UTAH DEPARTMENT OF HEALTH
Office of Health Disparities

Addressing Oral Health Disparities in Urban Settings:

A Strategic Approach to Advance Access to Oral Health Care

A White Paper on Addressing Oral Health Disparities
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Glossary

Health disparity: a difference in health outcomes linked to social, economic, geographic, cultural, or environmental disadvantage.

Health equity: the principle underlying efforts to address health disparities; it means striving for the highest possible standard of health for all people.

Social determinants of health (SDH): the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life.

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

Oral health: a state of being free from chronic mouth and facial pain, oral and throat cancer, oral sores, birth defects such as cleft lip and palate, periodontal (gum) disease, tooth decay and tooth loss, and other diseases and disorders that affect the oral cavity.

Oral health services: preventive and dental services to prevent and control oral and craniofacial disease, conditions, and injuries.

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EXECUTIVE SUMMARY

Oral health is integral to the overall health and well-being of individuals and communities.[1] Oral health encompasses much more than healthy teeth.[2] "Oral health affects our ability to speak, smile, eat, and show emotions. It also affects self-esteem, school performance, and attendance at work and school."[3] Oral disease burdens individuals and families with pain, disability, and financial stress.[1,3]

Although considerable progress has been made overall in oral health, many groups experience a "severe and disproportionate burden" of oral health disease.[4] These disparities vary by race and ethnicity, socio-economic status, age, gender, and geography.[1,4,5] Oral health disparities are often a manifestation of underlying disparities in access to care influenced by social, economic, and environmental determinants. Addressing access to care issues through the social determinants of health is one way to begin addressing oral health disparities.

This white paper outlines efforts to increase access to oral health care services in urban settings by addressing the social determinants of health. It describes the importance of a strategic approach to address oral health disparities and suggests utilizing the framework of the National Partnership for Action to End Health Disparities' (NPA's) goals. It encourages the adoption of approaches in the areas of (1) awareness, (2) leadership, (3) health systems and life experience, (4) cultural and linguistic competency, and (5) data research and evaluation.[6] The purpose of this paper is to promote strategic approaches that redirect the focus of services from short-term care to investments in solutions for long-term access to care.

The Office of Health Disparities (OHD) is committed to striving to reduce and ultimately eliminate health disparities, including oral health disparities, by addressing determinants. OHD aims to pursue health equity, which means striving for the highest possible standard of health for all people and giving special attention to the needs of those communities at greatest risk for health disparities. Our vision is for all people to have a fair opportunity to reach their highest health potential given that health is crucial for well-being, longevity, and economic and social mobility.[7] This white paper is an extension of OHD's efforts to address oral health disparities and attempts to share with key stakeholders OHD's experiences, findings, and expertise related to increasing access to oral health services in urban settings.

OHD invites all interested and relevant stakeholders to join the efforts to reduce oral health disparities in Utah including increasing and improving access to care through addressing the social determinants of health. Eliminating oral health disparities will require strategic and collaborative statewide partnerships. Each partner can begin to address the social determinants of health through incremental actions. Ultimately, the accumulated effort can reduce oral health disease and disparities and advance Utahn's oral health overall.

Addressing access to care issues through the social determinants of health is one way to begin addressing oral health disparities.

This paper promotes strategic approaches that redirect the focus of services from short-term care to investments in solutions for long-term access to care.

OHD invites all stakeholders to reduce oral health disparities in Utah by increasing and improving access to care through addressing the social determinants of health.

INTRODUCTION

Background

Disparities in access to care are linked to disparities in oral health outcomes.

Access to oral health care services is integral to promoting the overall health and quality of life of individuals and communities. However, some individuals have limited or no access to quality and comprehensive oral health care services.[1,8] In 2016, about 30% of Utah adults did not have a dental visit in the past year.[9] This number worsened by as much as 10% when the individual did not have dental insurance. "People who have the least access to preventive services and dental treatment have greater rates of oral diseases."[10] Thus, disparities in access to care are linked to disparities in oral health outcomes.

