



Understanding the Social Determinants of Health Matters!

Presented by
Grassroots Lead Organizations (GLOs) of CA OPEN

October 10, 2019



California's Grassroot Lead Organizations

Aligned vision of health equity and justice...

Visión y Compromiso



SCOPE STRATEGIC
COMMUNITY
AGENDA





Social Determinants of Health - Impact on Oral Health

SDOH Definition

Social Determinants of Health

“Conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.”

The logo for HealthyPeople.gov, featuring the text "HealthyPeople.gov" in a blue, sans-serif font. The text is positioned within a light blue, irregular shape that resembles a map of the United States.



Some people have all the keys they need to unlock the doors to oral health but **others are missing some keys.**



SDOH: Economic Stability
Presenter: Hayam Megally,
MPH, CHES, CPH



Economic Stability

Employment

- Unemployment-Underemployed
- Job benefits
- Workplace Conditions
- Disparities

Poverty

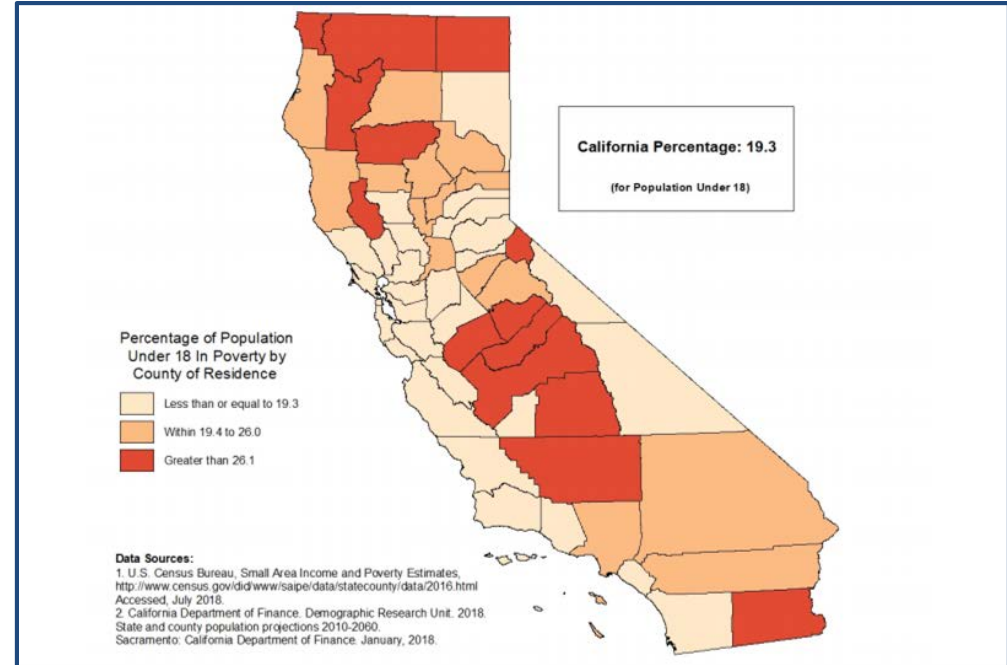
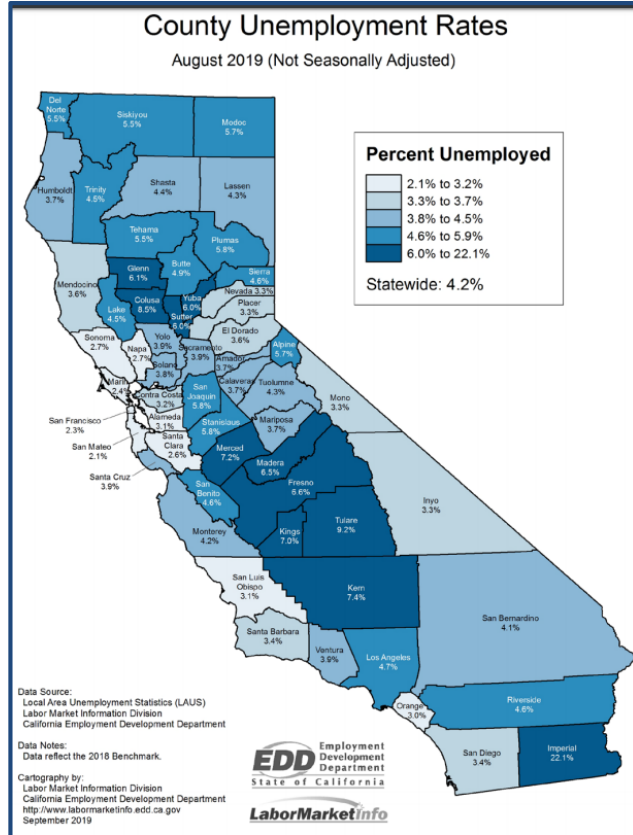
- Impoverished neighborhoods or communities
- Inequitable access to resources
- Unable to afford health care expenses
- Disparities

Food insecurity

- Long term/short term
- Urban areas, rural areas, and low-income neighborhoods
- Convenience stores
- Disparities

