

Are we unified in approaching oral health equity?

A national perspective from AIDPH



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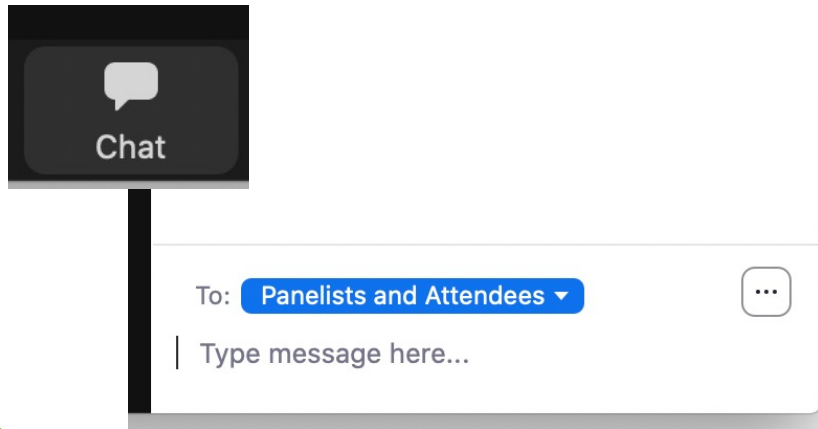
Introduction

Our Story



The American Institute of Dental Public Health was founded by Dr. David Cappelli and Ms. Annaliese Cothron in 2015, initially through funding from the Health Resources and Services Administration (HRSA). Seeing gaps in organizational programming and the need to center health equity as a cornerstone of oral health education and training, AIDPH was established to pursue our mission of fostering professional excellence and advancing innovation in the education and practice of dental public health. Ms. Cothron serves as the Executive Director of AIDPH and Dr. Cappelli chairs the Board of Directors.

