

# Who carries Medi-Cal dental care in Los Angeles?

A dentist-level baseline for the dentists in the state's fee-for-service provider list, before the cuts scheduled for July 2027

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## SUMMARY

- **Most listed LA dentists do see Medi-Cal patients.** Of the 4,730 dentists listed in Los Angeles County in the Medi-Cal Dental fee-for-service provider profile (October 2025), 4.8% had no Medi-Cal dental patients in 2024 and 12.9% had no adult patients. 57.0% had 100 or more adult patient counts. The list leaves out dental-managed-care-only providers and many clinic dentists (\$4).
- **The care is concentrated.** The busiest 10% of these dentists (473) account for 43.7% of adult and 63.9% of child patient counts. For adults, 595 dentists (12.6%) account for half.
- **"49% of dentists" is not "49% of patients".** A California Dental Association (CDA) survey reported that 49% of responding Medi-Cal dentists would leave if proposed rate cuts took effect. Applied to LA (2,318 of 4,730 dentists leaving), the share of adult patient counts whose dentist leaves could be anywhere from 5.2% (quietest leave first) to 93.9% (busiest first).
- **Recent history points to about a third, under strong assumptions.** Statewide, the quietest tenth of 2019 adult providers were 3.2 times as likely as the busiest tenth to be gone from the 2024 data (52.6% vs 16.5%). If 49% of listed LA dentists left and the leavers resembled 2019–2024 leavers, about a third of LA adult patient counts would lose their dentist: 29.0–37.7% across the 15 model versions tried. That range reflects model choices only; it does not cover whether a pay cut would change who leaves.
- **Adult care has become somewhat less concentrated.** Statewide, the busiest 10% held 48.1% of adult patient counts in 2018 and 42.7% in 2024; without the few provider numbers with more than 5,000 adult patient counts, 45.7% and 41.2%. For children the share rose from 56.0% to 59.9%.

A reproducible baseline built from public files, not a forecast. Every number comes from one script and is defined in `data/results.json`.

## 1. Background

Medi-Cal, California's Medicaid program, covers dental care for low-income residents. The June 2026 state budget delayed two dental changes by a year [5, 6]. The first is about \$1 billion in cuts, now scheduled for July 1, 2027, that would end the higher dental reimbursement rates set after Proposition 56, the tobacco tax measure voters approved in 2016 [5]. The second ends non-emergency dental benefits for roughly 2.3 million immigrant adults, including undocumented people, also from July 2027 [6, 7]. Either date could move again. This brief relies on news and CDA reporting for both; they were not confirmed against Department of Health Care Services (DHCS) documents.

In January 2026 the CDA reported on a survey it ran in late November and early December 2025. It received 1,527 responses, 990 of them from dentists enrolled in Medi-Cal, and found that "49% of Medi-Cal dentists would leave the program if the proposed cuts to provider rates take effect this year" [4]. The survey was run while the cuts were due in July 2026, before they were delayed, so intentions stated then may not hold for July 2027. The article describes no sampling method or response rate, and the figure is a stated intention. This brief uses it only as a scenario.

Uneven participation in Medicaid dentistry is already known. In a national sample of 2017 data (seven states and the District of Columbia were excluded), 67% of US general and pediatric dentists had no Medicaid or CHIP child patients and about 18% had more than 100 [3]. In California, the State Auditor's 2014 review of the Medi-Cal Dental Program counted active providers and county provider-to-child-beneficiary ratios for 2009–2013 and found some counties without active providers or without providers accepting new patients [9]. This brief does not claim to discover uneven

participation. It adds three things for Los Angeles and California: how concentrated care is among individual dentists, from public state files; a translation of "49% of dentists" into a share of patients; and the trend and exit history from 2018 to 2024.

## 2. Data and methods

**Sources.** The brief uses two public datasets that DHCS publishes on the California Health and Human Services (CHHS) Open Data Portal [1, 2]:

- *Dental Utilization By Provider*, calendar years (CY) 2018–2024. For each rendering provider (identified by National Provider Identifier, NPI), delivery system, provider type and age group (0–20, 21+), it gives the number of Medi-Cal members with at least one dental visit in the year. It covers all delivery systems, including dental managed care.
- *Profile of Enrolled Medi-Cal Dental FFS Providers and Safety Net Clinics*, October 2025, used only to decide who counts as a Los Angeles dentist. Its CHHS description says it "does not include Dental Managed Care providers" [2].

