



How to Apply a Health Equity and Social Justice Lens

Accountability Guidance for the Oral Health 2020 Network



In this guidance document, you will find several products developed in 2016 by the Oral Health 2020 Network’s Health Equity Work Group. These products are meant to be a resource to individuals and organizations working on oral health issues all over the U.S., as well as a resource to our network as a whole.

The products included in this guidance document are:

- How do we Define Health Equity?
- Oral Health in the Context of Social Justice and Health Equity
- Guiding Principles for Practicing Health Equity
- Leading Chicago Children to Oral Health Improvement: A Health Equity Approach Case Story

How do we define health equity?

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

Achieving health equity requires:

- Valuing everyone equally
- Focusing on societal efforts to address avoidable inequalities
- Recognizing and rectifying historical injustices
- Addressing contemporary injustices
- Eliminating health and healthcare disparities, and
- Assuring structural and personal conditions are in place to support optimal health.

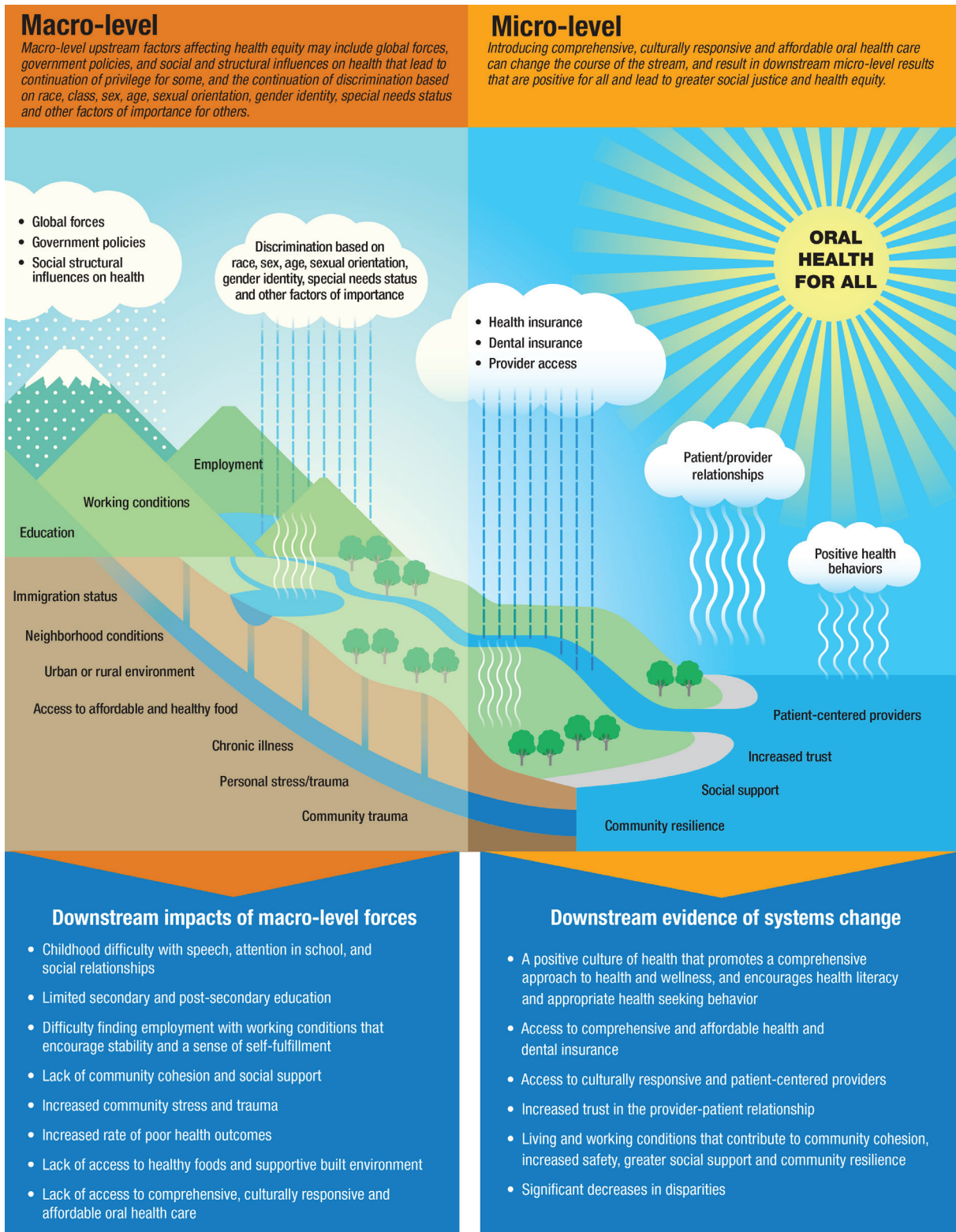
(Adapted from Healthy People 2020 and Dr. Camara Jones)

