

Conducting Evaluation with Health Equity in Mind

CareQuest Institute Continuing Education Webinar

December 1, 2022

Housekeeping

- We will keep all lines muted to avoid background noise.
- We will send a copy of the slides and a link to the recording via email after the live program.
- We'll also make the slides and recording available on carequest.org.

To receive CE Credits:

- Look for the evaluation form, which we'll send via email within 24 hours.
- Complete the evaluation by **Friday, December 9**.
- Eligible participants will receive a certificate soon after via email.

We appreciate your feedback to help us improve future programs!



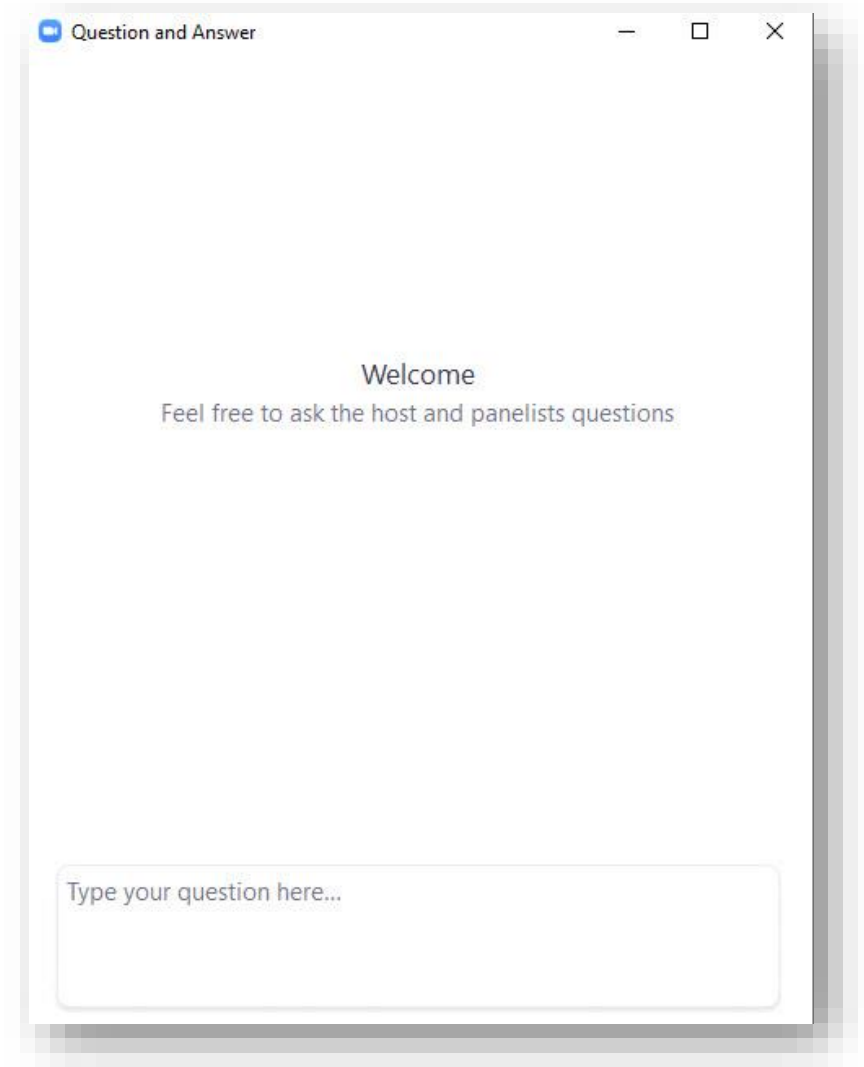
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*Full disclosures available upon request



Question & Answer Logistics

- Feel free to enter your questions into the **Question & Answer box** throughout the presentations.
- We will turn to your questions and comments toward the end of the hour.



Learning Objectives

At the end of this webinar, you'll be able to:

- Interpret commonly used terms such as racial equity, health equity, and structural racism and how they inform an evaluation in service of equity.
- Describe the importance of designing and implementing an evaluation with an intentional focus on equity.
- Differentiate the ways an evaluation in service of equity differs from the more “traditional” evaluation approach.
- Explore how evaluation results can inform the continuous improvement of strategies to advance oral health and health equity.

Our Strategy

Vision

A future where every person can reach their full potential through optimal health

Mission

To improve the oral health of all

Purpose

To catalyze the future of health through oral health



Conducting Evaluation with Health Equity in Mind



WEBINAR | Thursday, December 1, 2022 | 3–4 p.m. ET | ADA CERP Credits: 1

MODERATOR



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Shifting Philanthropy's Approach to Equity



How Are We Measuring Community Engagement?