The most disparate populations access oral health services at the lowest rates. How do we address access to oral health services and oral health disparities for these underserved populations?

Access to care is complicated and multifaceted. Individuals trying to access oral health services can face an assortment of complex barriers. Insurance coverage, cost of services, availability of services, and availability of culturally and linguistically appropriate services, are all factors influencing a person's ability to access care. These factors are often tied to a person's social and economic statuses. Accordingly, "a person's ability to access oral health care [has been found to be] associated with education level, income, race, and ethnicity."[10] Thus, the most disparate populations such as racial and ethnic minorities, limited-English proficient (LEP) individuals, people with disabilities, the elderly, children, rural and urban underserved residents, and uninsured and low income individuals, are often accessing oral health services at the lowest rates.[11-15] Barriers to accessing care can lead to unmet dental needs, delayed care, lack of preventive services, preventable emergency room visits, pain, disability, and economic burden.[16] So, how do we address issues with access to oral health services and oral health disparities for these underserved populations?

Approaches that are systematic and comprehensive, are ideal for sustainably addressing oral health disparities and advancing health equity, but also require substantial power, influence, time, and resources.

In 2011, the Institute of Medicine and National Research Council produced a report commissioned by the Health Resources and Services Administration (HRSA) and the California Health-Care Foundation on "improving access to oral health care for vulnerable and underserved populations."[17] The report "call[ed] for transformation through targeted investment in programs and policies that are most likely to yield the greatest impact."[17] These include (1) integrating oral health care into overall health care, (2) creating optional laws and regulations for scope-of-practice, (3) improved dental education and training, (4) reducing financial and administrative barriers, (5) promoting research for service delivery to these populations, and (6) expanding capacity of state oral health programs. These approaches are systematic and comprehensive, making them ideal for sustainably addressing oral health disparities and advancing health equity, but also require substantial power, influence, time, and resources.

Accordingly, in the context where achieving one or more of these strategies is currently out of reach, can anything be done in the short-term to begin increasing access to oral health services while still working toward addressing oral health disparities? In Utah, a variety of providers, organizations, and programs have emerged to respond to the dental needs of Utahns lacking access to affordable care.[18] These individuals and entities increase access to care by offering low-cost or free care to economically disadvantaged communities. These efforts have included one-time access to care provided through volunteer efforts, sometimes viewed as being short-term, non-sustainable Band-Aid approaches. However, since joining these efforts, the Office of Health Disparities (OHD) has endeavored to implement strategic activities that redirect the focus of services from short-term care to investments in solutions for long-term access to care.

In the context where these strategies is currently out of reach, can anything be done in the short-term to begin increasing access to oral health services while still working toward addressing oral health disparities?

The State Parternship Initiative to Address Health Disparities

In August 2015, OHD joined the State Partnership Initiative to Address Health Disparities (SPI) with the goal to "effectively improve health outcomes in selected geographical hotspots and address health disparities that affect minorities and disadvantaged populations."[19] Over a five year period, OHD will focus on improving access to both medical and oral health services through its Bridging Communities and Clinics (BCC) program in two of Utah's most underserved urban communities: the neighborhood of Glendale and the City of South Salt Lake.

One-time access to care is viewed as a short-term, non-sustainable Band-Aid approach. OHD works to redirect the focus of services from short-term care to investments in solutions for long-term access to care.

BCC is a community-based outreach program developed by the Office of Health Disparities (OHD) designed to address known inadequacies and inefficiencies of the "traditional" health fair approach to community health outreach. Moving beyond distribution of brochures and basic health screenings, the BCC approach addresses themes of access to health services, preventive wellness promotion, and cultural competency. The BCC model (1) partners with community-based organizations to mobilize community members; (2) assembles a diverse trained outreach team; (3) provides free clinically relevant health and oral health screenings; (4) securely collects data on social determinants of health needs; (5) offers appropriate referrals; and (6) works with a network of organizations to deliver individualized post-screening follow-up.

OHD hosts free dental day clinics to increase access to oral health care for individuals screened through the BCC program.

