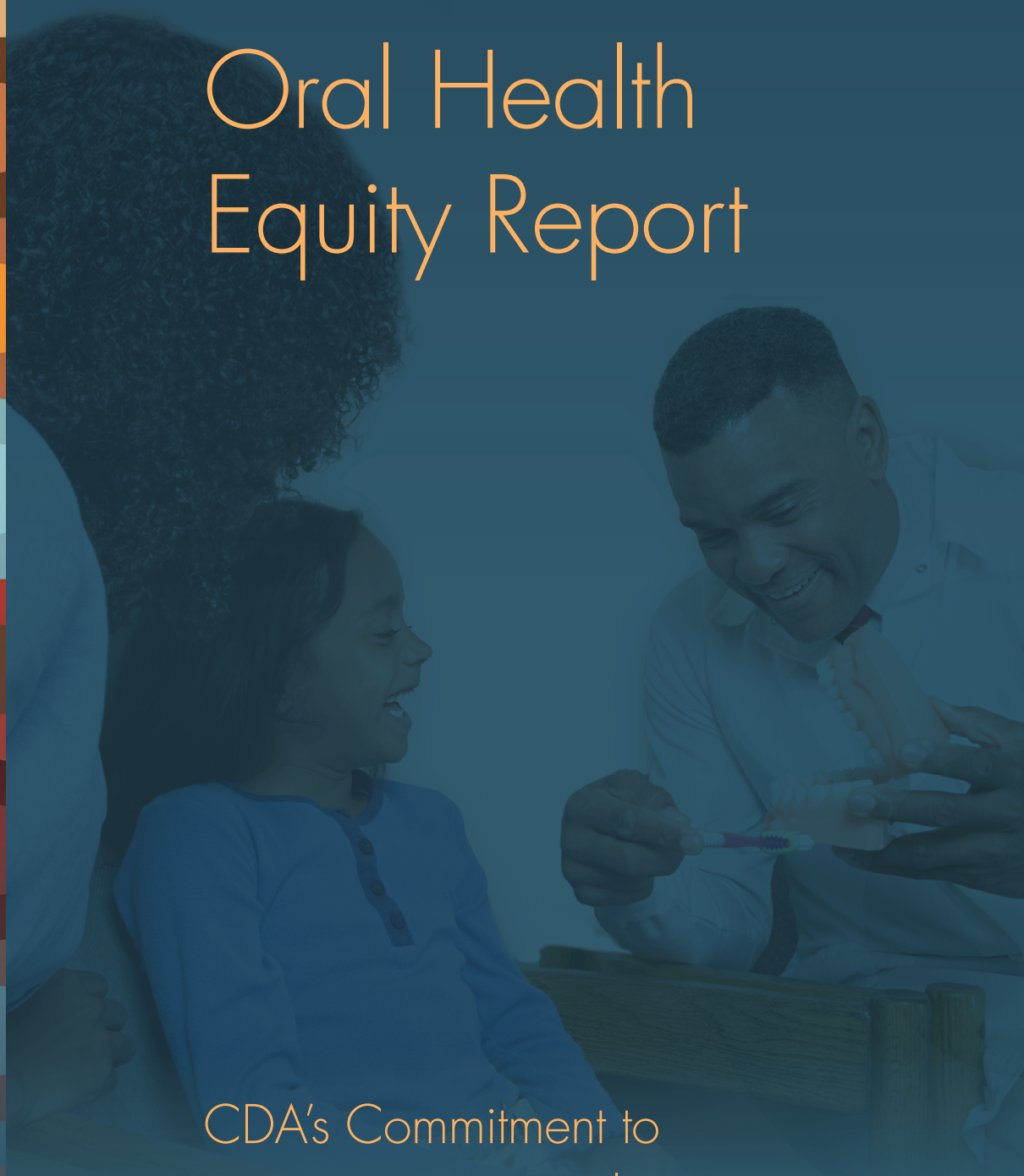
Oral Health Equity Report



CDA's Commitment to Diversity, Equity, Inclusion and Belonging

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CONTENT

This report was developed in partnership with the CDA Foundation.

1 Overview

Historical policies and practices have led to significant disparities in resources and opportunities, particularly for communities of color.

