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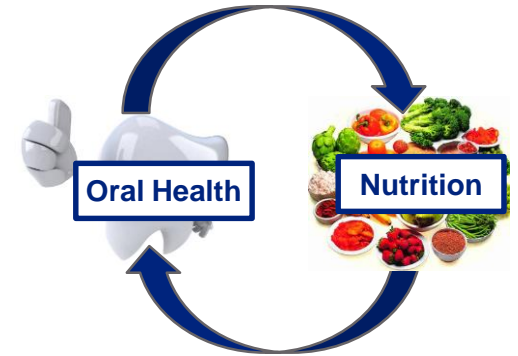
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# Unlocking Oral Health Equity

## Connecting Coverage and Care through Community Health Workers

Christie Lumsden, PhD, MS, RD, CDN

# Introduction



- Associate Research Scientist
- PhD and MPhil in Behavioral Nutrition (2013)
- Registered Dietitian and NYS Certified Dietitian-Nutritionist (2010)
- MS in Nutrition Education (2009)
- Engaged in behavioral intervention research to reduce oral health disparities in children



“The mouth is the window to all the diseases of the body”

Oral Health in America: A Report of the Surgeon General



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United States Department of Health and Human Services (DHHS). (2000). Oral Health in America: A Report of the Surgeon General Rockville, MD. Retrieved from <http://silk.nih.gov/public/hck1ocv.@www.surgeon.fullrpt.pdf>. PMID:11324049

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# Oral health is Essential for Overall Health

Poor oral health is associated with:

- Increased use of medical services
- Increased risk for chronic conditions, including heart disease and diabetes
- Reduced quality of life
- Limited employment opportunities
- Lost work/school time and lost wages



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# Health Disparities

- Unequal distribution of health/disease across populations
- Most health disparities affect groups marginalized because of:
  - socioeconomic status
  - race/ethnicity
  - sexual orientation
  - disability status
  - geographic location
  - gender

*or some combination of these*
- Health disparities represent health inequalities



# Healthy People 2020 Definition of Health Disparities

“...a particular type of health difference that is closely linked with **economic, social, or environmental disadvantage.**

Health disparities adversely affect groups of people who have **systematically experienced greater social or economic obstacles** to health based on their racial or ethnic group, religion, socioeconomic status, gender, age, or mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics **historically linked to discrimination or exclusion.”**