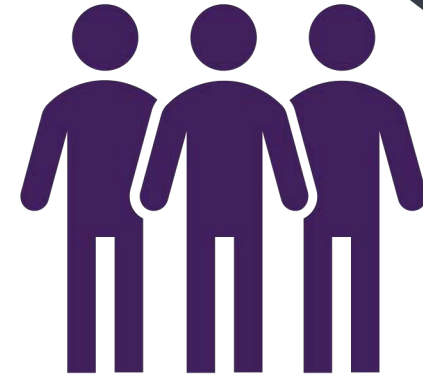
Housekeeping



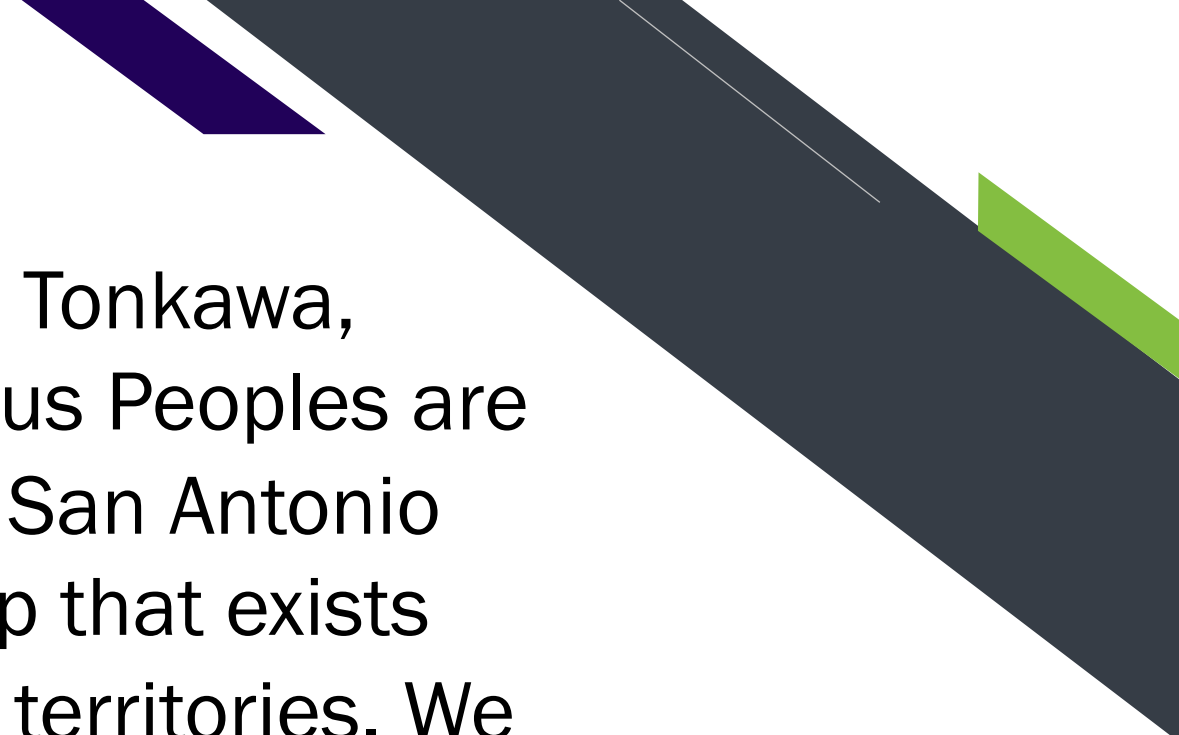
Interaction throughout



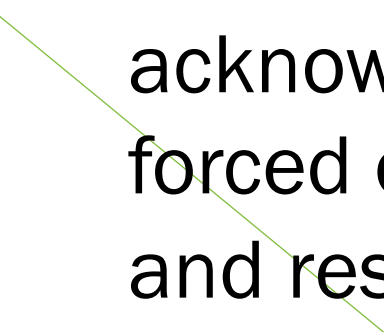
Questions at the end



Personal pronouns



We acknowledge the Coahuiltecan, Tonkawa, Jumanos, and Lin Apache Indigenous Peoples are the original stewards of the land in San Antonio and honor the enduring relationship that exists between them and their traditional territories. We acknowledge the painful history of genocide and forced occupation of their territory, and we honor and respect the many diverse indigenous people connected to this land on which we gather from time immemorial.



Our Goals for This Session

01

Identify the facilitators and barriers, including upstream and downstream approaches, to supporting oral health equity.

02

Evaluate the current capacity of the oral health workforce to promote oral health equity.

03

Apply systems-change thinking in building solutions that advance equity in oral health.

What is health equity?



What does
health equity
mean to you?

help citizens access high quality every quality care availability Health equity equitable
basic appropriate social equal access quality access healthcare gender sexual orientation
good health full health potential including access quality healthcare able
race ethnicity gender Equal opportunity gender identity best Fair access level
every person etc quality healthcare regardless equally means promoting
Providing SES equal make community will access care
creating people healthy equal access regardless race ethnicity
care way individuals Ensuring health ability
health care groups everyone oral health need
regardless race gender access treatment healthcare matter
resources lives services based barriers tools receive reach
education level health health services race gender status
socioeconomic status Health equity means Ensuring everyone right
access affordable patients social determinants health support regardless ability pay
persons gender socioeconomic status treated resources need achieve access quality
achieve optimal health equal access healthcare races obtain environmental without
entitled health outcomes circumstances Everyone opportunity healthy available
Opportunity given

Competing definitions of health equity

ROBERT WOOD JOHNSON

Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care

WORLD HEALTH ORGANIZATION

Health equity is defined as the absence of unfair and avoidable or remediable differences in health among population groups defined socially, economically, demographically or geographically