In August 2016, OHD began hosting free dental day clinics to further increase access to oral health care for those outreached and screened through the BCC program. OHD, in collaboration with the Family Dental Plan's (FDP) Salt Lake clinic and the Oral Health Program (OHP), secures the facility space and equipment, coordinates providers and volunteers, schedules patients, arranges for interpretation services, and offers referral care options. The free dental day clinics provide one-day dental care access at no cost to the patient. OHD has hosted six clinics and provided care to more than 400 patients.

OHD aims to ensure that its short-term access to oral health services has sustainable components that ultimately address oral health disparities. Accordingly, OHD's free dental day clinics build upon the National Partnership for Action to End Health Disparities' (NPA's) goals: (1) awareness, (2) leadership, (3) health system and life experience, (4) cultural and linguistic competency, and (5) data research and evaluation.

This paper raises awareness about disparities in access to oral health care in Utah and proposes a strategic framework to apply to short-term access to care as means to address oral health disparities.

This white paper builds on OHD's efforts to increase access to oral health services and address oral health disparities by sharing with stakeholders OHD's experiences, findings, and expertise related to providing short-term access to oral health services in urban settings. It describes factors and short-term solutions in access to oral health care services, which address the social determinants of health. The purpose of this paper is to raise awareness about disparities in access to oral health care in Utah and propose a strategic framework to apply to short-term access to care as means to increase access in a way that addresses oral health disparities.

The intended audience for the white paper includes all relevant stakeholders interested in addressing oral health disparities in Utah.

Access to Care and the Social Determinants of Health

Access to Care

Definition

Access to health services, including oral health services, is "the timely use of personal health services to achieve the best health outcomes."[20]

Achieving quality and comprehensive access requires (1) entry into the health system, (2) access to a location that provides services, and (3) access to a trusted provider who can communicate with the patient. Thus, barriers like high costs of services, limited or no insurance coverage, proximity of services, clinic hours, or lack of culturally and linguistically appropriate care often disrupt access to care.[8]

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The Social Determinants of Health

Definition

The social determinants of health are "the conditions in which people are born, grow, work, live and age, and the wider set of forces and systems shaping the conditions of daily life."[21]

The social determinants of health are a collection of complicated social and economic structures and systems embedded within social and physical environments, which influence our health, functions, and quality of life.[22] "[They] are shaped by the distribution of money, power and resources at global, national and local levels."[23] Examples of some social determinants of health include housing, education, environment, health care, employment, transportation, and food security.

The social determinants of health are shaped by the distribution of money, power and resources.

Access to Care and the Social Determinants of Health

A person's ability to access health services, including oral health services, is largely determined by social and economic advantage.

Insurance status and the ability to cover the costs of dental services is often determined by socio-economic status including income, age, employment status, immigration status, and health literacy.

Where an individual resides and works can improve or limit access to oral health services. This is often determined by income and employment, which are in part determined by education, race or ethnicity, culture, age, disability, and family size.

A person's ability to access health services, including oral health services, is largely determined by social and economic advantage. The inability to enter the health system, access a location to receive services, and access a trusted provider, is often determined by underlying social, economic, and environmental factors. Thus, "access to care often varies based on race, ethnicity, socioeconomic status, age, sex, disability status, sexual orientation, gender identity, and residential location."[5,11-15]

Entry into the Health System

In the United States and in Utah, dental insurance coverage is the conventional gateway to entering the oral health care system. Many individuals have medical insurance but lack dental insurance and a limited number of dental providers accept publicly-sponsored health insurance such as Medicaid or the Children's Health Insurance Program (CHIP).[24] Furthermore, many individuals are uninsured or underinsured, meaning the high cost of care prevents or limits access to services.[25] Subsequently, dentally uninsured or underinsured individuals "receive fewer dental services" than adequately insured individuals and are more likely to experience poor oral health.[14] Yet, insurance status and the ability to cover the costs of dental services is often determined by socio-economic status including income, age, employment status, immigration status, health literacy, and language ability to fill out insurance forms.[26]