The files were downloaded through the portal's API on 28 September 2026 and fingerprinted with SHA-256. Results are modified data (files joined and summarized, hidden cells filled in, repeated rows counted once), not official State of California figures.

### Definitions.

- *LA dentist*: an NPI with at least one rendering listing in Los Angeles County in the October 2025 fee-for-service provider profile, excluding 35 registered dental hygienists. That leaves 4,730 dentists, called "listed LA dentists" below. Dentists who work only through dental managed care, and clinic dentists who are not listed individually, are not in this group (§4). Each dentist's counts cover all of their offices, including any outside LA, so "LA patient counts" means the patient counts of listed LA dentists, wherever the patients were seen. The 40.3% of these dentists who also have a listing in another county hold 47.7% of adult and 59.6% of child patient counts.
- *Patient count*: the members a dentist saw in the year, summed across delivery systems. A person seen by two dentists is counted by both, so totals are patient counts, not unique patients. *Adult* means age 21 and over and *child* means 0–20.
- *Hidden cells*: the state suppresses counts of 1–10, and each is counted here as 5. Counting them as 1 or 10 instead barely moves the results: the busiest 10%'s adult share becomes 43.8% or 43.6%, the bounds 5.0–5.4% and 93.7–94.1%, and the history-based reference estimate 34.1% or 34.3%.
- *Repeated rows*: each utilization file has 350–615 rows that repeat a cell already listed, with the same provider, delivery system, provider type, age group and patient count; only the spelling of the provider's name (and sometimes the service count) differs. Each cell is counted once. An earlier pass that summed the copies gave slightly different figures; both versions are recorded in `results.json`.

### Analyses.

1. *LA portrait and concentration (CY2024)*. Dentists are ranked by adult and, separately, by child patient counts to find the share held by the busiest 10% and the fewest dentists who together hold half.
2. *Exits by volume, 2019 to 2024 (statewide)*. The cohort is every NPI with adult patients in CY2019 (9,877). An *exit* means the NPI has no Medi-Cal dental patients of any age in CY2024. Retirement, relocation and leaving Medi-Cal all count as exits; the files cannot tell them apart and carry no county. The cohort is split into tenths by 2019 adult volume, and tied counts are shared between neighboring tenths.
3. *The 49% scenario (LA)*. 49% of 4,730 is 2,318 dentists. The scenario is a one-time loss of 49% of the dentists on the October 2025 list, with no time frame; it is not added on top of normal turnover, and nothing here says how soon it would happen. For the bounds, either the quietest or the busiest 2,318 leave; in the random case, any 2,318 are equally likely. The history-based estimate gives each LA dentist a weight equal to the historical exit rate of the matching volume tenth (children-only dentists get the children-only rate, 47.6%; dentists with no patients get the quietest tenth's rate). In the reference version, 2,318 dentists are then drawn without replacement in proportion to weight, like a raffle in which the tickets are historical exit rates. Each of 2,000 draws first resamples the 2019 cohort with replacement (a bootstrap), so uncertainty in the historical rates carries through; this treats the complete 2019

population as if it were a sample. The seed is fixed (2027), so every run gives identical results. The brief reports the median and the 2.5th–97.5th percentiles, a simulation interval that covers chance only. Two choices are not settled by the data: what history is matched on, and how five-year exit rates are stretched to 49%. The model is therefore run in 15 versions: three matchings (rank in adult volume; absolute adult volume; absolute adult volume × child volume) times four scaling rules (the raffle; odds times one factor; rates times one factor, capped at 100%; and 1 – (1 – rate) raised to one power, which runs the historical process for longer), plus three other checks (Table 2, Table A3).

4. *Trend, CY2018–2024 (statewide)*. For each year, the share of patient counts held by the busiest 10% of all rendering NPIs in that year's file, with and without the NPIs above 5,000 patient counts.

