

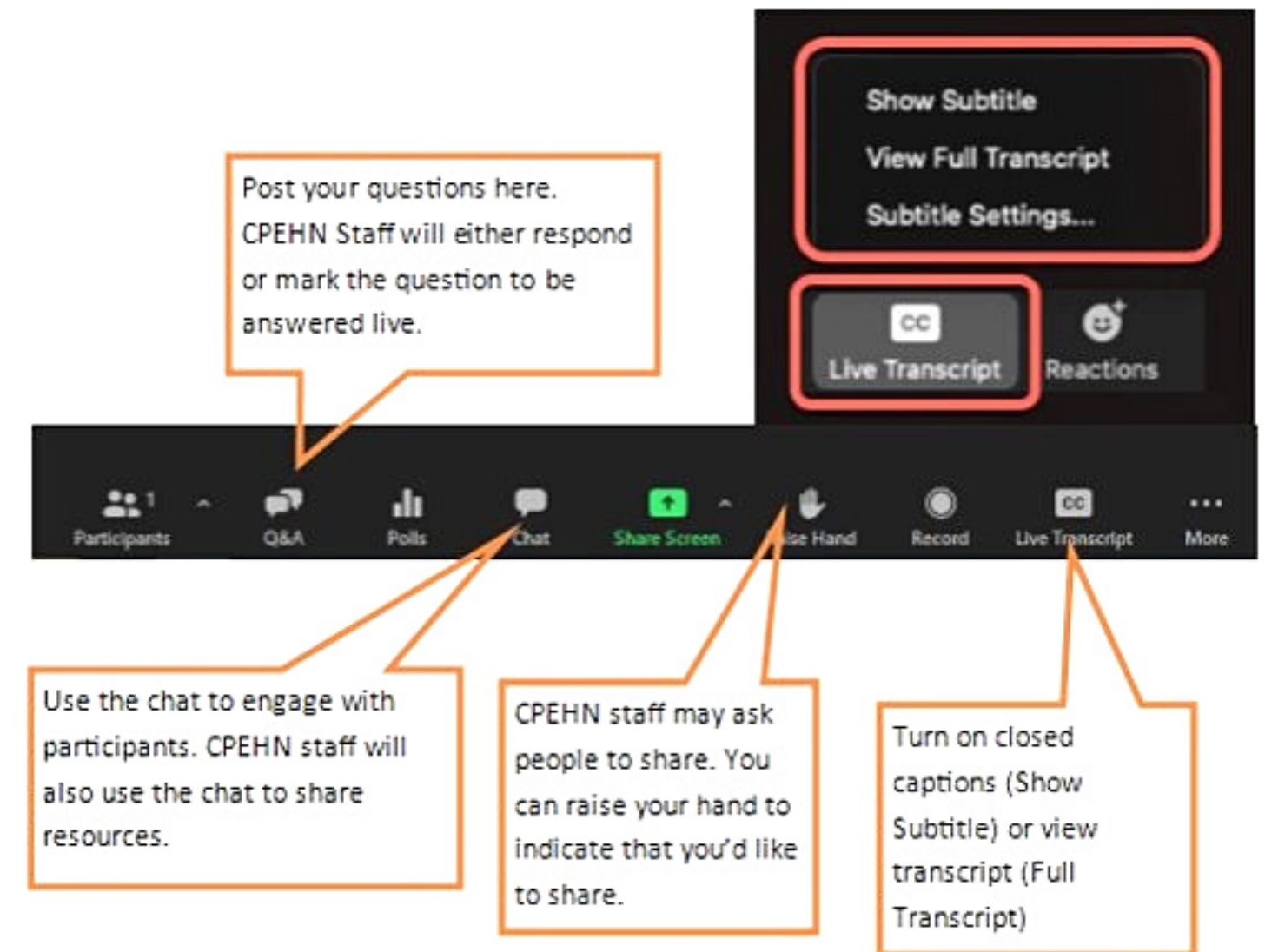
# ADDRESSING THE ROOT: DISMANTLING SYSTEMIC BARRIERS TO ORAL HEALTH EQUITY

NOVEMBER 3, 2022



# Housekeeping

- This webinar is being recorded
- Use the chat box to interact with each other!
- Use the Q&A function to send questions. CPEHN staff will respond or mark the question to be answered live
- Closed captions are available. To access closed captions:
  - Click the "CC Live Transcript" button at the bottom of your screen
  - Click "Show Subtitle"
- You can also view a full transcript:
  - Click the "CC Live Transcript" button at the bottom of your screen
  - Click "View Full Transcript"