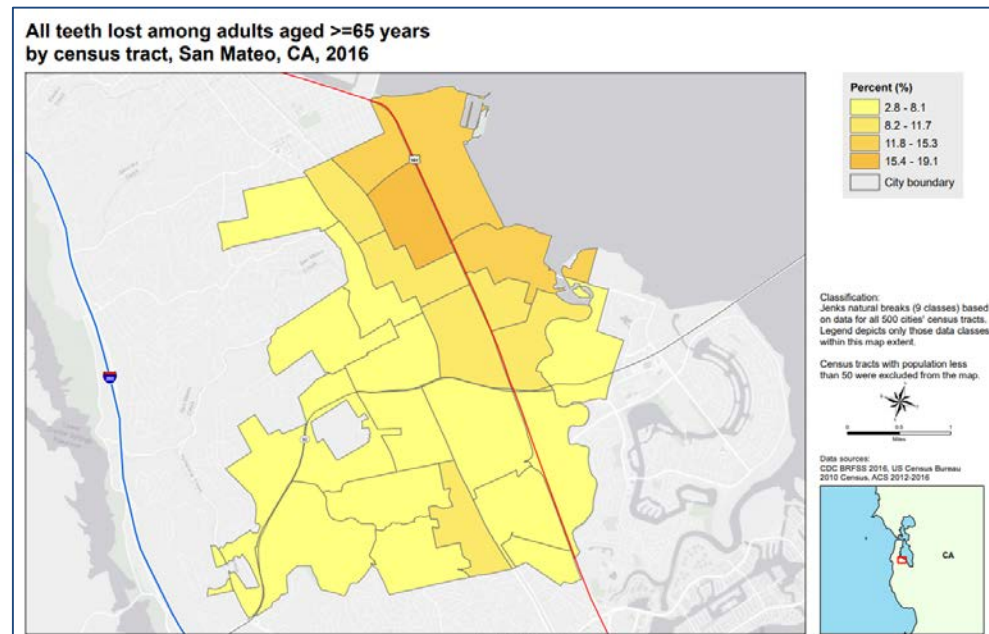
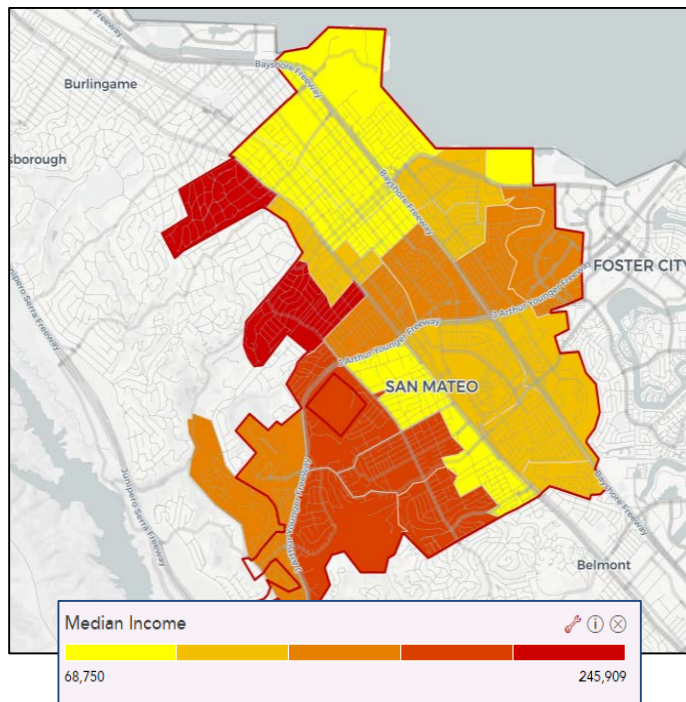


Economic Stability

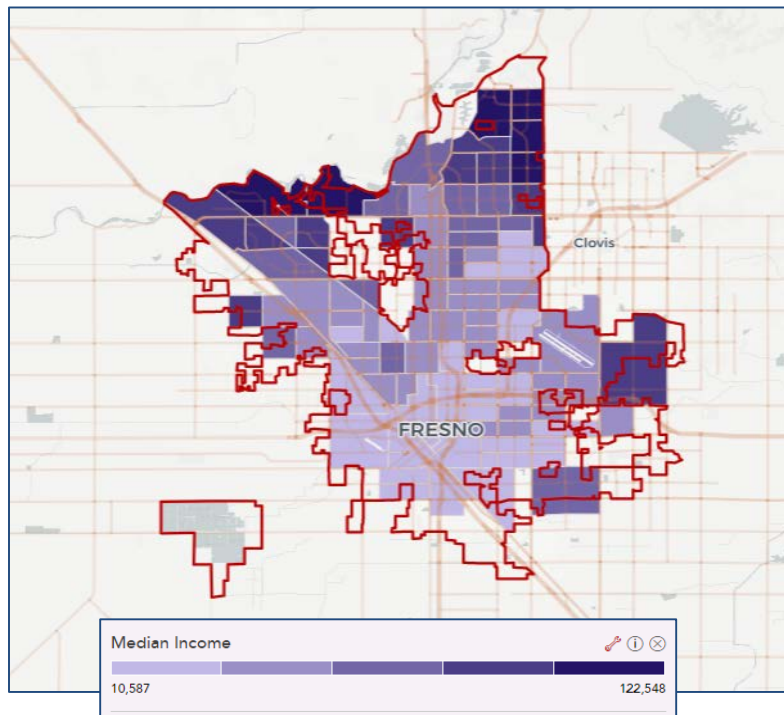


- **19.3 %** of Californians under the age of 18 are living in poverty in 2016
- Ranging from **36.6 %** in Fresno County and **7.6%** in San Mateo County

