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# SOCIAL DETERMINANTS OF HEALTH

SESSION 2

CHW ORAL HEALTH TRAINING  
PROGRAM

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and developed by the University of California, Los Angeles,  
School of Dentistry.

HEALTH CARE IS  
A HUMAN RIGHT



# SOCIAL DETERMINANTS OF HEALTH

As defined by The World Health Organization, the social determinants of health (SDOH) are:

*“The circumstances in which people are born, grow up, live, work and age, and the systems put into place to deal with illness.”*

## Factors of SDOH include:

- Housing
- Food
- Education
- Transportation
- Violence
- Social Support
- Employment
- Health Behaviors



# SDOH IN THE UNITED STATES

1.5 million individuals experience homelessness.<sup>1</sup>

3.6 million people cannot access medical care due to lack of transportation.<sup>2</sup>

40 million people face hunger.<sup>3</sup>

13.5 percent of households faced food insecurity in 2023.<sup>4</sup>

# SDOH IMPACT ON ORAL HEALTH

SDOH shape whether people can get dental care, how well they understand oral health information, and ultimately their overall oral health outcomes.

- **SDOH that impact access to dental care:**

- Limited financial resources
- Lack of dental insurance
- Transportation barriers
- Living in areas with few dental providers

- **SDOH that impact risk for oral disease:**

- Poor nutrition
- Unsafe housing: affects individuals' ability to access oral health care and prevent and recover from oral disease.
- Chronic stress



# SDOH IMPACT ON ORAL HEALTH LITERACY

Brush twice  
a day



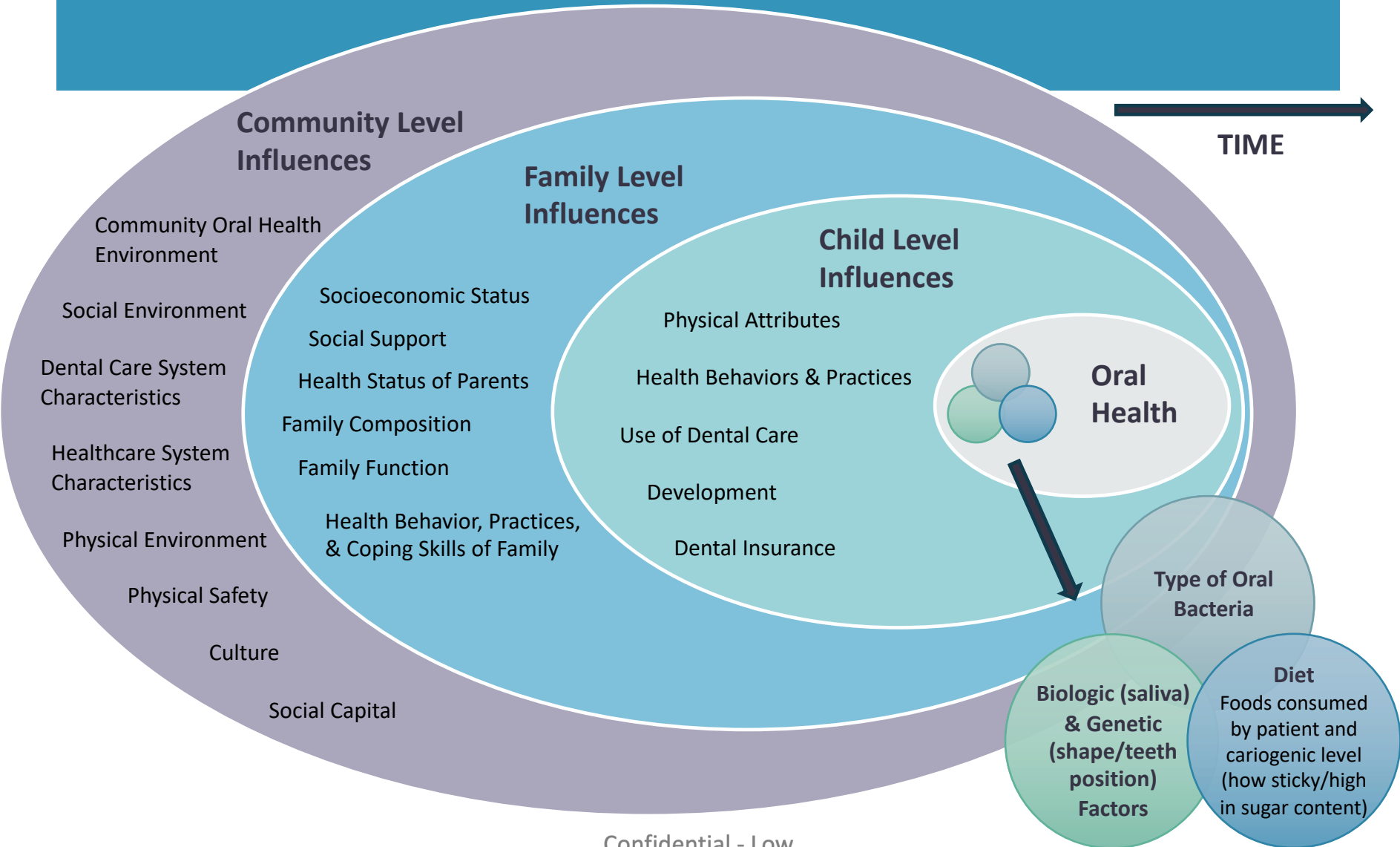
but is it the  
full picture?