# Introduction

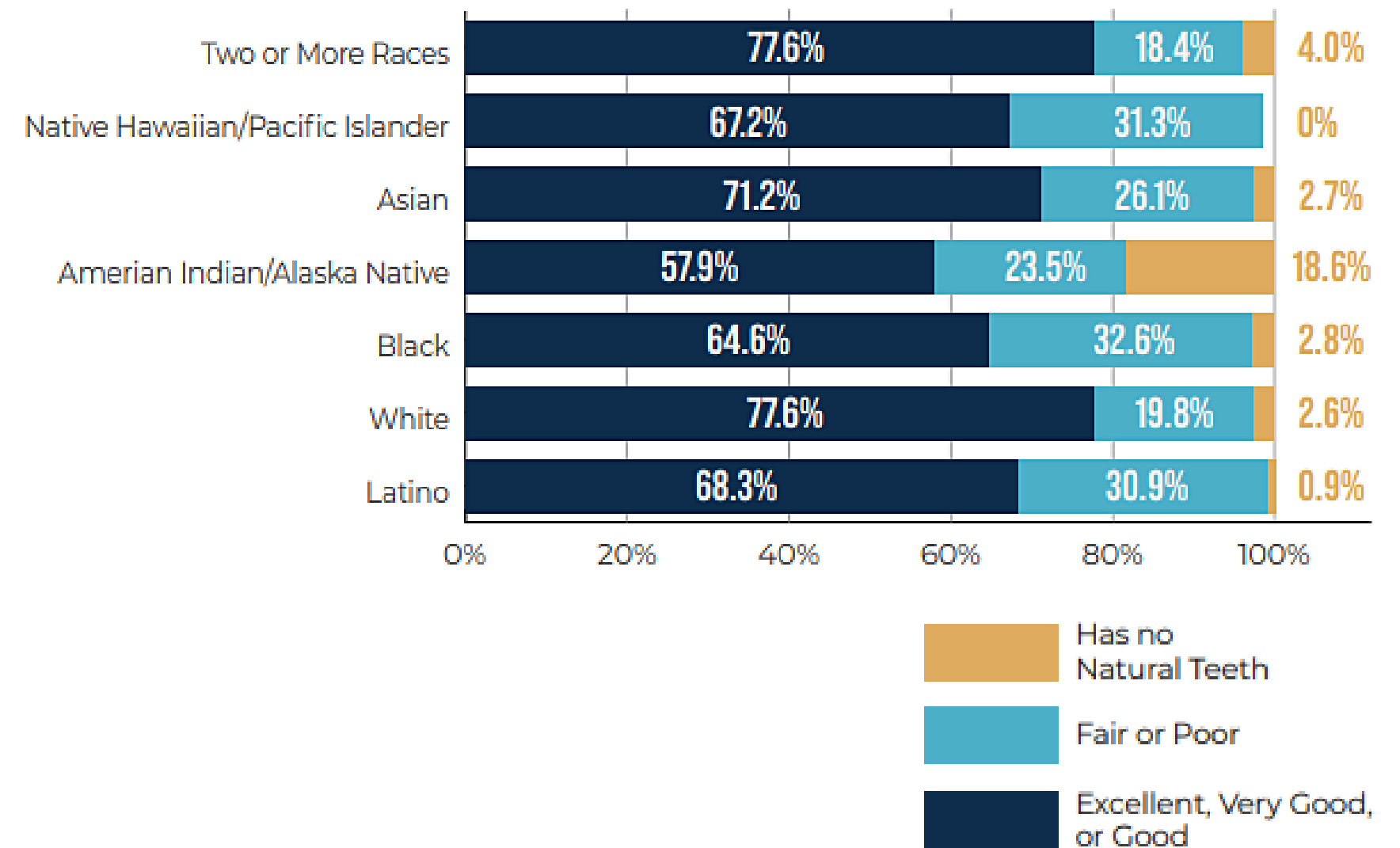
- Low access rates to oral health services
- Barriers to equity in oral health
- Racial equity is not prioritized
- California has taken steps toward oral health equity, but there is work that remains



