Social Determinants of Health and Oral Health
Today’s Presenter
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Session Topics

• Head Start Services as a Health Equity Intervention
• Social Determinants of Health (SDOH)
• Health Disparities
• Head Start Services that Address SDOH
Head Start Service as a Health Equity intervention
What Are Social Determinants of Health (SDOH)?

- **Conditions in the environments** where people are born, live, learn, work, play, worship, and age
- Affects a wide range of health, functioning, and quality-of-life outcomes and risks
- Drives over **80%** of health outcomes
Mapping Environmental Hazards
SDOH Are Unevenly Experienced

SDOH have a disproportionately negative impact on the health of people from historically marginalized communities

- Black, indigenous, Latinx, and other communities of color
- People with disabilities
- LGBTQIA+ people
- People living in under-resourced neighborhoods
Systematic marginalization and discrimination of people of color have occurred consistently over time and across systems.
This **systematic marginalization via policy** that has disadvantaged people of color and advantaged white people has **resulted in racial disparities** in poverty, income, and wealth.

These are related to other SDOH: safe housing, education quality, transportation, etc.
Racism itself is a SODH, contributing to negative social conditions and health outcomes through discriminatory policies across multiple levels and systems.
Racism as a Social Determinant of Health

- Racism has a **direct impact on health**.
- Increases stress contributes to chronic disease such as diabetes, hypertension, and a propensity for infectious illness

Racism is prevalent on multiple levels and a **significant driver of health inequities**. For example:

- Disproportionate exposure to environmental toxins
- Housing discrimination
- Job discrimination, low wages
- Barriers to education
- Barriers to health care services
- Barriers to oral health services
Chat With Each Other

Question: What social determinants of health have you observed in your work/service?
Health Care Access and Quality

Identity-Based Mental Health Directory
What are Health Disparities?

- Differences in health outcomes and their causes among groups of people.
- Preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health experienced by socially disadvantaged populations.
Examples of Health Disparities

Mortality — Most Profound Outcome

Infant Mortality  Maternal Mortality  Behavioral Health Access and Use  Motor Vehicle Crashes
Examples of Populations Experiencing Oral Health Disparities

- Low income populations
- Rural populations
- Black and African American communities
- Hispanic populations
- American Indian/Alaskan Native
Tooth Decay Experience by Race/Ethnicity, and by Poverty, United States 2011–2016

Children Ages 2-5 with Tooth Decay in Primary Teeth

- Non-Hispanic White: 18%
- Non-Hispanic Black: 28%
- Mexican American: 33%
- Non-Poor: 16%
- Near-Poor: 24%
- Poor: 34%

Source: Centers for Disease Control and Prevention. 2019
Early Childhood Caries Among Children Ages 3–5 by Race/Ethnicity

- American Indian/Alaska Native: 71%
- Mexican American: 42%
- Non-Hispanic Black: 30%
- Non-Hispanic White: 25%
Tooth Decay Experience by Race/Ethnicity and Poverty

Percent of Children Ages 2–5 with Tooth Decay in Primary Teeth

- Mexican American: 39% Poor, 15% Non-Poor
- Non-Hispanic Black: 37% Poor, 16% Non-Poor
- Non-Hispanic White: 26% Poor, 17% Non-Poor
- Total: 35% Poor, 17% Non-Poor
Pregnant People with Untreated Tooth Decay By Race/Ethnicity and Income: United States, 1999–2004

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Income Level</th>
<th>Pregnant People</th>
<th>Non-Pregnant People</th>
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<tbody>
<tr>
<td>Non-Hispanic White</td>
<td>&lt; 100% FPL</td>
<td>18</td>
<td>16</td>
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<tr>
<td>Non-Hispanic Black</td>
<td>≥ 200% FPL</td>
<td>19</td>
<td>14</td>
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<tr>
<td>Mexican American</td>
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<td>≥ 200% FPL</td>
<td>42</td>
<td>39</td>
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Barriers to Access to Oral Health Care

- Shortage of oral health professionals
- High cost
- Lack of accessible dental services in the community
- Geographic isolation
- Fear and anxiety
- Other social and economic factors
COVID-19 Related Barriers to Oral Health Care

• Closures and reduced dental clinic hours due to COVID-19 in spring 2020
• Some clinics providing only emergency oral health care to prevent spread of COVID-19
Question: What other health disparities can Head Start staff and pregnant people and families of children enrolled in Head Start face?
Promotion, Prevention, and Intervention

Head Start

- Comprehensive services
- Parent advocacy and leadership
- Community engagement

Program Performance Standards

Federal Funding
Head Start Practices that Build Health Equity

- Community assessments
- Nutrition assessments
- **Oral health assessments, follow up, and treatment**
- Family engagement and leadership building
- Family assessments
- **Multigenerational approach**
- Comprehensive health services
- Family health education and literacy
- Family support services
- **Health Services Advisory Committee**
- Community network participation
- Culturally and linguistically responsive

- Trauma-informed care
- Social-emotional development supports
- **Access to medical (and dental) homes**
- Whole-child approach
- Mental health consultation services
- Family-style, nutritious meals
- Staff wellness strategies and professional development
- Services for pregnant people
- Serving the most vulnerable populations
- Life course model
- Exclusion policies
Social and Community Context

Fostering Culturally Relevant Support Systems
Black-Led Efforts to Combat Racism and Promote Health

Center Issues that Matter to the Community By:

<table>
<thead>
<tr>
<th>Engaging</th>
<th>Neglected, disenfranchised communities to build leadership and power</th>
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<tbody>
<tr>
<td>Centering</td>
<td>Black women-led organizations</td>
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<td>Affirming</td>
<td>The importance of faith-based organizations</td>
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<tr>
<td>Promoting</td>
<td>Radical healing</td>
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<tr>
<td>Addressing</td>
<td>Mistrust and trauma and retraumatization inflicted by traditional modes implemented by physical and mental health care systems</td>
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Latinx/Immigrant Paradox

- Latin/e people and immigrants experience greater longevity and lower mortality than Black and white Americans despite overrepresentation in poverty.
- Attributed to Latinx community strengths and cultural assets:
  - Ethnic identity
  - Positive reframing
  - Religion
  - Healthy migrant effect
Indigenous Traditional Ways of Knowing

• Indigenous knowledge and traditions are rooted in
  o collective living
  o staying connected to family and community and
  o practicing collective and cultural traditions.

• Indigenous leadership essential in increasing access to oral health care
Oral Health Access

- Community clinics
- Dental Schools
- Dental Hygienist Liaisons
- Free dental clinics
- Health Services Advisory Committees
- Private practice
- School-based health centers
- State and local health departments
- Teledentistry

Photo Source: Swinomish Indian Tribal Community of Washington
Head Start service as a health equity intervention
Question: What are some factors in economic stability and in education access and quality that might affect oral health?
Resources


Questions?
Evaluation
Thank you!

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