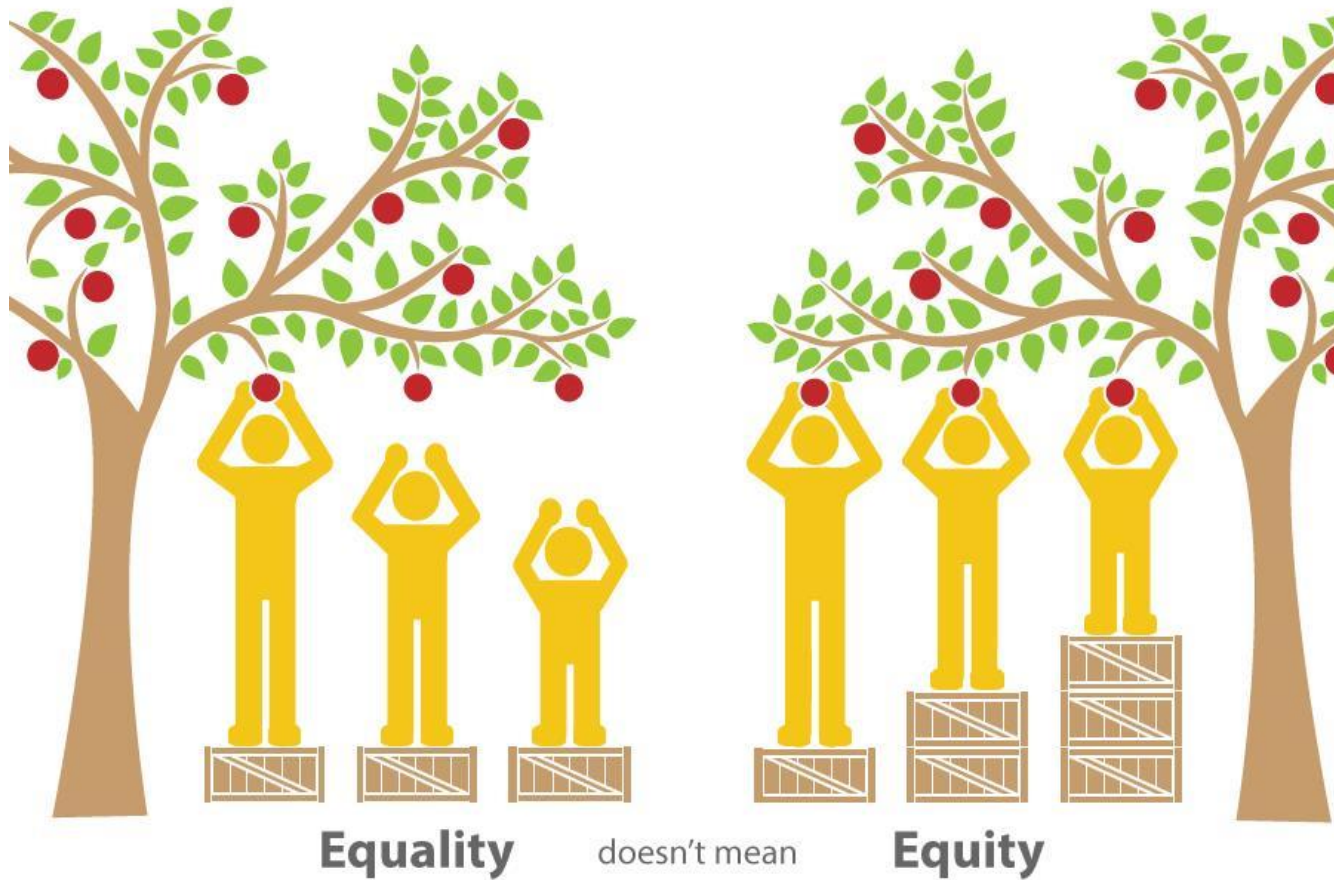


# Understanding Health Equity

## Social Justice in Health

- No one should be denied the opportunity to be healthy for belonging to a historically economically or socially disadvantaged group
- Everyone should have the opportunity to attain their full health potential
- No one should be disadvantaged because of socially determined circumstance





Everyone gets the same thing vs. everyone gets the same opportunity

<http://www.maine.gov/dhhs/mecdc/health-equity/>



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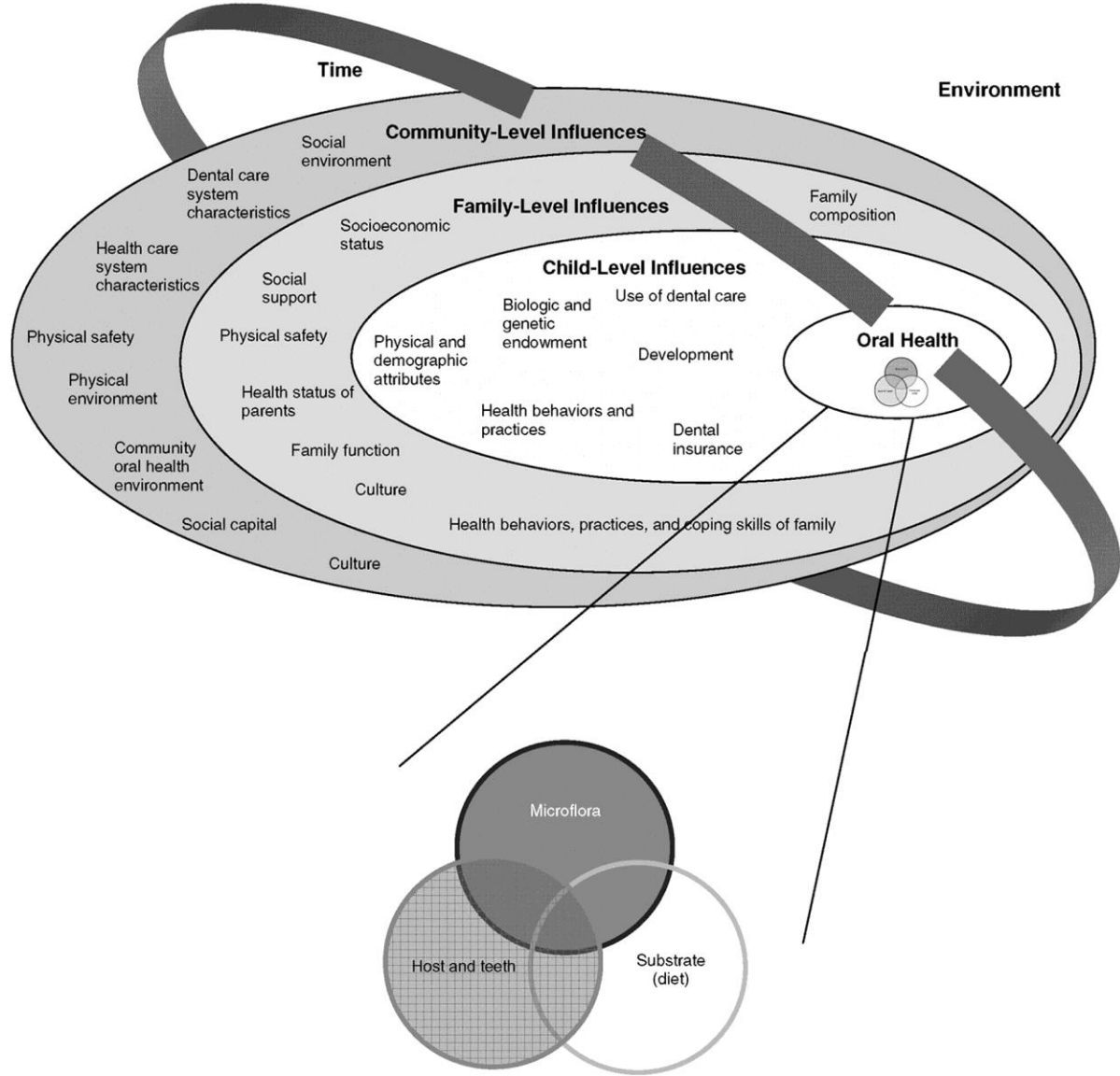
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# Drivers of Oral Health Inequities