### 3. Results

#### 3.1 Who is on the LA list

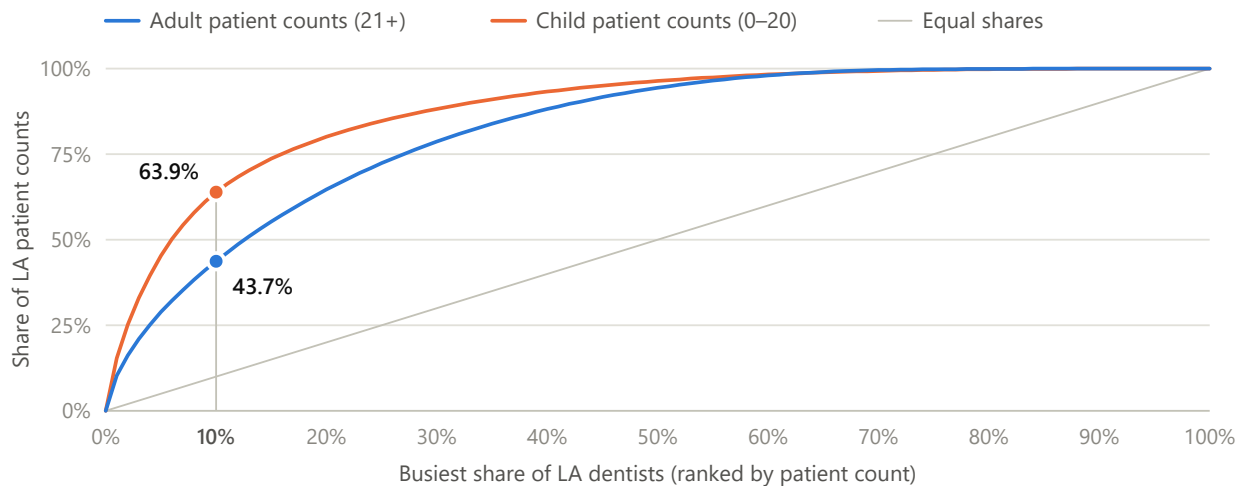
Few listed dentists had no patients: 225 (4.8%) had no Medi-Cal dental patients in 2024 (Table 1). State law directs DHCS to deactivate a provider number after a year without claims [8]; how consistently this is applied is not known, and some of the 225 may have enrolled after 2024 (§4). Together the 4,730 dentists account for 1,508,927 adult and 1,851,738 child patient counts in CY2024.

Table 1. Listed LA dentists by CY2024 Medi-Cal patient counts

| Group                           | Dentists | Share |
|---------------------------------|----------|-------|
| No Medi-Cal patients of any age | 225      | 4.8%  |
| Children only, no adults        | 386      | 8.2%  |
| Adults 1–10 (hidden cells)      | 610      | 12.9% |
| Adults 11–99                    | 813      | 17.2% |
| Adults 100 or more              | 2,696    | 57.0% |

#### 3.2 Concentration

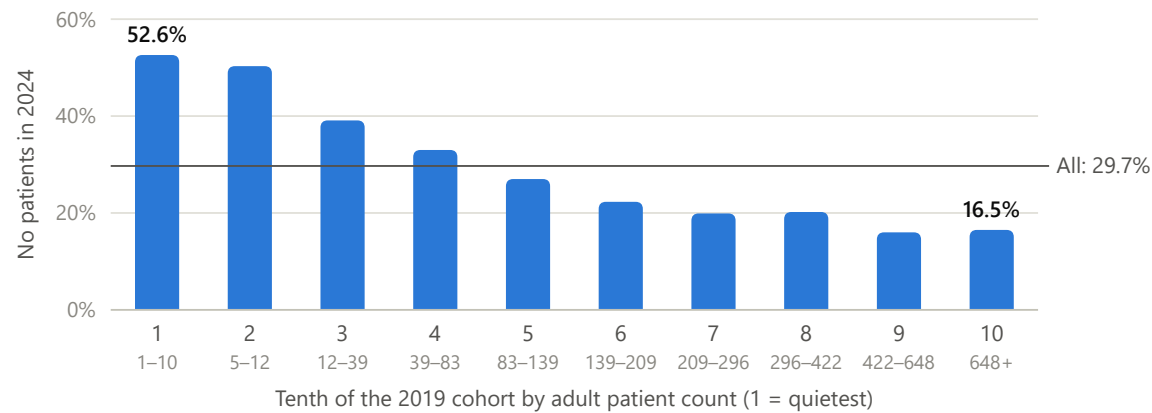
The busiest 10% of listed LA dentists (473) account for 43.7% of adult and 63.9% of child patient counts (Figure 1). For adults, 595 dentists (12.6%) account for half of all patient counts, and the busiest half of dentists accounts for 94.4%.