CDC

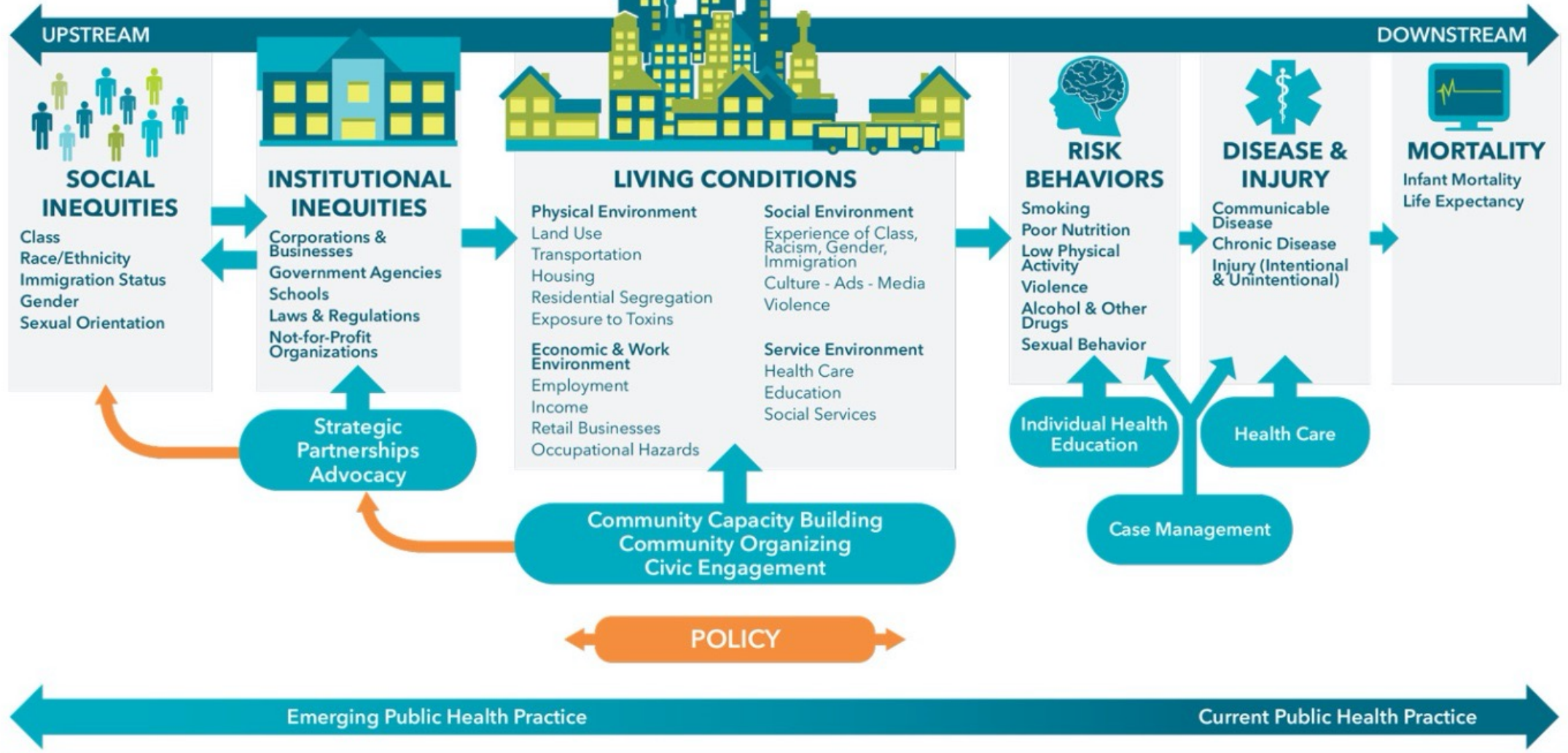
Health equity is achieved when every person has the opportunity to “attain his or her full health potential” and no one is “disadvantaged from achieving this potential because of social position or other socially determined circumstances.”

HRSA

Health Equity is the absence of disparities or avoidable differences among socioeconomic and demographic groups or geographical areas in health status and health outcomes such as disease, disability, or mortality.