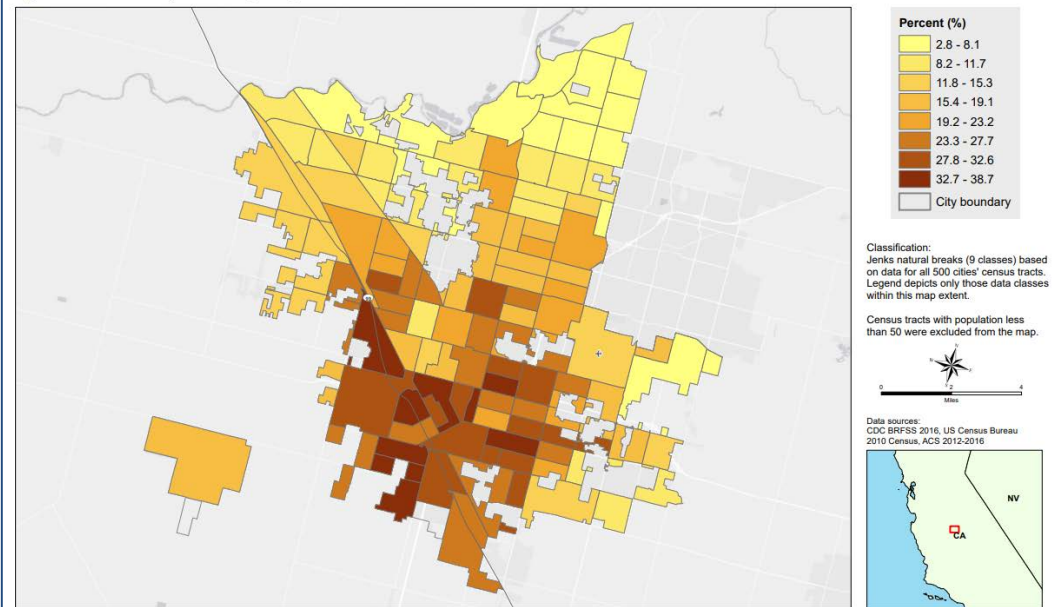
Economic Stability



Economic Stability



All teeth lost among adults aged ≥ 65 years
by census tract, Fresno, CA, 2016



Economic Stability

01 ECONOMIC OPPORTUNITY

FILTER BY INDICATORS

Employment

Median Household Income

Poverty

Business Ownership

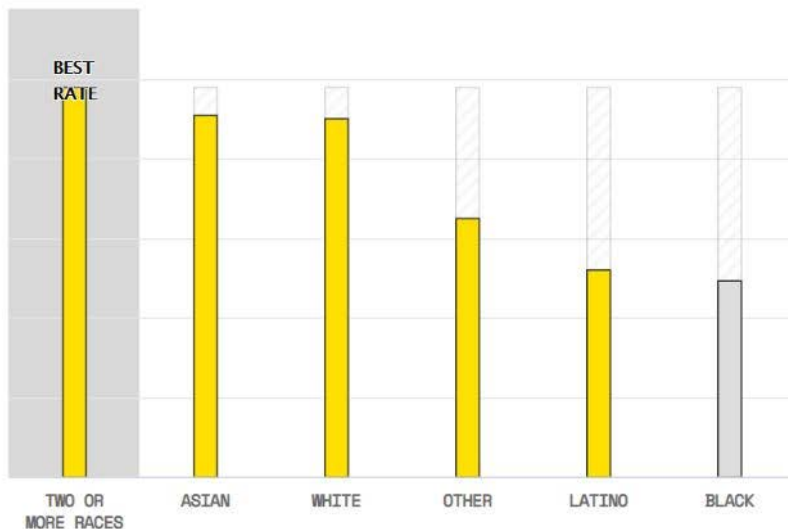
Officials and Managers

Internet Access

Denied Mortgage Applications

Commute Time to Work

MEDIAN HOUSEHOLD INCOME (\$) BY RACE



SAN MATEO

— Black

- PERFORMANCE

\$61,875

- RAW PERFORMANCE

N/A

- DIFFERENCE FROM BEST

\$60,695

AMERICAN COMMUNITY SURVEY 1-YEAR ESTIMATES TABLE S1903 (2014)