**Oral health literacy** is a person's ability to understand oral health instructions, navigate the dental system, and make informed decisions about treatment and prevention.

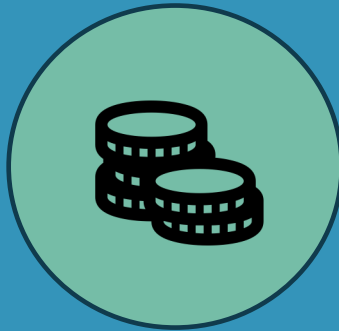
- **SDOH that impact oral health literacy:**
  - Education level
  - Language barriers
  - Access to reliable health information

Low oral health literacy can lead to delayed care, improper use of dental products, and poorer health outcomes.

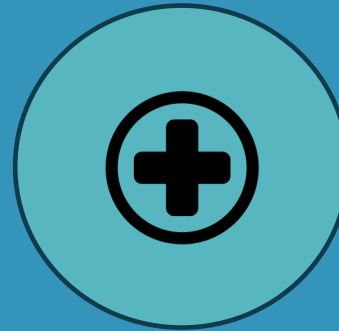
# BIG PICTURE VIEW OF DENTISTRY



# FIVE (5) BROAD CATEGORIES OF SDOH



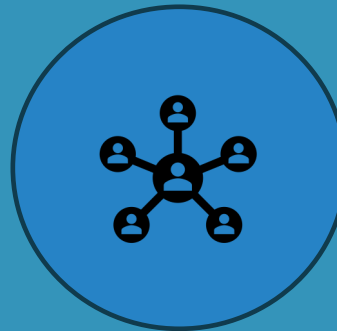
ECONOMIC  
STABILITY



HEALTHCARE



EDUCATION



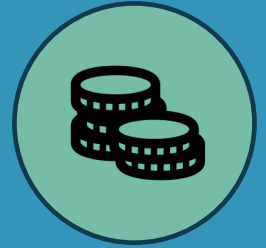
SOCIAL &  
COMMUNITY LIFE



NEIGHBORHOOD &  
LIVING CONDITIONS

These categories often relate to each other.

# ECONOMIC STABILITY



**Economic stability** refers to the connection between a person's finances and their health. One (1) in ten (10) people in the United States live in poverty.

Components of economic stability include:

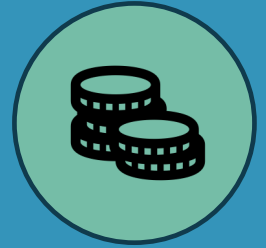
- Poverty level
- Employment
- Food security
- Housing stability

Access to economic stability is necessary:

- To afford a healthy lifestyle
- To pay for quality healthcare
- For food security
- For housing stability



# IMPROVING ECONOMIC STABILITY



**Federal health goals focus on helping people achieve economic stability. Objectives include:**

- Increasing employment in working-age people.
- Increasing the proportion of adolescents and young adults who are in school or working.
- Increasing the proportion of children living with at least one (1) parent who works full time for economic stability.

# HEALTHCARE



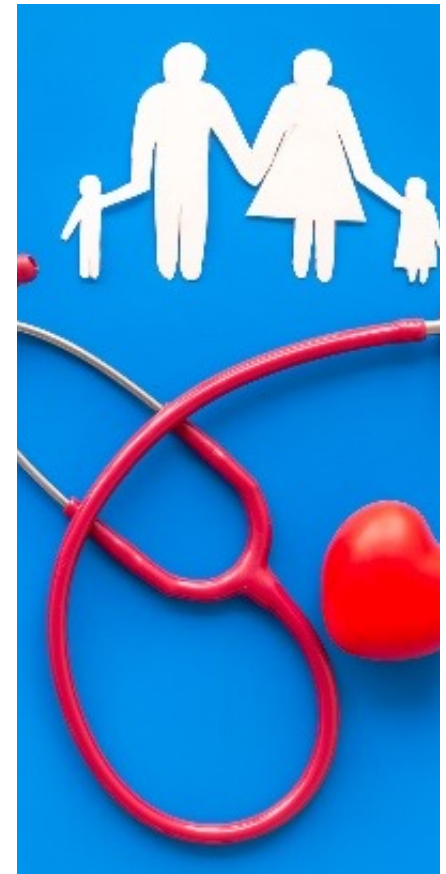
**Healthcare** includes a person's access to healthcare, the quality of care, and how these factors impact their health.