Access to Services

Access to oral health care requires a provider or facility in order to receive oral health services. Individuals with an accessible and usual source of care often experience better health outcomes and lower financial burden.[27,28] Accessing a location for services depends greatly on geographic availability and hours of operation. Market forces often determine the distribution of dental professionals, clinic hours, and transportation options.[29] Often, rural areas face health care professional shortages and lack the infrastructure for public transportation.[30] Urban areas also experience a lack of providers in certain neighborhoods and gaps in access to public transportation.[31] Often clinic hours do not accommodate individuals who cannot take time off work during the day or week, which can lead to either delay in care or loss of employment.[1] Thus, where an individual resides and works can improve or limit access to oral health services. However, housing circumstances are often determined by income and employment, which are in part determined by education, race or ethnicity, culture, age, disability, and family size.[32,33]

Access to a Trusted Provider

Having a trusted provider with whom patients can communicate is essential to accessing care. This personal relationship can encourage or discourage use of care and is largely affected by "doctor-patient communications, including cultural and linguistic competency of care providers."[34] Unfortunately, some individuals are deterred from accessing care because of language and cultural barriers. For example, children from non-English-speaking households were less likely to access oral health services than children from English-speaking households.[35] In fact, in the United States, "access improves with acculturation and learning English."[36] Culture gaps between providers and patients often exist due to cultural and linguistic differences, but also differences in social classes based on education, income, gender, and employment.[4]

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Access to oral health services is essential to promoting and maintaining the oral health and overall health and well-being of individuals and communities. Barriers to accessing care can lead to preventable disease, prolonged pain and unmet dental needs, postponed care, preventable emergency room visits, and financial stress.[1] The social determinants of health influence access to timely, quality dental care services and, if not addressed, perpetuate disparities in oral health care and outcomes.

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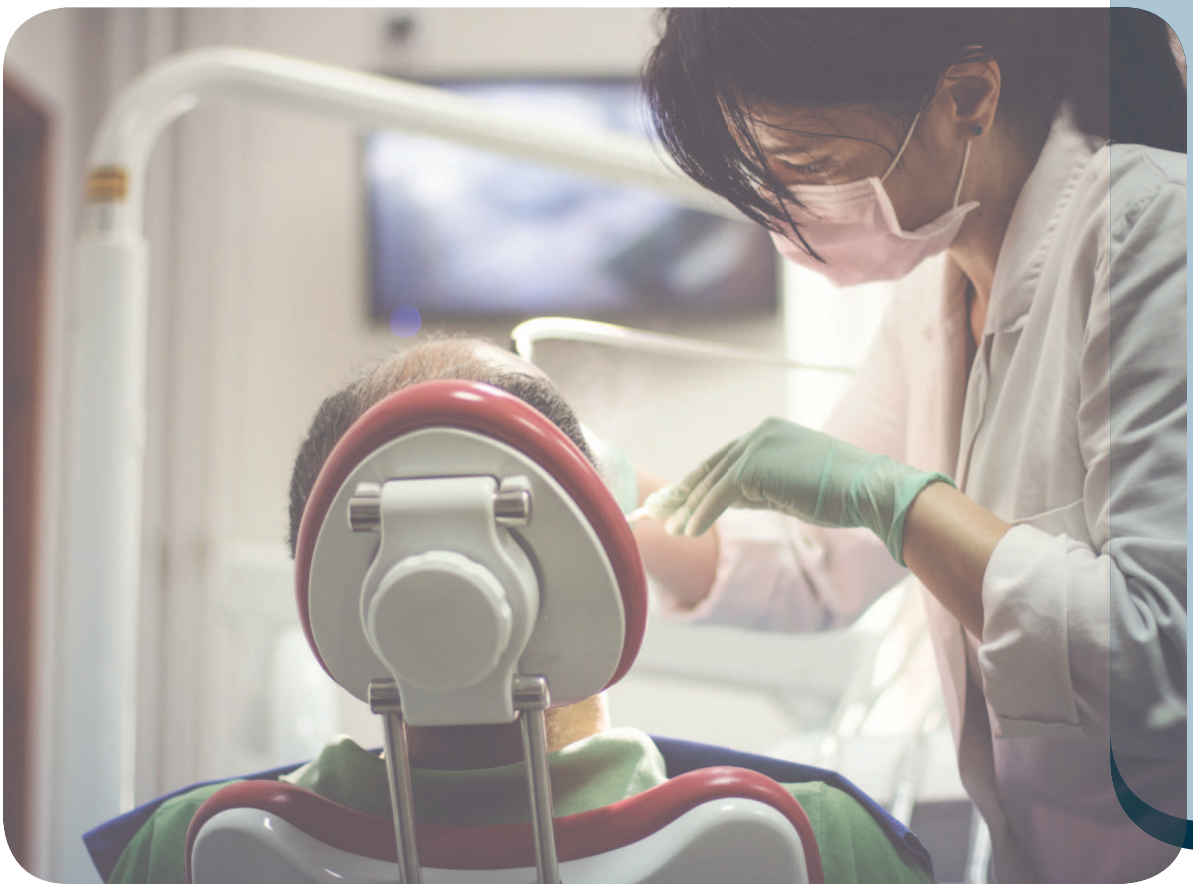