OPEN

Economic Stability

01 ECONOMIC OPPORTUNITY

FILTER BY INDICATORS

Employment

Median Household Income

Poverty

Business Ownership

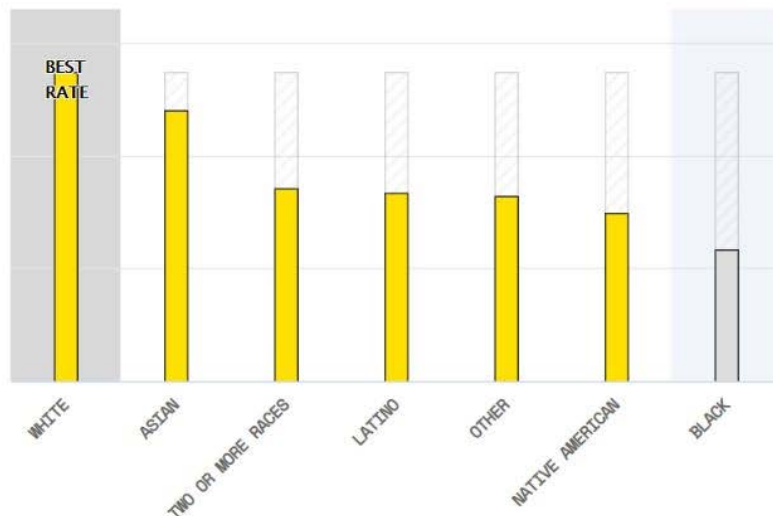
Officials and Managers

Internet Access

Denied Mortgage Applications

Commute Time to Work

MEDIAN HOUSEHOLD INCOME (\$) BY RACE



FRESNO

— Black

- PERFORMANCE

\$23,304

- RAW PERFORMANCE

N/A

- DIFFERENCE FROM BEST

\$31,646

AMERICAN COMMUNITY SURVEY 1-YEAR ESTIMATES TABLE S1903 (2014)



Economic Stability

“Competing priorities” and “high cost of dental care” were identified as emergent themes at a focus group conducted with a group of Community Health Workers

“80% of the people we serve are under Medi-Cal, and the question that is always out there is that Medi-Cal is very limited to what services they can receive, especially to adults. So they try to go get access to those services, but they are very limited. So when it comes to dental, we all know dental is very expensive.”

Community Health Worker

“I think they prioritize medical primary and dental is secondary, until that pain hits, and also because money is tight so they are going to spend money on medical procedures instead...”

Community Health Worker

SDOH: Healthcare Systems
Presenter: Eddie Hu, MPH,
MSW



Healthcare Systems

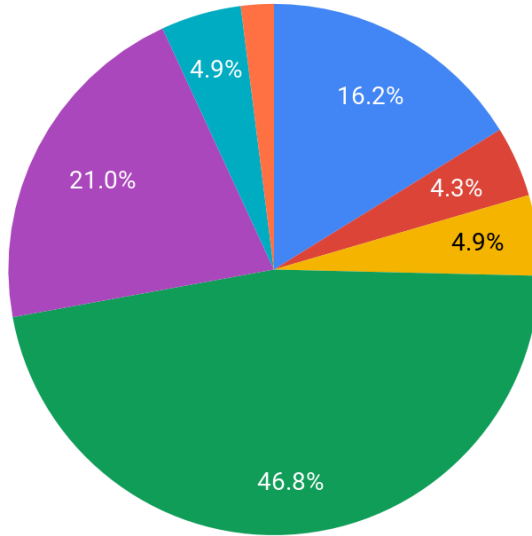
Health Coverage is part of social determinant of health

- Health coverage should include the following qualities
 - Adequate
 - Comprehensive
 - Affordable
 - Accessible
 - Quality

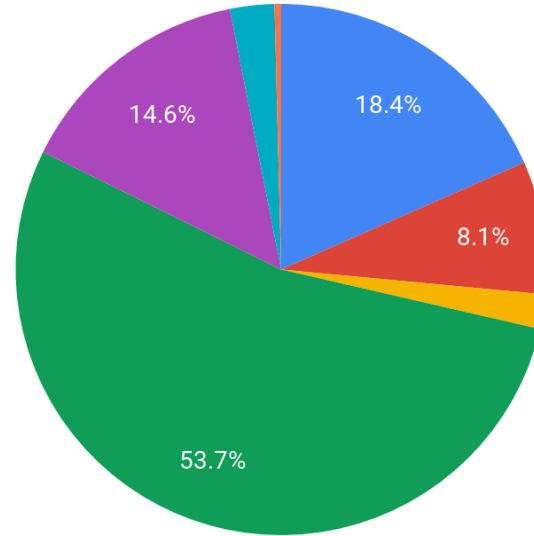


Healthcare Systems

Limited English-Proficient Respondents (n=556)



English-Literate Respondents (n=670)