Members of communities impacted by oral health disparities must be able to express their concerns and needs and develop the power to influence policies, regulations, programs, and services that affect their oral health. To realize this goal, it is imperative to measure grantees' community engagement efforts, assess progress and provide technical assistance as needed.

CareQuest Institute's Tool to Measure Community Engagement

- Developed a measurement framework to capture a continuum of community engagement
- Collected 2021, 2022 grantee data used to measure community engagement efforts
- Ratings will be used to measure progress and identify grantee needs for capacity building
- Currently revising continuum to provide more detailed guidance for ratings

Learning Communities & Capacity-Building

Monthly Grantee Learning Community

- **6 meetings** held to date
- **50+ attendees** per meeting from **40+ grantee organizations**
- Discussion topics include amplifying **community and consumer** voice, identifying and addressing **oral health workforce** challenges, introduction to **minimally invasive care**

New Advocate Orientation Guide

- Robust set of **tools and resources** compiled in partnership with Community Catalyst
- Ongoing 1:1 technical assistance provided to 7 new grantees

Health Equity Workshop Series – Praxis Project

- Three-part workshop series exploring **authentic community engagement**, operationalizing **health and racial justice plans**, and more launching September 28
- **60 representatives** from **30 grantee organizations** registered



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Today's Agenda

1. Discuss the connections between:

- Oral health and health equity
- Oral health disparities and oral health equity
- Racial equity, social determinants of health, and oral health equity

2. Describe and discuss what an evaluation with oral health equity in mind entails

3. Summary and discussion



What Is Equity?

When people, regardless of their race, first and foremost, gender, sexual identity, disability, socioeconomic status, and any other demographic characteristic, and place of residence have:

- **Fair access** to the resources and opportunities they need to reach their full potential
- the **capacity** to take advantage of these resources and opportunities
- **Rights** to them and are free from any discrimination to obtain them as respected by institutions and the law