These inequities have influenced health outcomes, including oral health, and the COVID-19 pandemic has only worsened the situation (1). Many people of color live in areas with maldistributed dental care, face barriers to access and are underrepresented in the dental profession.

Encouragingly, California's dental schools are working to change this by expanding efforts to recruit and support students from underrepresented backgrounds. As one of the most diverse states in the country, California has an opportunity to build the dental workforce that reflects the communities it serves. When patients see themselves reflected in their providers or have providers trained to be culturally sensitive, they are more likely to seek care, and future generations are more likely to imagine themselves in those careers (2).

> Increasing diversity within the profession not only improves trust and communication between providers and patients, especially those who share the same culture or language, but also strengthens pathways for future dentists (2).

Alongside these equity efforts, California already has one of the nation's most progressive team-based dental workforces. Each member of the workforce, from unlicensed dental assistants who can perform coronal polishing to Registered Dental Assistants in Extended Functions (RDAEFs) who can place and finish fillings, is essential to delivering care. Registered Dental Hygienists (RDHs) can administer local anesthesia, use nitrous oxide-oxygen sedation and perform soft tissue curettage. At the same time, some go on to become Registered Dental Hygienists in Alternative Practice (RDHAPs) who can own and operate dental hygiene practices in areas with limited access to dental hygiene care or provide care to homebound or skilled nursing home patients who are unable to get to a traditional dental office.

This system allows for flexible, efficient care delivery. However, while expanding scopes has improved access, introducing new dental provider categories instead of developing within the existing California dental team framework risks worsening current challenges. Dental education programs across the dental team are already struggling with faculty shortages, limited class sizes, rising tuition and students graduating with significant debt. At the same time, reimbursement rates have not kept up with the cost of care, making it harder for providers to offer competitive pay across the dental team (3).

CDA DEIB Policy reaffirms its commitment to combating barriers within the health care system and broader society that contribute to poor health outcomes. CDA will implement additional measures to address societal impediments beyond the dentist-patient relationship.

These pressures do not just lead to a maldistribution of dentists; they cause redistribution of the entire workforce. Dental professionals, especially those just starting out, are more likely to practice in regions where the cost of living and doing business is lower. This leaves areas like the Central Coast and rural Northern California with large migrant and underserved populations without the care they need.

For these reasons, this report focuses on the intersection of health equity and access to dental care with an emphasis on the dentist profession. While every member of the dental team is vital, this publication will concentrate on dentists as the leader of the dental team, exploring how workforce distribution, education, reimbursement and diversity affect who gets care and who becomes a provider. By focusing on dentists and patient access, this report offers targeted insights and policy recommendations that support a more equitable dental care system for all Californians.

CDA and the Foundation's Commitment to DEIB

In 2022, CDA adopted a policy reinforcing its commitment to expanding care for underserved communities and improving diversity within the dental profession. The policy also widens both organizations' advocacy efforts and initiatives for patients, dental students, oral health providers, and the community at large.

Organized dentistry has long worked to eliminate these barriers. CDA has led several initiatives to improve patient access, including:

- **Expanding telehealth** through virtual dental homes and advocating for reimbursement for care provided through teledentistry.
- **Developing the Access to Care report** to support the creation of a statewide Office of Oral Health.
- **Securing state reinvestment in the Medi-Cal Dental program** through Proposition 56 tobacco taxes in 2016, which increased rates for many preventive services, and Proposition 35 MCO taxes in 2024, which aims to increase rates for restorative services.
- **Establishing ongoing funding for county-level dental public health infrastructure** through Proposition 56, which supports the revival of the state Office of Oral Health and local oral health programs that implement initiatives tailored to the unique needs of local communities.
- **Creating a student loan repayment program** through Proposition 56 for dentists serving Medi-Cal patients in provider shortage areas throughout the state.

2 Systemic Disparities Impacting Oral Health

In 2021, the CDC declared racism to be a serious public health threat (4).

Examining how past policies have harmed minority communities, effected overall health and impacted dental care helps educate dental professionals, policymakers and communities on how to most efficiently address this public health threat through increasing access to care and improving public dental health (5).

- **Racism** is based on the false idea that some groups are less valuable than others (6). Throughout history, this belief has shaped laws and systems, including education, the justice system and health care, which continues to create unfair advantages for some while holding others back (7). In underserved communities, these inequities affect daily life, influencing health through factors like housing, food access and health care trust (7).