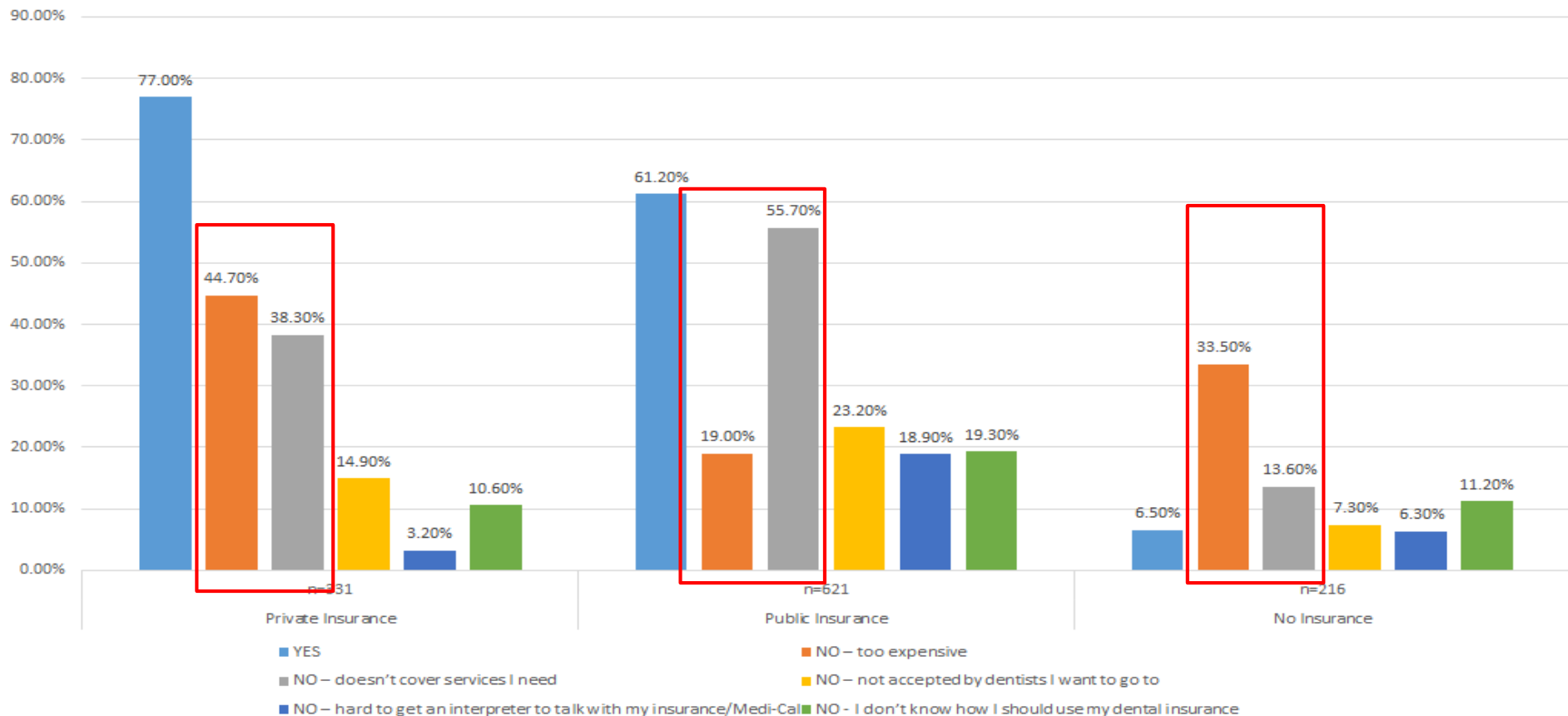
- Private (job)
- Private (partner's/parent's job)
- Private (self-pay)
- Public (Medi-Cal)
- No dental insurance
- I don't know
- No response

Over half (51%) of respondents had public dental insurance (Medi-Cal).

When disaggregated by community partners, there were high rates of respondents without dental insurance among those surveyed by APHCV (Chinese - 41%) and KCCEB (Korean - 48%)

