

# Access to Dental Care in Snohomish County, 2004

July 2005

**Snohomish Health District**  
**PUBLIC HEALTH**  
ALWAYS WORKING FOR A SAFER AND  
HEALTHIER COMMUNITY



## **Acknowledgements**

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## Executive Summary

In April of 2004, Snohomish Health District surveyed dental practices to determine the amount of direct care provided by primary care dentists in Snohomish County. Information supports community efforts to improve access to dental care. The following summary highlights key findings about dentist and mid-level provider capacity, population to provider ratios and availability of providers by payer.

### Dental Care Capacity

- In Snohomish County, 315 primary care dentists, including the pediatric dentists, FQHC and staff, provide dental care. After adjusting for part-time hours, hours not in direct patient care, and auxiliary staff, these dentists provided 318.5 full time equivalences (1 FTE = 40 hours) of direct patient care each week. These numbers do not include dental specialists, other than pediatric dentists, such as oral surgeons, periodontists, denturists, or endodontists.

### Access Ratios

Snohomish County as a whole does not have as serious a dental care access problem

- There was one dentist for every 2,540 individuals in Snohomish County. After adjusting for availability of dental hygienists and assistants (HPSA adjustment), the ratio of population to providers improved to 1903.

There is a significant disparity in access to care for individuals with low incomes.

- The ratio of low income individuals to a full-time dentist accepting low-income patients was 4,159. A serious shortage area, ranking in lowest 25% for all counties in the US, is 5000:1.
- Noteworthy are the three health planning areas(HPA) of Snohomish County that exceed the 5000:1 guideline. East County HPA ( 14,390:1). North County (6372:1) and View (5127) have serious lack of capacity for the low income populations.

### Access by Payer

Most primary care dentists are accepting new insured patients without restrictions (74%).

- Not all providers accept all dental insurance/coverage. There are restrictions by age and types of service delivered. Some do not accept payment by any third party providers.

Options for those with low incomes are more limited than those without Medicaid coverage.

- While 26% of dentists indicate they accept some patients with Medicaid coverage, only 3% of the dentists accept new Medicaid patients without restrictions.
- Residents whose coverage converts from private to public coverage are unlikely to continue having access to their usual and customary provider.
- Access to private dentists for those with Medicaid coverage is a concern.
  - Private practices provide 60.3% of the care for low income populations. The remaining 39.7% are provided by the federally qualified dental health centers..
- Government sponsored dental coverage(Medicaid), insurance provided by employers or out-of-pocket payments, finance dental care in Snohomish County. Private dental coverage is rarely available for purchase by individual consumers.

### Access to Preventive Care by Age

29.7% of dental provider follow recommendations preventive dental visits by 1 year of age.

## **Background**

The Office of Community and Rural Health, Washington State Department of Health works with local communities to survey primary care providers to assess eligibility for Health Professional Shortage Area (HPSA) status. While HPSA status is voluntary, it establishes eligibility for several federal assistance programs. These surveys are conducted on a three-year cycle. The survey includes questions such as:

- How much direct care is provided to patients?
- What are relative patient shares for privately insured, Medicaid<sup>1</sup> covered , and Sliding Fee Scale?
- Are specific primary care providers taking any new privately insured, Medicaid, or Sliding Fee Scale patients?

HPSA survey data offer a useful snapshot of access to dental care, but results should be interpreted with some care.. Limitations of this survey data include:

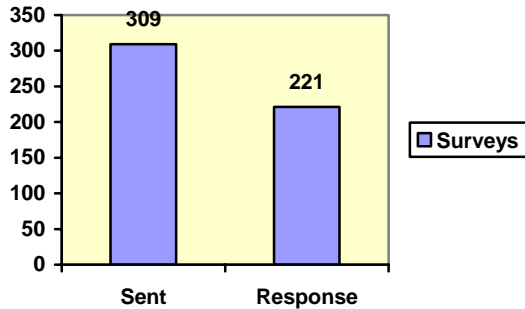
- It covers only access to **primary care** dentists/pedodontists and their staff; dental hygienists and dentist assistants. Access to specialty care may be a concern if specialists are not accepting referral for Medicaid or Medicare patients. This in turn may be a factor influencing whether primary care dentists are willing to accept Medicaid patients.
- It is self-reported. When possible the survey is administered to the office manager who is often more aware of payment systems than are providers. The Office of Community and Rural Health spot comparisons of self-reported Medicaid share information from HPSA surveys to activity reported to the Medical Assistance Administration have found that some self-reports over-estimate Medicaid patient shares. Therefore access may be lower than is reported here.
- Respondents were asked to provide an estimate of payer shares as 0%, under 5%, and then at 5% increments. This may introduce rounding bias. It is unclear which direction the bias may go.
- This study does not account for patients who travel into or outside the county for health care services. These border effects are likely to be particularly significant in southern Snohomish County areas bordering King County and Seattle. The magnitude of these effects is not yet known.

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<sup>1</sup> See Appendix for definitions of Medicaid services, Basic Health, FQHC/Public Clinics

## Methods

### Response to Survey Snohomish County HPSA, 2004



The Snohomish County Health District compiled a list of all dental practices in Snohomish County and identified 309 primary care dentists, that included four out of the five pediatric dentists. The business office of each practice was mailed or faxed a letter and survey with instructions and then contacted by phone in April of 2004.

The response rate for primary care dentists was 71.5% (221 out of 309).

There were important response differences by clinic type:

- Public Clinics/Federally Qualified Health Centers<sup>2</sup> (100%)
- Pediatric dentists (80%)
- Private dental offices (66.9%)

The Snohomish Health District entered the data and made follow-up calls to correct inconsistencies. Data was adjusted for non-responders.

Faxing surveys to and from provider offices was successful for improving the response rate. Face to face visits were used to pick up some completed forms.

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<sup>2</sup> See Appendix for definition of Federally Qualified Health Centers

## **Snohomish County Profile**

Snohomish County ranks 13<sup>th</sup> in size among Washington’s 39 counties (2089 square miles) and is the 4th most densely populated. The county makes up the northern part of Seattle – Tacoma – Everett Metropolitan area. The county is a mix of older city areas and suburbs immediately north of Seattle, rapidly growing bedroom communities, and few outlying areas such as Darrington that retain rural character. The population grew from 637,500 in 2003 to 646,800 in 2004, one of the fastest growing counties in Washington State. The county’s largest industries are manufacturing (tied to Aerospace and the Everett Home Port), services, retail trade and local state and federal government<sup>i</sup>. It is a largely urban/suburban county with 86% living within urbanized areas. Approximately two-thirds of the population is located in the Everett – Edmonds – Mill creek area. The rest of population is located in the further suburbs of Monroe – Snohomish (10%), Marysville (12%), and Arlington-Stanwood (11%).

The Snohomish County Health District sub-divides the county into six Zip Code based Health Planning Areas (HPA):

- Everett – Downtown Everett and parts of Northern Mukilteo
- View – Edmonds – Mukilteo and higher income areas on the Puget Sound south of Everett
- Highway 99 – A lower income corridor along Highway 99 including Lynnwood
- South Central – Mountlake Terrace and Mill Creek
- East County – Snohomish, Monroe, and the Highway 2 Corridor
- North County – Marysville, Arlington, Stanwood, Granite Falls, and Darrington

For this analysis we reconstructed these HPAs using census tract geography to correspond with the units demographic data was reported in. The correspondence between census tracts and Zip Codes is not exact.

### **Demographics of Snohomish County Health Planning Areas**

#### **Federal Poverty Levels**

#### **HPSA, Snohomish County, 2004**

<b>Health Planning Area</b>	<b>Percentage of County Population</b>	<b>Population at 200% Federal Poverty</b>
North County	23.6%	17.4%
East County	14.3%	14.9%
Everett	16.8%	26.9%
Hwy 99	15.9%	20.8%
View	11.4%	13.0%
South Central	18.0%	14.5%

## Language

### Languages spoken in dental offices Snohomish County, 2004

The ability to obtain dental services depends upon ability of a person to communicate with the dental office. The capacity of dental offices to provide services for those that speak a language other than English is one measure that can influence access to dental care.

Language	% County Population <sup>1</sup>	% Dentists by language spoken in office
English	86.2%	66%
Other Language	13.8%	34%

The most significant differences in oral health in Snohomish County are for those that speak a language other than English. (SMILE Survey, 2000, 2005). Those that speak a language other than English comprise approximately 13.8% of Snohomish County residents.<sup>3</sup>

### Number of practices with linguistic capacity by HPA

Health Planning Area	Number of Dentists Responding	English Only	Spanish	Russian or Eastern European	Asian	Other languages
North County	44	31	8	1	3	1
East County	18	14	3	0	0	1
Everett	58	38	8	9	8	8
Highway 99	46	24	6	7	4	15
View	28	20	0	5	1	4
South Central	27	19	0	3	0	6
<b>Total</b>	221	146	25 (11.3%)	25	16	35
		66%	34%			

The most common languages after English, in order, are Spanish, Russian/Eastern European, Asian and Arabic. Roughly 34% of the 221 responding dentists reported that they, or a member of their staff, speak a language other than English. 11.3% of the private dental offices have a staff member that speaks Spanish. Several practices have multiple-language capacity; therefore the number of languages spoken in practices may be greater than the number of dentists responding (duplicated).

<sup>3</sup> 2004 American Community Survey

## Primary Care Dentists in Snohomish County, 2004



As of the summer 2004, 309 primary care dentists provided 238.6 FTE of direct patient care. Direct patient care excludes specialty care and administrative time.

Adequate primary care dentist capacity is measured by the ratio of provider full-time-equivalent to the population for HPSA shortage designations. This is a crude measure that is not adjusted for population treatment needs or provider productivity. While an ideal ratio/benchmark has not been determined for dental care in communities, there are three benchmarks used for federal designation as a shortage area:

### HPSA Population to FTE Ratios

<3000:1FTE	Not a federal shortage area
>3000-5000:1 FTE	Shortage area for federal designations
>5000:1 FTE	Serious shortage area

**Population to FTE dentist by HPA**  
Snohomish County, 2004

HPA	Population/FTE <sup>4</sup>
East	2930
North	2796
South	1950
Hwy 99	1491
View	1496
Everett	1433
Total Snohomish County	1903

None of the Snohomish County HPA geographic areas meet the benchmark for federal designation as a health professional shortage area. (under3000:1) There may or may not be a shortage of dental providers as additional information on treatment needs or provider productivity is needed.

