

# Building a Multicultural Movement for Oral Health Equity

*Local Oral Health Program Meeting  
January 18, 2019*

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California Pan-Ethnic Health Network





# CPEHN ensures health justice and equity are on the agendas of policymakers and that communities are part of the policymaking process



California Pan-Ethnic Health Network

**We build people power** to educate and influence policymakers through lived experience, disaggregated data, and community expertise for better health equity centered policies and systems



**We pass, change, and implement policies** that reflect community needs for better health



**We invest in communities of color** to build leadership, sustainability, and advocacy strength

**We connect data, stories, partners, and regions** to build knowledge, relationships, and understanding across cultures



**To create equitable conditions** that promote health equity and allow communities of color and all residents to thrive and prosper





# What makes up “good health”?





# Landscape of Opportunity 2016

MAP 1

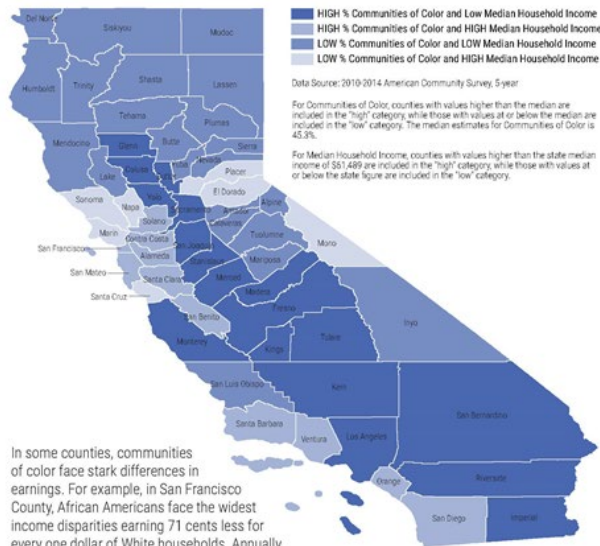
## Communities of Color in California



Communities of color are the majority in California, making up 61% of the total population. Imperial (87%), Los Angeles (73%), and Merced (69%) counties have the highest percent of communities of color.

MAP 2

## Median Household Income and Communities of Color



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 71 cents less for every one dollar of White households. Annually this equates to a \$71,491 wage gap between African American and White households. Latinos fare worse in Sierra County (62 cents less) and American Indian/Alaska Native in Mono County (81 cents less).<sup>38</sup>