**Figure 1.** Share of LA patient counts held by the busiest listed dentists, CY2024. Dentists are ranked separately by adult and by child patient counts. The gray diagonal marks equal shares. The busiest 1%, 5%, 20% and 50% of dentists hold 10.3%, 28.9%, 64.7% and 94.4% of adult and 15.4%, 45.3%, 80.1% and 96.4% of child patient counts.

3.3 Who left between 2019 and 2024

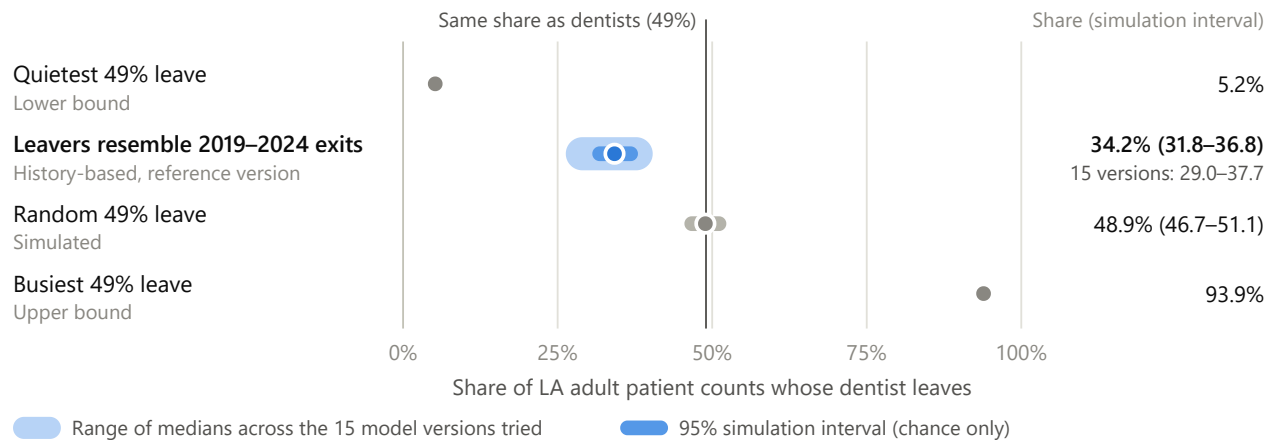
Of 9,877 NPIs statewide with adult patients in 2019, 2,932 (29.7%) had no patients of any age in 2024. Exit rates fell with volume, from 52.6% in the quietest tenth to 16.5% in the busiest (Figure 2). Defining an exit as having no *adult* patients in 2024 gives the same shape (59.9% vs 16.9%). Among NPIs that saw only children in 2019, 47.6% exited. Child volume mattered too: of the 1,171 NPIs with 1–10 adult and 0–10 child patient counts in 2019, 70.3% exited, against 17.2% of the 558 with 1–10 adults and 100 or more children. Busy providers left too: of the 5,630 NPIs with 100 or more adult patient counts in 2019, 20.7% had no adult patients in 2024 and 69.6% still had 100 or more.



**Figure 2.** Share of 2019 adult-serving NPIs with no Medi-Cal dental patients in 2024, by tenth of 2019 adult patient count (range under each column), California, n = 9,877. Tenths 1–2 are mostly NPIs with hidden (1–10) adult counts, counted as 5; tied counts are split across neighboring tenths, so neighboring ranges share an endpoint. The line is the overall rate. Data in Table A1.

3.4 What "49% of dentists leave" would mean for patients

The number of dentists alone does not settle the question (Figure 3). If the 2,318 quietest dentists left, 5.2% of adult patient counts would lose their dentist, because many of those dentists see few or no adults. If the busiest left, 93.9% would; a random 49% gives 48.9%.



**Figure 3.** Share of LA adult patient counts whose dentist leaves if 2,318 of 4,730 listed LA dentists (49%) leave, under four assumptions about who leaves. For the history-based row, the light band is the range of medians across the 15 model versions tried, the dot is the reference version and the dark band its 95% simulation interval (chance only). The random row's band is its simulation interval. All values are printed at right.