Dental care capacity for the total Snohomish County population (1903:1) is as expected., with dental care more concentrated in the higher density and higher income neighborhoods

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<sup>4</sup> Adjusted for full time equivalent

**Low-Income (<200% FPL) FTE Dentist by HPA  
Snohomish County, 2004**

HPA	Population:FTE
East	14390
North	6372
South	4735
Hwy 99	2745
View	5127
Everett	2954
<b>Total Snohomish County</b>	<b>4159</b>

Snohomish County is At the Stress Level for the total Snohomish County low income population. A population over 3000:1 is the federal ratio at which signs of stress may be felt. (FTEs that report accepting Medicaid or sliding scale are the HPSA measures for low-income capacity.)

Access is not uniform across the county. This pattern is reflected in the high ratios for the East and North County HPAs where most of non-urbanized population resides.

Ratios for the low-income population indicate improved access, around the Community Health Centers in Everett (2954:1) and Hwy 99 (2745:1) Health Planning areas.

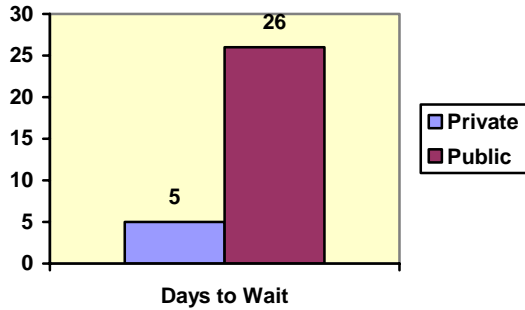
Snohomish County meets the benchmark for a Serious Shortage area for low income populations in North, East, South and View health planning areas. (4000:1)

Snohomish County meets the benchmark for Severe Shortage area for low income populations for the North, East and View Health Planning areas. (5000:1)

The wealthy View HPA has among the worst access ratios for the low income (5127:1) and among the best for the general population (1496:1). This highlights disparities in dental care access that exist in many urban communities and may be what masks providers from understanding disparities.

## Days Until First Appointment for New Patients

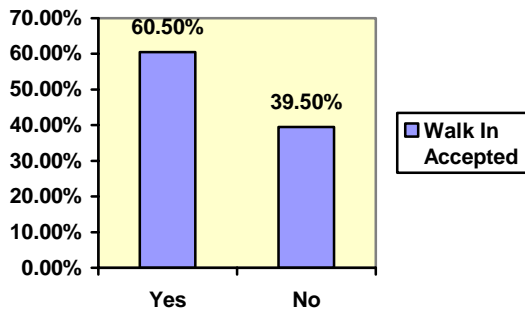
Wait time (in days) for new patients to first appointment by clinic type  
Snohomish County, 2004



Wait times are an indication of access to dental care. Wait times for low income (public clinic) patient's show that there are serious access limitations for non-emergent conditions. Public clinics indicate that the average new patient 26 days for a new appointment and 22 days for an established patient. Private offices have an average wait of 5 days for a new patient and 3 days for an established patient.

## Availability of Walk-In Appointments

Percent of dentists that accept walk-ins  
Snohomish County, 2004



Sixty percent of dentists indicated that they accept walk in appointments indicating there are openings for dental services if people are able or willing to pay for them. In general, same day dental care is primarily for emergency dental visits and may indicate additional availability for other dental services. The HPSA survey did not ask for clarifications of type of services available for walk-in patients, and therefore, must be considered carefully.

## **Capacity by Payer Source – Public, Private/Self-Pay**

The Medical Assistance Administration pays dentists for select services for people that meet eligibility requirements that otherwise would be unable to afford dental care.<sup>5</sup> Dental services covered by Medicaid programs are accepted in full without co-payments by the providers willing to accept Medicaid coverage. Typically, payment for services by the Medical Assistance Administration are less than payments by other insurance coverage or cash payments made directly from individuals. Private payers include third party payments and cash payments by patients. More dental services would be expected for those that are able to pay higher prices for dental care. Hence, it is not surprising that services are both less available and more restricted for those with Medicaid coverage.

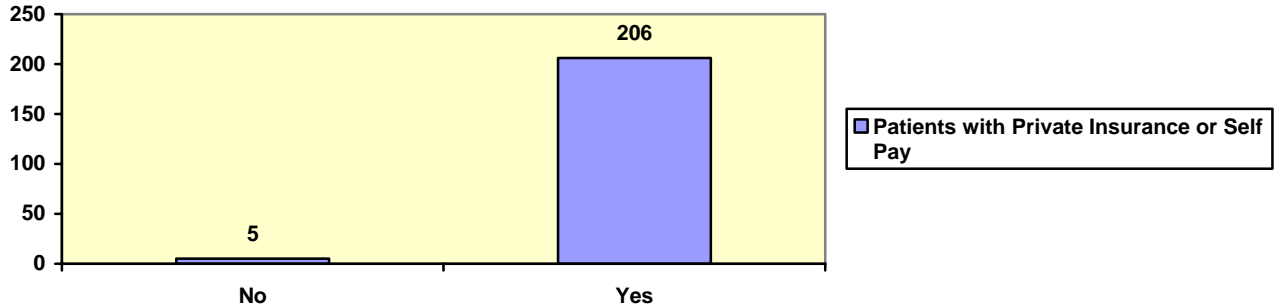
Medicaid coverage is the safety net for those that find themselves unable to afford basic healthcare services. Medicaid coverage spans the gap between unemployment and employment and therefore access to employer based dental benefits plans. One benefit of having a regular dental provider, as opposed to episodic dental care, is that dentists may be more likely to continue to provide dental care if life circumstances change. We added the question “Do you continue to provide services for established patients if their coverage changes to Medicaid?” as a measure of the dental service that would follow changes from private to public insurance coverage.

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<sup>5</sup> See Appendix for definitions of Medicaid and Medicaid programs

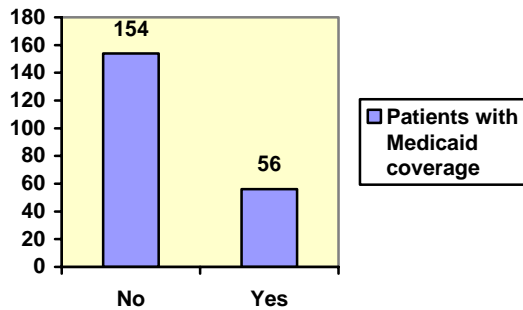
## New Patients

### Dentists accepting new patients - payment by third party coverage or self pay Snohomish County, 2004



Most (97.6%) primary care dentists reported they were accepting new patients.

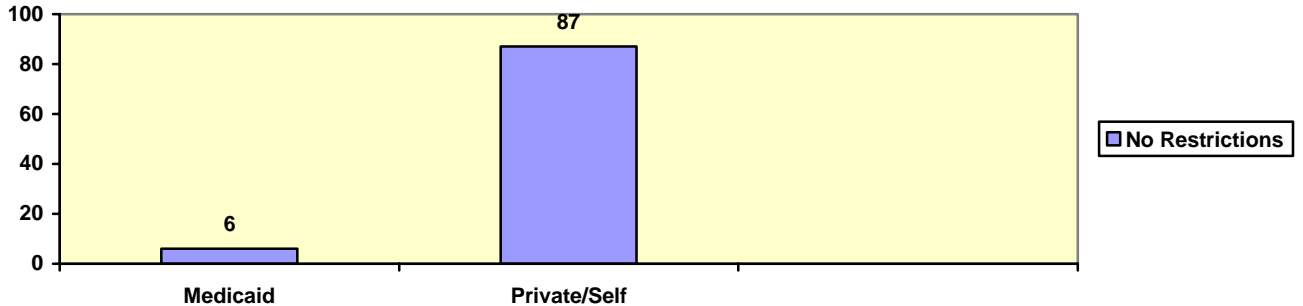
### Dentists accepting new patients- Medicaid coverage only Snohomish County, 2004



Medicaid patients are accepted by few Snohomish County dentists (26.7%). In contrast to privately insured patients, most providers are not accepting any new Medicaid patients.

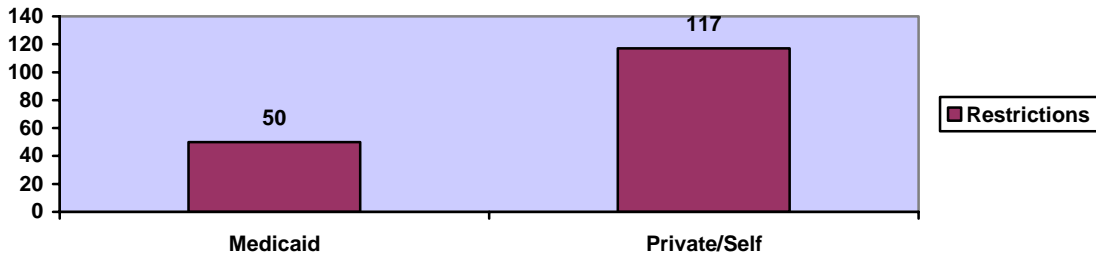
## Restrictions on Acceptance of new patients

### Acceptance of NEW dental patients without restrictions by payment type Snohomish County, 2004



Very few dentists accept new patients with Medicaid coverage without restriction by age or services provided (6 dentists - 2.86%) compared to dentists that do not accept Medicaid.

### Restrictions for accepting new dental patients by payment type Snohomish County, 2004

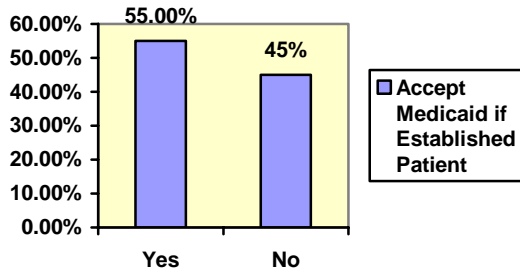


The number of dental providers accepting new patients with restrictions is higher for dentists that do not accept Medicaid. Restrictions can include age, types of insurance plans (managed care or others) and types of services

The restrictions imposed for those with Medicaid coverage are often more severe. The restrictions have significant affect on access for low income populations that already have fewer providers available. Restrictions include shorter hours of service, fewer days available, along with restriction of types of service (covered and not covered by Medicaid) and age.