Talking about equity implies that there are inequities that need to be fixed. Inequities are “*health gaps brought about by policies and practices in communities. They can be undone, because they are policies and practices that human beings put into place. Human beings can undo them as well.*”

-- **Brian Smedley, PhD, Health Policy Institute Joint Center for Political and Economic Studies**

Oral Health in the Context of Social Justice and Health Equity

Viewing optimal oral health and access to effective and affordable oral health care as a right rather than a privilege results in systemic changes that lead to social justice and health equity.



Because oral health is essential to overall health and well being, the Oral Health 2020 Network is organizing across the country to ensure healthy outcomes for everyone. We are a network of individuals and organizations committed to social justice and health equity because every person deserves to thrive.

Oral Health In the Context of Social Justice and Health Equity

Viewing optimal oral health and access to effective and affordable oral health care as a right rather than a privilege results in systemic changes that lead to social justice and health equity.

Macro-level upstream factors affecting health equity may include global forces, government policies, and social and structural influences on health that lead to continuation of privilege for some, and the continuation of discrimination based on race, class, sex, age, sexual orientation, gender identity, special needs status, and other factors of importance for others. Such factors produce devastating down-stream consequences that are all too familiar:

- Childhood difficulty with speech, attention in school, and social relationships that result from poor oral health and can have life-long impact
- Increase in school drop-out rates in secondary school, and great difficulty achieving post-secondary education
- Difficulty finding employment with working conditions that encourage stability and a sense of self-fulfillment
- Lack of community cohesion and social support
- Increased stress and trauma for individuals, families and communities
- Increased rate of poor health factors and health outcomes

- Lack of access to affordable healthy food due to physical and environmental factors
- Lack of access to comprehensive, culturally responsive and affordable oral health care
- Disadvantaged built environment (i.e., lack of parks, food deserts, lack of sidewalks)

Introducing comprehensive, culturally responsive and affordable oral health care and intentionally addressing macro-level forces within a health equity and social justice framework can impact down-stream micro-level consequences that are positive for all. Examples of possible outcomes include:

- Creating a culture of health that promotes a comprehensive approach to health and wellness
- Access to providers who are culturally responsive and patient-centered
- Increased trust in the provider-patient relationship and health care system
- Living conditions that contribute to community cohesion, increased safety, greater social support, and community resilience
- Significant decreases in disparities

A focus on oral health as an important and integral part of systemic health will have an impact on eliminating disparities and creating health equity.

Guiding Principles for Practicing Health Equity

Applying a health equity and social justice lens means building an ongoing practice of doing all of the following things. No one of us as an individual and no one institution will perfectly execute all of these, but committing to practicing them all and to helping each other improve our practice of them is crucial. Otherwise, we are in danger of reinforcing health inequities, often unintentionally.

- A.** Analyze the data, interpret the data with diverse stakeholders, map the resources, and then target strategies to meet the needs of the most vulnerable populations.
- B.** Notice when you, your team, or your colleagues are making assumptions; reexamine them. Ask questions like:
 - Which set of students are actually facing the most urgent oral health needs in our community? We may think it is African American children in X school, but let's get the data to test that assumption.
 - Why aren't these folks showing up for the meetings we have been inviting them to for months? We have been blaming the community members for not getting involved because they don't care, but maybe there is another reason? E.g., a social determinant of health
- C.** Learn about the historical forces that have shaped current conditions. Ask questions like:
 - How has discrimination shaped the economic conditions over decades or even centuries and how has that discrimination

contributed to the situation this population, neighborhood, or community is facing?

