## AGENDA/WELCOME!

### MORNING

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>10:00</td>
<td>Welcome &amp; Introductions</td>
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<tr>
<td>10:15</td>
<td>State Policy and Public Health</td>
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<tr>
<td>11:05</td>
<td>California Oral Health Network Introduction: Health Equity and Oral Health</td>
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<tr>
<td>11:30</td>
<td>Lunch Break</td>
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<tr>
<td>11:45</td>
<td>Lunch Panel: Oral Health and Health Equity- Building a Strong San Diego Coalition</td>
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### AFTERNOON

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>12:45</td>
<td>Small Group Discussions</td>
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<tr>
<td>1:15</td>
<td>Small Group Report Outs</td>
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<tr>
<td>1:45</td>
<td>Closing and Next Steps</td>
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Oral Health Updates

Amber Christ, Senior Staff Attorney

March 6, 2018
Justice in Aging is a national organization that uses the power of law to fight senior poverty by securing access to affordable health care, economic security, and the courts for older adults with limited resources.

Since 1972 we’ve focused our efforts primarily on populations that have traditionally lacked legal protection such as women, people of color, LGBT individuals, and people with limited English proficiency.
Diversity, Equity, and Inclusion

To achieve Justice in Aging, we must:

• Acknowledge systemic racism and discrimination

• Address the enduring negative effects of racism and differential treatment

• Promote access and equity in economic security, health care, and the courts for our nation’s low-income older adults

• Recruit, support, and retain a diverse staff and board, including race, ethnicity, gender, gender identity and presentation, sexual orientation, disability, age, economic class
Restoration of Adult Dental

January 1, 2018

- **New** periodontal (Gum) treatment
- **New** Root canals back teeth
- **New** Partial Dentures
- **New** Lab Processed Crowns (for bridges)
Download the Beneficiary Pamphlet

Available in English & Spanish. Coming in all threshold languages soon!

https://cpehn.org/blog/201801/what-you-need-know-restored-dental-benefits-adults-california
Other Denti-Cal Resources

Available on the Denti-Cal Website: https://www.denti-cal.ca.gov/
Increase in Provider Rates

• Supplemental payments for targeted services
• July 1, 2017 – June 30, 2018
• Payments = equal to 40% of the Dental Schedule of Maximum Allowances (SMA)
• Not all services – e.g. no periodontal treatment
Fixing Denti-Cal

LITTLE HOOVER COMMISSION
DEPARTMENT OF HUMAN SERVICES AND
DEPARTMENT OF MENTAL HYGIENE
A REPORT TO THE GOVERNOR AND ASSEMBLY
APRIL 2016

Prop 56 Funding to Counties

- $30 Million
  - Assess and monitor (get a baseline/monitor)
  - Develop an action plan
  - Water fluoridation
  - Identify common risks
  - Prevention/ develop health care policies
  - Coordination of health care programs
  - Work with more community orgs
Statewide Oral Health Plan

Oral Health Plan available at:
https://www.cdph.ca.gov/Documents/California%20Oral%20Health%20Plan%202018%20FINAL%201%205%202018.pdf

Oral Health Report available at:
California Oral Health Network

The Network seeks to include engaged, diverse stakeholders from multiple sectors and populations committed to advancing oral health equity for all. Together, we are working to improve overall health for Californians addressing oral health issues, especially for those who are historically underserved. The Network will maximize our collective efforts to advance systemic social change toward oral health equity.
Oral Health 2020

Framing Recommendations
Strategic Recommendations for Effective Communications

FrameWorks researchers designed a series of experiments to test the effects of different messages and themes on public understanding of oral health. This research, along with parallel research into oral health frames in the field and the media, yielded a set of evidence-based framing recommendations. Together, these recommendations comprise a comprehensive communications strategy for oral health advocates. Use the strategic framing recommendations guide as a roadmap for your communications strategy.

Below is an interactive module that explains the recommendations and provides examples on how to implement them in your communications. Click each recommendation below to learn more about the concept.

1. Recommendation #1: Connect oral health to overall health. Avoid frames that narrow the scope of the issue to the teeth.

2. Recommendation #2: Use the value of Targeted Justice to cue a collective and systemic perspective. Avoid unframed data about disparities.

3. Recommendation #3: Use the value of Responsible Management to broaden the concept of prevention. Avoid framing prevention as undefined, undescribed, or individualized.

4. Recommendation #4: Use the Keys to Oral Health metaphor to explain systemic barriers. Avoid zooming in on individual cases to illustrate systemic problems.