If leavers resemble those who left between 2019 and 2024, the 15 model versions tried give 29.0% to 37.7%: about a third. The versions differ in two choices the data do not settle (Table 2, Table A3). The first is how five-year exit rates are stretched to exactly 49%. The reference version, the raffle, gives 34.2%; it is used as the reference because it removes exactly 49% of dentists, as the scenario states, not because it is more likely to be right. Drawing without replacement flattens the historical gap between quiet and busy dentists: as the quiet, many-ticket dentists are drawn, the remaining draws fall more and more on busier dentists. In the raffle, LA's quietest tenth leaves 2.2 times as often as its busiest,

against 3.2 times in history. Scaling every rate by one common factor keeps that gap and gives 29.0%. The second choice is what history is matched on. Matching on child as well as adult volume stops busy pediatric practices that see few adults from being treated like the quietest adult dentists, and gives 37.7%.

The reference version's 95% simulation interval, 31.8–36.8%, covers chance only. In that version an average of 30.6% of the 305 LA dentists with 1,000 or more adult patient counts leave, and those dentists hold 33.6% of LA adult patient counts. That is why the estimate sits below the random case (quieter dentists leave more often) but far above the lower bound (busy dentists leave too).

Table 2. History-based estimate with one assumption changed at a time. Rows marked † are the 3 of the 15 versions that are not in Table A3; the other versions are all in Table A3. The last row is a check on the interval, not a model version.

| Change                                                          | Median | 95% simulation interval |
|-----------------------------------------------------------------|--------|-------------------------|
| Reference version (rank in adult volume, raffle)                | 34.2%  | 31.8–36.8%              |
| † Exit means no adult patients in 2024                          | 33.6%  | 31.3–36.0%              |
| History matched by fixed volume tiers, not tenths               | 35.4%  | 32.7–38.4%              |
| History matched on adult and child volume                       | 37.7%  | 34.8–40.5%              |
| † Dentists with no patients leave first                         | 32.9%  | 30.5–35.3%              |
| † Dentists with no patients get the children-only rate          | 34.3%  | 32.0–36.9%              |
| Independent exits with scaled odds, not exactly 2,318           | 33.5%  | 30.8–36.2%              |
| Independent exits, rates scaled proportionally (capped at 100%) | 29.0%  | 26.4–31.7%              |
| Independent exits, historical process run for longer (power)    | 31.5%  | 28.9–34.3%              |
| Check: historical rates held fixed (no bootstrap)               | 34.2%  | 32.2–36.4%              |

### 3.5 Concentration over time, 2018–2024

Statewide adult patient counts rose from 2,685,486 in 2019 to 3,956,263 in 2024 (+47.3%). The files carry no enrollment counts, so this rise is not a utilization rate, and its causes are not examined here.

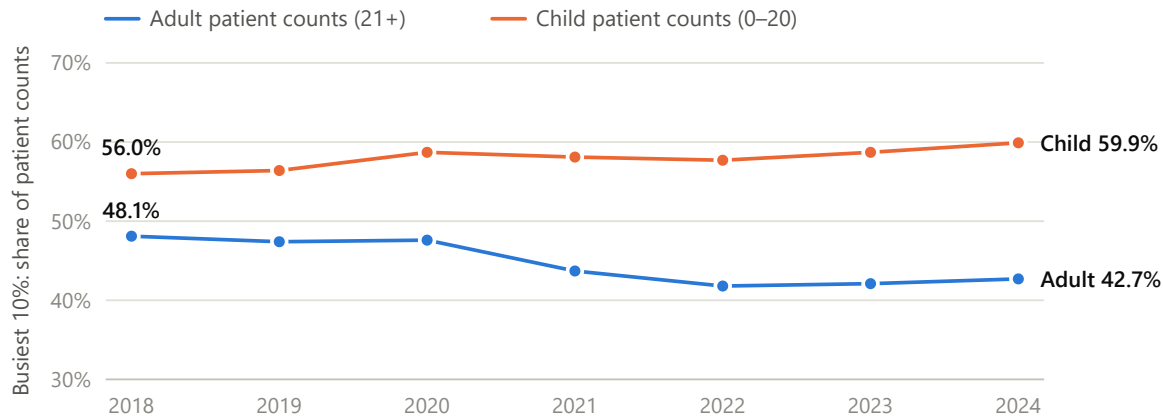


Figure 4. Share of statewide patient counts held by the busiest 10% of rendering NPIs, CY2018–2024. The vertical axis starts at 30%. The values without NPIs above 5,000 patient counts are in Table A2.