- How have social connections been impacted (i.e. hindered or helped by the enactment of certain policies or infrastructure changes)?
- D.** Honor the context you are stepping into—including persistent patterns of (dis)empowerment and (dis)trust.
- E.** Ask who is not at the table and why. Go where people are; don't expect them to come to you. Spend time with people to find out what is really going on.
- F.** Seek out solutions developed by community-based leaders who know the problem first hand and are experts too.
- G.** Throw out the notion of a “non-adherent” patient and instead turn the mirror back on yourself as an agency or provider. This is a person we have not been successful in reaching and serving, so it is our responsibility to do things differently.
- H.** Account for the complexity of human experience and pursue dignity for all people.
 - Acknowledge the impacts of discrimination based on race, class, sex, age, sexual orientation, gender identity, special needs status, and other factors of importance and how each individual and community is affected by a combination of these.
 - Cultivate your own leadership as an advocate for dignity and justice for all, including yourself.

Leading Chicago Children to Oral Health Improvement: A Health Equity Approach Case Story

By Alejandra Valencia, *The Oral Health Forum*

The Oral Health Forum (OHF), in collaboration with the Chicago Department of Public Health (CDPH) and the Chicago Public School System (CPS), developed an intervention to address the increased number of children with urgent dental care needs in a specific area of Chicago. The intervention included elements crucial to a health equity approach such as: diagnosing disparities, linking what was learned through a root cause analysis to available resources, and gaining commitment from a variety of stakeholders to implement change.

BACKGROUND

CPS is the third largest school district in the nation with around 400,000 students registered in the 2015-2016 school year. Approximately 86% of CPS students are considered economically disadvantaged with 39% of them identified as African American and 46% as Latino.

In 2000, CDPH initiated the School-Based Oral Health Program (SBOHP) within CPS. The program has grown over the years from one to 18 providers, becoming the largest SBOHP in the nation. Now every CPS student, at all grade levels, has the opportunity to receive oral health services in the school setting at no cost. In 2014-2015, approximately 115,000 students received preventive services through the SBOHP.

A COMMON SITUATION IN OUR COMMUNITY

Clarissa, the mother of Fred, a 4th grader in CPS, answers a call from Lilliana, a case manager with OHF:

“Lilliana, thank you for calling me. Fred has been complaining of pain in his mouth for two months; he can’t sleep, he has trouble being in school. I have run into dead end after dead end trying to get help for him. First my dentist told me Fred needs to see a specialist and she said she’d send a referral. That was a month ago and I heard nothing from her. So I called again and found out the referral was lost or something and has to be redone. I gave up on them and went to another dentist, only to find they don’t accept Medicaid.

I feel horrible that I can’t help my son other than by giving him pain meds. I don’t like this at all. It’s not right.”

Lilliana, the case worker, responded to Clarissa’s all too familiar challenge in getting Fred the care he needs:

“I hear you; and I am sorry that you’ve spent so much time trying to solve this problem only to come up against so many road blocks. I think I can help. My job is to help parents like you get the services you need. We are set up to help children with multiple cavities, swelling, and pain or abscesses; we have an agreement with UIC’s Dental Clinic to expedite access to their dental services.”

Continued on page 8

OHF is a community-centered initiative that is housed in Heartland Health Outreach and committed to improving oral health programs and services for all Chicago residents through education, assessment, policy/program development, and collaboration. OHF is a leader in oral health advocacy and planning in the city. Collaboration among the three organizations in different projects has been taking place over the last seven years.

WHICH CHILDREN HAVE THE MOST URGENT DENTAL NEEDS IN OUR CITY? AND WHY?

While the SBOHP had been successful overall, severe disparities remained. In 2015, we decided to take a more targeted approach to meeting the needs of the children who are experiencing the most urgent dental needs in Chicago. We realized we did not know enough about who these children are or why they are experiencing such a severe level of urgent dental needs. We knew that we could not design a successful intervention to reduce these disparities without first taking the time to learn more about what was going on and why.