OHD EFFORTS TO ADDRESS ACCESS TO ORAL HEALTH SERVICES AND DISPARITIES IN URBAN SETTINGS

OHD's approach drives the focus from providing short-term services to developing sustainable, systematic solutions for long-term access to care.

OHD provides short-term increased access to oral health services for disparate populations living in urban settings through its free dental day clinics. OHD's strategic approach includes providing entry into the health system, access to services, and access to a trusted provider by addressing social, economic, geographic, cultural, and linguistic barriers. OHD's emphasis on the social determinants of health increases the likelihood of encountering and serving disparate populations, which is essential to reducing oral health disparities. OHD's approach also includes strategic investments in the health literacy of these communities as well as growing the capacity of the oral health workforce to serve disparate populations. This approach drives the focus from providing short-term services to developing sustainable, systematic solutions for long-term access to care.

Guiding Principle

OHD aims to advance oral health equity. Advancing oral health equity means working toward the "highest possible standard of [oral] health for all people."[37] Strategies that increase access to oral health care for underserved communities reduce disparities and when those strategies are focused on eliminating barriers and addressing the social determinants of health, they pursue the advancement of health equity.

Theoretical Framework

The National Partnership for Action to End Health Disparities (NPA) was created to "mobilize a nationwide, comprehensive, community-driven, and sustained approach to combating health disparities and to move the nation toward achieving health equity."[6] The NPA's goals include (1) awareness, (2) leadership, (3) health system and life experience, (4) cultural and linguistic competency, and (5) data research and evaluation. The goals focus on understanding and addressing health disparities through the social determinants of health.

Source: https://minorityhealth.hhs.gov/npa/images/priorities.jpg

Awareness: Increase awareness of the significance of health disparities, their impact on the nation, and the actions necessary to improve health outcomes for racial, ethnic, and underserved populations.

Leadership: Strengthen and broaden leadership for addressing health disparities at all levels.

Health System and Life Experience: Improve health and healthcare outcomes for racial, ethnic, and underserved populations.

Cultural and Linguistic Competency: Improve cultural and linguistic competency and the diversity of the health-related workforce.

Data Research and Evaluation: Improve data availability and coordination, utilization, and diffusion of research and evaluation outcomes.

Applying the Framework

The NPA's goals guide OHD's efforts for the free dental day clinics. Within this framework, OHD increases access to oral health care by providing entry into the health system, access to services, and access to a trusted provider. This is accomplished by addressing the social determinants of health linked to access to care. Ultimately, OHD applies the NPA framework to redirect the focus of its free dental days from providing temporary services to engaging in efforts to build sustainable components of access to care for underserved populations.