5. Recommendation #5: Emphasize that oral health involves a broad team of professionals. Avoid leaving solutions to the public’s imagination.

http://frameworksinstitute.org/toolkits/dentaquest/deeper-research.html
Medicare Advocacy

• Add a dental benefit to the Medicare Part B benefit
• Diverse groups collaborating
  • Oral Health America
  • Center for Medicare Advocacy
  • Justice in Aging
  • American Dental Association
Resources

• Justice in Aging, www.justiceinaging.org

• **Coming Soon!** Advocates Guide: Oral Heath for Older Adults in California

• Sign up for our oral health listserv

Amber Christ, Senior Staff Attorney
achrist@justiceinaging.org

@justiceinaging
California Oral Health Program

Collaboration to Implement the California Oral Health Plan 2018-2028
Vision

• Make California the healthiest state in the nation
• Healthy individuals and families in healthful communities
• Healthy mouths for all Californians
State Oral Health Program:
Core Functions and Essential Public Health Services
Status of Oral Health in California

• Oral diseases are highly prevalent
• Disparities are persistent
• Effective preventive measures are underutilized

Available online by visiting: www.CDPH.CA.Gov/OralHealth
California Oral Health Plan 2018-2028

• Provides a roadmap for all Californians
  – Created by an Advisory Committee
  – Offers a structure for collective Action
  – Capitalizes on recent fiscal developments

Available online by visiting: www.CDPH.CA.Gov/OralHealth
Goals

Plan

Healthy Environment & Habits

Surveillance & Evaluation

Linkage to Clinical Care

Communication & Health Literacy

Infrastructure, Capacity & Payment
Tooth Decay in Children
The California Smile Survey, 2006
and COHP 2028 Target

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<tr>
<th></th>
<th>CA Kindergarten</th>
<th>COHP 2028 Target</th>
<th>CA 3rd Grade</th>
<th>COHP 2028</th>
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<tr>
<td></td>
<td>53.6</td>
<td>42.5</td>
<td>70.9</td>
<td>56.5</td>
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Disparities in Oral Health

The Pew Charitable Trusts / Research & Analysis / Dental Health Is Worse in Communities of Color

ANALYSIS

Dental Health Is Worse in Communities of Color

Four key disparities show how these populations are vulnerable

May 12, 2016
Dental Campaign
By Jane Koppelman and Rebecca Singer Cohen
Moving from Planning to Action
Use of Tobacco Tax Funds

State Oral Health Program
Local Oral Health Program
Communication & Health Literacy

Surveillance & Evaluation
Training & Technical Assistance
Special Population Projects
Local Oral Health Program
Scope of Work Objectives

**First Steps:**
- Engage the community
- Conduct needs assessment
- Identify assets and resources
- Develop a local oral health improvement plan/Strategic Plan

**Next Steps:**
- Inform, educate and mobilize
- Convene, coordinate, collaborate
- Implement policies and programs
- Conduct surveillance and evaluation

**Develop a Plan**
Implement interventions
Evaluate outcomes

Promoting Policies and Programs

- Community water fluoridation
- School-based/linked dental sealant program
- Kindergarten oral health assessment
- Community-Clinical Linkages
- Tobacco Cessation Counseling
- Rethink Your Drink Campaign
Increase Dental Visit Rates

- Dental insurance
- Outreach activities
- Oral health literacy
Integrate Oral Health and Primary Care

Figure 3: Small Practice Workflow Example: Medical Assistant and Provider Dyad

Patient checks in → Medical assistant rooms patient → Clinician conducts encounter → Patient leaves with referral

Promote Oral Health Literacy

• Create a shame-less environment
• Use plain language
  – Visuals and drawings
• Use teach-back method
Future of Oral Health in California

Medi-Cal Dental Program
- Dental Transformation Initiative
- Proposition 56 Supplemental Payments
- Restoration of adult benefits

Oral Health Program
- Local Oral Health Program
- Surveillance and Evaluation
- Oral health literacy
- Technical Assistance
- Special Projects
Participate, Promote and Support

- Participate in Local Plan Development
- Promote Kindergarten Assessment Policy
- Support Integration of Oral Health and Primary Care
- Become a Champion for Oral Health
- Promote Oral Health Literacy
Contact Information

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Building a Multicultural Movement for Health Equity

Sarah de Guia
Executive Director
California Pan-Ethnic Health Network
CPEHN’s Core Strategies

- Policy and Advocacy
- Community Advocacy & Mobilization
- Research & Strategic Communications
What does health look like?
Our vision for health equity
CPEHN’s Vision for Health Equity

All Californians have access to affordable health care

Cultural and linguistic care is equal to quality care

Social and environmental conditions promote health

Health care addresses the whole-person

Health institutions address disparities and improve outcomes across racial/ethnic and vulnerable groups
Landscape of Opportunity
2016

Map 1: Clean Water & Communities of color

Map 2: Median Household Income and Communities of Color

Map 3: Communities of Color in California

In some counties, communities of color face stark differences in earnings. For example, in San Francisco County, African Americans face the widest income disparities earning $7.1 less for every $1 earned by White households. Annual this requires a $71,600 wage gap between African American and White households.

 communicates that in some counties, communities of color may have higher exposure to environmental hazards. This can be measured using multiple indicators from the California Communities Environmental Health Screening Tool (CalEnviroScreen). Indicators may include pollution from various sources, including soil and water contamination.