Examples include:

- Access to primary healthcare
- Health insurance coverage
- Health literacy level

One (1) in ten (10) people in the United States are living without health insurance. Individuals without health insurance:

- May not have a primary healthcare provider
- May not have money to purchase medications
- May not receive quality care, as they live too far from healthcare clinics

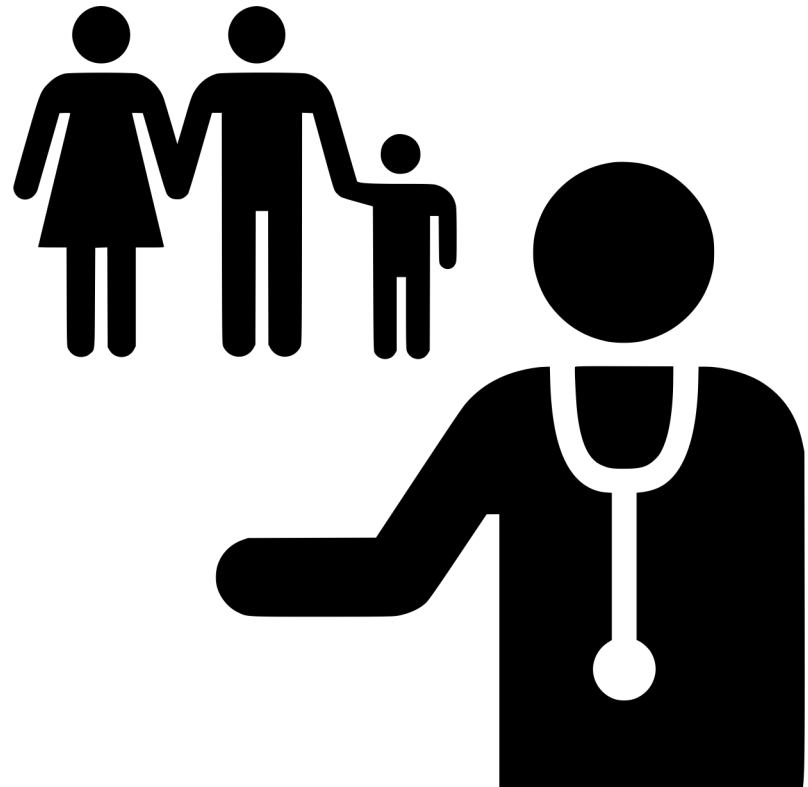


# IMPROVING ACCESS TO HEALTHCARE



To help improve access to healthcare, providers can:

- Offer telemedicine appointments
- Increase community services that can provide health screenings
- Increase outreach, listen to the community, and meet people where they are at



**Care coordination is essential!**



# IMPROVING ACCESS TO EDUCATION

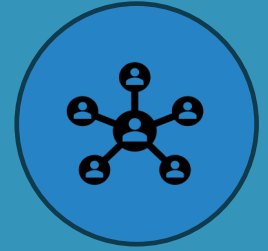


Federal health goals aim to provide high quality educational opportunities for children and adolescents by increasing the proportion of children who:

- Are developmentally ready for school
- Participate in high-quality early childhood education programs
- Graduate high school in four (4) years



# EFFECTS OF SOCIAL & COMMUNITY ENVIRONMENTS



**Social & Community Environments** affect an individual's health through:

- Interactions with their family members or others around them
- Workplace conditions and discrimination
- These interactions can also affect their self-esteem

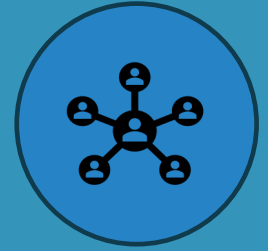
**Child development** can be affected by:

- Incarceration rates
- Absent parents
- Bullying
- Immigration issues
- Language barriers

**These negative effects on a child's health can continue into adulthood.**



# IMPROVING SOCIAL & COMMUNITY ENVIRONMENTS



- At local, state, and national levels, people can make changes to improve public environments and overall health.
- For example, company owners can reduce health and safety risks at work, and local councils can establish pedestrian or cycle paths.
- Evidence has shown that advocacy, policy change, and legislative action with community involvement can improve the social environment.



# NEIGHBORHOOD & LIVING CONDITIONS



**Neighborhood** focuses on the roles a person's housing and environment play in their health.

Factors include:

- Quality of housing
- Water quality
- Transportation
- Crime and violence
- Access to healthy foods

Safety and health can be negatively affected if a person lives in areas with:

- High rates of violent crime
- High levels of environmental pollutants
- Unsafe air and drinking water
- Lack of gardens and child spaces
- Lack of affordable food options



# IMPROVING NEIGHBORHOOD & LIVING CONDITIONS



To improve living conditions, public environments and public health must be improved at the local, state, and national levels.

For example:

- Company owners can reduce health and safety risks at work.
- Local councils can make changes throughout the community that improve safety/health.
- Policy makers and legislators can ensure safety in neighborhoods.

An illustration of a diverse group of people, including men and women of various ethnicities and ages, all wearing face masks. The background is a dark blue with a pattern of lighter blue and white shapes. A light blue horizontal bar is at the top, and a larger light blue rectangular box is at the bottom, containing the text.