Healthcare Systems

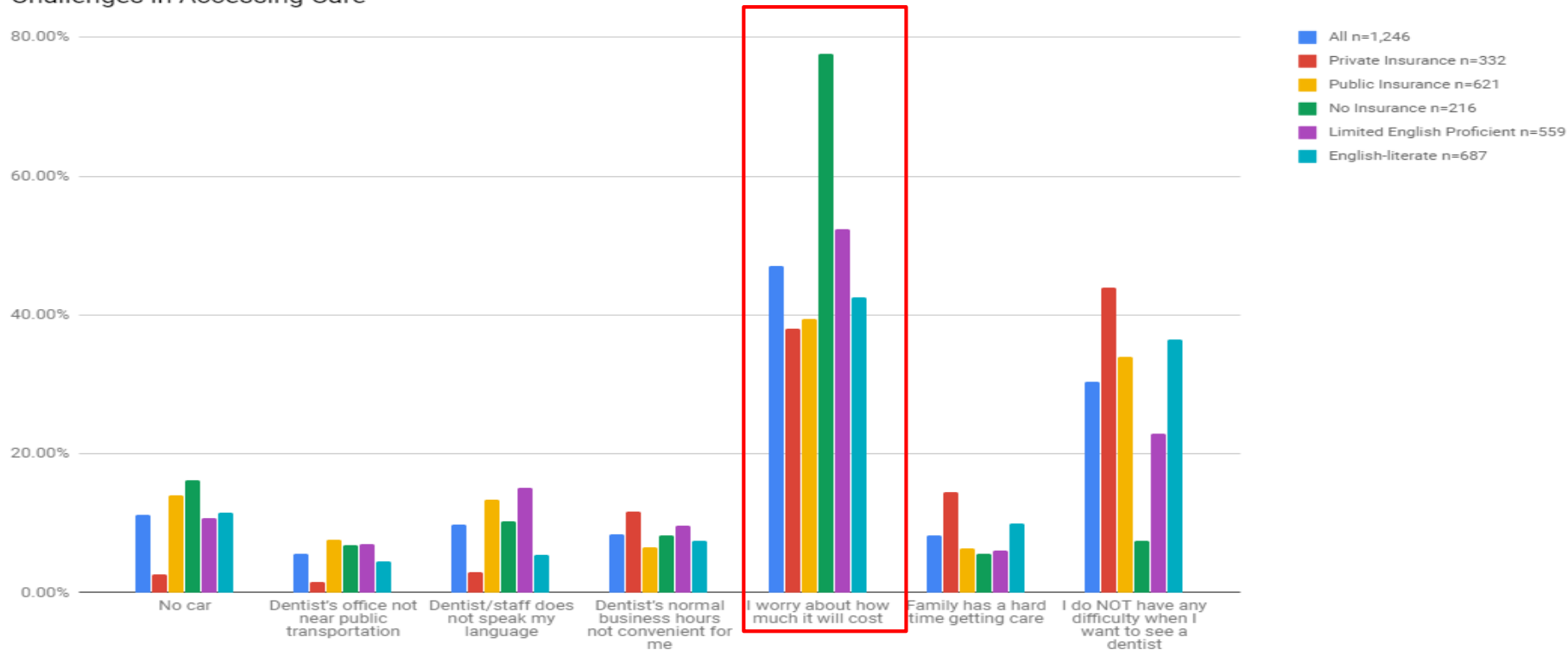
Satisfaction with Dental Insurance



Healthcare Systems

High cost of care continues to limit access

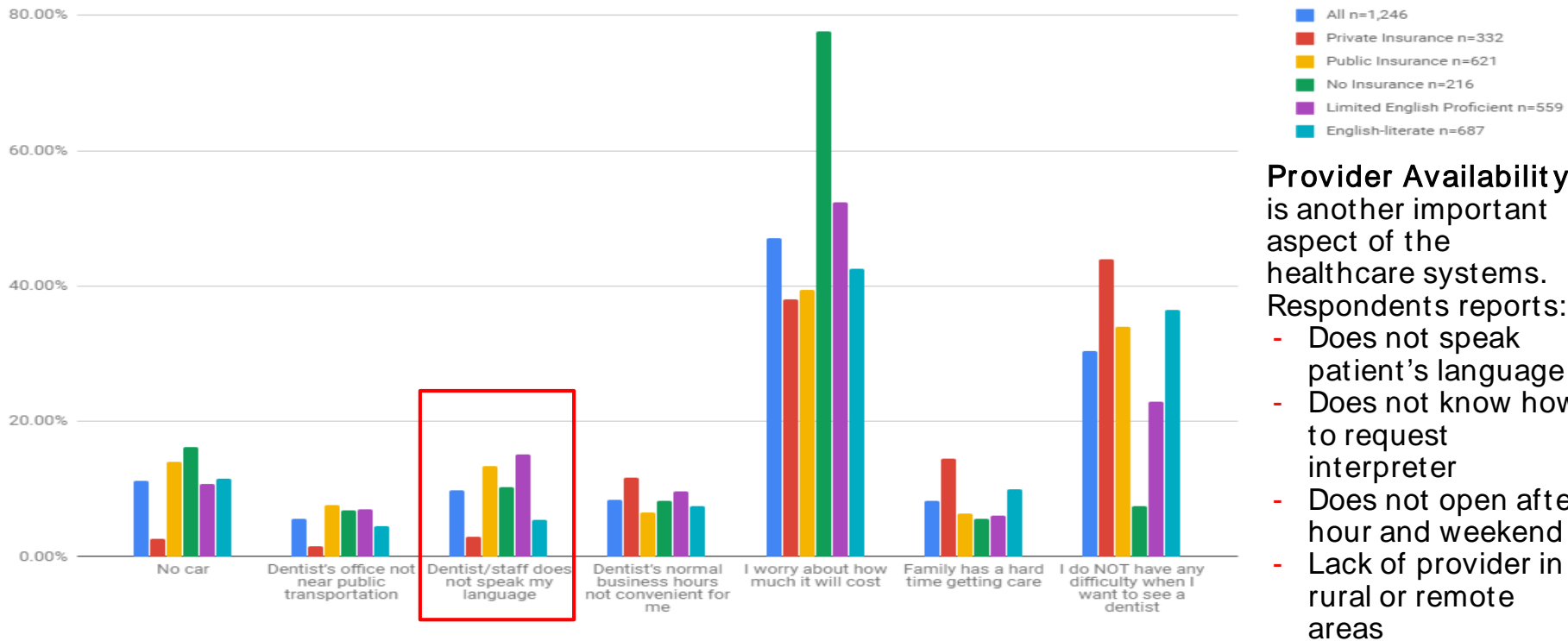
Challenges in Accessing Care



Healthcare Systems

Lack of Linguistic & Cultural appropriate providers and staff

Challenges in Accessing Care



Healthcare Systems

Regulations and Quality of Care Standards

- Respondents felt they received lower quality of care due to having publicly funded health coverage
- Respondents often expressed distrust of dentist
- Regardless of income, respondents indicated quality of care as a priority when selecting a provider
- Respondents chose clandestine clinics over certified clinics because oral health services and treatments are said to be of greater quality

“A few patients felt that because many of them rely on public support for dental care that they are **treated differently from other patients** who may have full insurance.” - LCHC

“Many shared going to Mexico or “clandestine” clinics for services offered better cleaning and services at a cheaper cost, and shorter wait time.” –SCOPE

SDOH: Education

Presenter:

Veronica Arciga Barriga

Visión y Compromiso



Who is Vision y Compromiso?

Vision y Compromiso (Vyc) is:

- ❖ A non-profit organization that was established in 2002.
- ❖ Our Mission: We are committed to community well being by supporting Promotores and Community Health Workers.
- ❖ Our Vision: Towards a dignify life for everyone.
- ❖ VyC have the only and largest statewide Promotoras Network of California. 13 Regions in CA and 1 in Nevada.
- ❖ **Our work is conducted mainly in CA, but it has a national impact.**



Who are Promotoras?