- **Systemic racism** refers to unfair rules, policies and practices that have been built into society over time, making it harder for some racial groups to succeed while giving advantages to others (4). This does not imply that individuals or policymakers are inherently racist; instead, it examines how American society, shaped by a history of slavery, government-sanctioned segregation and modern policy decisions, still has policies in place that create obstacles for communities of color.

Examples include:

- **Health care deserts**. Segregation brought and continues to serve as a barrier to meaningful access to health care. These "health care deserts" lead to poor health outcomes, because they correlate directly with low levels of education and limited employment opportunities. Restricted access to dental providers perpetuates poor oral health outcomes (8).

- **Segregation.** Federal policies, such as redlining housing programs and discriminatory wage practices, segregated many racial minority communities into neighborhoods separate from white groups (4). As a result, segregation has resulted in separated communities living in impoverished and disadvantaged neighborhoods with low-quality housing, high pollution and reduced access to healthful foods and other services necessary for a healthy lifestyle (4).

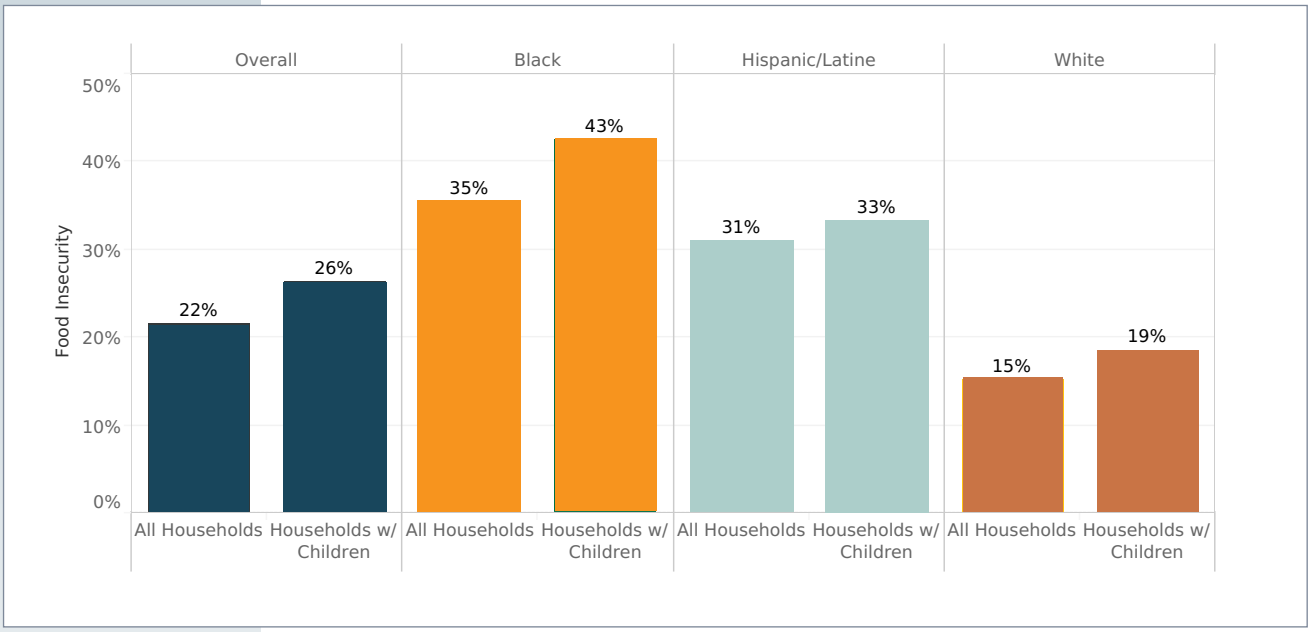
- **Disparate health outcomes**. All these societal factors have led to a higher rate of chronic diseases and mortality rates within these populations (9). For Black children specifically, oral health problems persist at a prevalence much higher than white children and compound in older age groups (9).

Addressing these inequities requires policy changes and shifts in practices within the profession. Organizations like CDA, along with physicians, students and public health advocates, must actively work to remove these barriers. This means speaking out against unfair systems and rethinking how to make decisions that ensure everyone has a fair chance to obtain good oral health [5].

Health challenges go beyond the dental office.