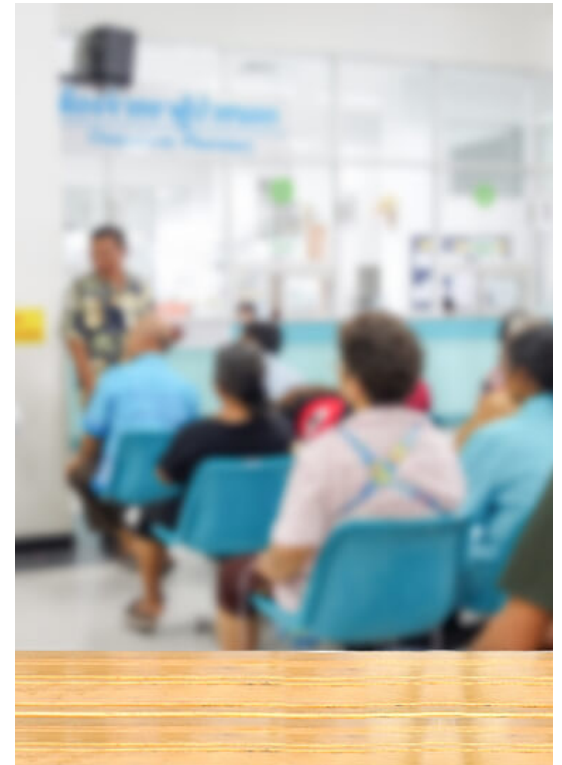
# DEFINING ACCESS TO CARE

# ACCESS TO CARE

Access to care means having the timely use of personal health services to achieve the best health outcomes.

Access to care consists of four (4) components:

1. Coverage
2. Services
3. Timeliness
4. Workforce

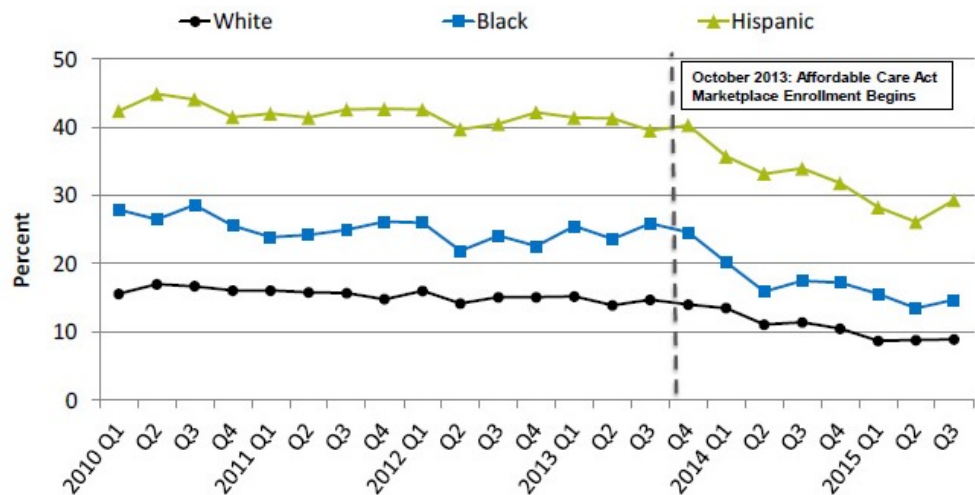


# COVERAGE

**Coverage:** Helps individuals enter the healthcare system. Uninsured people are less likely to receive medical care and more likely to have poorer health status.

Coverage is measured by:

- Age
- Race/ethnicity
- Poverty status



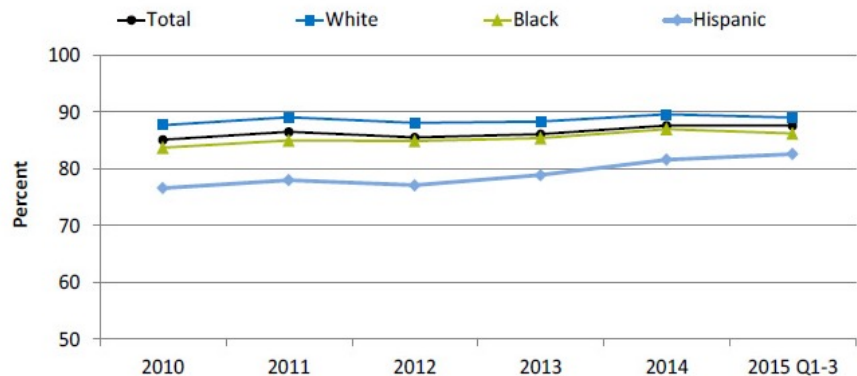
*Percentage of people under sixty-five (65) years of age who were uninsured by race/ethnicity, from 2010 to 2015*

# SERVICES

**Services:** Having a usual source of care is associated with adults receiving recommended screening and prevention services.

Services are measured by:

- The number of people who were unable to get or delayed in getting needed medical or dental care or prescription medicines in the last twelve (12) months
- Age/sex



*Percentage of people of all ages with a usual place to go to for medical care, from 2010 to 2015.*

# TIMELINESS



**Timeliness:** Being able to receive healthcare when the need is recognized.

Timeliness is measured by:

- The proportion of adults/children who received urgently needed care for an illness, injury or condition
- The number of children who needed immediate care for an illness, injury or condition



# WORKFORCE

**Workforce:** Having capable, qualified, culturally competent providers.

Workforce Infrastructure is measured by the:

- Number of physicians and surgeons per 100,000 population, by race and ethnicity
- Number of primary care medical residents per 100,000 population, by sex and ethnicity
- Characteristics of health center populations
- Distribution of trauma center utilization for severe injuries
- Number of Medicaid and uninsured discharges in U.S. short-term acute hospitals
- Proportion of vulnerable communities in urban and rural areas



