



California Pan-Ethnic Health Network

## **Building an Integrated System for Oral Health Equity**

Achieving health equity means improving health outcomes of low-income, communities of color that includes not only physical health but oral health as well. Good oral health is more than just brushing your teeth and seeing the dentist, oral health is dependent on many factors like access to comprehensive care and coverage, access to quality providers and access to resources such as quality food and water. Oral health impacts overall quality of life, but it often goes overlooked.

CPEHN has developed a set of community-driven policy recommendations to inform oral health policy efforts statewide. We developed these recommendations through a community assessment conducted through nine partners from racially and ethnically diverse communities who are geographically dispersed around the state to help determine the oral health needs of communities of color and prioritize state policy solutions.

***Create affordable, comprehensive oral health coverage.*** Low-income communities do not have access to affordable dental coverage that offers comprehensive benefits such as preventive care, exams, restorative services, periodontal services, dentures, oral surgery, and emergency services. One way we can achieve this goal is to fully restore adult dental benefits in Medi-Cal. In addition, California should consider new coverage options for low-income communities who do not have access to affordable coverage such as reducing the share of cost for critical services such as root canals and dentures. Given the critical importance of oral health to overall health and well-being, we must move to a system that includes more transparency about coverage, offers affordable yet comprehensive options, and helps individuals and families improve their oral health. Finally, we must ensure that seniors and persons with disabilities have better access to oral health care.

***Improve the quality of oral health care.*** Low-income and communities of color report varied and inadequate quality of dental services. We must create policies and accountability measures to analyze and report on consumer quality and safety. For example, the State is beginning to move forward oversight and administration of the Denti-Cal program, which provides oral health services to children and adults enrolled in Medi-Cal, must be improved. In addition, data systems and infrastructure (often referred to as the oral health surveillance system) are critical to ensure robust data collection, analysis, and reporting on health outcomes. This includes identifying a core set of measures and training providers and staff to guarantee compliance.

***Ensure integrated, culturally competent care.*** Oral health should be integrated into the health care system and provided in culturally and linguistically appropriate ways to ensure care is accessible and meets the needs of communities. A first step is to expand the oral health workforce to train, recruit and retain providers who are from diverse communities. To do this, the state should pursue greater investments in mentorship programs, loans and financial aid options, and increase access to dental programs to ensure the workforce is better reflective of the communities served. The oral health workforce could benefit by including non-traditional providers such as community health workers and *promotoras* to create a more culturally competent workforce to mitigate communication barriers between providers and patients by creating an atmosphere of trust and respect to encourage better oral health behaviors.

**Expand healthy food environments.** Good oral health requires communities to have access to affordable fresh food. Regular consumption of foods that are high in fat and sugar can result in more dental caries (cavities). Healthy, fresh food is often more expensive and harder to obtain than foods and beverages that are high in fat and sugar. Therefore, we must ensure that our communities are designed with these health needs in mind. In addition, many communities lack safe drinking water, even though fluoridated water is a key preventive mechanism for tooth decay. California should prioritize and subsidize healthy food that promotes good health outcomes.

**Increase socioeconomic opportunities.** Poverty and access to resources is correlated with whether a person has access to a dental provider or has untreated tooth decay. Communities of color are much more likely to live poverty in California than White communities. Oral health requires that we all have access to education, employment, and economic opportunities that provide a strong foundation for good health. However, communities of color living disproportionately in poverty, with higher unemployment rates and higher rates of uninsurance, must make difficult decisions as they struggle to access housing, food, transportation, health care, and oral health care. Poor and limited English proficient communities are more likely to rate their health as poor or fair. These are critical structural barriers that must be addressed to see improvements in oral health inequities. They require us to work across sectors, in new and innovative ways, and through an integrated approach for the large scale change that is necessary for us all to be healthy.

**CPEHN’s Community Partners in Oral Health Equity**

The goal of this assessment was to explore the perspectives and experiences of low-income Californians and local service providers using the following questions:

- How do community members and health care providers understand the role of dental health?
- What is the existing quality of care in oral health?
- What are the barriers and challenges that affect dental care?
- What solutions do the community and providers propose for increasing access and quality of oral health care?

| <b>Organization</b>                                     | <b>Region</b>                |
|---|------------------------------|
| Centro Binacional para el Desarrollo Indígena Oaxaqueño | Central Valley               |
| Black Women for Wellness                                | South Los Angeles            |
| Inland Empire Immigrant Youth Coalition                 | San Bernardino and Riverside |
| Korean Resource Center                                  | Los Angeles Koreatown        |
| Nile Sisters Development Initiative                     | San Diego                    |
| Latino Health Access                                    | Orange County                |
| Asian Pacific Islander Obesity Prevention Alliance      | Los Angeles                  |
| Roots Community Clinic                                  | Bay Area                     |
| Asian Health Services                                   | Bay Area                     |