Many barriers have led to significant racial differences in oral health. Nationally, Black and Hispanic communities experience untreated tooth decay at twice the rate of white communities. Many obstacles contribute to poor oral health in communities of color, such as limited access to healthful food, distrust of the health care system due to discrimination and past mistreatment and unequal treatment in dental care [10]. All these factors worsen racial health disparities.

Food Access and Nutrition



California Association of Food Banks 2024 Food Insecurity Report

Food and nutrition remain significant challenges for many American families, with communities of color disproportionately affected.

In California, for example, 49% of Black households with children experience food insecurity, compared to 21% of white families with children (11). Poverty plays a significant role, limiting the ability to afford food and access to grocery stores with fresh, healthful options (12). Because less processed, nutrient-rich foods are often more expensive, many families rely on calorie-dense, highly processed foods high in preservatives like salt, which can cause elevated blood pressure. Additionally, sugar-sweetened drinks that harm both oral and overall health are often marketed at higher frequencies to communities of color.

Poor nutrition directly impacts oral health. High blood pressure has been associated with an increased risk of periodontal disease, which, if untreated, can lead to early tooth loss. Hunger and malnutrition also weaken teeth due to a lack of calcium and essential nutrients. Reduced chewing leads to lower saliva production, making it harder to wash away harmful bacteria while consuming high-sugar foods, contributing to tooth decay.

Economic barriers exacerbate these issues.

Limited access to health care services caused by the maldistribution of dentists statewide and a lack of transportation and affordable dental insurance prevents many individuals from seeking necessary care. Systemic racism is deeply connected to these economic factors, as people of color are more likely to work in jobs that do not provide dental benefits nor allow flexible scheduling for dental appointments, making it even more difficult to maintain oral health (6).

Examples of systemic barriers impacting patient oral health:

- **Food deserts** determine the type of nutrition that is readily accessible to and affordable for communities.
- **Cultural competency of health care providers** who can determine whether patients are comfortable seeking care, such as understanding transportation barriers, often determines whether patients are comfortable seeking care.
- **Clean water access and trust in public water systems** determine whether families have ready access to healthy, fluoridated drinking water.
- **Job security**, including affordable dental benefits and flexibility to attend dental appointments, determines whether a family can regularly see a dentist.

Distrust in the Health Care System

Distrust in the health care system among Black communities stems from a history of discrimination and research abuse (13). A Kaiser Family Foundation poll found that approximately 77% of Black Americans have either personally experienced racism in health care or believe they have been mistreated due to their race or ethnicity (6). According to an NPR poll, about 22% of Black Americans have avoided medical care for themselves or a family member out of fear of discrimination. Those who have experienced racism are 25% less likely to seek dental care compared to those who have not. Negative experiences in health care can lead to long-term distrust, causing anxiety, hyper-vigilance and reluctance to seek necessary medical or dental care (14).

A study on caregivers' experiences in accessing dental care for their children found that Black participants identified racial discrimination as a significant barrier. Cases include overhearing receptionists making negative remarks about Black patients and seeing white patients prioritized over Black patients. One participant recalled receiving rushed service at a dental office in a predominantly white neighborhood, feeling that staff wanted to minimize his presence to avoid "problems in the office."

Discrimination in dental care can make patients feel unwelcome, causing them to avoid treatment until their pain becomes so severe they have to seek treatment in an emergency room.

Patients may also face additional barriers, like language or cultural misunderstandings, which can further discourage them from seeking dental care.

Differences in the quality of dental care continue to exist. In one study, dentists were more likely to recommend a root canal for white patients but suggest a tooth extraction for Black patients, even when their conditions were the same (15). Another study on oral cancer treatment found that Black patients were less likely than white patients to be referred for surgery, even when their cancer was at the same stage (16). These findings highlight how racial bias in health care can lead to unequal treatment and more serious health problems.

3 Diversity in Dentistry

Unfair social systems contribute to poor health outcomes and limits access to health care careers (17). Due to a lack of racial diversity in dentistry, dental deserts and low Medi-Cal and commercial reimbursement rates that exacerbate dental team workforce shortages, the dental workforce does not always fully reflect the communities it serves and makes practice sustainability hard in many parts of the state (17).