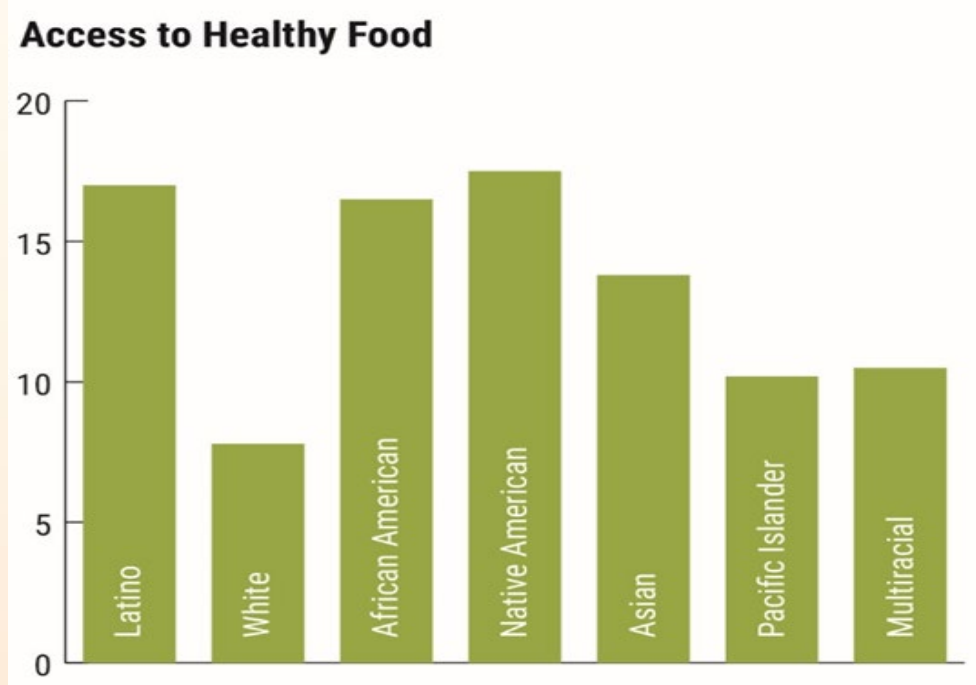
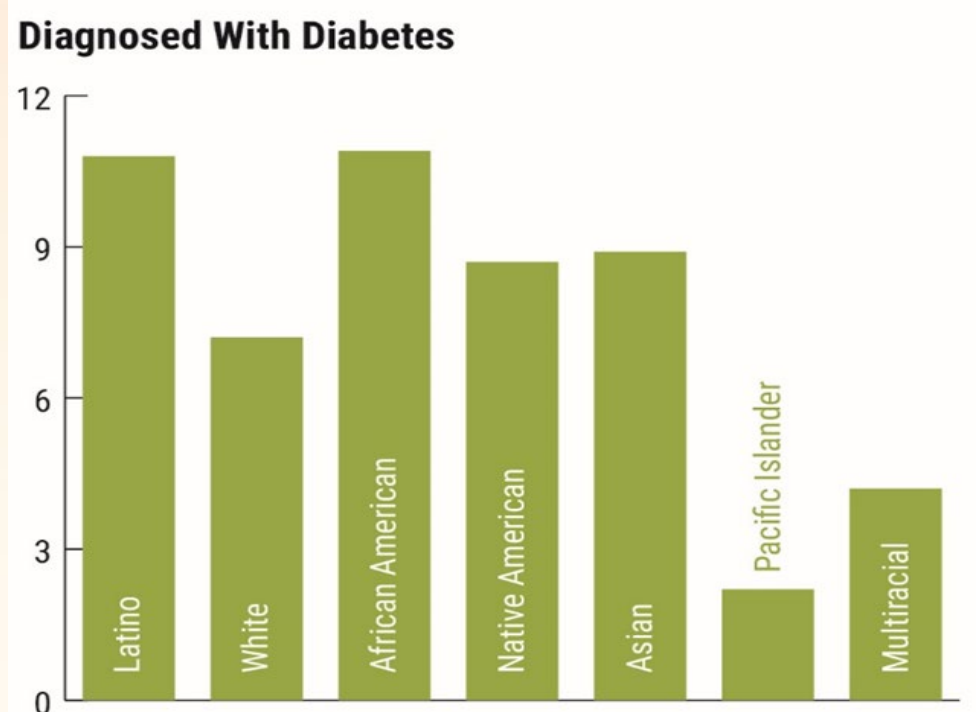
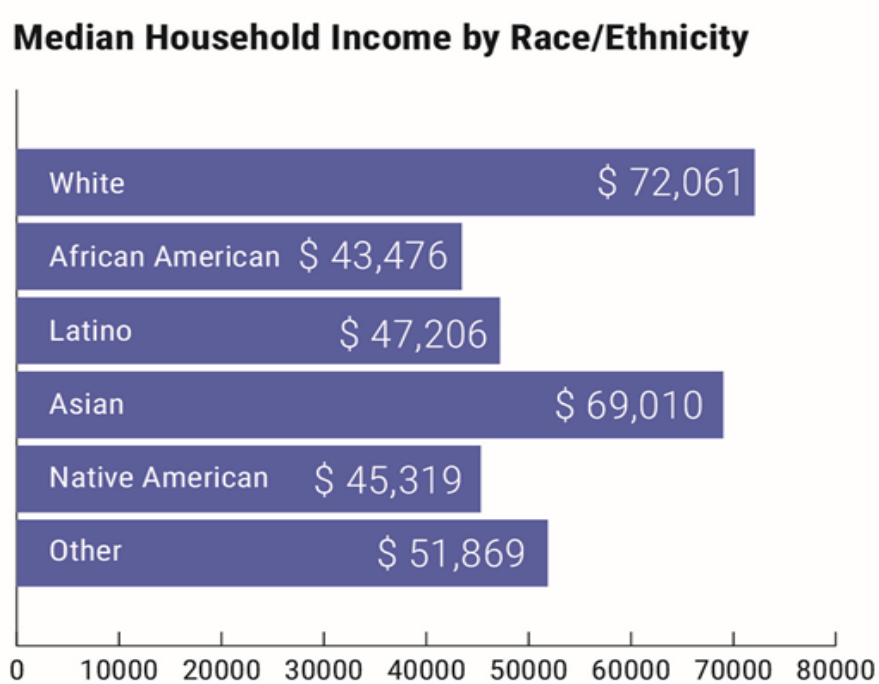
MAP 4