Through the combined expertise of its collaborative partnerships and the first-hand exposure gained through the free dental clinics, OHD achieves a more comprehensive approach to increasing awareness of oral health disparities.

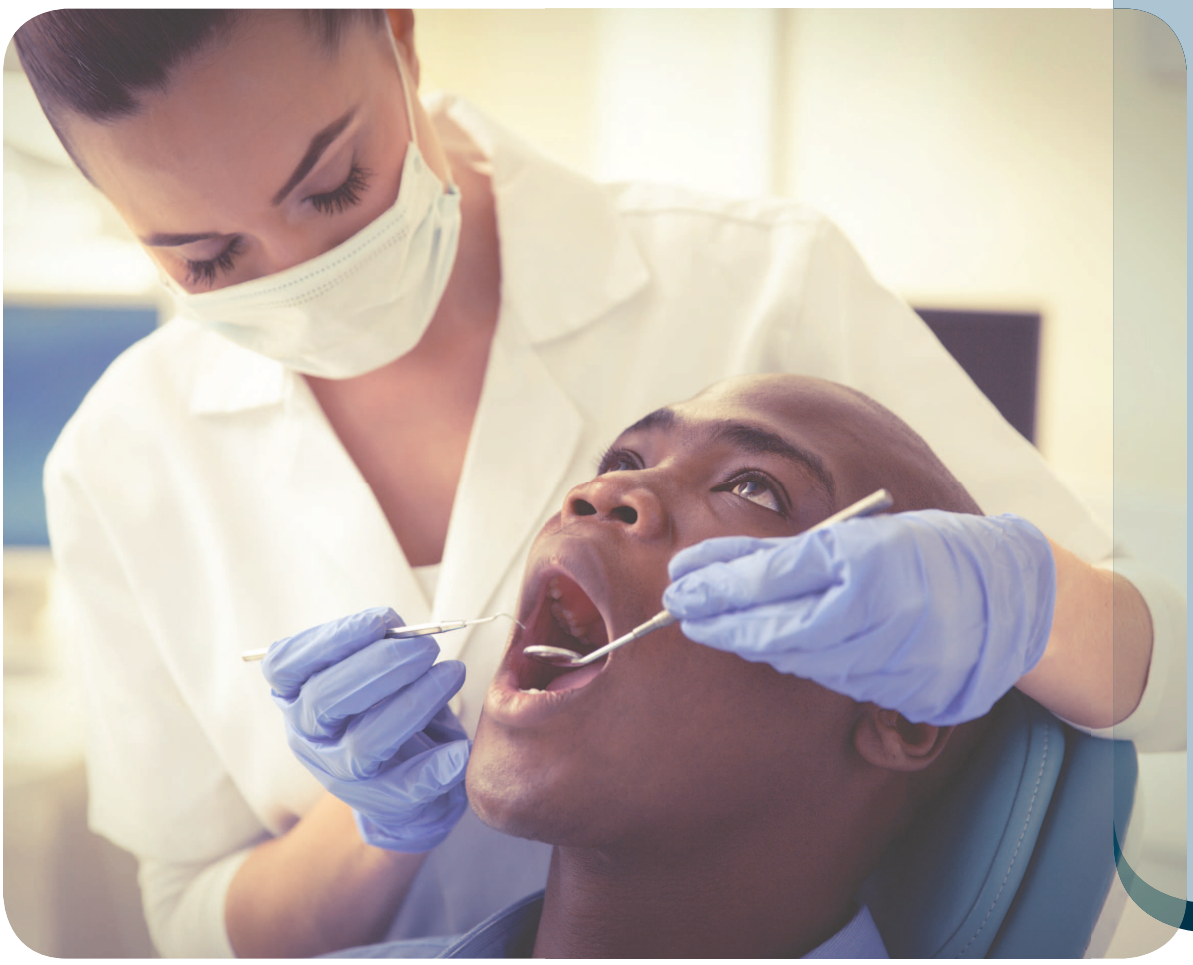
Awareness: Increasing awareness of the oral health disparities, their impact, and the actions necessary to improve health outcomes for racial, ethnic, and underserved populations is an important initial step to addressing the disparities. OHD relies on an array of diverse partners for the coordination of the free dental day clinics including representatives from the communities served and the oral health community. OHD collaborates with these partners to understand the context of oral health disparities, develop effective strategies to address the social determinants of health, and appropriately modify oral health services rendered. Ultimately, during the free dental day, each partner gains a refined understanding of the severity and complexity of oral health disparities in Utah. Through the combined expertise of its collaborative partnerships and the first-hand exposure gained through the free dental clinics, OHD achieves a more comprehensive approach to increasing awareness of oral health disparities and enhancing understanding of how to address them.

