1/3 (31.7%) of clinics being ineligible.
- Substantial differences as Spanish and Cantonese calls had almost half as many appointments offered as for English calls, primarily due to barriers in language interpretation. This is contrary to the diverse demographics of San Francisco.
- Other systemic barriers exist, such as age-based biases, unprofessional staff interactions, and administrative challenges.

Conclusion

- The results indicate deficiencies in current provider directories.
- Many office attitude towards pediatric patients were hesitant and dependent on young children’s “cooperation”.
- The list actually yielded very low results in obtaining actual dental appointment.
- Limited language access or access quality compounded barriers to pediatric dental care in San Francisco.

Next Steps

- Strengthening directory accuracy and user experience.
 - Better organization between pediatric and adult practices and for listing accurate language capabilities.
- Multilingual staffing or interpretation services.
- Provider training on cultural humility. (Also a finding from Eleanor Fleming Commissioned Report, SFPDH)
- Improve referral system for when to refer to pediatric dentists.

Acknowledgments

- Thank you to the CavityFree SF team and preceptors, Anuradha and Maryna, to our Spanish and Cantonese interpreters, Millie and Letty, and to our epidemiologist, Dr. Stookey, for all your support.

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