## Affect of Established Patients Changing to Medicaid Coverage

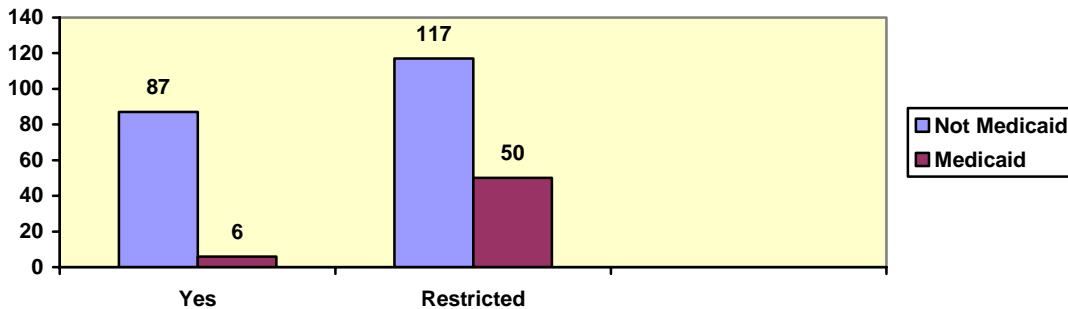
**Proportion of dentists that continue care for an established patient that becomes Medicaid eligible  
Snohomish County, 2004**



Private/self pay patients that begin to receive Medicaid dental coverage are likely to lose access to their current dental provider. Fifty five percent of the respondents indicated that they would continue to see patients if their coverage changed to Medicaid. This response needs to be considered carefully. Clarifications given by the responder indicate that while the patient would be seen, Medicaid coverage would not be accepted as payment. 45% of providers would not continue to see patients if their payment method changed to Medicaid at all.

## Access to Dental Care for Families with Medicaid coverage

**Percent of providers in private practice accepting new patients  
By type of insurance coverage  
Snohomish County, 2004**



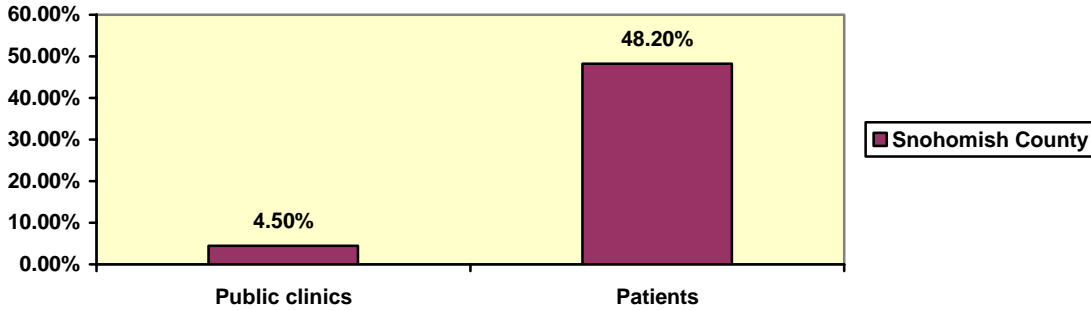
In general, private dentists are unlikely to accept new Medicaid patients.

The Basic Health Plan, for those that are working but remain lower income, offers dental coverage (Medicaid) for children only. Parents are not offered dental coverage. Parents prefer take their children to a dentist that will everyone in their family, if not to a pediatric dentist. The lack of parent coverage may reduce the use of available dental services already restricted to children only.

A child's dental health is affected by parent's access to oral health care too. There is a strong association between mothers with healthy teeth and their children's risk for tooth decay. Lack of dental coverage for parents may perpetuate disparities that exist between children from families with higher and lower incomes.

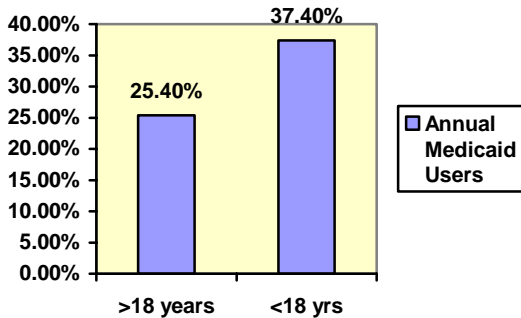
## Capacity for Sliding Scale for Uninsured/Underinsured

### Medical Assistance Administration Dental Provider Caseloads in Snohomish County MAA Dental Clients ages 18 and under FY 2004



Public clinics are the primary source for low income patients; however dental care is restricted to primarily children, pregnant women and adult emergencies. Public clinics provide 4.5% of dentist capacity (8 dentists) for primary care patients in the county, but they contribute 48.2% of Medicaid capacity for children 0-18 years old. They are the only facilities that provide care on a Sliding Fee Schedule.

### Medical Assistance Administration MAA Dental Clients in Snohomish County FY 2004



In 2004, 37.4% of children 18 years or younger that were had Medicaid coverage received one or more dental visits. Private dentists (115 dentists) collectively contributed 51.8% of patient capacity for children 0-18 years of age with Medicaid coverage. More information is needed to determine if there is a difference in treatment needs between patients seen in public clinics and private dental offices.

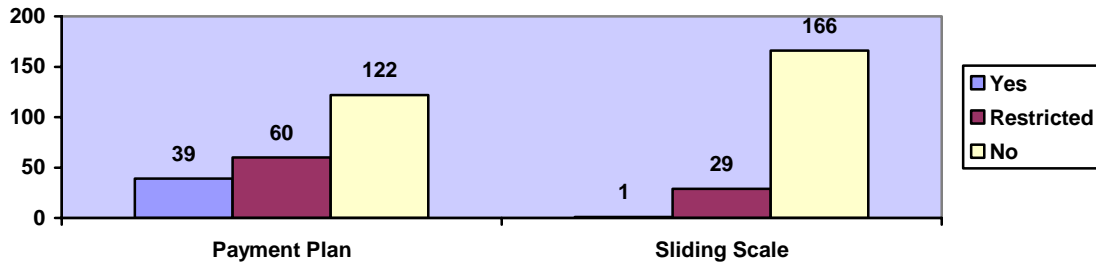
Capacity of adults with Medicaid coverage is more limited for adults than for children. 25.4% of adults with Medicaid coverage received at least one dental visit in the last year.

## Capacity for Payment Plans for Uninsured/Underinsured

### Payment plans or sliding scale fees Snohomish County, 2004

People that do not have insurance or have limited/restricted dental coverage must pay for dental services out-of-pocket. Payment plans and sliding fee services increase opportunities for individuals to obtain dental treatment in a timely manner by extending payments over time. People with low incomes often do not qualify for bank loans or credit card services.

For the purposes of the Snohomish County HPSA survey, we added the question. “Do you accept payment plans? If yes, please clarify any conditions.”



While 44.8% of the dentists responded that they provided some payment plans, most indicated one or more of the following conditions:

payment due on last day service completed

payment due within 90 days

credit cards/bank loans accepted in lieu of cash

Private dentists provided nearly all the capacity for those insured through their employer.

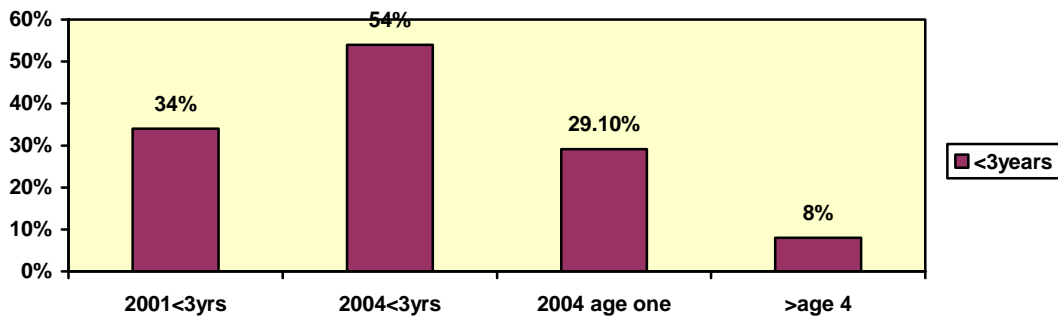
## Pediatric Dentists in Snohomish County

All five pediatric dentists in Snohomish County are accepting new patients and none are currently accepting new patients with Medicaid coverage. One pediatric dentist was accepting a limited number of Medicaid patients at the time of the survey and has since stopped. Pediatric dentists are the primary dentist referral source for children with extensive or complex dental needs. The lack of pediatric dental resources for referral may be an extenuating circumstance that prevents some dentists from participating in the Medicaid program.

### Early Dental Visits

Early identification of high risk children and referral for preventive oral health care by a dentist by age one is recommended by the American Academy of Pediatric Dentists, the American Dental Association and the American Academy of Pediatrics. In 2001 we had asked the question “Do you see children under age 3 for preventive dental visits. For the April 2004 survey, we change the question to reflect national recommendations “What age do you recommend for a child’s first dental visit?”

### Age that first dental visits are recommended by dentists Snohomish County, 2004



*The number of Snohomish County dental providers that advocate for early dental visits is increasing.*

29.1% (25.7% private/100% public) recommended less than age 2 for a first dental visit.

8% of private providers indicated they recommend that children do not need to be seen until over age 4

## Age to Retirement

In the 2001 Dental Workforce Study by the Center for Health Workforce Studies at the University of Washington it was estimated that 49.7% of Washington State dentists plan to retire by 2013. While this survey requested retirement plans for 2009, it provides one measure of changes in access to dental care in the next five to ten years. Twenty eight dentists (13.1%) out of the 214 respondents plan to retire by 2009.

