ADDRESSING THE ROOT:
DISMANTLING SYSTEMIC BARRIERS TO ORAL HEALTH EQUITY

NOVEMBER 3, 2022
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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
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

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<thead>
<tr>
<th>Position</th>
<th>Name</th>
<th>Organization/Role</th>
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<tbody>
<tr>
<td>1</td>
<td>Andrea Williams</td>
<td>Southside Coalition of Community Health Centers</td>
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<tr>
<td>2</td>
<td>Yogita Thakur</td>
<td>Ravenswood Family Health Network</td>
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<td>3</td>
<td>Sarait Martinez</td>
<td>Centro Binacional para el Desarrollo Indígena Oaxaqueño</td>
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<td>4</td>
<td>Gina Charusombat</td>
<td>Strategic Concepts in Organizing and Policy Education</td>
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<tr>
<td>5</td>
<td>Huong Le</td>
<td>Asian Health Services</td>
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Systemic Barriers

1. Coverage
2. Cultural & Linguistic Access
3. Workforce
4. Data
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.
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
Workforce Barriers

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
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