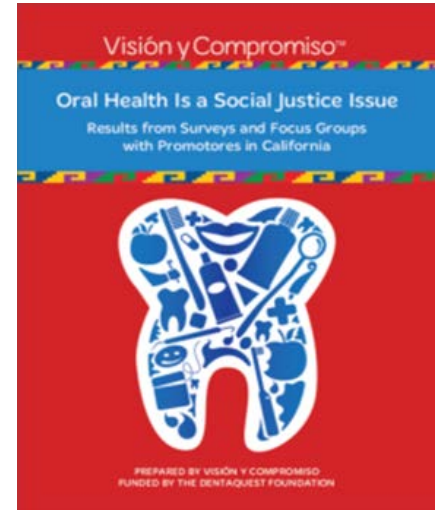
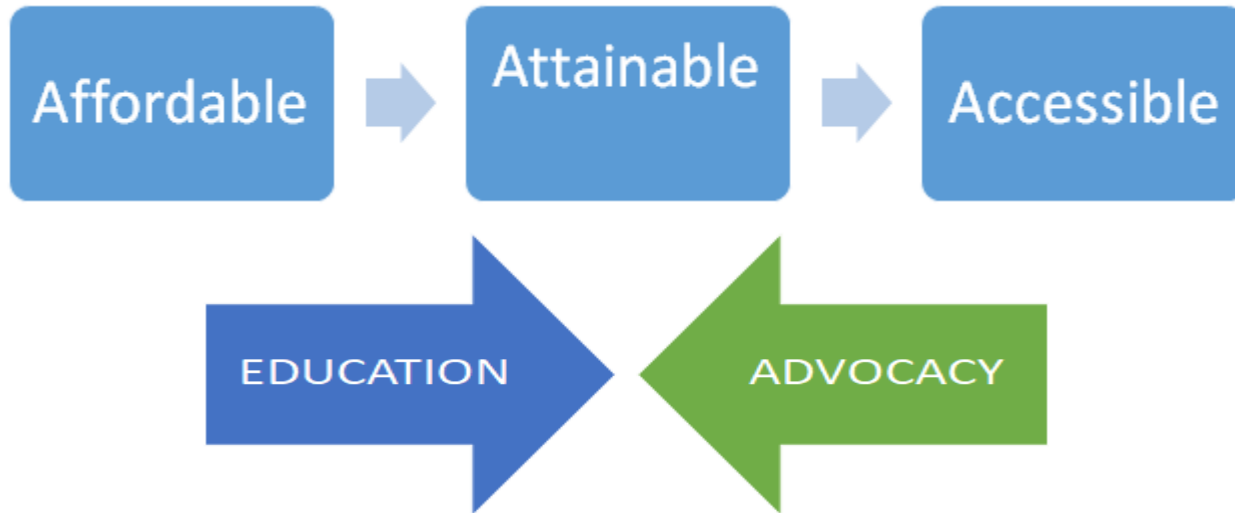
- Promotores and Community Health Workers are liaisons (links) between their communities and health and social service providers.



Our work...

Oral Health is a Social Justice Issue

VyC conducted FGs and Surveys in 2015



Promotoras in Oral Health

Keys identified to Increase Oral Health Knowledge:

- DEVELOP messaging integrating oral health into overall health
- INTEGRATE & TRAIN Promotores/other community workers around oral health issues so they can function as oral health system navigators
- EQUIP promotoras with factual information on preventative care
- PROVIDE cultural and linguistic community outreach and education

[ORAL HEALTH TOOL KIT:](#)



To receive weekly updates on oral health, follow us on our
Oral Health Facebook page: www.facebook.com/vycsaludoral



VyC Advocacy Committee & Promotoras Network



PROMOTORAS BEING PART OF THE SOLUTION...

- ❖ Integrating to Oral Health Coalitions AND Health for All Coalitions.
- ❖ Representing the voice and the needs of the Community.

SDOH: Built Environment

Presenter: Rosa Flores



Built Environment



- **Built Environment** is.. ALL of the PHYSICAL PARTS of where we LIVE, WORK, and PLAY

Built Environment

- The built environment influences a person's level of access to active transportation (walk, bike, roll) and on-road transportation (vehicle, light rail, bus, paratransit, carshare) and therefore their access to parks, schools, libraries, grocery stores, and healthcare facilities.



Built Environment: Transportation

Transportation issues include:

- Lack of vehicle access and insufficient alternative modes of transportation
- Inadequate infrastructure
- Long distances and lengthy times to reach needed services
- Transportation costs and adverse policies that affect travel



Built Environment & Transportation

- Transportation barriers affect **rural AND urban** communities
- Each year, **3.6 MILLION** people in the United States **DO NOT** obtain medical care due to transportation barriers
(American Hospital Association)
- **10% to 20% more members of COMMUNITIES OF COLOR** are **transportation disadvantaged** compared with members of the white population. (Health Outreach Partners)



Transportation Barrier, Patient Health Impact

Transportation barriers lead to:

- Rescheduled or missed appointments
- Interrupted/ delayed care, and
- Missed or delayed medication use
- Increased use of ED care
- Poor health outcomes
 - Includes poor oral health outcomes



Transportation Barriers, Healthcare Facility Impact

Transportation barriers lead to:

- Unused provider time and facility rooms
- Time spent contacting patients and scheduling follow-up appointments
- Increased wait times for others
- Interruption of care plans for improved health outcomes



Built Environment: Patient Experiences

“...if you do not have a method of transportation you need to make your appointment on time to make sure the chauffeur picks you up on time – and takes you to the larger clinic. Where we live it is full of people who work in the fields, they prefer to be picked up, rather than driving from Raisin City, CA to Selma, CA. Even sometimes when I am in the clinic these field workers ask me for rides back to their city. A lot of these folks are also older and are Mixteco, so they are the ones that need the most help because they do not know the area, sometimes do not speak Spanish and they are also scared to drive to farther places due to fear of being pulled over by the police.”