We launched a case management pilot in the two Chicago zip codes with very high numbers of children with urgent dental needs. While our goal was to improve oral health outcomes for these children by connecting them with dental providers to receive treatment and establish a dental home, the priority objective during the first year was to better understand *why children in this specific area of the city were highly affected by urgent dental needs.*

Our initial efforts focused on doing an environmental scan of health resources and opportunities in these two zip codes, as well as developing relationships with schools, community organizations, and community dental providers. The environmental scan revealed that there are two school-based health centers, seven Federally Qualified Health Centers (FQHC) sites, and one hospital in these zip codes, but none of these facilities provide dental treatment. *Residents in the two zip code areas rely solely on services provided by 56 private dentists; however, 16 of them do not take Medicaid and others have limited availability for Medicaid patients.*

Detailed analysis of the children with urgent dental needs after the first year of the pilot revealed that 97% were Latino children whose parents have limited or no ability to communicate in English. This was a surprise to us, as we had previously guessed that the majority of the children with the most urgent dental needs would be African American. Interestingly, we found that 50% of those children with urgent need were clustered in three schools. Additionally, a very high number of children with non-urgent dental needs that could potentially become urgent in the near future were also found in the three schools. We were astonished to learn how intensely concentrated the urgent needs were in such a small geographic area.

HOW DID WE BEGIN IMPLEMENTING A PROGRAM THAT WOULD REDUCE THESE DISPARITIES, CREATING INCREASED SELF-EMPOWERMENT OF FAMILIES AND TEACHERS AS WELL AS INCREASED ACCESS TO QUALITY ORAL HEALTH SERVICES?

Tailoring quality improvement efforts to meet the needs of marginalized populations.

Based on findings from the first year, we implemented a few new strategies to enhance the ability of families to improve their oral health:

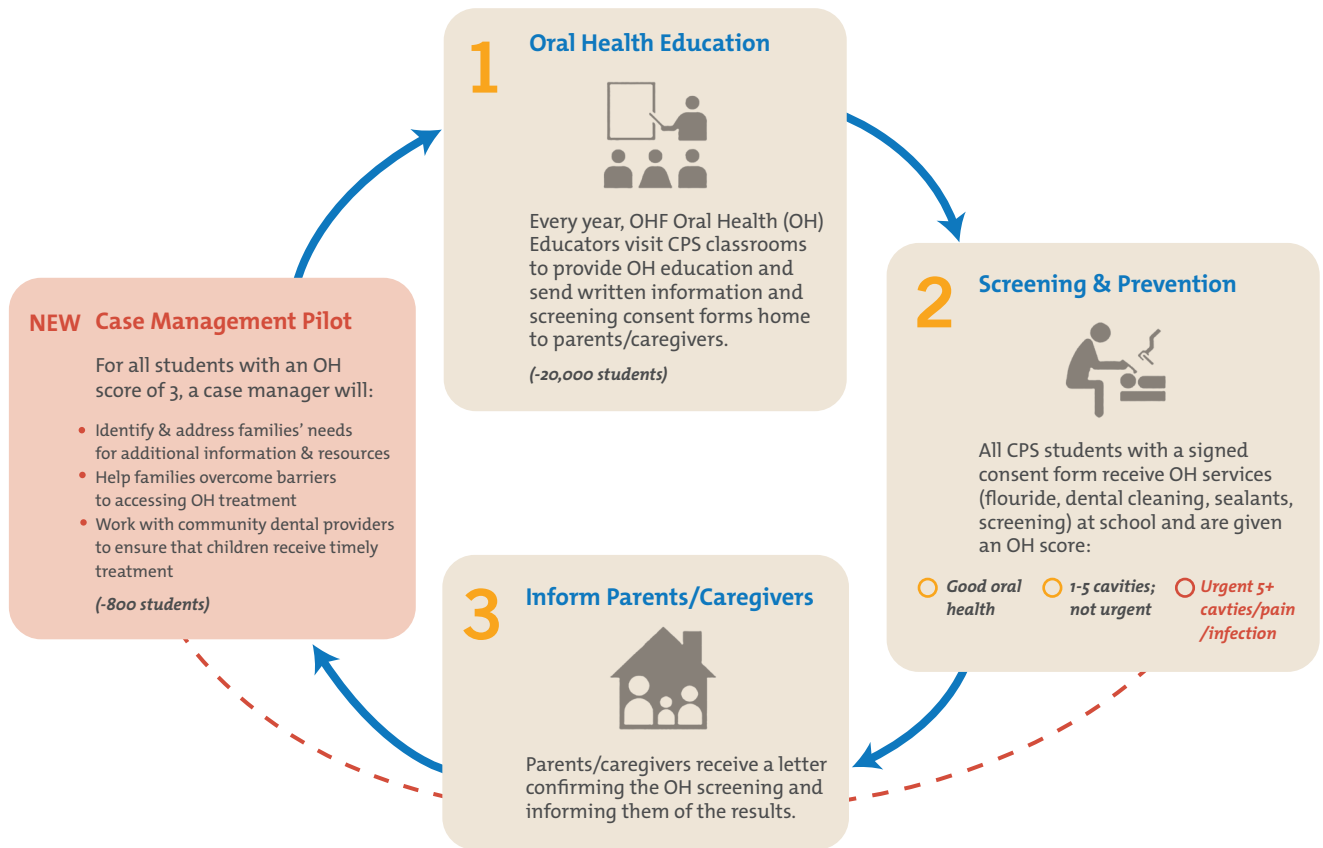
- We hired two bilingual case managers that could communicate with immigrant families and understand the difficulties these families face navigating the US health care system.
- An incentive model was developed, targeting the three schools where 50% of the children with urgent needs were clustered. This Oral Health Champion program was designed to involve the whole school community: children, parents/guardians, families, teachers, and school personnel. Through the program, OHF has been developing a more in-depth relationship with these schools, increasing awareness about the importance of oral health as an integral component of general health and reinforcing community knowledge about healthy oral health habits.
- Some of the activities employed in the three schools include: interactive presentations at parents' breakfasts and teachers' institute days, classroom oral health education for all children, community health fairs, and one-on-one connection with parents at report card pick-up day.