The busiest 10% held 48.1% of adult patient counts in 2018 and 42.7% in 2024 (Figure 4), while their share of child patient counts rose from 56.0% to 59.9%. Part of the adult decline comes from a few very large provider numbers. In 2018–2020, 7 to 9 NPIs each had more than 5,000 adult patient counts (the largest, 74,200 in 2019), together 4.9–5.6% of the statewide adult total; in 2021 they held 1.4%. With every NPI above 5,000 removed each year (the same cap used for LA in §4), the adult share still falls, but by less: from 45.7% to 41.2%. The sharpest one-year drop, 2020 to 2021 (47.6% to 43.7%), is 44.7% to 43.0% without them. The same year, the share of adult patient counts rendered at safety net clinics fell from 26.4% to 21.0%, so the 2021 step may partly reflect a billing or reporting change rather than a change in care. The child share rises with or without the cap (52.2% to 56.3% without it).

## 4. Limitations

- **The key assumption cannot be tested.** The history-based estimate assumes that dentists who leave because of a payment cut would resemble those who left for any reason in 2019–2024, such as retirement, relocation, the COVID-19 pandemic or practice changes. A cut could push out busy Medi-Cal practices more than that history suggests, or less. The simulation interval covers chance only, and the 29.0–37.7% range is the spread across the versions tried (their simulation intervals together span 26.4–40.7%); neither covers whether a pay cut changes who leaves.
- **A scenario, not a forecast.** Nothing here estimates how many dentists will leave, or when; the 49% is a stated intention from a survey whose method is not published, asked when the cuts were due in 2026.
- **Who is not on the list.** The profile covers fee-for-service providers and safety net clinics and does not include dental-managed-care providers [2]. Statewide, 1,590 NPIs with 2024 patients have no rendering listing anywhere in it; they hold 10.2% of adult and 6.8% of child patient counts. Most of that is care rendered at safety net clinics: 1,252 of these NPIs billed there, holding 9.2% of adult and 5.6% of child counts. LA's dental managed care plans (PHP) account for 2.8% of statewide adult patient counts in these files, and missing NPIs hold 0.1% through them. Some missing NPIs may simply have left between 2024 and October 2025, and the files have no county, so how many work in LA is unknown. Clinic care looks under-represented in the LA group: its 169 dentists with a safety-net-clinic listing hold 7.4% of LA adult patient counts, while care rendered at safety net clinics is 26.0% of statewide adult patient counts. Clinic dentists may be paid differently and may not "leave" the way fee-for-service dentists would; this was not examined.
- **Statewide history, LA application.** The utilization files have no county, so the exit pattern is statewide. An LA dentist's 2024 volume rank stands in for their 2019 rank.
- **Patient counts, not patients or access.** A person seen by two dentists is counted twice. The data show who was seen, not who accepts new patients. Losing one's dentist is not the same as losing care, since other dentists may absorb patients, and the files cannot show that.
- **Per dentist, not per office.** 45.0% of listed LA dentists are listed under two or more practices and 40.3% also have a listing in another county; those 40.3% hold 47.7% of adult and 59.6% of child patient counts. Counts cannot be split by office or neighborhood, and some include care given outside LA.
- **A provider number is not always one dentist.** 30 LA NPIs have more than 5,000 child patient counts (11.3% of the LA child total), and the largest adult count is 8,304, more than one clinician could plausibly see; these are probably team or program billing under one number. Without NPIs above 5,000, the busiest 10% hold 42.6% of adult and 60.9% of child patient counts, so "the busiest 10% of dentists" partly means the busiest billing numbers.
- **Timing and coverage.** The list is from October 2025, while the newest utilization year is 2024. How many dentists joined or left in between is unknown; the list's enrollment-date field cannot identify recent enrollees, so some of the 225 dentists with no 2024 patients may be new. Statewide figures include every rendering NPI, which may include some hygienists and clinic-level NPIs. Health Plan of San Mateo rows first appear in CY2022.
- **Desk analysis.** No patients or dentists were interviewed. The immigrant coverage change is not modeled, because the files carry no immigration status.

## 5. Reproducibility and how this was made

Every number and figure in this brief can be re-created with Node.js alone (printing the PDF also uses headless Chrome):

```
node analysis/run.cjs      # downloads the state files, checks fingerprints, writes data/results.json
node analysis/test.cjs    # re-derives every number from the raw files and checks it
node writeup/build.cjs    # redraws the figures and this PDF from data/results.json
```

`data/sources.json` lists each file's URL, download date and SHA-256 fingerprint; if the state revises a file, the check fails instead of silently changing the numbers. `data/results.json` stores each number next to its definition, with the model assumptions and the hidden-cell and repeated-row checks. No dentist is named, ranked or identified in any output.