1. Social and physical facilitators
2. Result in health differences

A PUBLIC HEALTH FRAMEWORK FOR REDUCING HEALTH INEQUITIES
BAY AREA REGIONAL HEALTH INEQUITIES INITIATIVE



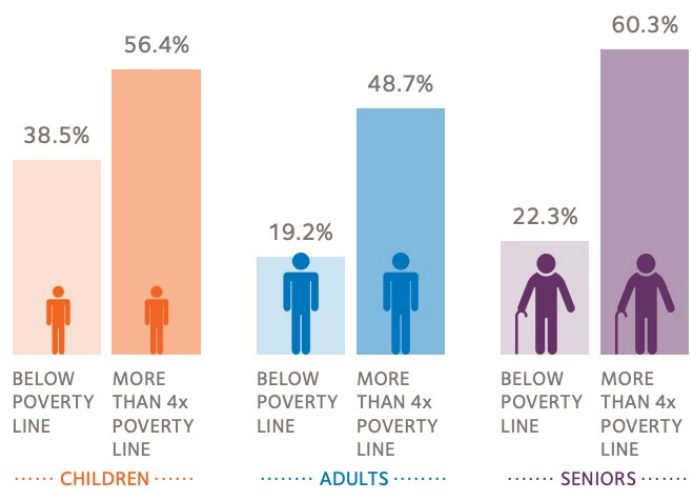
What is the current health equity landscape?

Oral Health: The Facts


- Oral diseases affect nearly **3.5 billion** people globally. (WHO)
- **More than 25%** of adults have untreated tooth decay and **more than half** have gum disease. (CDC)
- During each year from 2013-2016, **approximately 15.2%** of the U.S. population needed dental care but did not obtain it. (ADA-HPI)
- Over **\$2.7 billion dollars** is spent annually in hospital emergency departments for dental conditions. (ADA-HPI)

Oral Health: The Facts


PERCENTAGE OF POPULATION WHO VISITED A GENERAL DENTIST IN THE PAST 12 MONTHS – BY POVERTY LEVEL



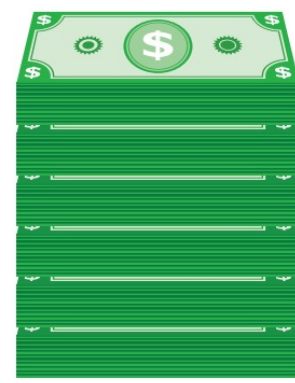
 “The appearance of my mouth and teeth affects my ability to interview for a job.”



35%
ADULTS WITH MEDICAID DENTAL BENEFITS



60%
ADULTS WITHOUT MEDICAID DENTAL BENEFITS



**\$153
BILLION**
in lost productivity each year due to chronic disease¹

**All negative oral health
outcomes are more severe
for BIPOC communities as
a result of racism.**

What is a State Oral Health Plan?

- Needs assessment
- Strategies for improving oral health
- Surveillance plan

Equity in State Oral Health Plans

- Of the 50 states, how many have a state oral health plan?
 - 30 are listed on the ASTDD website
- How many have a plan that was developed in the last five years (since 2014)?
 - 18 states have a current plan
- How many states have equity in their plan?
 - 7 states mention equity
 - 7 states have a goal associated with equity

Your homework: Is your state current? Does it include equity?

2020 BROUGHT SOCIAL CONSCIOUSNESS



Nursing

(Koschmann, Jeffers,
& Heidari, 2020)

Public Health Education

(Breny, 2020)

Emergency Medicine

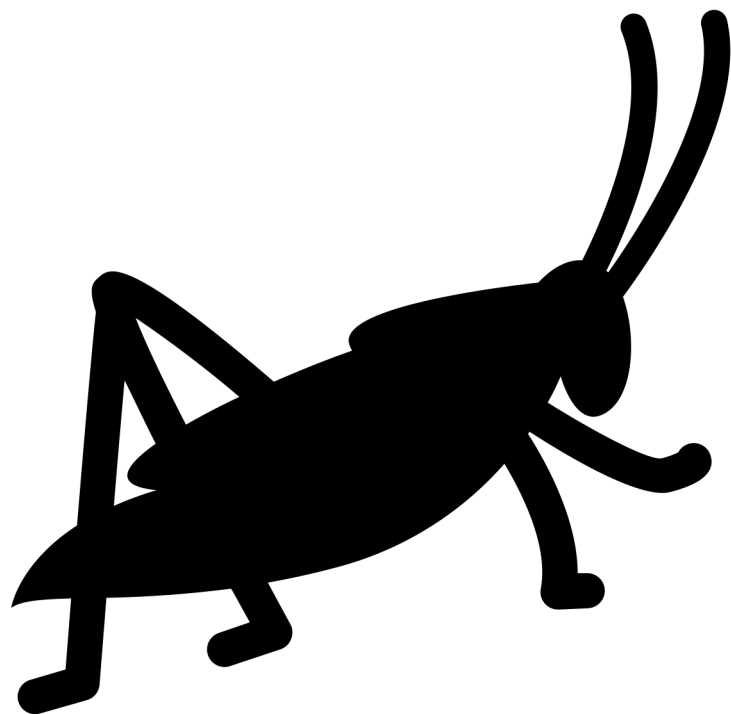
(Martin & Hargarten,
2020)