Key Lessons from this Story

- Start by collecting and analyzing data to understand where the disparities exist.
- Once you know where the disparities exist, find out why they exist.
- Design interventions to meet the needs of the specific groups of people who are experiencing the greatest level of urgency and lack of access.
- Equip people who have the most skills, connections, and culturally-specific knowledge with the tools to educate and serve people who are most affected by the disparity (for example, bilingual case workers well versed in immigration issues, and classroom teachers who may have deeper relationships with students and parents).
- Try out some strategies, and continually adjust them to ensure that they are reducing, not reinforcing, disparities.

Through the support of the school and Oral Health Champions, we organized a dental van visit at each of the schools to provide treatment for uninsured children and children facing difficulties accessing a community dental office. *After receiving urgent treatment from the dental van provider, case managers assist parents with identifying a dental home in their community for on-going care.* We have also been developing relationships with community providers to enhance access to care for these children.

Oral Health Cycle



All icons Creative Commons from The Noun Project. Created by Yi Chen (inform parents), Tommy Kuntze (families needs), Luis Prado (help families), Alex Auda Samora (community dental provider); others public domain.

OHF: The Oral Health Forum
CDPH: Chicago Department of Public Health
CPS: Chicago Public Schools
OH: Oral Health

© The Oral Health Forum-Heartland Helath Outreach, 2015

OUR SCHOOL YEAR ORAL HEALTH CYCLE MODEL

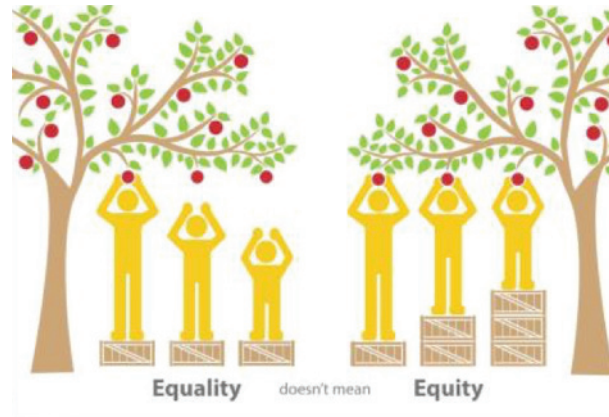
This infographic illustrates the Oral Health Cycle that takes place at CPS every school year. If a child has an oral health score of 1 (healthy), the cycle is complete and the child restarts the oral health cycle in the following school year. However, if the child resides in the target area and has an urgent (oral health score of 3) or non-urgent (oral health