### Snohomish County dentist plans to retire by HPA and population Snohomish County, 2004

Health Planning Area	Number of Dentists Responding	Plan to Retire by 2009	Total Pop: Dentist 2004	Low Income Population: Dentist
North County	39	3	3821	6372
East County	15	3	3924	14390
Everett	47	10	1702	2954
Highway 99	39	6	2199	2745
View	25	1	1951	5127
South Central	22	5	2723	4735
<b>Total</b>	221	28	2540	4159

Everett and Hwy 99 Health Planning areas (N=16) will lose more dentists (47% of the retirees) than the other planning areas. This may increase the population to dentist ratios in these areas. This may also increase stress on the capacity of the public dental clinics located in these two HPA that serve the lower income population.

## How Does Snohomish County Compare to Washington State?

### Snohomish County Medicaid providers and patients under age 19 <sup>6</sup>

	<b>Children seen per private provider</b>	<b>Children seen by public clinics</b>	<b>Dentists that saw at least one child</b>
2000	60.8	5591	124
2001	59.7	6462	122
2002	69.3	7148	115
2003	72.7	7994	122
2004	75.3	8066	115
Change from 2000-2004	(20% increase)	(31% increase)	(7% drop in 5 years)

Similar to Washington State, Snohomish County dentists participating as Medicaid providers has been declining annually. The private dentists and public clinics that accept Medicaid coverage are treating more patients each year. Typically communities have seen slow erosion of provider capacity, not a massive flight. Between 2000 and 2003, Snohomish County's population increased by nearly 5% compared with a statewide increase of 3.5% that further accelerates access issues.

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<sup>6</sup> Washington State Medicaid Dental Utilization, 0-18 year olds, fiscal years, Medical Assistance Administration, December 21<sup>st</sup>, 2004.

## How Does Snohomish County Compare to Other Urban Counties?

### Medicaid and Children's Services – 0-18 years Fiscal Years Number of children eligible to receive Medicaid covered dental services

	2000	2001	2002	2003	2004
Kitsap	18596	18884	19424	19720	19732
Thurston	18360	19529	20313	21200	20699
<b>Snohomish</b>	<b>46459</b>	<b>50016</b>	<b>54313</b>	<b>57575</b>	<b>56888</b>
Yakima	51617	52714	54780	55124	52198
Spokane	47492	50930	54135	56523	56228

Snohomish County is the third largest county in Washington State. Snohomish County has the fifth largest number of Medicaid eligible residents in Washington State following King, Pierce, Yakima and Spokane County.

### Medicaid and Children's Dental Services – 0-18 years Fiscal Years<sup>7</sup> Proportion of all children receiving at least one Medicaid covered service

	2000	2001	2002	2003	2004
Kitsap	29.4%	31.9%	36.3%	38.4%	37.4%
Thurston	30.4%	30.4%	33.1%	34.4%	38.1%
<b>Snohomish</b>	<b>32.4%</b>	<b>33.1%</b>	<b>34.7%</b>	<b>37.5%</b>	<b>37.4%</b>
Yakima	40.5%	42.3%	48.5%	49.2%	52.6%
Spokane	32.4%	33.1%	34.7%	37.5%	37.4%

The proportion of children 0-18 years old that received at least one dental service during FY 2004 was similar to most counties of similar size or demographic make up. Yakima has a proportionally larger low income and migrant population served by a strong community healthcare system that increases the proportion of children they are able to serve. Private dentists in Yakima accept a larger number of Medicaid patients (479:1) than do Snohomish County private dentists (75:1)

<sup>7</sup> Washington State Medical Assistance Administration, Dental Utilization Reports, Fiscal Years 2000-2004.

## Conclusions

Snohomish County as a whole does not have a serious access problem. Population growth, provider retirement and shrinking numbers of Medicaid dental providers indicate that access will become more serious in the next 5-10 years, especially for those with lower incomes.

There are significant disparities in care between those with higher and lower incomes. Following national and state trends, access to oral health care, is becoming increasingly related to income rather than to oral health care need.

Medicaid coverage is not acceptable to a majority of Snohomish County dentists as payment for services.

County and state discussion on improvements in dental coverage and expansion of dental coverage may improve access to dental care for all Snohomish County residents.

Dental disease is preventable. New research indicates that early detection and intervention, especially before age three, can have significant impacts on children's oral health. Dental sealants, another preventive strategy, reduces future decay experience up to 75%.<sup>8 9</sup>

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<sup>8</sup> Anderson M. Risk assessment and epidemiology of dental caries: review of the literature. *Pediatr Dent*. 2002 Sep-Oct;24(5):377-85.

<sup>9</sup> Bader JD, Shugars DA The evidence supporting alternative management strategies for early occlusal caries and suspected occlusal dentinal caries *J Evid Based Dent Pract*. 2006 Mar; 6(1):91-100

## **Appendix: Overview of Medicaid, Basic Health and Federally Qualified Health Centers**

This overview is extracted from the Introduction to Health Care Services section of the Health of Washington State, 2002 and updated in 2004<sup>ii</sup> and from the Federally Qualified Health Center Fact Sheet published by the Department of Health and Human Services

**Medicaid** This state-federal health insurance program for low-income people covered 950,000 Washington residents in Fiscal Year 2003. Medicaid primarily covers people currently and formerly on public assistance with family incomes within 200% of the federal poverty line, including Temporary Assistance to Needy Families (TANF), and people with disabilities. Children who are not eligible for TANF but have family incomes within 250% of the federal poverty line can enroll in Medicaid through the State Children's Health Insurance Program (SCHIP). About 29% of Medicaid payments are processed through Healthy Options; Washington's Medicaid managed care option. Welfare reform, which moved thousands of Washington families off public assistance, caused a 2.4% drop in Medicaid participation from 1997 to 1999. More recently, enrollment has been increasing as a result of the state's faltering economy, an increase in households unable to cover extraordinary health costs, and implementation of SCHIP. This increase has occurred despite difficult decisions to tighten eligibility criteria and shift non-residents from Medicaid to Basic Health. For a more detailed overview of Washington's Medicaid program see the Department of Social and Health Services 2003 report [Facing the Future](#).

**Basic Health (BH).** The BH program is administered by the Washington State Health Care Authority to provide subsidized health insurance to low-income individuals who do not qualify for Medicaid. [I can't remember...Basic Health is either 200 FPL or 250 FPL] In 2000, more than 217,000 state residents received coverage through the BH program or Basic Health Plus (BHP), for Medicaid children enrolled in BH. Basic Health Plus includes dental coverage for children only. During the 1990s, the program offered Washington residents a chance to purchase unsubsidized insurance coverage through the BHP. This unsubsidized option is no longer offered, and fewer than 1,000 people remain under this coverage. Subsidized BH coverage was capped at 131,250 in 2000, and the cap was lowered to 125,000 in 2001.<sup>iii</sup> An additional 56,000 children were enrolled in BHP in December 2001. With passage of Initiative 773 in 2001, funding was made available for an additional 20,000 to 30,000 BH enrollees. Subsequent legislation allowed this additional funding to be used to cover the costs of existing Basic Health members. Basic Health enrollment declined to 118,000 in 2003 and is still dropping.

**Federally Qualified Health Centers (FQHC/Public Clinic/CHC)** The FQHC benefit under Medicare was added effective October 1, 1991 when Section 1861(aa) of the Social Security Act was amended by Section 4161 of the Omnibus Budget Reconciliation Act of 1990. FQHCs are "safety net" providers such as community health centers, public housing centers, outpatient health programs funded by the Indian Health Service, and programs serving migrants and the homeless. The main purpose of the FQHC Program is to enhance the provision of primary care services in underserved urban and rural communities. Medicare pays FQHCs an all-inclusive per visit amount based on reasonable costs. Payments are calculated, in general, by dividing the Center's total allowable cost by the total number of total visits for FQHC services.



**Appendix 2  
Data Analysis  
Snohomish County HPSA, 2004**

					(mean fte of responders)	(# non-repond * mean fte respond)	(fte respond + fte non- respond)	(total pop/ estimated fte)
<b>Snohomish County Dental Survey: Population per FTE</b>								
HPA	2000 Census population	# responders	Total fte/responders	# non- responders	mean fte	total fte/non- responders	estimated total fte	fte: population
East	86831	18	13.6	11	0.77	8.5	22.1	3924
North	142784	44	34.3	4	0.77	3.1	37.4	3821
South	109221	27	20.8	25	0.77	19.3	40.1	2723
Hwy 99	96334	46	35.3	11	0.77	8.5	43.8	2199
View	69227	28	20.8	19	0.77	14.7	35.5	1951
Everett	101627	58	45.8	18	0.77	13.9	59.7	1702
<b>Total</b>	<b>606024</b>	<b>221</b>	<b>170.6</b>	<b>88</b>		<b>68.0</b>	<b>238.6</b>	<b>2540</b>

**Snohomish County Dental Survey: Population per HPSA-Adjusted FTE**

						total hpsa fte/non- responders	estimated total hpsa fte	hpsa fte: population
HPA	2000 Census population	# responders	Total hpsa fte/responders	# non- responders	mean hpsa fte	total hpsa fte/non- responders	estimated total hpsa fte	hpsa fte: population
East	86831	18	18.2	11	1.04	11.4	29.6	2930
North	142784	44	46.9	4	1.04	4.2	51.1	2796
South	109221	27	30.0	25	1.04	26.0	56.0	1950
Hwy 99	96334	46	45.9	18	1.04	18.7	64.6	1491
View	69227	28	26.5	19	1.04	19.8	46.3	1496
Everett	101627	58	59.5	11	1.04	11.4	70.9	1433
<b>Total</b>	<b>606024</b>	<b>221</b>	<b>227.0</b>	<b>88</b>		<b>91.5</b>	<b>318.5</b>	<b>1903</b>

**Snohomish County Dental Survey: Low-Income Population per Low-Income FTE**

					mean low- income fte (comm health excluded)	total low income fte/non- responders	estimated low income fte	low income fte: low income population
HPA	2000 Census population, <200% FPL	# responders	Total low income fte/responders	# non- responders	mean low- income fte (comm health excluded)	total low income fte/non- responders	estimated low income fte	low income fte: low income population