Medical Student Education

(Fadoju, Azap, &
Olayiwola, 2021),

Pediatrics

(Valdez, 2020)

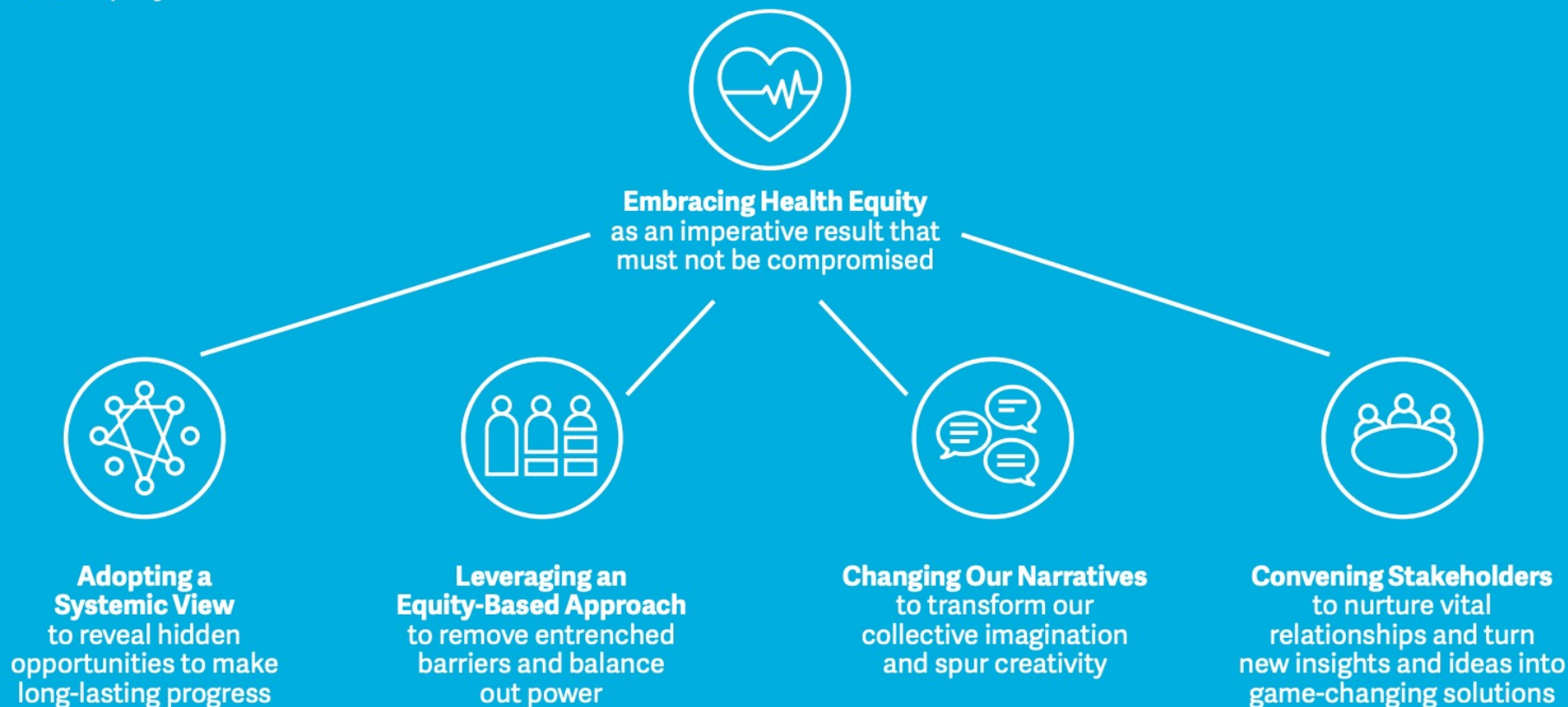


ORAL HEALTH?

**What are our best
opportunities for
success?**

How We Need to Think and Act Differently

The interviews surfaced four interrelated themes that, when combined, can be leveraged to accelerate progress toward health equity.



Factors That Impact Health Equity

In addition to the four overarching themes, eight factors that impact health equity repeatedly emerged from the interview process. Rather than thinking about these factors in isolation, interviewees spoke about their interdependence – the relationships among them and how those relationships create or thwart the conditions that make health equity possible.

The interviews revealed the existence of complex power dynamics, certain legacies still playing out from the very founding of the country, and the fragile relationships people have with each other. You may find these factors – and how they influence one another – more or less present, depending on where you live and work.





**Where is your
position in the
process and how can
you advance health
equity?**

A PUBLIC HEALTH FRAMEWORK FOR REDUCING HEALTH INEQUITIES
BAY AREA REGIONAL HEALTH INEQUITIES INITIATIVE



**How will we
know we are
succeeding?**

Equity Impact Analysis

SOURCE: ANNIE E CASEY FOUNDATION

- Are all disparate groups who are affected by the effort participating in the process?
- How will the proposed effort affect each group?
- How will the proposed effort be perceived by each group?
- Does the effort worsen or ignore existing disparities?
- Based on the above responses, what revisions are needed in the effort under discussion?
- Other questions: Who holds the power? Are you inspiring hope?



What communities should we be including?