# UTILIZATION OF CARE

According to the National Academies of Sciences, Engineering, and Medicine, the utilization of care depends on the provider's ability to recognize the need for care and the patient's willingness to seek care and ability to access care. **However, access to care alone isn't enough.**

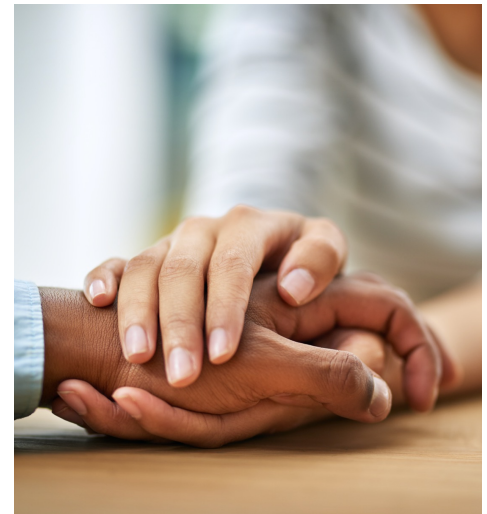
Care may still be underused or used inappropriately. Patients and families need to:

- Know what services they have access to
- Understand when and how to use them appropriately

If patients and families do not know this, then:

- Some needed services are never accessed
- Some services are used unnecessarily
- Some services are used only after delays or complex steps.

**CHWs can help patients and families access healthcare and navigate healthcare systems.**



An illustration of a diverse group of people, including men and women of various ethnicities and ages, all wearing face masks. The style is flat and colorful, with a blue background. The people are arranged in a circular pattern, suggesting a community or a group. A prominent blue banner is overlaid at the bottom of the image, containing the text 'DEFINING DISPARITIES AND INEQUALITIES' in white, bold, uppercase letters.

# DEFINING DISPARITIES AND INEQUALITIES

# HEALTH DISPARITIES

Health disparities are a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage.

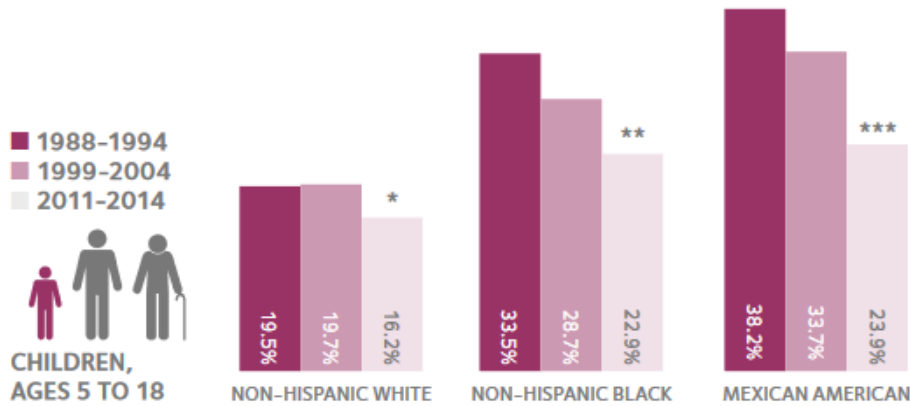
Health disparities adversely affect people based on characteristics that are historically linked to discrimination or exclusion. These include:

- Race or ethnicity
- Religion
- Socioeconomic status
- Gender
- Age
- Mental health
- Cognitive, sensory, or physical disability
- Sexual orientation or gender identity
- Geographic location

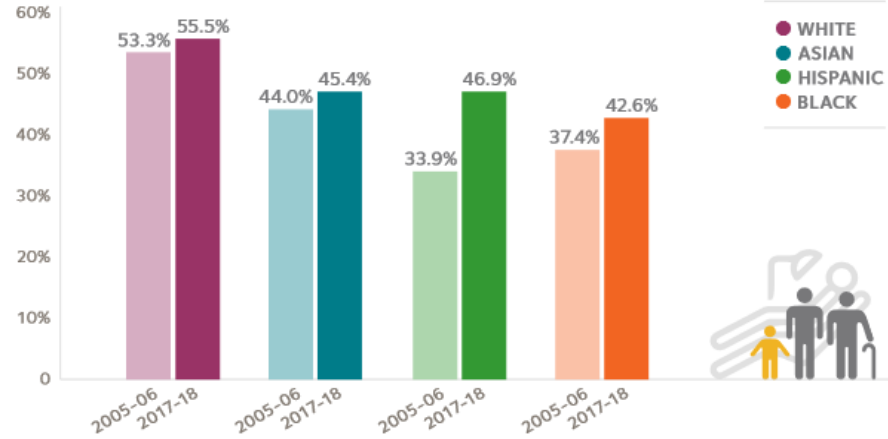


## PREVALENCE OF UNTREATED CARIES, BY RACE AND AGE GROUP

Untreated caries rates are declining for **children**, especially for **minorities**.