## Clean Water & Communities of color



The California Communities Environmental Health Screening Tool (CalEnviroScreen) uses 19 indicators to measure census tracts disproportionately impacted by multiple sources of pollution using socio-economic disadvantage and the level of health and environmental vulnerability. Tracts that score in the 75th percentile are given priority for enhanced funding to reduce toxic exposures and pollution in our land, air and water.<sup>106</sup>







# What does oral health have to do with health equity?

## Oral Health & Education

- Children of color are more likely to be impacted by tooth decay
- Students who reported recent tooth pain are 4 xs more likely to have a lower GPA

## Oral Health & 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

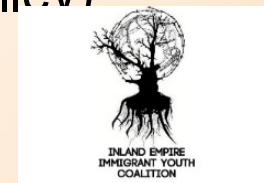
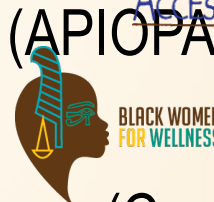
## Oral Health & Chronic Conditions

- Oral diseases can exacerbate conditions (diabetes & heart disease) which impact communities of color at higher rates
- Oral health impacts pregnant women, and African American communities experience higher rates of maternity mortality



# CPEHN's Oral Health Assessment

- 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)





## Findings from Community Oral Health Assessments

### Lack of affordable dental care

- Incomplete coverage/no access to coverage
- Unaffordable out of pocket costs
- Lack of understanding of benefits

### Cultural and Linguistic Gaps

- Lack of quality providers that offer culturally and linguistically appropriate care
- Latinos & Asians often have difficulty understanding providers and experience negativity

### Fragmented Health Systems

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

### Underlying Social & Environmental Inequities

- Lack access to healthy foods
- Experience unequal income opportunities



# Findings from Regional Convenings 2018

Interest in payment  
intersection and  
sustainability

Great interest in more  
detailed, disaggregated  
and granular data

Improved provider  
engagement,  
workforce, expansion  
of community based  
programs

Better integration of  
public health into oral  
health

Improved ability to  
address geographic and  
linguistic barriers to  
care

Improved relationships:  
communities, counties,  
providers and learnings  
from DTI/LDPPs