The exchange of expertise between the community and providers is critical to comprehensively cultivating the leadership to address oral health disparities.

Leadership: Strengthening and broadening leadership at all levels is fundamental to addressing health disparities. In preparation for the free dental clinic days, OHD considers the strengths and assets of each partner involved and strategically employs their expertise. Over time, OHD has facilitated the exchange of expertise between the community and providers by explaining processes and providing community feedback. This increases the capacity of community leaders to instruct the community on oral health care practices and helps providers tailor care to underserved communities. It ultimately bridges the social, cultural, and economic gaps between communities and providers. OHD believes this exchange of expertise between the community and providers is critical to comprehensively cultivating the leadership to address oral health disparities.

Health System and Life Experience: Improving the health and healthcare outcomes for racial, ethnic, and underserved populations is key to reducing health disparities and achieving health equity. During the free dental day clinics, OHD directly improves the oral health care outcomes of racial/ethnic minorities and underserved populations by providing non-conventional entry into the oral health care system. No dental insurance is required and all patient care is given free of charge in order to remove social and economic barriers. Although the care is a one-time encounter with the oral health care system, OHD recognizes its contribution to increasing the oral health literacy of the population served. Many of the patients served have never been to a dentist in the United States or anywhere. The free dental days are held at a brick and mortar clinic that is located in close proximity to the communities served and is also accessible by both bus and TRAX. Those using public transportation are provided with tokens to cover their travel expenses. This addresses key geographic and economic barriers to access to services. The free dental day clinics are designed to be a safe, free introduction to the oral health care system. The knowledge and experiences gained by these community members is likely to build trust, improve behaviors, and increase access to oral health services. OHD views the free dental days as a positive and realistic introduction to the oral health system for disparate populations.

The free dental days are a positive and realistic introduction to the oral health system for disparate populations.



The free dental days are an investment in developing the cultural and linguistic skills of the future and current oral health care workforce.

Detailed data collection allows OHD to better understand the access to care issues faced by communities in Utah and improve processes to increase access to care.

Cultural and Linguistic Competency: Improving the cultural and linguistic competency and diversity of the oral health workforce is vital to increasing access to a trusted provider, addressing social concerns, and delivering quality care to disparate populations. OHD strives to schedule providers, volunteers, and patients from a variety of backgrounds, genders, races/ethnicities, and language competencies for the free dental day clinics. At the free dental day clinics, OHD provides free in-person and telephone language interpretation services, and all participating clinicians and volunteers are trained in how to use the services. They are also informed about any cultural considerations of patients. Ultimately, this experience allows providers, especially dental students and dental hygiene students, the opportunity to experience the intersection of dental care with culture and language. OHD considers this an investment in developing the cultural and linguistic skills of the future and current oral health care workforce.

Data Research and Evaluation: The availability, coordination, utilization, and diffusion of oral health data is essential to evaluating outcomes, improving processes, rationalizing programs, directing efforts, and allocating resources. OHD invests valuable time and resources in collecting data on every individual screened and treated. OHD's focus on targeted areas allows us to gather an oversampling of underserved communities and racial and ethnic minority populations. We collect data on demographics, access to care, the social determinants of health, and oral health status and outcomes. This level of data collection allows OHD to better understand the access to care issues faced by communities in Utah and improve processes to increase access to care. Ultimately, OHD's practices in data collection allow us to report to community members and stakeholders evidenced-based practices that can improve approaches to addressing oral health disparities in Utah.