East	12951	18	0.4	11	0.05	0.6	0.9	14390
North	24849	44	3.7	4	0.05	0.2	3.9	6372
South	15863	27	2.1	25	0.05	1.3	3.4	4735
Hwy 99	20037	46	6.4	18	0.05	0.9	7.3	2745
View	8972	28	0.8	19	0.05	1.0	1.8	5127
Everett	27321	58	8.7	11	0.05	0.6	9.3	2954
<b>Total</b>	<b>109993</b>	<b>221</b>	<b>22.1</b>	<b>88</b>		<b>4.4</b>	<b>26.5</b>	<b>4159</b>

	<b>Total pop</b>	<b>Pop &lt; 200%</b>
		<b>FPL</b>
East	86831	12951
North	142784	24849
South	109221	15863
Hwy 99	96334	20037
View	69227	8972
Everett	101627	27321
	606024	109993

# Appendix 3

## Data Analysis Tables

### Snohomish County HPSA, 2004

. \*COUNT

. tab city

city	Freq.	Percent	Cum.
Arlington	15	6.79	6.79
Bothell	4	1.81	8.60
Darrington	1	0.45	9.05
Edmonds	17	7.69	16.74
Everett	73	33.03	49.77
Granite Falls	1	0.45	50.23
Lake Stevens	4	1.81	52.04
Lynnwood	41	18.55	70.59
Marysville	18	8.14	78.73
Mill Creek	10	4.52	83.26
Monroe	7	3.17	86.43
Mt Lake Terrace	5	2.26	88.69
Mukilteo	9	4.07	92.76
Snohomish	10	4.52	97.29
Stanwood	5	2.26	99.55
Sultan	1	0.45	100.00
Total	221	100.00	

. tab hpa

hpa	Freq.	Percent	Cum.
Everett	58	26.24	26.24
East	18	8.14	34.39
South	27	12.22	46.61
North	44	19.91	66.52
Hwy 99	46	20.81	87.33
View	28	12.67	100.00
Total	221	100.00	

. tab clinic

clinic type	Freq.	Percent	Cum.
private	211	95.48	95.48
public	10	4.52	100.00
Total	221	100.00	

. tab spec

provider type	Freq.	Percent	Cum.
general	217	98.19	98.19
pediatric	4	1.81	100.00
Total	221	100.00	

. tab clinic spec

clinic type	provider type	Total
type	general pediatric	
private	207 4	211
public	10 0	10

-----+-----+-----  
Total | 217 | 4 | 221

**\*HOURS**

. tab hour\_cat clinic, col nokey

hours in 5	clinic type		
categories	private	public	Total
<20	11	0	11
	5.21	0.00	4.98
20-29	43	1	44
	20.38	10.00	19.91
30-34	108	3	111
	51.18	30.00	50.23
35-39	28	1	29
	13.27	10.00	13.12
40+	21	5	26
	9.95	50.00	11.76
Total	211	10	221
	100.00	100.00	100.00

. tab clinic, summ(hours)

clinic type	Summary of hours		
	Mean	Std. Dev.	Freq.
private	30.734597	6.2951748	211
public	34.5	6.8516016	10
Total	30.904977	6.3532399	221

. tab spec, summ(hours)

provider	Summary of hours		
	Mean	Std. Dev.	Freq.
general	30.9447	6.3575329	217
pediatric	28.75	6.6017674	4
Total	30.904977	6.3532399	221

. \*FTE

. tab clinic, summ(fte)

clinic type	Summary of fte		Freq.
	Mean	Std. Dev.	
private	.76741706	.15535661	211
public	.8625	.17129004	10
Total	.77171946	.15694341	221

. tab spec, summ(fte)

provider type	Summary of fte		Freq.
	Mean	Std. Dev.	
general	.77269585	.15702269	217
pediatric	.71875	.16504418	4
Total	.77171946	.15694341	221

. tab hpa, summ(fte)

hpa	Summary of fte		Freq.
	Mean	Std. Dev.	
Everett	.79008621	.1757621	58
East	.75694445	.13821486	18
South	.76990741	.15948607	27
North	.77897727	.11075103	44
Hwy 99	.76630435	.12869185	46
View	.74241072	.22343435	28
Total	.77171946	.15694341	221

. \*total fte of respondants

. tab fte\_1

sum fte	Freq.	Percent	Cum.
170.55	221	100.00	100.00
Total	221	100.00	

. \*total fte of respondants by hpa

. bysort hpa: tab fte\_2

---

-> hpa = Everett

sum fte by hpa	Freq.	Percent	Cum.
45.825	58	100.00	100.00
Total	58	100.00	

---

-> hpa = East

sum fte by hpa	Freq.	Percent	Cum.
13.625	18	100.00	100.00
Total	18	100.00	

---

-> hpa = South

sum fte by			
hpa	Freq.	Percent	Cum.
20.7875	27	100.00	100.00
Total	27	100.00	

---

-> hpa = North

sum fte by			
hpa	Freq.	Percent	Cum.
34.275	44	100.00	100.00
Total	44	100.00	

---

-> hpa = Hwy 99

sum fte by			
hpa	Freq.	Percent	Cum.
35.25	46	100.00	100.00
Total	46	100.00	

---

-> hpa = View

sum fte by			
hpa	Freq.	Percent	Cum.
20.7875	28	100.00	100.00
Total	28	100.00	

**\*HPSA ADJUSTED FTE**

. tab hpa, summ(hpsa\_fte)

Summary of hpsa-adj fte			
hpa	Mean	Std. Dev.	Freq.
Everett	1.0252586	.30436281	58
East	1.0130556	.29563559	18
South	1.1103241	.27047491	27
North	1.0648296	.22407977	44
Hwy 99	.99842392	.24865602	46
View	.94665179	.35528451	28
Total	1.026991	.28195889	221

. tab clinic, summ(hpsa\_fte)

Summary of hpsa-adj fte			
clinic type	Mean	Std. Dev.	Freq.
private	1.0192654	.28187609	211
public	1.19	.24186773	10
Total	1.026991	.28195889	221

. tab spec, summ(hpsa\_fte)

Summary of hpsa-adj fte			
provider type	Mean	Std. Dev.	Freq.
general	1.0302074	.28059808	217
pediatric	.85249999	.34608524	4
Total	1.026991	.28195889	221

. \*total hpsa-adjusted fte of respondants

. tab hpsa\_fte\_1

sum			
hpsa_fte	Freq.	Percent	Cum.
226.965	221	100.00	100.00
Total	221	100.00	

. \*total hpsa-adjusted fte of respondants, by hpa

. bysort hpa: tab hpsa\_fte\_2

-> hpa = Everett

sum			
hpsa_fte by hpa	Freq.	Percent	Cum.
59.465	58	100.00	100.00
Total	58	100.00	

-> hpa = East

sum			
hpsa_fte by hpa	Freq.	Percent	Cum.
18.235	18	100.00	100.00
Total	18	100.00	

---

-> hpa = South

sum			
hpsa_fte by			
hpa	Freq.	Percent	Cum.
29.97875	27	100.00	100.00
Total	27	100.00	

---

-> hpa = North

sum			
hpsa_fte by			
hpa	Freq.	Percent	Cum.
46.8525	44	100.00	100.00
Total	44	100.00	

---

-> hpa = Hwy 99

sum			
hpsa_fte by			
hpa	Freq.	Percent	Cum.
45.9275	46	100.00	100.00
Total	46	100.00	

---

-> hpa = View

sum			
hpsa_fte by			
hpa	Freq.	Percent	Cum.
26.50625	28	100.00	100.00
Total	28	100.00	

. \*LOW INCOME FTE (FORMULA {(% MEDICAID + % SLIDING FEE) \* HPSA-ADJUSTED FTE}

. tab clinic, summ(li\_fte)

Summary of low income fte			
clinic type	Mean	Std. Dev.	Freq.
private	.0462173	.1376756	211
public	1.2240251	.37066085	10
Total	.09951177	.28968298	221

. tab hpa, summ(li\_fte)

Summary of low income fte			
hpa	Mean	Std. Dev.	Freq.
Everett	.14943492	.35799321	58
East	.01935833	.0458654	18
South	.07667777	.26818981	27
North	.08344716	.31119195	44
Hwy 99	.13978914	.31457249	46
View	.02871964	.07016876	28
Total	.09951177	.28968298	221

. \*total low income fte of respondents

. tab li\_fte\_1

sum li_fte	Freq.	Percent	Cum.
21.9921	221	100.00	100.00
Total	221	100.00	

. \*total hpsa-adjusted low income fte of respondents, by hpa

. bysort hpa: tab li\_fte\_2

---

-> hpa = Everett

sum li_fte	by hpa	Freq.	Percent	Cum.
8.667225	58	100.00	100.00	
Total	58	100.00		

---

-> hpa = East

sum li_fte	by hpa	Freq.	Percent	Cum.
.34845	18	100.00	100.00	
Total	18	100.00		

---

-> hpa = South

sum li_fte	by hpa	Freq.	Percent	Cum.
2.0703	27	100.00	100.00	
Total	27	100.00		

---

-> hpa = North

sum li_fte			
by hpa	Freq.	Percent	Cum.
3.671675	44	100.00	100.00
Total	44	100.00	

---

-> hpa = Hwy 99

sum li_fte			
by hpa	Freq.	Percent	Cum.
6.4303	46	100.00	100.00
Total	46	100.00	

---

-> hpa = View

sum li_fte			
by hpa	Freq.	Percent	Cum.
.80415	28	100.00	100.00
Total	28	100.00	

**\*RETIRE/AGE**

. tab retire2

retire 5 yrs	Freq.	Percent	Cum.
no	186	86.92	86.92
yes	28	13.08	100.00
Total	214	100.00	

. tab age2

age dentist	Freq.	Percent	Cum.
55-59	35	15.84	15.84
60-64	16	7.24	23.08
65+	9	4.07	27.15
<55	161	72.85	100.00
Total	221	100.00	

. tab age2 retire2, col row nokey

age dentist	retire 5 yrs		Total
	no	yes	
55-59	27	8	35
	77.14	22.86	100.00
	14.52	28.57	16.36
60-64	9	6	15
	60.00	40.00	100.00
	4.84	21.43	7.01
65+	2	6	8
	25.00	75.00	100.00
	1.08	21.43	3.74
<55	148	8	156
	94.87	5.13	100.00
	79.57	28.57	72.90
Total	186	28	214
	86.92	13.08	100.00
	100.00	100.00	100.00