# Structural Racism & Oral Health

- Historical roots of US racism
- Intentional distribution of resources, opportunities, power
- False belief that communities of color don't care about their oral health

Condition of Teeth by Race/Ethnicity, 2020



# Process



**Grounding/Envisioning**  
Developed a shared definition  
of oral health equity



**1:1 Interviews**  
Better understand barriers to  
oral health care



**Collective Feedback**  
Narrow down and finalize  
priorities

# Grounding/Envisioning

- *What is missing from standard definitions of oral health equity?*
- *What does a society where everybody is well in terms of their oral health look like?*
- *What are the ways in which our current systems are not achieving our vision of oral health equity?*





# 1:1 Interviews

- *What have you heard from your community regarding their experiences in accessing oral healthcare?*
- *What major obstacles has your community been facing, that you are prioritizing as an organization?*
- *How can CPEHN support your organization and community, to help address the barriers you have been facing?*



# Collective Feedback

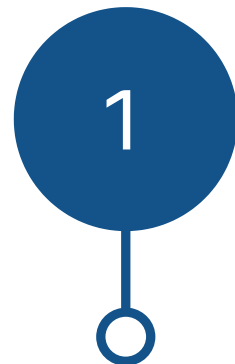
- *Do these priorities make sense?*
- *What works and what doesn't?*
- *Is there an issue you think should be included but isn't?*
- *What priorities are here but should be re-framed and talked about differently?*