Workforce distribution, Racial identities, Medi-Cal participation, Educational debt

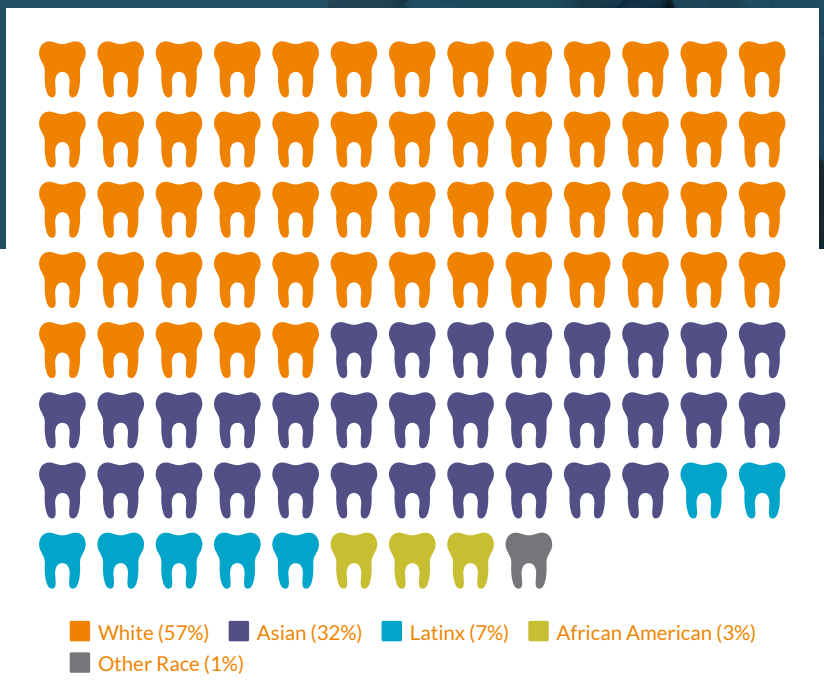
While California has a higher ratio of dentists per capita than the national average, the state still faces significant provider shortages (18). As of 2017, California had 65 designated Dental Health Professional Shortage Areas, affecting 5.6% of the population (19). These shortages are concentrated in northern and Sierra counties, Central Valley, Central Coast and Inland Empire (19).

Although California's dental workforce is more racially and ethnically diverse than the national average, representation remains disproportionate in the state. White and Asian dentists comprise 88% of the state's dental workforce despite comprising only about half of California's population (19). Black dentists account for just 3% of California's dentists and are significantly more likely (63%) to participate in Medi-Cal than white dentists (39%) (18). Nationally, Black representation in dentistry remains disproportionately low, with Black dentists making up only 3.8% of the profession in 2020, an increase of just 1% since 1970 (20). Additionally, only 15.2% of dental school applicants in 2016 identified as underrepresented minorities (19).

In contrast, gender diversity in dentistry has seen significant progress. Between 1970 and 2020, the proportion of women becoming licensed to practice dentistry increased from 3% to 35% (20). This progress establishes a precedent for how structural changes and targeted efforts that advanced gender equity can also be applied to improve racial diversity in dentistry.

Without continued efforts to increase patient concordance, minority populations will not see themselves reflected in the dental workforce, which perpetuates inequities in dental care access.

Proportion of Active CA Dentists by Race



Educational debt among dental school graduates varies significantly by race, further contributing to workforce disparities. Black dentists, who are the least likely to graduate without dental school debt, carry the highest financial burden, approximately 40% more than their Asian peers and around 10% more than white and Hispanic graduates (21). Meanwhile, Asian graduates are over 20 times more likely than Black graduates to graduate debt-free, highlighting deep financial inequities that can impact career opportunities and practice choices (21).

4 Next Steps

The dental profession can promote diversity through targeted recruitment into dental schools, retention efforts within dental practices and strategic investments in existing care systems to support underserved communities.

Recruitment, Retention, Investment

Entry Into the Profession

Past efforts to increase workforce diversity and expand access to care have yielded positive results. Community partnerships have successfully created mentorship opportunities for aspiring Black dentists and members of other historically underrepresented groups (22). CDA has been actively involved in recruitment efforts, such as supporting the UCSF DDS-ASPIRE pilot program, which aims to secure state funding to bring more diverse communities into the profession and encourage new dentists to serve in dental deserts (23). Additionally, school sealant programs have proven to be a cost-effective way to provide care to children who might not otherwise receive it while also sparking children's interest in a dental career.