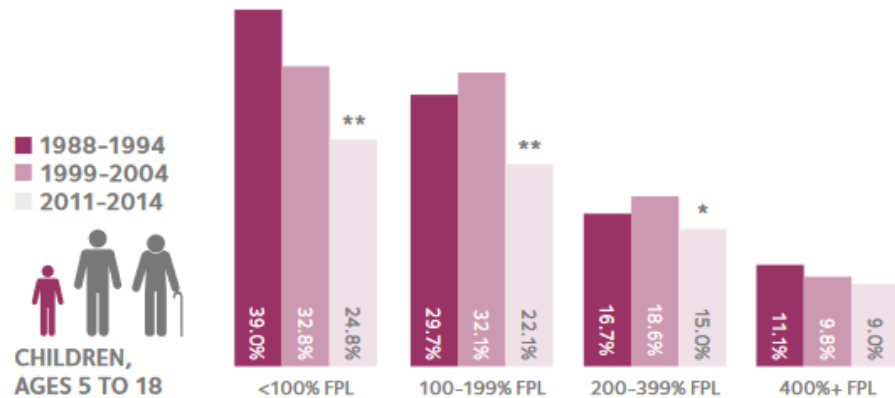
## PERCENTAGE WITH A DENTAL VISIT IN THE PAST YEAR – CHILDREN



# EXAMPLES OF HEALTH DISPARITIES IN DENTAL OUTCOMES

## PREVALENCE OF UNTREATED CARIES, BY INCOME LEVEL AND AGE GROUP

Untreated caries rates are declining for children, especially **low-income children**.



# HEALTH EQUITY

**Health equity is the attainment of the highest level of health for all people.**

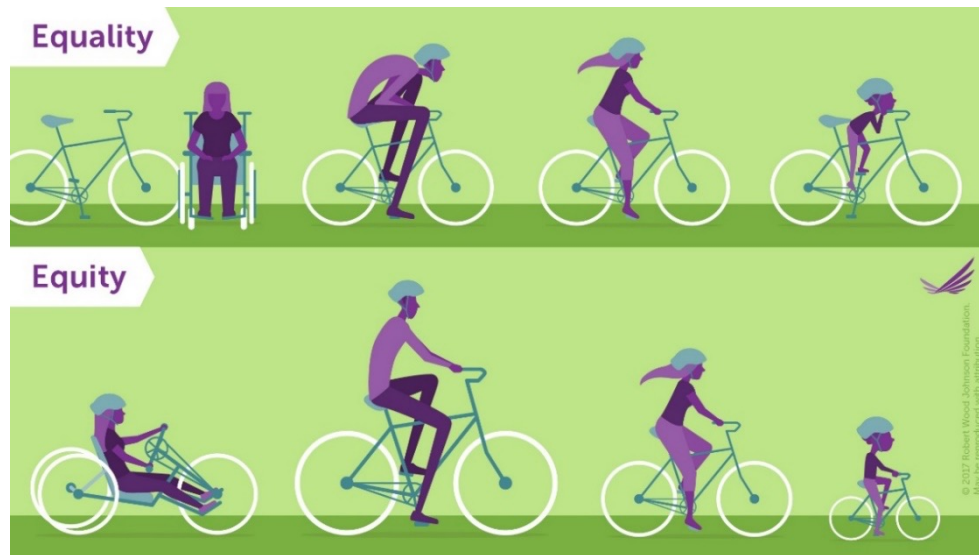
To achieve health equity, we must:

- Value everyone equally
- Actively participate in focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices
- Eliminate healthcare disparities



# EQUALITY VS. EQUITY

- Health inequities are the systematic differences in the health status of different population groups.
- To reduce these differences, problems need to be addressed with **equity** in mind, not just equality.



# CONSEQUENCES OF ORAL HEALTH DISPARITIES

## Health Consequences:

- **Infections and Pain:** Untreated cavities and gum disease can lead to serious infections, abscesses, and severe pain.
- **Systemic Health Issues:** Poor dental hygiene has been linked to heart disease, diabetes, and respiratory infections.

## Economic Consequences:

- **Work and School Absenteeism:** Dental problems are a leading cause of missed school days for children and missed workdays for adults.
- **Financial Burden:** Emergency dental care costs significantly more than preventive care, leading to more debt among underserved populations.



# VULNERABLE POPULATIONS

## Children:

- Low-income children are twice as likely to suffer from cavities compared to their wealthier peers.

## Seniors:

- Many seniors lose dental coverage after retirement and cannot afford care, leading to a higher prevalence of untreated decay and tooth loss.

## Rural Populations:

- Rural areas have fewer dentists, leading to longer wait times for care and higher transportation costs to access services.

## Racial/Ethnic Minorities:

- Hispanic and African American children are more likely to experience untreated dental decay than White children, due in part to lower access to preventive services.



# SOLUTIONS AND STRATEGIES TO ADDRESS ORAL HEALTH DISPARITIES

## CHILD LEVEL INFLUENCE

- 1. Daily Oral Hygiene Habits**
  - Encourage brushing twice a day with fluoride toothpaste.
  - Teach proper brushing and flossing techniques.
  - Involve caregivers in establishing routines.
- 2. Access to Preventive Care**
  - Regular dental checkups starting at age one (1).
  - Fluoride varnish application during well-child visits.
  - Dental sealants for permanent molars when they erupt.
- 3. Nutrition & Diet**
  - Limit sugary snacks and drinks.
  - Promote fluoridated water as the main beverage.
  - Encourage balanced meals with calcium and vitamin D for strong teeth.