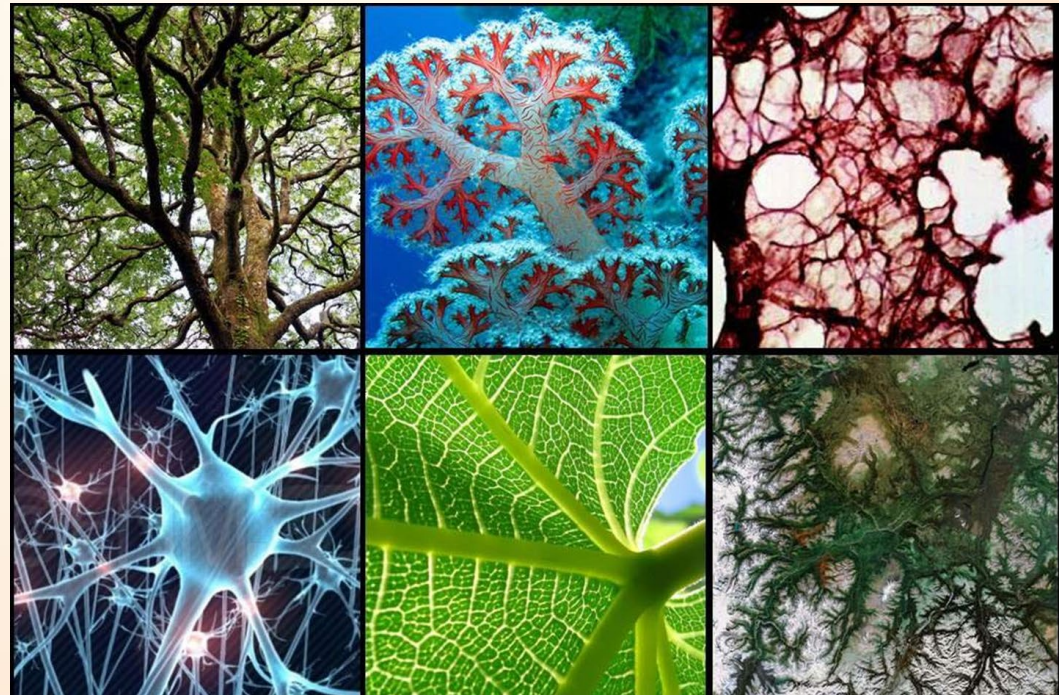


# Networks are all around us...

Networks are rooted in nature to help systems thrive....

Everyone and everything has a role to help one another grow, thrive and be resilient in times of danger....

A networked approach can help address deep, systemic and wicked problems.





## California Oral Health Network Goals

Maximize connectivity and partner engagement through a focused and resourced Network

Create a statewide community-driven policy agenda that prioritizes oral health equity

Shift public perception, knowledge, and engagement on oral health equity

Transform public policy through community engagement and activism





# Our “Oral Health” Network of Mutuality

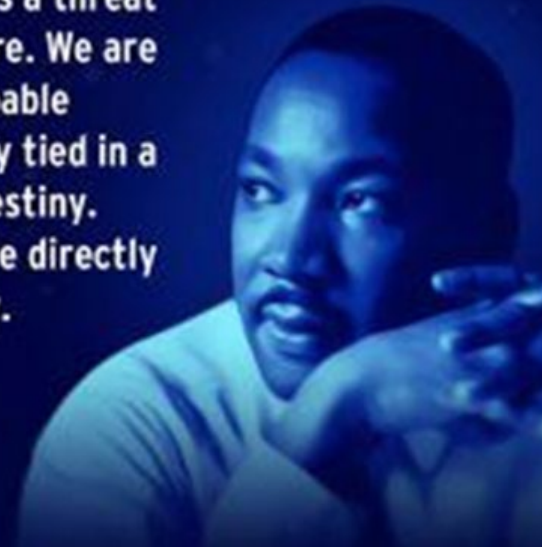
Many systems have been created to unjustly keep some out while allowing others to benefit and prosper.

We must work together across race, income, sector and system to advocate for the many who don't have access to oral health care and prevention

Until we all have an equal opportunity to live healthy lives, we will all live in an unjust society

## MARTIN LUTHER KING

Injustice anywhere is a threat to justice everywhere. We are caught in an inescapable network of mutuality tied in a single garment of destiny. Whatever affects one directly affects all indirectly.





# Progress and Next Steps

## Ways the Network can serve you:

- Provide updates **policy information and events** through a monthly e-newsletter
- **Survey** counties and community partners on ideas, needs, awareness
- **Hold webinars** for counties & community partners to elevate capacity
- **Build relationships** with community partners to participation in local oral health plans, conduct outreach and shared ideas and needs
- **Coordinate with Dr. Kumar** on advisory committee, events, and policy implementation



# Thank you! For more info:

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