Dental schools play a critical role in increasing diversity, beginning with a careful review of the admissions process to identify and address barriers to education. Adopting inclusive admissions processes in dental schools can help address racial and ethnic gaps in the workforce and patient health outcomes (24). This can also increase faculty diversity and promote more conscious and equitable clinical decision-making (24).

However, many underrepresented students struggle with the economic burden of dental education, limiting their ability to enter the profession. CDA has championed using Proposition 56 tobacco tax funds to support the CalHealthCares student loan repayment program, which helps dentists in dental health professional shortage areas by providing up to $300,000 in loan repayment assistance.

Changes Within the Dental Practice

Dental offices can promote diversity by hiring a more diverse staff across all roles, offering interpretation and translation services, ensuring waiting room and educational materials reflect diverse communities, providing diversity training and recognizing cultural holidays. However, many minority communities feel their ability to move up in their careers is impacted by their race or ethnicity. Barriers to diversity in dentistry include all-white interview panels, inappropriate questions about race, language and cultural practices and recruitment practices influenced by unconscious bias (25). Many minority professionals report being passed over for promotions in favor of white colleagues or only being considered after all white candidates have been exhausted (25). Expanding pathways for underrepresented racial, migrant, sexual orientation and gender-diverse groups in dentistry and fostering inclusive mentorship can help reduce biases and create a more diverse dental workforce (25).

Medi-Cal Investments

Increasing the number of dentists will not resolve access disparities without additional changes, such as sustainable Medi-Cal reimbursement rates. Continued investment in the Medi-Cal Dental program, including increased reimbursement rates, is critical to expanding access to care, particularly for underserved and remote communities. Historically, low reimbursement rates have made it financially unfeasible for providers to enroll and meaningfully participate in the program, limiting care availability for Medi-Cal patients. However, sustainable funding mechanisms such as the Proposition 56 tobacco tax have helped increase reimbursement rates, making it more feasible for dentists to serve these populations. More providers can participate in Medi-Cal by ensuring sustainable funding and further rate increases, allowing more diverse patients to receive essential oral health care. Additionally, when individuals from underrepresented communities find dental homes where they can access reliable dental care, they are more likely to develop trust in the profession, potentially igniting interest to pursue careers in dentistry themselves. Strengthening Medi-Cal investments improves immediate access to care and fosters a long-term, diverse pathway of future dental professionals.

Achieving greater diversity in dentistry requires multiple approaches, public investment and professional commitment that address workforce representation and patient access to care [26].

Expanding dental school pathways, reducing financial barriers and eliminating biases in the workplace can help create a more inclusive dental workforce. Continued investment in the Medi-Cal Dental program ensures that providers can serve diverse communities without financial strain, ultimately expanding care access and inspiring future generations of dental professionals [27]. By investing in these changes, the dental profession can create a more accessible system that better serves all patients and strengthens the future of oral health care.

5 Resources

CDA Journal

The October 2022 issue of the *Journal of the California Dental Association* provides a candid view of exclusion and underrepresentation in dentistry from both the patient and clinician perspectives. The issue offers several teaching points for integrating diversity, equity, inclusion and belonging in clinical encounters.

CDA LGBTQIA+ Oral Health Resources

Creating an inclusive environment in a dental practice ensures all patients feel welcomed, respected and understood. AIDPH and CDA offer a checklist to help guide practices in fostering inclusivity.

CDA Practice Protocols of Inclusivity

When treating special needs patients, dentists embrace the opportunity to provide quality care and recognize the importance of understanding the implications of liability. This topic demands attention as dentists navigate the fine lines between providing safe, comprehensive treatment for patients and avoiding potential risks.

TDIC Advice Line

The Dentist Insurance Company provides a no-cost Risk Management Advice Line to help CDA members and TDIC policyholders navigate challenging situations, like working with special needs patients and their caregivers. Effective communication and a basic understanding of the Americans with Disabilities Act are essential tools to help the dental procession reduce risk and improve care for this patient population.

Resources to Support Patient Health

Understanding the communication needs of all patients is critical to providing quality oral health care. This is a compilation of helpful cultural and linguistic resources to ensure the best possible communication.

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