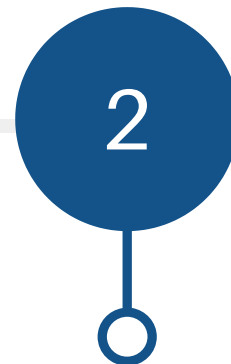
# Equity Core Group

**Andrea Williams**



Southside  
Coalition of  
Community  
Health Centers

**Yogita Thakur**



Ravenswood  
Family Health  
Network

**Sarait Martinez**



Centro Binacional  
para el Desarrollo  
Indígena  
Oaxaqueño

**Gina Charusombat**



Strategic  
Concepts in  
Organizing and  
Policy Education

**Huong Le**



Asian  
Health  
Services

# Systemic Barriers

1

Coverage

2

Cultural &  
Linguistic  
Access

3

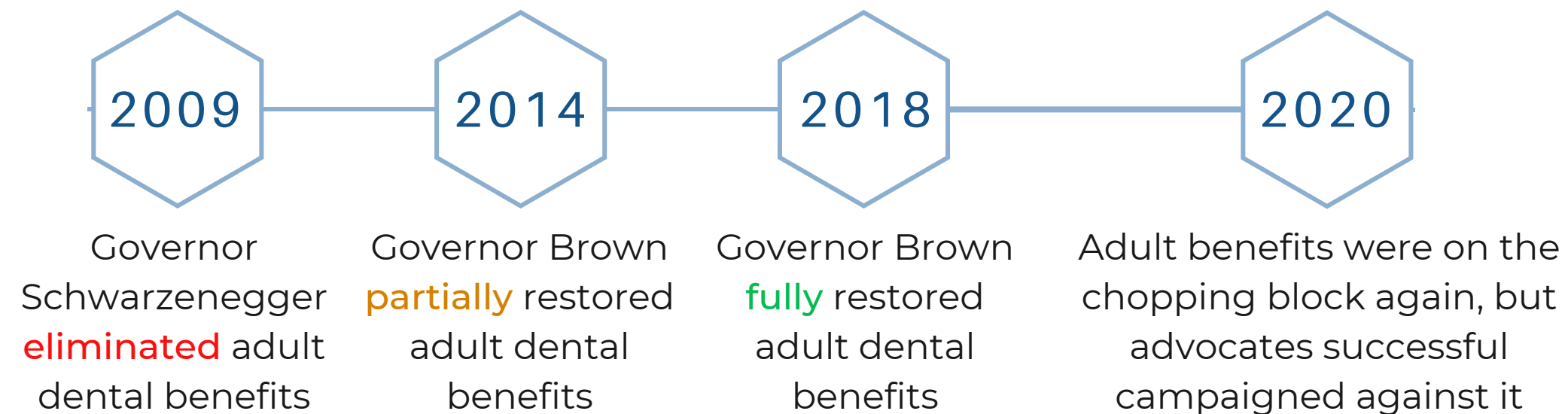
Workforce

4

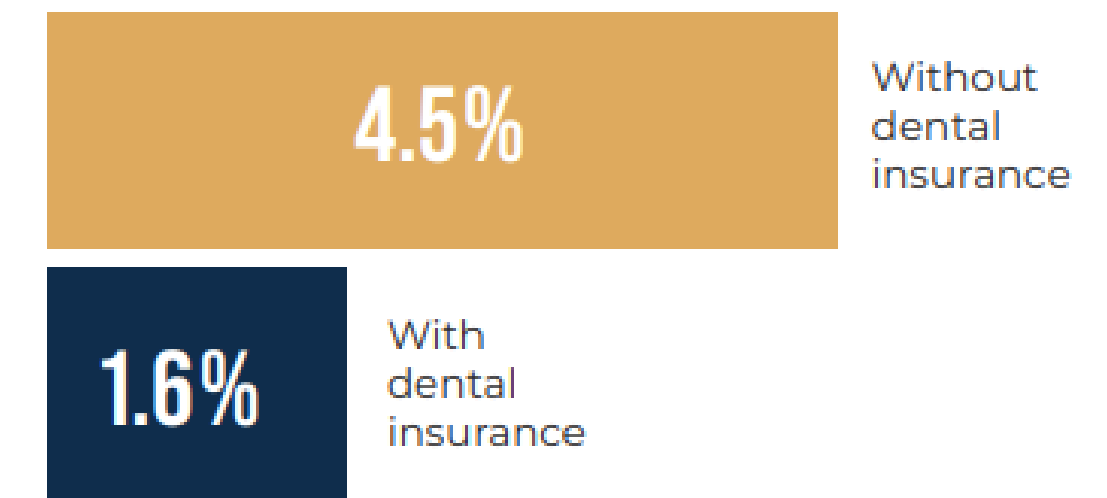
Data

# Coverage Barriers

- California and the federal government should work together to establish permanent, full-scope dental coverage for adults in Medi-Cal
- Integrate oral health with primary health care



## Adults who have no natural teeth by dental insurance status



In California, adults who do not have dental insurance are about 3 times more likely to lose all of their natural teeth compared to adults who do have dental insurance

FIGURE 3

Source: California Health Interview Survey, 2019

# Cultural and Linguistic Access Barriers

## Approach care with *both* cultural competence and cultural humility

- Each individual has a unique identity, background, and experiences.
- Understanding patients' experiences will help to understand their oral health needs
- No one-size-fits-all approach

“There are folks who have said that when they show up to the dental office waiting room with their children after a long day, the children are hungry, tired, and might be a little rambunctious, and because they don't have access to affordable childcare, they feel ashamed for being there with all their children because they know there are assumptions made about their parenting skills.”

“Several communities across California do not drink tap water due to distrust in the system... When communities hear news stories on topics such as the lead-contaminated water in Flint, Michigan, coupled with the systemic racism they experience in their lives, it's hard to convince them that their water is safe.”