. tab hpa retire2, col row nokey

hpa	retire 5 yrs		Total
	no	yes	
Everett	47	10	57
	82.46	17.54	100.00
	25.27	35.71	26.64
East	15	3	18
	83.33	16.67	100.00
	8.06	10.71	8.41
South	22	5	27
	81.48	18.52	100.00
	11.83	17.86	12.62
North	39	3	42
	92.86	7.14	100.00
	20.97	10.71	19.63

Hwy 99	38	6	44
	86.36	13.64	100.00
	20.43	21.43	20.56
-----			
View	25	1	26
	96.15	3.85	100.00
	13.44	3.57	12.15
-----			
Total	186	28	214
	86.92	13.08	100.00
	100.00	100.00	100.00

. tab spec retire2, row nokey

provider type	retire 5 yrs		Total
	no	yes	
general	184	26	210
	87.62	12.38	100.00
-----			
pediatric	2	2	4
	50.00	50.00	100.00
-----			
Total	186	28	214
	86.92	13.08	100.00

. \*LANGUAGE: PROVIDER (NOT CLINIC) IS UNIT OF ANALYSIS. Note: some providers in s

> ame clinic reported different responses

. tab hpa span, row nokey

hpa	spanish		Total
	no	yes	
Everett	50	8	58
	86.21	13.79	100.00
East	15	3	18
	83.33	16.67	100.00
South	27	0	27
	100.00	0.00	100.00
North	36	8	44
	81.82	18.18	100.00
Hwy 99	40	6	46
	86.96	13.04	100.00
View	28	0	28
	100.00	0.00	100.00
Total	196	25	221
	88.69	11.31	100.00

. tab clinic span, row nokey

clinic type	spanish		Total
	no	yes	
private	195	16	211
	92.42	7.58	100.00
public	1	9	10
	10.00	90.00	100.00
Total	196	25	221
	88.69	11.31	100.00

. tab hpa viet, row nokey

hpa	viet		Total
	no	yes	
Everett	53	5	58
	91.38	8.62	100.00
East	18	0	18
	100.00	0.00	100.00
South	26	1	27
	96.30	3.70	100.00
North	43	1	44
	97.73	2.27	100.00
Hwy 99	42	4	46
	91.30	8.70	100.00
View	26	2	28
	92.86	7.14	100.00
Total	208	13	221
	94.12	5.88	100.00

. tab clinic viet, row nokey

clinic type	viet		Total
	no	yes	
private	205	6	211
	97.16	2.84	100.00
public	3	7	10
	30.00	70.00	100.00
Total	208	13	221
	94.12	5.88	100.00

. tab hpa sign, row nokey

hpa	sign		Total
	no	yes	
Everett	57	1	58
	98.28	1.72	100.00
East	18	0	18
	100.00	0.00	100.00
South	27	0	27
	100.00	0.00	100.00
North	42	2	44
	95.45	4.55	100.00
Hwy 99	46	0	46
	100.00	0.00	100.00
View	28	0	28
	100.00	0.00	100.00
Total	218	3	221
	98.64	1.36	100.00

. tab clinic sign, row nokey

clinic type	sign		Total
	no	yes	
private	209	2	211
	99.05	0.95	100.00
public	9	1	10
	90.00	10.00	100.00
Total	218	3	221
	98.64	1.36	100.00

. tab hpa japan, row nokey

hpa	japan		Total
	no	yes	
Everett	57	1	58
	98.28	1.72	100.00
East	18	0	18
	100.00	0.00	100.00

South	27	0	27
	100.00	0.00	100.00
North	43	1	44
	97.73	2.27	100.00
Hwy 99	46	0	46
	100.00	0.00	100.00
View	27	1	28
	96.43	3.57	100.00
Total	218	3	221
	98.64	1.36	100.00

. tab clinic japan, row nokey

clinic type	japan		Total
	no	yes	
private	208	3	211
	98.58	1.42	100.00
public	10	0	10
	100.00	0.00	100.00
Total	218	3	221
	98.64	1.36	100.00

. tab hpa russ, row nokey

hpa	russian		Total
	no	yes	
Everett	49	9	58
	84.48	15.52	100.00
East	18	0	18
	100.00	0.00	100.00
South	24	3	27
	88.89	11.11	100.00
North	43	1	44
	97.73	2.27	100.00
Hwy 99	39	7	46
	84.78	15.22	100.00
View	23	5	28
	82.14	17.86	100.00
Total	196	25	221
	88.69	11.31	100.00

. tab clinic russ, row nokey

clinic type	russian		Total
	no	yes	
private	194	17	211
	91.94	8.06	100.00
public	2	8	10
	20.00	80.00	100.00
Total	196	25	221

| 88.69 11.31 | 100.00

. tab hpa chin, row nokey

hpa	chinese		Total
	no	yes	
Everett	52	6	58
	89.66	10.34	100.00
East	18	0	18
	100.00	0.00	100.00
South	27	0	27
	100.00	0.00	100.00
North	44	0	44
	100.00	0.00	100.00
Hwy 99	42	4	46
	91.30	8.70	100.00
View	28	0	28
	100.00	0.00	100.00
Total	211	10	221
	95.48	4.52	100.00

. tab clinic chin, row nokey

clinic type	chinese		Total
	no	yes	
private	207	4	211
	98.10	1.90	100.00
public	4	6	10
	40.00	60.00	100.00
Total	211	10	221
	95.48	4.52	100.00

. tab hpa ara, row nokey

hpa	arabic		Total
	no	yes	
Everett	57	1	58
	98.28	1.72	100.00
East	18	0	18
	100.00	0.00	100.00
South	27	0	27
	100.00	0.00	100.00
North	44	0	44
	100.00	0.00	100.00
Hwy 99	46	0	46
	100.00	0.00	100.00
View	28	0	28
	100.00	0.00	100.00
Total	220	1	221
	99.55	0.45	100.00

. tab clinic ara, row nokey

clinic type	arabic		Total
	no	yes	
private	211	0	211
	100.00	0.00	100.00
public	9	1	10
	90.00	10.00	100.00
Total	220	1	221
	99.55	0.45	100.00

. tab hpa other, row nokey

hpa	other		Total
	no	yes	
Everett	51	7	58
	87.93	12.07	100.00
East	17	1	18
	94.44	5.56	100.00
South	21	6	27
	77.78	22.22	100.00
North	43	1	44
	97.73	2.27	100.00
Hwy 99	31	15	46
	67.39	32.61	100.00
View	24	4	28
	85.71	14.29	100.00
Total	187	34	221
	84.62	15.38	100.00

. tab clinic other, row nokey

clinic type	other		Total
	no	yes	
private	179	32	211
	84.83	15.17	100.00
public	8	2	10
	80.00	20.00	100.00
Total	187	34	221
	84.62	15.38	100.00

. tab other\_list

other_list	Freq.	Percent	Cum.
Ambaric	1	2.94	2.94
Bosnian	2	5.88	8.82
Cambodian	2	5.88	14.71
Pakistan	1	2.94	17.65
Romanian	2	5.88	23.53
Ukranian	1	2.94	26.47
croatian, tagalao	2	5.88	32.35

farsi	3	8.82	41.18
filipino	1	2.94	44.12
french	2	5.88	50.00
german	2	5.88	55.88
german, french	1	2.94	58.82
korean	11	32.35	91.18
korean, yugoslavian	1	2.94	94.12
romanian, german	1	2.94	97.06
tegalo	1	2.94	100.00
-----+			
Total	34	100.00	

. bysort clinic: tab other\_list

---

-> clinic = private

other_list	Freq.	Percent	Cum.
-----+			
Ambaric	1	3.13	3.13
Bosnian	2	6.25	9.38
Cambodian	2	6.25	15.63
Pakistan	1	3.13	18.75
Romanian	2	6.25	25.00
Ukranian	1	3.13	28.13
croatian, tagaloa	2	6.25	34.38
farsi	3	9.38	43.75
filipino	1	3.13	46.88
french	2	6.25	53.13
german	2	6.25	59.38
german, french	1	3.13	62.50
korean	10	31.25	93.75
korean, yugoslavian	1	3.13	96.88
romanian, german	1	3.13	100.00
-----+			
Total	32	100.00	

---

-> clinic = public

other_list	Freq.	Percent	Cum.
-----+			
korean	1	50.00	50.00
tegalo	1	50.00	100.00
-----+			
Total	2	100.00	

**.\*% OF PRACTICE MEDICAID,SLIDING SCALE, UNCOMINSATED, MIGRANT**

. summ med slide slide uncomp migrant

Variable	Obs	Mean	Std. Dev.	Min	Max
med	221	.079638	.2037977	0	.95
slide	221	.0104525	.0667272	0	.9
slide	221	.0104525	.0667272	0	.9
uncomp	221	.039267	.1013913	0	.9
migrant	221	.0033937	.0102147	0	.1

. tab med\_cat clinic, col nokey

% Medicaid	clinic type		Total
pts	private	public	
0%	113	0	113
	53.55	0.00	51.13
1-4%	61	0	61
	28.91	0.00	27.60
5%	14	0	14
	6.64	0.00	6.33
>5%	23	10	33
	10.90	100.00	14.93
Total	211	10	221
	100.00	100.00	100.00

. tab slide\_cat clinic, col nokey

% Sliding	clinic type		Total
fee	private	public	
0%	207	0	207
	98.10	0.00	93.67
1-4%	3	0	3
	1.42	0.00	1.36
5%	1	0	1
	0.47	0.00	0.45
>5%	0	10	10
	0.00	100.00	4.52
Total	211	10	221
	100.00	100.00	100.00

. tab uncomp\_cat clinic, col nokey

%	clinic type		Total
Uncompensa	private	public	
ted care			
0%	102	0	102
	48.34	0.00	46.15
.048	0	1	1
	0.00	10.00	0.45
1-4%	68	1	69
	32.23	10.00	31.22

5%	19	5	24
	9.00	50.00	10.86
-----			
>5%	22	3	25
	10.43	30.00	11.31
-----			
Total	211	10	221
	100.00	100.00	100.00