- Central Valley community resident, mother, caretaker



Built Environment: Water



Art by Isaac Murdoch,
Onaman Collective

- Water strengthens our teeth, especially if it is fluoridated
 - There is evidence that shows children consuming non-fluoridated water have more tooth decay than children with uninterrupted fluoridation (Community Dentistry and Oral Epidemiology)
- Water keeps our mouths clean and healthy
 - As opposed to sugar sweetened beverages
 - Washes away leftover food and cavity-causing bacteria
 - Fights dry mouth

Built Environment: Water



- 1 million Californians/ year lack access to clean, safe drinking water at some point during the year
- Some jurisdictions are so small and limited in resources that governing bodies only do the bare minimum to treat the water
- Droughts and other disruptions in water supply can limit or eliminate access to safe drinking water for days, months, or years
 - Some communities have been exposed to unsafe water for more than a decade!

SDOH: Social and
Community Engagement
Presenter: Mayra Vega

SCOPE STRATEGIC
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SCOPE - Community & Social Engagement



SCOPE believes that the people most impacted by the problems and conditions have the best insight and solutions to create change. Our process, therefore, ensures that we learn from those directly impacted, and work together to develop short and long term campaigns for social justice.

- **Community organizing to build political power in our community**
- **Strategic civic engagement to influence decision makers**
- **Multi-year, issue based campaigns that increase public revenue and public investment**
- **Research, training, and communications to support community organizing, movement building, and political education activities.**



39,56 millions Californians and 2,7 million without Healthcare, and face many more challenges.

Immigration

- CA is home for over 11 million Immigrants
- 60% do not have healthcare insurance
- 69% report speak English proficiently
- 10% speak other language (Spanish, Chinese, Mandarin and Cantonese)

Criminal Justice

- 81.4% of inmates in CA were born in USA
- Black men are incarcerated 6 times often that white men
- 36,000 people release each year from CA state prisons
- Foreign-born Californians are less likely to be imprisoned

Poverty/ Disability/ workforce

- Almost 4 in 10 are living in Poverty
- Near 1 in 5 lived close to the poverty line
- In 2017 4 in 10 were poor on near to be poor
- Most poor families are working
- 79% of poor has one working adult
- 44.9% work full time for the entire year
- 34.7% work part time and/ or part of the year
- Federal Poverty in CA for 5 family members make \$29,420 a year
- 23% some disability
- 33.1 total inactive

SLA Community Engagement activities

- Surveys
- Listening Sessions
- Educational Sessions
- House Meetings
- Outreach (door to door)
- Community events
- Personal visits
- Get out to Vote: CA exist 25,259,865 Eligible Voters and 19,978,449 Registered Voters
- 52% California's immigrants are naturalized US citizens, other 34% have green cards or visas



Oral Health Landscape in South LA

- Almost all Latino respondents (91%) agreed or strongly agreed that OH is an important component of overall health. The majority of African American respondents (79%) also agreed or strongly agreed with the statement.
- Due to the high costs for services, many participants say they do not regularly go to the dentist.
- Their average annual income \$ 16,900, of 3 family members, for some ranges from 1 to 10 members
- Older participants did not have coverage before enrolling in Medicare.
- Participants agreed OH care is important, but not on their priority list, they have to pay for: rent, school supplies, clothes for children, transportation expenses, food
- Go to Mexico or “clandestine” clinics for services offered better cleaning and services at a cheaper cost, and shorter wait time
- 47% said that toothache was so bad cannot focus in daily activities
- 22% Loss of teeth
- 21% Gums pain

SLA residents priorities

to choosing OH providers:

- 54% good quality care
- 36% Accept their insurance
- 31% Provider/ staff speak their language or provide a translator
- 22% Open on events/ or weekends
- 21% Easy to get (close to their home, workplace and transportation)
- 16% access to payments plan
- 15% staff provide enough information about cost before the visits
- 2% others



To build a healthier California, we need to make sure **all people** have the keys they need to access good oral health. This is what a **just oral health system** looks like.





Questions?

Conclusion & Contact Info

Mayra Vega, mvega@scopela.org

Strategic Concepts for Organizing and
Policy Education

Rosa Flores, rflores@lchc.org

Latino Coalition for a Healthy California

Mihae Jung, mjung@cpehn.org

California Pan-Ethnic Health Network

Hayam Megally, hmegally@mail.fresnostate.edu

Central Valley Health Policy Institute

Eddie Hu, ehu@advancingjustice-la.org

Asian Americans Advancing
Justice- LA

Veronica Arciga Barriga,
veronica@visionycompromiso.org

Vision y Compromiso



SDOH Webinar Part II

Part 2: Friday, November 1 at 12pm (PST)

Register here: <https://bit.ly/2kauTpy>

Join California's Grassroots Lead Organizations for Part 2 of a lunch-hour webinar series to learn more about how grassroots leaders are working alongside consumers, providers, researchers, and health care administrators to address the root of oral health disparities, the socio-economic and environmental conditions in California's most vulnerable regions.