score of 2) dental need, CDPH sends the list of students to be enrolled in the case management pilot to OHF. The desired outcome is that a child entering the case management pilot with a score of 3 or 2 will move to an oral health score of 1 in the following school year because needed care was completed and the child is maintaining good oral health.

A HEALTH EQUITY APPROACH

Health equity is defined by the Oral Health 2020 network as the attainment of the highest level of health for all people. Achieving health equity

requires valuing everyone equally with focused and ongoing societal efforts to address inequalities, historical and contemporary injustices, the elimination of disparities, and the assurance of the structural and personal conditions needed to support optimal health for all people. (Adapted from Healthy People 2020 and Dr. Camara Jones). As illustrated in this image, achieving oral health equity requires the redistribution of resources and efforts to enhance the opportunities that disadvantaged populations have to attain better oral health. The intervention described in this case study uses a health equity approach by promoting and facilitating a comprehensive model that can meet the needs of the children that are more affected by dental diseases in the CPS system.



Extra blocks have been put under the feet of the most disadvantaged children to give them the opportunity to attain better oral health. Hopefully, because of the efforts to restore their health, those children will not only be able to reach the apple, but to bite the apple and enjoy a healthier life.

A COMMON SITUATION IN OUR COMMUNITY (CONTINUED)

Clarissa thanked Lilliana,. That very same day, Lilliana contacted OHF's DDS director and arranged for her to make a referral to UIC's Dental Clinic; she completed and faxed a form to the dental clinic that included a brief description of Fred's oral health issues as identified in his CDPH SBOH examination; and she received confirmation from UIC that very same day that Fred would be given an appointment and that his mother would be notified.

Lilliana then called Fred's mom back and left her a message that she had confirmed that UIC would be in touch to schedule an appointment for Fred. Lilliana then stayed in touch with Clarissa to check-in and see if she had indeed been contacted.

When Clarissa did connect with UIC to arrange an appointment for Fred she called Lilliana, leaving a voice mail thanking her and OHF for their help. Clarissa said in her message: "I have been so worried about his oral health and I couldn't get anywhere. Thank you all so much."

Health Equity Resources (a partial list)

Please consider this a starter list. We will soon have a health equity resource spot on Socius that all network members can add to. The list will be continually updated.

MAKING THE CASE FOR EQUITY (ARTICLES)

- ["The Gardener's Tale" by Dr. Camara Jones \(article version\)](#)
- ["If we want to advance equity in public health practice, we must address race and power," by Jonathan Heller, January 8, 2016.](#)
- ["Embracing Equity in Community Health Improvement" by Laurie Stillman, MM, and Steve Ridini, EdD \(Health Resources in Action, Policy and Practice Report, May 2015\)](#)

MAKING THE CASE FOR EQUITY (VIDEOS)

- ["Allegories on Race and Racism" TEDx talk by Dr. Camara Jones, 2014](#)
- [Unnatural Causes: Is Inequality Making us Sick? PBS documentary series](#)

TOOLKITS AND GUIDES FOR HEALTH ORGANIZATIONS

- [Reducing Health and Health Care Disparities: Implementation Lessons and Best Practices for Health Care Organizations" by Scott Cook et al \(April 2015\)](#)
- [Communicating About Equity in Health Impact Assessment: A Guide for Practitioners," a guide co-authored by Marjorie Givens](#)
- [Achieving Health Equity: A Guide for Health Care Organizations, by Wyatt R, Laderman M, Botwinick L, Mate K, Whittington J. IHI White Paper. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2016.](#)
- [Health Equity Guide for Public Health Practitioners and Partners by The Delaware Division of Public Health \(DPH\), the University of Delaware's School of Public Policy & Administration; 2016.](#)