. tab migrant\_cat clinic, col nokey

		clinic type		
% Migrant	private	public	Total	
0%	187	1	188	
	88.63	10.00	85.07	
-----				
.02%	23	2	25	
	10.90	20.00	11.31	
-----				
1-4%	0	5	5	
	0.00	50.00	2.26	
-----				
5%	1	1	2	
	0.47	10.00	0.90	
-----				
>5%	0	1	1	
	0.00	10.00	0.45	
-----				
Total	211	10	221	
	100.00	100.00	100.00	

**\*WAIT TIME**

. \*mean, median wait time by clinic type and specialist  
. tabstat new\_wait est\_wait, stat(mean, median) by(clinic)

Summary statistics: mean, p50  
by categories of: clinic (clinic type)

clinic	new_wait	est_wait
private	7.239024	6.204762
	5	3
public	26.222222	22.333333
	14	14
Total	8.037383	6.86758
	5	3

. tabstat new\_wait est\_wait, stat(mean, median) by(spec)

Summary statistics: mean, p50  
by categories of: spec (provider type)

spec	new_wait	est_wait
general	8	6.809302
	5	3
pediatric	10	10
	12	12
Total	8.037383	6.86758
	5	3

. tab new\_wcat clinic, col nokey

wait for	clinic type		Total
	private	public	
0-1	32	2	34
	15.61	22.22	15.89
2-6	87	0	87
	42.44	0.00	40.65
7-13	49	1	50
	23.90	11.11	23.36
14-20	24	2	26
	11.71	22.22	12.15
>20	13	4	17
	6.34	44.44	7.94
Total	205	9	214
	100.00	100.00	100.00

. tab est\_wcat clinic, col nokey

wait for	clinic type		Total
	private	public	
0-1	53	2	55
	25.24	22.22	25.11
2-6	84	0	84

		40.00	0.00		38.36
-----+-----+-----					
7-13		43	1		44
		20.48	11.11		20.09
-----+-----+-----					
14-20		21	2		23
		10.00	22.22		10.50
-----+-----+-----					
>20		9	4		13
		4.29	44.44		5.94
-----+-----+-----					
Total		210	9		219
		100.00	100.00		100.00

. \*WALK IN

. tab walk\_in2

dr does walk-in	Freq.	Percent	Cum.
no	87	39.55	39.55
yes	133	60.45	100.00
Total	220	100.00	

. tab clinic walk\_in2, row nokey

clinic type	dr does walk-in		Total
	no	yes	
private	87	123	210
	41.43	58.57	100.00
public	0	10	10
	0.00	100.00	100.00
Total	87	133	220
	39.55	60.45	100.00

. tab spec walk\_in2, row nokey

provider type	dr does walk-in		Total
	no	yes	
general	84	132	216
	38.89	61.11	100.00
pediatric	3	1	4
	75.00	25.00	100.00
Total	87	133	220
	39.55	60.45	100.00

. tab hpa walk\_in2, row nokey

hpa	dr does walk-in		Total
	no	yes	
Everett	21	36	57
	36.84	63.16	100.00
East	10	8	18
	55.56	44.44	100.00
South	8	19	27
	29.63	70.37	100.00
North	20	24	44
	45.45	54.55	100.00
Hwy 99	18	28	46
	39.13	60.87	100.00
View	10	18	28
	35.71	64.29	100.00
Total	87	133	220
	39.55	60.45	100.00

.

**\*RECOMMENDED AGE FIRST VISIT**

. \*mean and median age, by clinic type  
. tabstat age\_fir2, stat(mean, median)

variable	mean	p50
age_fir2	2.333716	2

. tabstat age\_fir2, stat(mean, median) by(clinic)

Summary for variables: age\_fir2  
by categories of: clinic (clinic type)

clinic	mean	p50
private	2.400718	2.5
public	.7777778	1
Total	2.333716	2

. tab age\_fir\_cat clinic, col nokey

recommend	clinic type		
age, cat	private	public	Total
<2	49	9	58
	23.44	100.00	26.61
2	58	0	58
	27.75	0.00	26.61
3	86	0	86
	41.15	0.00	39.45
4+	16	0	16
	7.66	0.00	7.34
Total	209	9	218
	100.00	100.00	100.00

```

.*YOUNGEST PATIENT
.*mean and median age, by clinic type
.tabstat young2, stat(mean, median)

```

variable	mean	p50
young2	2.4875	2

```

.tabstat young2, stat(mean, median) by(clinic)

```

```

Summary for variables: young2
by categories of: clinic (clinic type)

```

clinic	mean	p50
private	2.560714	2.5
public	.95	1
Total	2.4875	2

```

.tab young2_cat clinic, col nokey

```

youngest pt,	clinic type		Total
categorize	private	public	
<2	54	10	64
	25.71	100.00	29.09
2	55	0	55
	26.19	0.00	25.00
3	83	0	83
	39.52	0.00	37.73
4+	18	0	18
	8.57	0.00	8.18
Total	210	10	220
	100.00	100.00	100.00

**\*DAYS OF THE WEEK OPEN**

. tabstat mon tues wed thurs fri sat sun, stat(sum, mean) by(clinic)

Summary statistics: sum, mean  
by categories of: clinic (clinic type)

clinic	mon1	tues1	wed1	thurs1	fri1	sat1	sun1
private	179	203	195	197	103	30	2
	.852381	.9666667	.9285714	.9380952	.4904762	.1428571	.0095238
public	10	10	10	10	10	0	0
	1	1	1	1	0	0	
Total	189	213	205	207	113	30	2
	.8590909	.9681818	.9318182	.9409091	.5136364	.1363636	.0090909

**. \*NEW PATIENT**

. tab new\_pat2

group(new_pat   )	Freq.	Percent	Cum.
no	5	2.39	2.39
yes	87	41.63	44.02
yes, restrict	117	55.98	100.00
Total	209	100.00	

. tab clinic new\_pat2, row nokey

clinic   type	group(new_pat)			Total
	no	yes	yes, rest	
private	5	86	108	199
	2.51	43.22	54.27	100.00
public	0	1	9	10
	0.00	10.00	90.00	100.00
Total	5	87	117	209
	2.39	41.63	55.98	100.00

. tab spec new\_pat2, row nokey

provider   type	group(new_pat)			Total
	no	yes	yes, rest	
general	5	85	115	205
	2.44	41.46	56.10	100.00
pediatric	0	2	2	4
	0.00	50.00	50.00	100.00
Total	5	87	117	209
	2.39	41.63	55.98	100.00

. tab hpa new\_pat2, row nokey

hpa	group(new_pat)			Total
	no	yes	yes, rest	
Everett	3	19	33	55
	5.45	34.55	60.00	100.00
East	0	10	8	18
	0.00	55.56	44.44	100.00
South	0	12	14	26
	0.00	46.15	53.85	100.00
North	1	16	25	42
	2.38	38.10	59.52	100.00
Hwy 99	0	18	25	43
	0.00	41.86	58.14	100.00
View	1	12	12	25
	4.00	48.00	48.00	100.00
Total	5	87	117	209
	2.39	41.63	55.98	100.00

**. \*NEW INSURED/SELF-PAY PATIENTS**

. tab ins\_self2

group(ins_sel   f)	Freq.	Percent	Cum.
no	5	2.37	2.37
yes	156	73.93	76.30
yes, restrict	50	23.70	100.00
Total	211	100.00	

. tab clinic ins\_self2, row nokey

clinic   type	group(ins_self)			Total
	no	yes	yes, rest	
private	5	155	41	201
	2.49	77.11	20.40	100.00
public	0	1	9	10
	0.00	10.00	90.00	100.00
Total	5	156	50	211
	2.37	73.93	23.70	100.00

. tab spec ins\_self2, row nokey

provider   type	group(ins_self)			Total
	no	yes	yes, rest	
general	5	152	50	207
	2.42	73.43	24.15	100.00
pediatric	0	4	0	4
	0.00	100.00	0.00	100.00
Total	5	156	50	211
	2.37	73.93	23.70	100.00

. tab hpa ins\_self2, row nokey

hpa	group(ins_self)			Total
	no	yes	yes, rest	
Everett	2	33	17	52
	3.85	63.46	32.69	100.00
East	0	14	4	18
	0.00	77.78	22.22	100.00
South	3	18	5	26
	11.54	69.23	19.23	100.00
North	0	36	7	43
	0.00	83.72	16.28	100.00
Hwy 99	0	33	13	46
	0.00	71.74	28.26	100.00
View	0	22	4	26
	0.00	84.62	15.38	100.00
Total	5	156	50	211
	2.37	73.93	23.70	100.00

**. \*NEW MEDICAID FEE FOR SERVICE**

. tab new\_med2

group(new_med   )	Freq.	Percent	Cum.
no	154	73.33	73.33
yes	6	2.86	76.19
yes, restrict	50	23.81	100.00
Total	210	100.00	

. tab clinic new\_med2, row nokey

clinic   type	group(new_med)			Total
	no	yes	yes, rest	
private	154	5	42	201
	76.62	2.49	20.90	100.00
public	0	1	8	9
	0.00	11.11	88.89	100.00
Total	154	6	50	210
	73.33	2.86	23.81	100.00

. tab spec new\_med2, row nokey

provider   type	group(new_med)			Total
	no	yes	yes, rest	
general	151	5	50	206
	73.30	2.43	24.27	100.00
pediatric	3	1	0	4
	75.00	25.00	0.00	100.00
Total	154	6	50	210
	73.33	2.86	23.81	100.00

. tab hpa new\_med2, row nokey

hpa	group(new_med)			Total
	no	yes	yes, rest	
Everett	39	0	17	56
	69.64	0.00	30.36	100.00
East	13	0	3	16
	81.25	0.00	18.75	100.00
South	22	1	3	26
	84.62	3.85	11.54	100.00
North	28	0	14	42
	66.67	0.00	33.33	100.00
Hwy 99	35	3	7	45
	77.78	6.67	15.56	100.00
View	17	2	6	25
	68.00	8.00	24.00	100.00
Total	154	6	50	210
	73.33	2.86	23.81	100.00

**. \*NEW SLIDING SCALE**

. tab new\_sld2

group(new_sld   )	Freq.	Percent	Cum.
no	166	84.69	84.69
yes	1	0.51	85.20
yes, restrict	29	14.80	100.00
Total	196	100.00	