CONSIDERATIONS FOR PARTNERS

OHD encourages all current and interested partners involved in providing short-term access to oral health care services for disparate communities to consider adopting strategic approaches that emphasize sustainable components of care focused on addressing the social determinants of health and reducing oral health disparities.

Reaching Disparate Populations

Providing services to disparate populations is vital to reducing oral health disparities. Addressing the social determinants of health is central to reaching and serving these populations. When the social determinants of health are not addressed, it is unlikely that disparate communities are being served and efforts become a missed opportunity to reduce health disparities. OHD encourages partners to consider strategies and partnerships that address the social determinants of health.

Adopting a Theoretical Framework

OHD advises partners to adopt a theoretical framework similar to the NPA's goals. This particular framework is designed to reduce health disparities by addressing the social determinants of health. The following are approaches within the NPA framework aimed at increasing access to oral health services by addressing oral health disparities through the social determinants of health.

OHD encourages partners to consider adopting strategic approaches that emphasize sustainable components of care focused on addressing the social determinants of health.

When the social determinants of health are not addressed, it is unlikely that disparate communities are being served and efforts become a missed opportunity to reduce health disparities.

Awareness:

- Involve representatives from the target population to gain an understanding of the context of oral health disparities.
- Develop effective strategies, in partnership with these representatives, tailored to address the social determinants of health of the target population.

Leadership:

- Identify and emphasize the strengths and assets of each partner to maximize efficiency and efficacy.
- Foster the exchange of expertise between partners to broaden their knowledge and skill-set for addressing oral health disparities.
- Involve both current and future oral health professionals to build the capacity of the oral health workforce to serve disparate populations and address oral health disparities.

Health System and Life Experience:

- Design the delivery of services to provide a positive and accurate introduction to the oral health system for disparate populations to increase health literacy.
- Deliver services with the intent of building patients' trust and develop their skills and ability to successfully engage with the oral health system.

Cultural and Linguistic Competency:

- Understand the cultural and linguistic needs of the target population and develop appropriate strategies to modify care to meet the needs.
- Provide basic interpretation training for providers and volunteers and review appropriate cultural considerations for the target populations both before and during services.

Data Research and Evaluation:

- Implement policies and practices so that data collection is uniform and in turn can contribute to understanding the baseline oral health status of Utahns thus reducing the scarcity of oral health data in Utah.
- Collect data on demographics and the social determinants of health, in addition to collecting data on oral health status, in order to improve program processes, direct efforts, and allocate resources.
- Report lessons learned and share best practices to strengthen the relationship with the community as well as build the capacity of stakeholders to address oral health disparities in Utah.

SUMMARY

OHD is committed to reducing oral health disparities in Utah by increasing access to care through addressing the social determinants of health. OHD promotes strategic approaches to increasing access to care, founded on the theoretical framework outlined in the NPA's goals. Applying this framework will ensure that the delivery of services includes sustainable components aimed at addressing oral health disparities through the social determinants of health.

OHD acknowledges the important and irreplaceable work of partners to increase access to oral health services in Utah. OHD would like to build upon these efforts by sharing our experiences, findings, and expertise in increasing access to care among disparate populations in urban settings. Eliminating oral health disparities in Utah will require a network of strategic and collaborative statewide partnerships focused on increasing the understanding of oral health disparities, building and broadening the leadership to address them, improving the health outcomes and experience of disparate populations, advancing the cultural and linguistic competency of the oral health workforce, and collecting and sharing meaningful data for research and evaluation of efforts. Ultimately, the accumulation of these efforts can reduce oral health disease and disparities and advance the oral health of Utah overall.

OHD promotes strategic approaches to increasing access to care, founded on the theoretical framework outlined in the NPA's goals.

Eliminating oral health disparities in Utah will require a network of strategic and collaborative statewide partnerships focused on addressing oral health disparities through the social determinants of health.

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