RURAL



HISTORICALLY
EXCLUDED

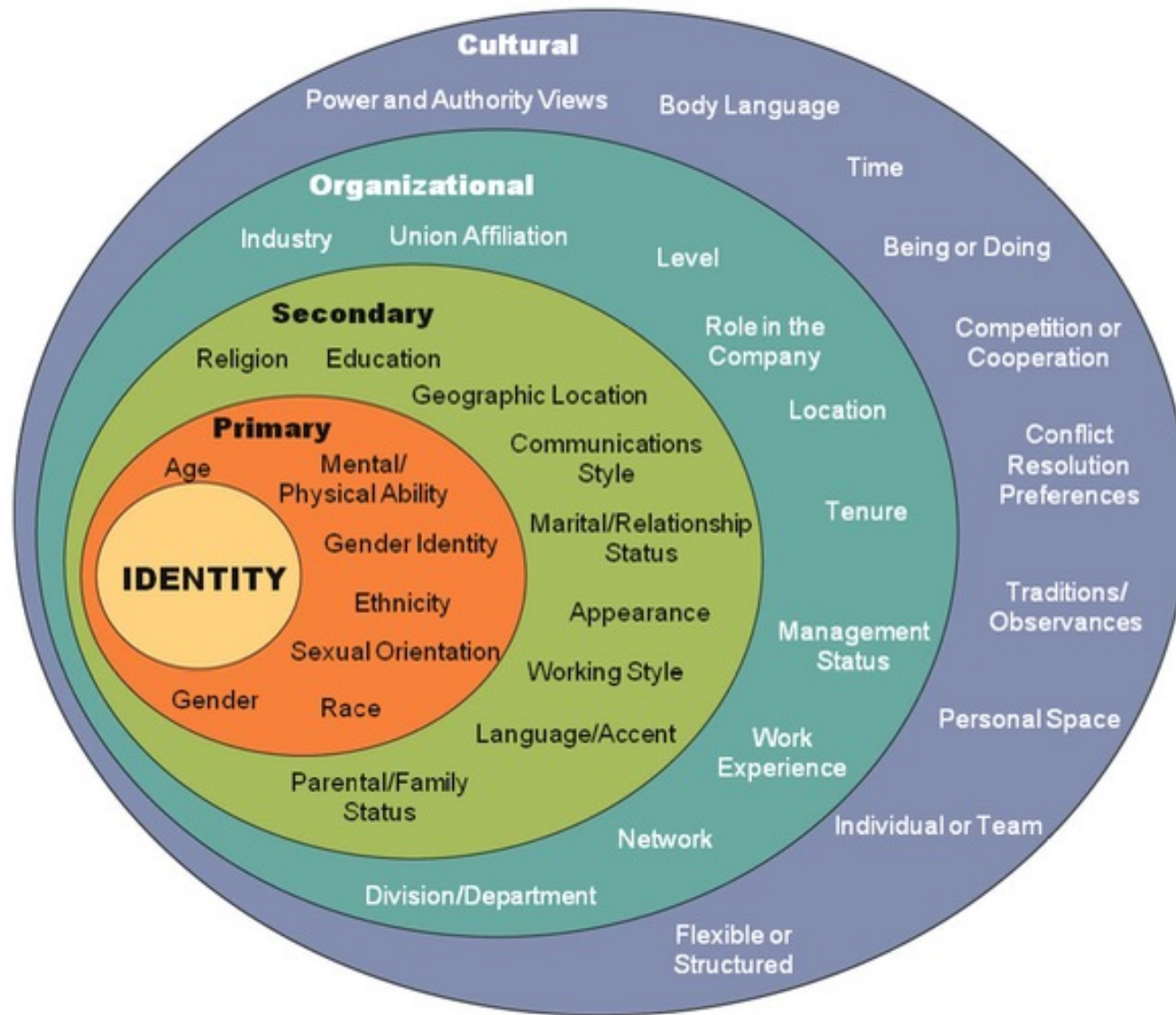


SOCIAL INEQUITY



HEALTH AND WELLNESS

Vulnerable populations include the economically disadvantaged, racial and ethnic minorities, the uninsured, low-income children, the elderly, the homeless, those with human immunodeficiency virus (HIV), and those with other chronic health conditions, including severe mental illness.² It may also include rural residents, who often encounter barriers to accessing healthcare services.³ The vulnerability of these individuals is enhanced by race, ethnicity, age, sex, and factors such as income, insurance coverage (or lack thereof), and absence of a usual source of care.^{1,4-8} Their health and healthcare problems intersect with social factors, including housing, poverty, and inadequate education.² AMERICAN JOURNAL OF MEDICAL CARE



© Lee Gardenswartz and Anita Rowe. Internal and External Dimensions are adapted from Marilyn Loden and Judy Rosener. *Workforce America!* (Business One Irwin, 1991)

An “Intersectionality Health Equity Lens” For Social Justice

When developing or applying an intersectionality health equity lens, the researcher engages in deep self-reflection that contextualizes and recognizes the ways in which race, gender, class, sexual orientation, disability, and other axes of inequality constitute intersecting systems of oppression. Such systems produce very different lived experiences for entire categories of people who are embedded within complex webs and social networks at different levels... Critical self-reflection allows researchers and practitioners to continually and closely examine their own race, gender, class, sexual orientation, disability, language, nativity/citizenship and social position, and their relationship to systems of inequality.

Lopez, N. and V. L. Gadsden. 2016. Health Inequities, Social Determinants, and Intersectionality. NAM Perspectives. Discussion Paper, National Academy of Medicine, Washington, DC. doi:10.31478/201612a

Conclusions & Recommendations



**WE NEED TO
DEFINE AND
MEASURE ORAL
HEALTH EQUITY**



**WE NEED TO ADOPT
AN INTERSECTIONAL
APPROACH TO ORAL
HEALTH EQUITY**



**WE NEED TO
DEDICATE
FOCUS TO
ANTIRACISM IN
HEALTH**

QUESTIONS