**How this was made.** The question, scope and conclusions are Matthew Volpe's. Every number is rebuilt from the public files by one command, and the tests check that re-running from the raw files reproduces every number exactly. No person outside the project has reviewed the work.

Data attribution: California Department of Health Care Services, via the CHHS Open Data Portal. Modified data; not official State of California figures.

References

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9. California State Auditor. California Department of Health Care Services: Weaknesses in Its Medi-Cal Dental Program Limit Children's Access to Dental Care. Report 2013-125, December 2014. <https://www.auditor.ca.gov/pdfs/reports/2013-125.pdf>

All web sources were accessed on 28 September 2026.

Appendix: figure data

Table A1 (Figure 2). Exit rate by tenth of 2019 adult patient count, statewide cohort of 9,877 NPIs. Tenths 1–2 are mostly NPIs with hidden (1–10) adult counts, counted as 5; tied counts are split across neighboring tenths.

| Tenth                     | 1             | 2                    | 3     | 4     | 5      | 6       | 7       | 8       | 9       | 10    |
|---------------------------|---------------|----------------------|-------|-------|--------|---------|---------|---------|---------|-------|
| 2019 adult patient counts | 1–10 (hidden) | 5–12 (mostly hidden) | 12–39 | 39–83 | 83–139 | 139–209 | 209–296 | 296–422 | 422–648 | 648+  |
| No patients in 2024       | 52.6%         | 50.3%                | 39.1% | 33.0% | 27.0%  | 22.3%   | 19.9%   | 20.2%   | 16.0%   | 16.5% |
| No adult patients in 2024 | 59.9%         | 56.8%                | 41.8% | 35.5% | 27.7%  | 23.1%   | 20.5%   | 20.8%   | 17.1%   | 16.9% |

Table A2 (Figure 4). Statewide share held by the busiest 10% of rendering NPIs, with the very large NPIs and the safety-net-clinic share

| Year                                         | 2018   | 2019   | 2020   | 2021   | 2022   | 2023   | 2024   |
|----------------------------------------------|--------|--------|--------|--------|--------|--------|--------|
| Adult patient counts                         | 48.1%  | 47.4%  | 47.6%  | 43.7%  | 41.8%  | 42.1%  | 42.7%  |
| Adult, without NPIs above 5,000 adult counts | 45.7%  | 44.6%  | 44.7%  | 43.0%  | 40.9%  | 40.7%  | 41.2%  |
| Child patient counts                         | 56.0%  | 56.4%  | 58.7%  | 58.1%  | 57.7%  | 58.7%  | 59.9%  |
| Child, without NPIs above 5,000 child counts | 52.2%  | 52.6%  | 56.0%  | 55.5%  | 54.3%  | 55.4%  | 56.3%  |
| NPIs above 5,000 adult counts                | 9      | 8      | 7      | 6      | 7      | 11     | 14     |
| Their share of adult counts                  | 4.9%   | 5.5%   | 5.6%   | 1.4%   | 1.8%   | 2.7%   | 3.1%   |
| Adult counts rendered at safety net clinics  | 27.9%  | 28.3%  | 26.4%  | 21.0%  | 22.7%  | 23.8%  | 26.0%  |
| Rendering NPIs in file                       | 10,849 | 11,114 | 11,339 | 11,389 | 11,052 | 11,441 | 11,954 |

Table A3. History-based estimate under every combination of matching and scaling rule: median (95% simulation interval), % of LA adult patient counts. The reference version is in bold. These 12 versions and the 3 marked † in Table 2 are the 15 versions tried.

| Matching                      | Raffle                   | Odds              | Proportional      | Power             |
|-------------------------------|--------------------------|-------------------|-------------------|-------------------|
| Rank in adult volume (tenths) | <b>34.2% (31.8–36.8)</b> | 33.5% (30.8–36.2) | 29.0% (26.4–31.7) | 31.5% (28.9–34.3) |
| Absolute adult volume (tiers) | 35.4% (32.7–38.4)        | 35.2% (32.0–38.2) | 29.9% (26.8–33.1) | 33.0% (30.0–36.2) |
| Adult × child volume          | 37.7% (34.8–40.5)        | 37.5% (34.3–40.7) | 33.4% (30.0–36.8) | 35.7% (32.3–39.0) |