# Cultural and Linguistic Access Barriers

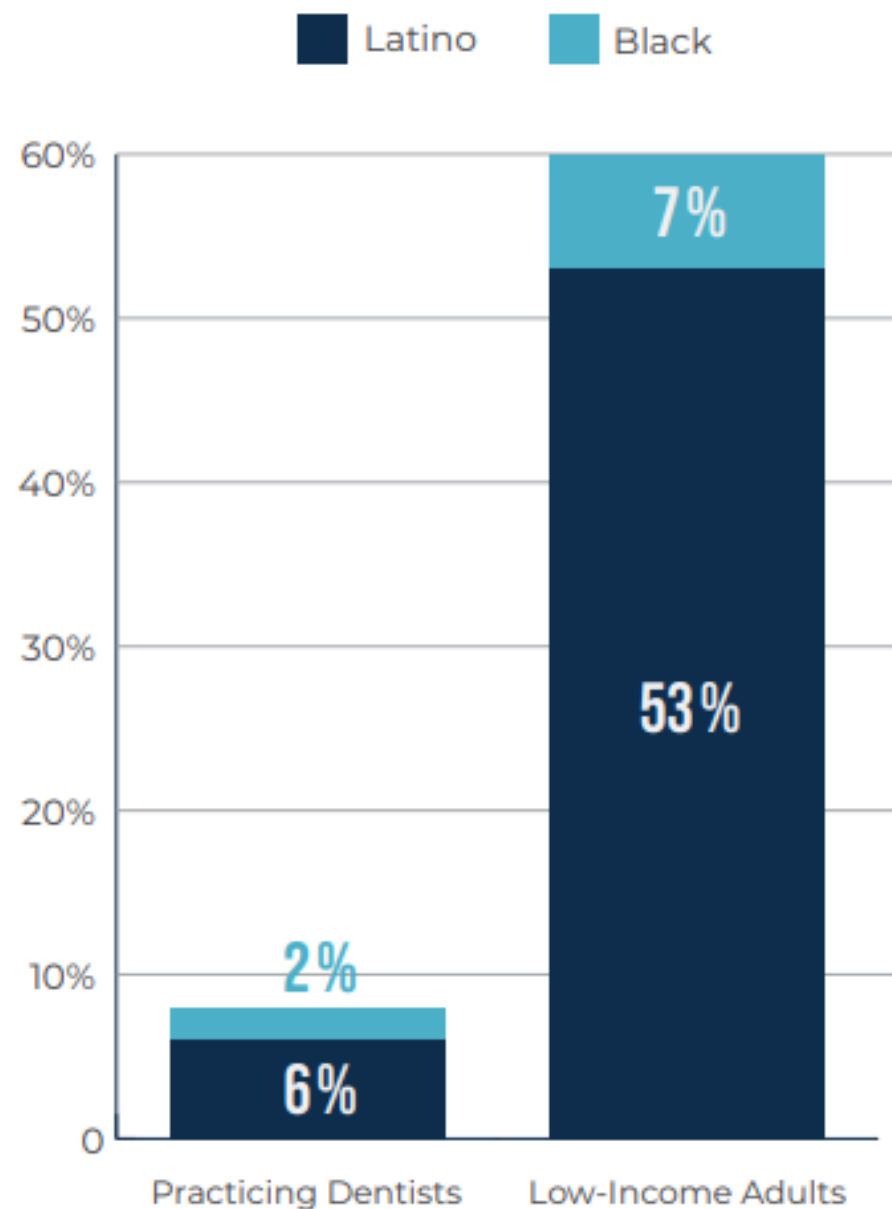
- Improve timely access to quality interpretation and translation services
- Conduct effective community outreach and education through trusted messengers and use of multiple mediums, including visual materials

	
Hablo el idioma _____ (idioma)	I speak _____ from (language)
de _____ (comunidad de origen)	_____ (community of origin)
Por favor proporcióneme un intérprete capacitado y calificado, y anote mi idioma de preferencia en sus registros.	Please provide me with a trained and qualified interpreter and note my preferred language in your records.
Tengo derecho legal a recibir asistencia de programas financiados por el gobierno estatal o federal en mi idioma de preferencia sin costo adicional para mí.	I have the legal right to receive assistance from programs that receive state or federal funding in my preferred language at no additional cost to me.
Muchas gracias.	Thank you.
Para más información, contacte a CRLA al: 209-946-0605 ext. 2012	For more info, contact CRLA at: 209-946-0605 ext. 2012
 CRLA   	 CRLA   

# Workforce Barriers

## Latino and Black Dentists

Compared to their Racial/Ethnic  
Distribution in California



Support efforts to expand the oral health care team to include dental therapists and community health workers

- Creates opportunities for members of historically underrepresented communities to become involved in the oral health workforce
- Improves access to preventive and restorative care for those disparately affected by oral health service barriers
- When patients have trust in their oral health team, they are more likely to seek out and maintain oral health care regularly



# Data Barriers

Collect and report utilization, quality, and outcome data that is disaggregated by race, ethnicity, preferred language, gender identity, sexual orientation, age, disability status, and county

- Data is essential for collecting, reporting, and identifying inequities and reducing disparities
- Data should be publicly posted, user-friendly, and easily accessible
- Measures should include not only utilization but also care quality and outcome measures





**Q&A**

The image features a central white hexagon with a dark blue border, containing the text "Q&A" in a bold, dark grey sans-serif font. The background is a solid dark blue, decorated with white and orange geometric shapes, including triangles and lines, in the corners.