- Limited access to dental care providers
  - Health Professional Shortage Areas (HPSAs)
- Lack of culturally and linguistically competent providers
- High cost of dental insurance and services
- Poor oral health literacy, limited knowledge of disease and prevention
- Limited access to transportation, childcare, paid time off
- Unhealthy food environments
  - Abundance of high-fat/sugar foods; limited fresh fruits/vegetables
- Competing demands – health, housing, social, legal challenges, etc.





# The CHW Connection

Community Health Workers (CHWs) extend the reach of healthcare providers.

CHWs:

- Are seen as peers, sharing cultural, linguistic, racial/ethnic backgrounds
- Meet people where they are, in home and community settings
- Provide an essential link to social services (housing, food, legal, insurance, etc.)
- Provide health education
- Help families navigate complex health systems





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# Overarching Aim

To stop caries progression in affected children and  
reduce their risk of future decay



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# Approach

## Shifting from **dental care** to **oral health**



Parents can stop decay by partnering with CHWs to understand the disease process and take action to reduce risk through diet and daily fluoride use



mySmileBuddy



An iPad-based family-level intervention that:

- Seeks to eradicate early childhood caries
- Targets two primary disease mediators: Diet and Oral Hygiene
- Designed to be delivered by lay health workers in the community

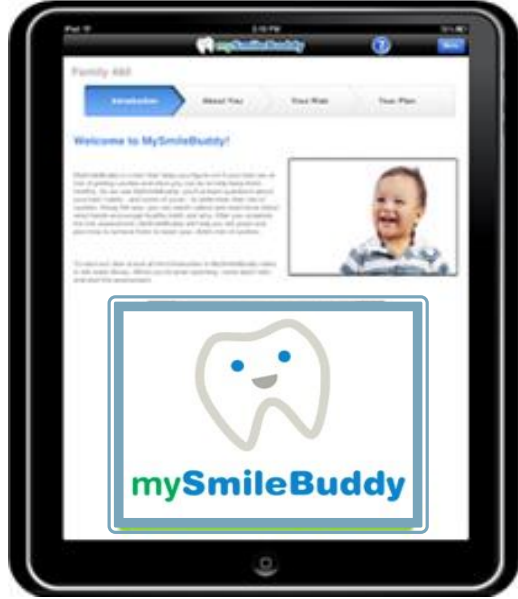
<https://vimeo.com/114512516>

Password: smile



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MySmileBuddy supports engagement between CHWs and families through:

1. Parent Engagement, Education, and Training
2. Oral health risk assessment (including dietary risk)
3. Individualized risk score analysis
4. Family-specific goal setting
5. Family-designed action planning
6. Wrap-around support





# Participant Experience Survey Results

## My CHW ...

was warm/friendly	99.5%
was easy to talk to	99.4%
was helpful/caring	98.7%
explained things in a way I could understand	97.3%
listened to me carefully	99.1%
treated me with courtesy/respect	99.7%
spent enough time with me	97.4%
did everything she could to help me feel comfortable	98.7%
helped me reach my goal	98.9%



**98.9%** would  
Recommend the Program



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