Communities of color are the majority in California, making up 81% of the total population. Imperial (76%), Los Angeles (73%), and Mendocino (68%) counties have the highest percent of communities of color.
Taking a Bite Out of Oral Health Inequities

Oral Health Impacts Education
- Children of color are more likely to be impacted by tooth decay.
- Students who reported recent tooth pain are 4 times more likely to have a lower GPA.

Oral Health Impacts Employment
- Employed adults miss 164 million hours of work due to oral health problems.
- Adults with missing teeth are more likely to report trouble finding employment.

Oral Health Impacts Chronic Conditions
- Oral diseases can exacerbate conditions such as diabetes and heart disease.
- Oral health impacts pregnant women and children.
CPEHN’s Oral Health Core Partners

- Korean Resource Center (LA)
- Black Women for Wellness (LA)
- Roots Community Health Center (Bay)
- Asian Pacific Islander Prevention Alliance (APIOPA)
- Asian Health Services (Bay)
- Centro Binacional para el Desarrollo Indigena (Central Valley)
- Nile Sisters Development Initiative (San Diego)
- Inland Empire Immigrant Youth Coalition (IE)
- Latino Health Access (OC)
What we heard from communities across the state…

<table>
<thead>
<tr>
<th>Lack of access to affordable dental care</th>
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<tr>
<td>Incomplete coverage/no access to coverage</td>
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Cultural and linguistic gaps

- Latinos and Asians often have difficulty understanding providers and have negative experiences/attitudes

Lack of integrated health systems

- Difficulty accessing providers in a timely fashion
- No connection between primary care providers

Underlying social and environmental inequities

- Lack of access to healthy food and drinks
- Lack of understanding of impact of soda, sugar on teeth
Oral Health as a Social Justice Issue

• Everyone should have the same opportunities to live a healthy life
• A person in poor oral health is not healthy
• It’s our responsibility to advocate for and mobilize the many who don’t have access to oral health care and prevention
• Nobody should suffer from a chronic disease that is completely preventable
• Until we all have an equal opportunity to live healthy lives, we will live in an unjust society
Oral health is essential to lifelong health and wellbeing. Improved health equity results in greater social justice.
Evolution of the Oral Health 2020 Network

1999-2010
Fragmented National Oral Health Activity
Scattered Clusters

2011-2014
DQF Catalyzes National Network in Role as Hub
Hub-Spoke

2014-2016
Network Expands, Infrastructure Emerges, Leadership Decentralizes
Multi-Hub

2016-2020
Network Infrastructure Becomes Independent and Sustainable
Core-Periphery
Activities of a Backbone Organization

To support and facilitate the collective impact of the network, backbone organizations facilitate the following activities:

• Guide vision and strategy
• Support aligned activities
• Establish shared measurement practices
• Build public will
• Advance policy
• Mobilize funding
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<tr>
<th>California Oral Health Network Goals</th>
<th>Maximize connectivity and partner engagement through a focused and resourced Network</th>
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<tr>
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<td>Create a statewide community-driven policy agenda</td>
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<td>Shift public perception, knowledge, and engagement on oral health equity</td>
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<td></td>
<td>Transform public policy to prioritize oral health equity through community engagement and activism</td>
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Questions?

Contact us at:
www.cpehn.org

Sarah de Guia
Executive Director
sdeguia@cpehn.org
LUNCH
Meet our Panelists

Moderator
Dr. Paul Glassman, DDS
Professor and Director of Community Oral Health, University of Pacific School of Dentistry

Panelists
Dan Fesperman
Director, San Diego County Childhood Obesity Initiative

Irene Linayao-Putman
Community Health Program Supervisor, Tobacco Control Resource Program, SD Health and Human Services

Mary Ann Bundang
Program Manager, Oral Health Initiative
Health Quality Partners of Southern California (HQP)

Dr. Karen Becerra, DDS
CEO and Dental Director, Gary and Mary West Senior Dental Center
What are some techniques you have found to be successful in reaching vulnerable populations?
Please describe your current or potential role as a member of an oral health coalition.
What are some ways that a network of partners & community organizations could help your organization achieve its goals?
Please share any best practices you’ve seen across the county, state or nationally in addressing health equity in the line of work you do?
Q&A
SMALL GROUP DISCUSSION

Group 1: CA State Oral Health Plan

Group 2: Creating a Strong Local Oral Health Network

Group 3: Addressing Disparities in San Diego County

Group 4: Medical/Dental Integration to Advance Oral Health Initiatives
REPORT BACK