# SOLUTIONS AND STRATEGIES TO ADDRESS ORAL HEALTH DISPARITIES

## CHILD LEVEL INFLUENCE

### 4. Health Education & Literacy

- Provide child-friendly oral health education (games, visuals, stories).
- Train caregivers on prevention of dental decay.
- Use culturally appropriate and plain-language resources.

### 5. Early Intervention & Risk Assessment

- Identify children at high risk (low-income, limited access, medical conditions).
- Offer preventive counseling tailored to risk factors.
- Use teledentistry for follow-ups when access is limited.

### 6. Caregiver Engagement

- Educate families on the importance of baby teeth.
- Support families in scheduling and keeping dental appointments.
- Encourage modeling of positive oral health behaviors at home.



# SOLUTIONS AND STRATEGIES TO ADDRESS ORAL HEALTH DISPARITIES

## FAMILY LEVEL INFLUENCE



- Families can support oral health by creating **daily routines**, such as **brushing together** or **choosing water and healthy snacks** instead of sugary drinks and sweets.
- Caregivers play an important role as role models, showing good brushing and flossing habits. **Regular dental visits** starting at age one (1)—and follow up visits every six (6) months—help prevent problems early.
- Families can also use resources like **school dental programs, WIC, or Medicaid** to make care more accessible.

# SOLUTIONS AND STRATEGIES TO ADDRESS ORAL HEALTH DISPARITIES

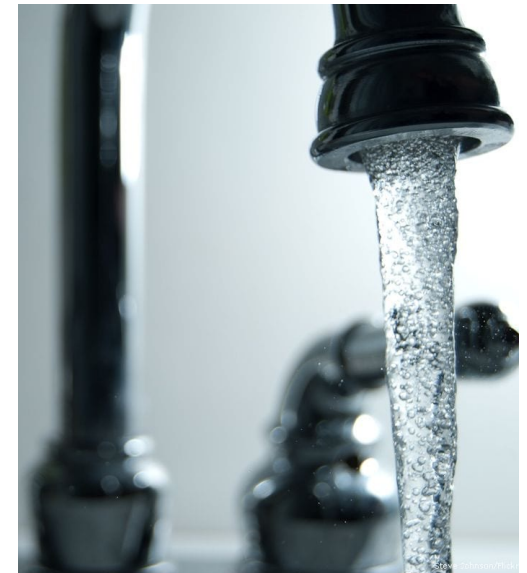
## COMMUNITY LEVEL

### Policy Interventions:

- **Medicaid Expansion:** Expanding Medicaid and improving reimbursement rates for dental services can help low-income populations access care.
- **Water Fluoridation:** Advocating for fluoridation of community water systems can provide more populations with this proven preventive measure for tooth decay.

### Community-Based Initiatives:

- **Mobile Dental Clinics:** Providing dental care directly to underserved populations through mobile dental units can make care more accessible to these populations.
- **School-Based Programs:** Implementing dental sealant and fluoride varnish programs in schools, especially in low-income districts, can also make care more accessible.



# SOLUTIONS AND STRATEGIES TO ADDRESS ORAL HEALTH DISPARITIES

## COMMUNITY LEVEL

### Education and Outreach:

- **Oral Health Literacy Campaigns:** Increasing community awareness about preventive oral care practices through culturally tailored messaging can increase community awareness and knowledge.
- **Teledentistry Services:** Expanding the use of teledentistry to increase access to consultations, especially in rural and remote areas, can increase oral health knowledge and literacy.

### Collaboration:

- **Partnerships:** Building partnerships between healthcare providers, dental schools, policymakers, and community organizations can create a cohesive approach to addressing oral health disparities.



# ROLE OF HEALTHCARE PROVIDERS & DENTAL PROFESSIONALS

In order to combat oral health disparities, healthcare providers and dental professionals should:

- **Receive Cultural Competency Training:** Providers should better understand and address the diverse needs of patients from different backgrounds.
- **Focus on Preventive Care:** Providers should encourage preventive care visits and educate patients on proper oral hygiene.
- **Advocate for Patients:** Providers can play a key role in advocating for systemic changes, such as increased funding for underserved populations.
- **Build Trust:** Providers should establish trust with patients by listening to their concerns and providing care that respects their cultural and socioeconomic circumstances



# QUESTIONS TO CONSIDER



- What are the key barriers to care in your community, and how could they be addressed?
- What role can healthcare providers play in advocating for policy changes that reduce oral health disparities?

# CALL TO ACTION

**Summary of Key Points:** Oral health disparities are a pressing issue, deeply rooted in SDOH, and they have far-reaching health and economic consequences.

**Call to Action:** Take part in initiatives to address these disparities, whether through patient education, community outreach, or policy advocacy.