. tab clinic new\_sld2, row nokey

clinic   type	group(new_sld)			Total
	no	yes	yes, rest	
private	166	0	20	186
	89.25	0.00	10.75	100.00
public	0	1	9	10
	0.00	10.00	90.00	100.00
Total	166	1	29	196
	84.69	0.51	14.80	100.00

. tab spec new\_sld2, row nokey

provider   type	group(new_sld)			Total
	no	yes	yes, rest	
general	162	1	29	192
	84.38	0.52	15.10	100.00
pediatric	4	0	0	4
	100.00	0.00	0.00	100.00
Total	166	1	29	196
	84.69	0.51	14.80	100.00

. tab hpa new\_sld2, row nokey

hpa	group(new_sld)			Total
	no	yes	yes, rest	
Everett	43	0	9	52
	82.69	0.00	17.31	100.00
East	16	0	0	16
	100.00	0.00	0.00	100.00
South	18	0	4	22
	81.82	0.00	18.18	100.00
North	37	0	2	39
	94.87	0.00	5.13	100.00
Hwy 99	33	1	10	44
	75.00	2.27	22.73	100.00
View	19	0	4	23
	82.61	0.00	17.39	100.00
Total	166	1	29	196
	84.69	0.51	14.80	100.00

**. \*ESTABLISHED PATIENT CHANGES TO MEDICAID**

. tab new\_ch\_med

new_ch_med	Freq.	Percent	Cum.
no	94	44.98	44.98
yes	115	55.02	100.00
Total	209	100.00	

. tab clinic new\_ch\_med, row nokey

clinic type	new_ch_med		Total
	no	yes	
private	94	105	199
	47.24	52.76	100.00
public	0	10	10
	0.00	100.00	100.00
Total	94	115	209
	44.98	55.02	100.00

. tab spec new\_ch\_med, row nokey

provider type	new_ch_med		Total
	no	yes	
general	93	112	205
	45.37	54.63	100.00
pediatric	1	3	4
	25.00	75.00	100.00
Total	94	115	209
	44.98	55.02	100.00

. tab hpa new\_ch\_med, row nokey

hpa	new_ch_med		Total
	no	yes	
Everett	21	34	55
	38.18	61.82	100.00
East	9	8	17
	52.94	47.06	100.00
South	17	10	27
	62.96	37.04	100.00
North	17	23	40
	42.50	57.50	100.00
Hwy 99	21	23	44
	47.73	52.27	100.00
View	9	17	26
	34.62	65.38	100.00
Total	94	115	209
	44.98	55.02	100.00

**\*DO YOU ACCEPT PAYMENT PLANS**

. tab new\_p\_plans

new_p_plans	Freq.	Percent	Cum.
no	122	55.20	55.20
yes	39	17.65	72.85
yes, restrict	60	27.15	100.00
<b>Total</b>	<b>221</b>	<b>100.00</b>	

. tab clinic new\_p\_plans, row nokey

clinic type	new_p_plans			Total
	no	yes	yes, rest	
private	121	33	57	211
	57.35	15.64	27.01	100.00
public	1	6	3	10
	10.00	60.00	30.00	100.00
<b>Total</b>	<b>122</b>	<b>39</b>	<b>60</b>	<b>221</b>
	55.20	17.65	27.15	100.00

. tab spec new\_p\_plans, row nokey

provider type	new_p_plans			Total
	no	yes	yes, rest	
general	119	39	59	217
	54.84	17.97	27.19	100.00
pediatric	3	0	1	4
	75.00	0.00	25.00	100.00
<b>Total</b>	<b>122</b>	<b>39</b>	<b>60</b>	<b>221</b>
	55.20	17.65	27.15	100.00

. tab hpa new\_p\_plans, row nokey

hpa	new_p_plans			Total
	no	yes	yes, rest	
Everett	34	14	10	58
	58.62	24.14	17.24	100.00
East	10	3	5	18
	55.56	16.67	27.78	100.00
South	20	1	6	27
	74.07	3.70	22.22	100.00
North	20	7	17	44
	45.45	15.91	38.64	100.00
Hwy 99	18	11	17	46
	39.13	23.91	36.96	100.00
View	20	3	5	28
	71.43	10.71	17.86	100.00
<b>Total</b>	<b>122</b>	<b>39</b>	<b>60</b>	<b>221</b>
	55.20	17.65	27.15	100.00

end of do-file

**Appendix 4  
Survey Form**

**Snohomish County HPSA, 2004**

Snohomish County (Primary) DENTAL CARE PROVIDER SURVEY

*The Office of Community and Rural Health (Department of Health) and community partners are surveying providers to identify access issues in your county. Please fill out a separate form for each Primary Dental Care Provider practicing at this location. Primary Dental Care providers are either D.D.S. or D.M.D. and who provide direct patient care in general dentistry or pedodontics (pediatric dentistry)* PLEASE

*PRINT CLEARLY*

1. Provider's Practice Name:

\_\_\_\_\_

2. Provider's Practice Address (include zip code):

\_\_\_\_\_

3. Provider's Name:

\_\_\_\_\_

Provider's Education / Credentials:

Provider Type:

Dentist ..... D.D.S.

D.M.D.

General Dentistry \_\_\_\_

Pediatric

Dentistry \_\_\_\_\_

4. Does the provider plan to retire or leave practice in Snohomish County in the next 5 years?

Yes .....

No.....

5. How many hours of direct patient primary care does the provider provide at this location each week?

Please exclude:

• Specialty care (i.e. orthodontics, periodontics, etc)

• Continuing education

• Breaks, lunches

• General practice administration (not directly related to

\_\_\_\_\_ hours/week  
patient care),

**The Office of Community and Rural Health must collect this information to determine whether your area may qualify for federal funding. The next two questions are part of the formula used to determine qualification.**

**6. Which category best describes the age of the dentist?**

Less than 55 years old.....                      60 to 64 years old.....  
55 to 59 years old.....                      65 years or older.....

**7A. How many (total) licensed dental hygienists does the provider's practice employ at this location?**

None     2     3     4     5     6     7     8     9+

**7B. How many (total) dental assistants does the provider's practice employ at this location?**

None     2     3     4     5     6     7     8     9+

**8. Does the provider have an additional office location:**

Yes .....                      No  → Go to Question 9

**a. What is the address of the additional office location** (please include name, address, telephone number and zip code):

---

---

**b. How many hours of direct patient care does this provider provide at this location each week?**

Please **exclude**: • Specialty care (i.e. orthodontics, periodontics, etc)

• Continuing education                      • Breaks, lunches

\_\_\_\_\_ hours/week                      • General practice administration (not directly related to patient care),

**c. How many (total) licensed dental hygienists does the provider's practice employ at this location?**

None     2     3     4     5     6     7     8     9+

**c2 How many (total) dental assistants does the provider's practice employ at this location?**

None     2     3     4     5     6     7     8     9+

**9. Does the provider or member of the office staff fluently speak a language other than English?**

Yes .....                      No..... → Go to question 10

Spanish.....                      Japanese.....                      Chinese.....

Arabic.....

Vietnamese.....                      Russian.....                      American Sign Language.....

Other

-> Specify: \_\_\_\_\_

**The next four questions are about how the provider's current patients pay for services. Provide one answer for each category.**

***Medicaid***

10. What is the approximate percentage of the provider's current patients using Medicaid Fee For Service to pay for services in the most recent fiscal year?

None	<5	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	95+
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**Sliding Fee Scale/Uncompensated Care**

11. What is the approximate percentage of the provider's current patients using a sliding fee scale to pay for services in the most recent fiscal year?

None	<5	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	95+
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12. If offer any sliding fee schedule, Is the Sliding Fee Schedule posted? Yes .... No....

13. What is the approximate percentage of the provider's current patients whose costs are otherwise charged to uncompensated care?

None	<5	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	95+
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**Migrant Farmworkers**

14. What is the approximate percentage of the providers current patients who are migrant farmworkers or their dependents? A Migrant Farm Worker does not have permanent local address.

None	<5	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	95+
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*The next three questions are about your patients.*

15. Is the provider currently accepting:

- ANY NEW patients?.....  Yes, Unrestricted  Yes, Restricted  No → Skip to Question 16
- New insured/self-pay patients?.....  Yes, Unrestricted  Yes, Restricted  No
- New Medicaid fee for service patients?  Yes, Unrestricted  Yes, Restricted  No
- New sliding fee scale patients?..... Yes, Unrestricted  Yes, Restricted  No

Comments concerning restrictions on new patients:

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16. When a patient calls the provider's office to request a routine (non-urgent, symptomatic) visit, what is the usual elapsed time between the request and the appointment for:

A new patient? \_\_\_\_\_ Days

An established patient? \_\_\_\_\_ Days

17. Does your practice see walk-in patients? Yes  No

18. What age do you recommend for a child's first dental visit? \_\_\_\_\_

19a. Which days of the week is your practice open (check all that apply)?  Mon.  Tues.  Weds.

Thurs.  Fri.

Sat.  Sun.

19b. What is the earliest time your practice opens: \_\_\_\_\_ AM

19c. What is the latest time your practice closes: \_\_\_\_\_ PM

20. What ages does your practice serve (youngest to oldest)? \_\_\_\_\_ (youngest) to \_\_\_\_\_ (oldest)

21. Do you continue to provide services for established patients if their coverage changes to Medicaid?

Yes  No

22. Do you accept payment plans (e.g. partial payment at initial visit)  Yes  No

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IF YES, please clarify any conditions:

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Name of the person responding to this survey: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

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Email: \_\_\_\_\_

Thank you so much for completing the survey. Your answers will help us as we look at access to health care issues in Snohomish County

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<sup>i</sup> Full-Time and Part-Time Employment by Major Industry. Regional Economic Information System. Washington State University Cooperative Extension. May 2003.

<sup>ii</sup> Schueler V. Health care services. In The Health of Washington State. Olympia(WA): Washington Department of Health, forthcoming. Available June 2002 from: URL <http://www.doh.wa.gov/>

<sup>iii</sup> The Urban Institute. State responses to Budget Crisis in 2004: An Overview of Ten States - Overview and Case Studies . State and local initiatives to enhance health coverage for the working uninsured. New York: Kaiser Family Foundation January 2004 Available from: URL: <http://www.kff.org/medicaid/7002.cfm>