**Oral health is an essential part of overall health. Reducing disparities can lead to healthier, more equitable communities.**

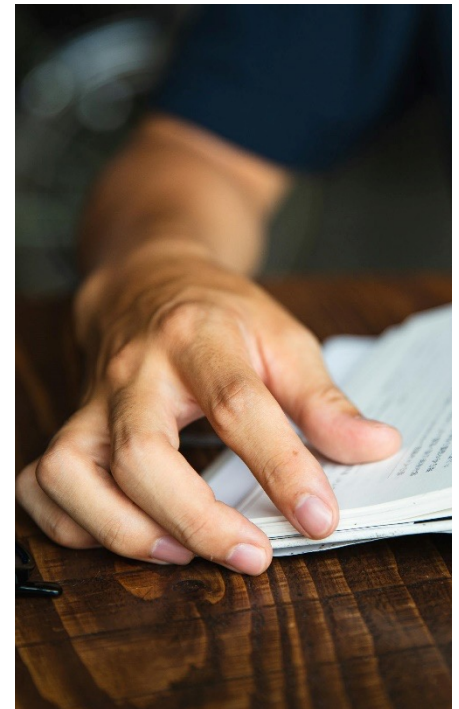


**Take Action!**



# HEALTH LITERACY

- **Health literacy** is the ability to understand and use health information to make informed decisions.
- For children, oral health often depends on the health literacy of their caregivers.
- Federal guidelines define the types of health literacy as:
  - **Personal:** How individuals use health information
  - **Organizational:** How organizations aid individuals



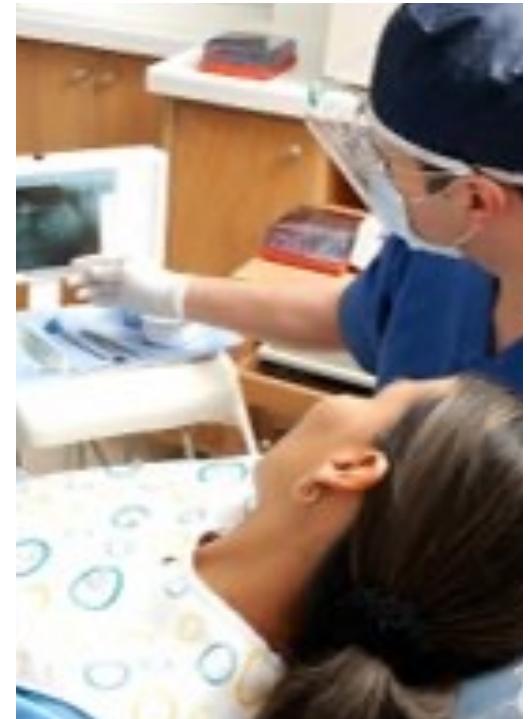
# IMPORTANCE OF HEALTH LITERACY

Some patients can't follow recommended oral health practices due to:

- Language and cultural barriers
- Poor understanding of oral health (low oral health literacy)
- Limited provider training in oral health literacy

**Low health literacy** leads to poor health outcomes:

- More emergency room visits
- More hospitalizations
- Challenges in disease management



# INCREASING HEALTH LITERACY AWARENESS

*Health literacy is essential as it empowers individuals to take charge of their health, leading to reduced illness risks and improved health outcomes.*

CHWs can enhance health literacy by:

- Using plain language
- Providing health education
- Teaching patients and families how to navigate healthcare systems



**Community Health Worker  
(CHW)**

# WHAT IS CULTURE?

**Culture** is a set of values, attitudes, social behaviors, beliefs, practices, and rules that are shared by a group or community that shape the way its members understand the world.

## The four (4) characteristics of culture are:

- **Values:** the principles or standards that a group of people live by.
- **Attitudes:** the opinions and/or general feelings about something.
- **Social Behavior:** the general conduct of individuals within a society.
- **Beliefs:** one's religious faith or the acceptance that something is true.



# CULTURAL SENSITIVITY

ALL are welcome  
HERE



- Cultural sensitivity provides a set of skills that allows you to learn and understand others' cultural backgrounds that are *different from* your own without assigning them a value such as:
  - **Positive or negative**
  - **Better or worse**
  - **Right or wrong**
- Cultural sensitivity provides a set of skills that allow you to learn and understand others' cultural backgrounds that are not the same as or similar to your own.

# WHAT IS CULTURAL HUMILITY?

Cultural humility is “a lifelong process of self-reflection and self-critique whereby the individual not only learns about another’s culture, but starts with an examination of her/his own beliefs and cultural identities.”<sup>9</sup>

## Cultural Humility vs. Cultural Competency

- **Cultural humility** emphasizes the posture of forever learning by continuously reflecting on your own practices and how they might be impacting your interactions with people from different cultures.
- Management Consulted defines **cultural competency** as “the ability of an individual or organization to effectively and meaningfully interact with communities, colleagues, and customers from diverse cultural backgrounds, beliefs, and practices.”



# DEVELOPING CULTURAL HUMILITY



How can we develop cultural humility?

- **Reflect** on your own cultural assumptions and biases.
- **Learn** to embrace and acknowledge practices, norms, and beliefs of other cultural groups

**Cultural humility helps:**

- Build strong relationships
- Prevent, resolve, and/or de-escalate conflicts
- Communicate more effectively



# WHAT DOES CULTURAL HUMILITY IN HEALTHCARE LOOK LIKE?



- Providing **interpreters** for patients who need them.
- Providing written material in **patients' preferred language**.
- Developing treatment plans that accommodate **patients' religious beliefs**.
- Offering **cultural competency training** for healthcare providers.

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