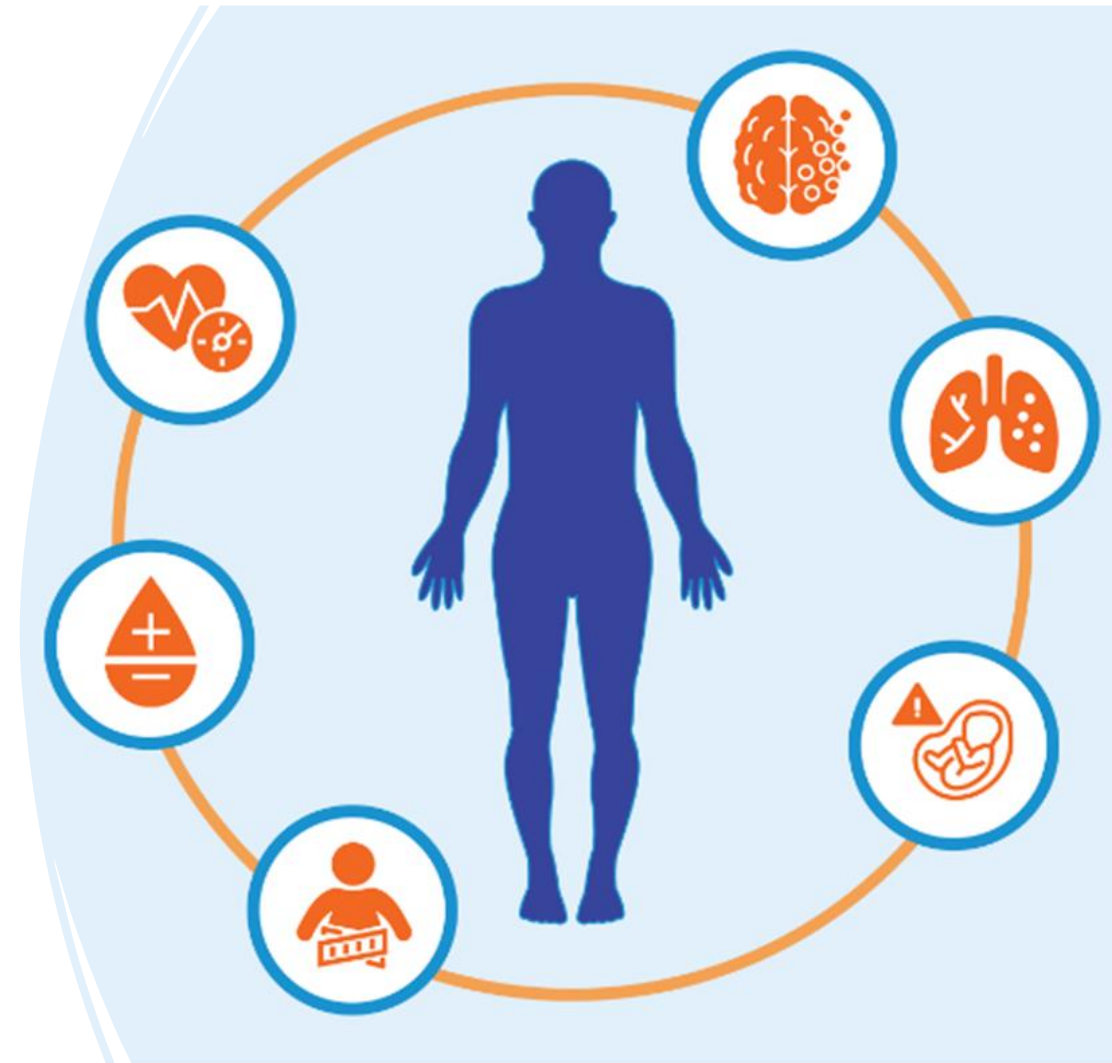


Connection Between Oral Health Equity and Health Equity

Oral health and overall health are inextricably linked.

- High blood pressure
- Diabetes
- Heart disease
- Pregnancy complications
- Risk of Alzheimer's disease

“Poor oral health serves as the national symbol of social inequality.” -Northridge et al 2020



Oral Health Disparities vs. Oral Health Equity



Differences in the **incidence, prevalence, mortality, and burden of oral diseases and other adverse conditions** as well as access to, and use of, of health care services for prevention, diagnosis, and treatment across different racial, ethnic, socioeconomic, gender, differently abled, and other historically disadvantaged groups.



Every person and community has **fair access and ability** to take advantage of oral health care resources and opportunities in order to attain their full health potential. No person or community is disadvantaged from achieving this potential because of **race and ethnicity, socioeconomic status, gender, or other socially determined circumstances.**

Social Determinants of Health

Conditions in the environments where people are **born, live, learn, work, play, worship, and age** that affect health functioning, outcomes and risks.

- Education Access and Quality
- Health Care Access and Quality
- Neighborhood and Built Environment
- Social and Community Context
- Economic Stability

Social Determinants of Health



Social Determinants of Health
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 Healthy People 2030

Oral Health Equity, Racial Equity, and Social Determinants of Health

Programs, Strategies, Initiatives

- Resources
- Expertise
- Partnerships and collaborations
- Other support

Disrupt Structural Racism

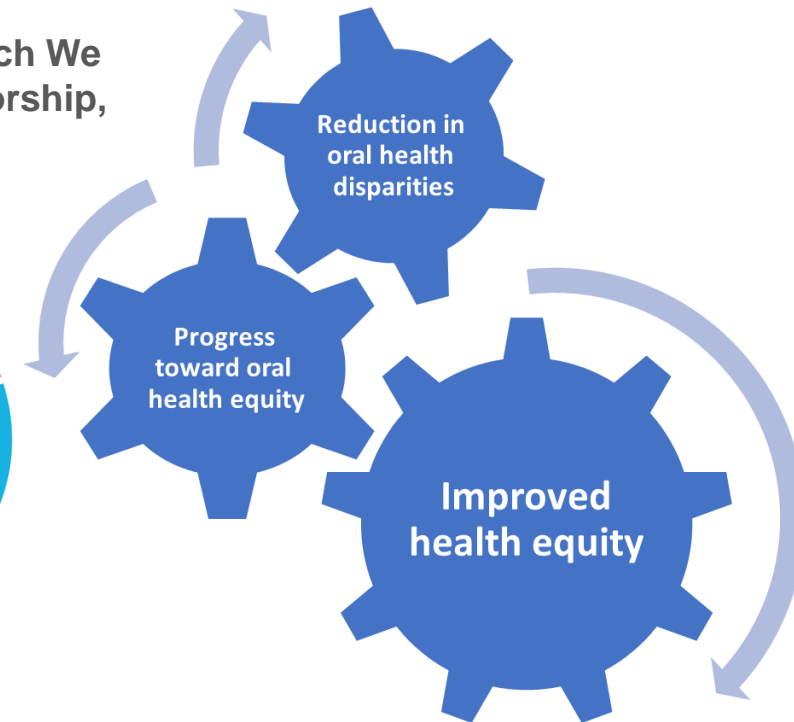
For populations historically disadvantaged:

Transform public policies, institutional practices, and other norms across multiple systems that cumulatively deny or limit access to opportunities and resources

Strengthen capacity of the communities affected by disparities to frame the issues and drive solutions

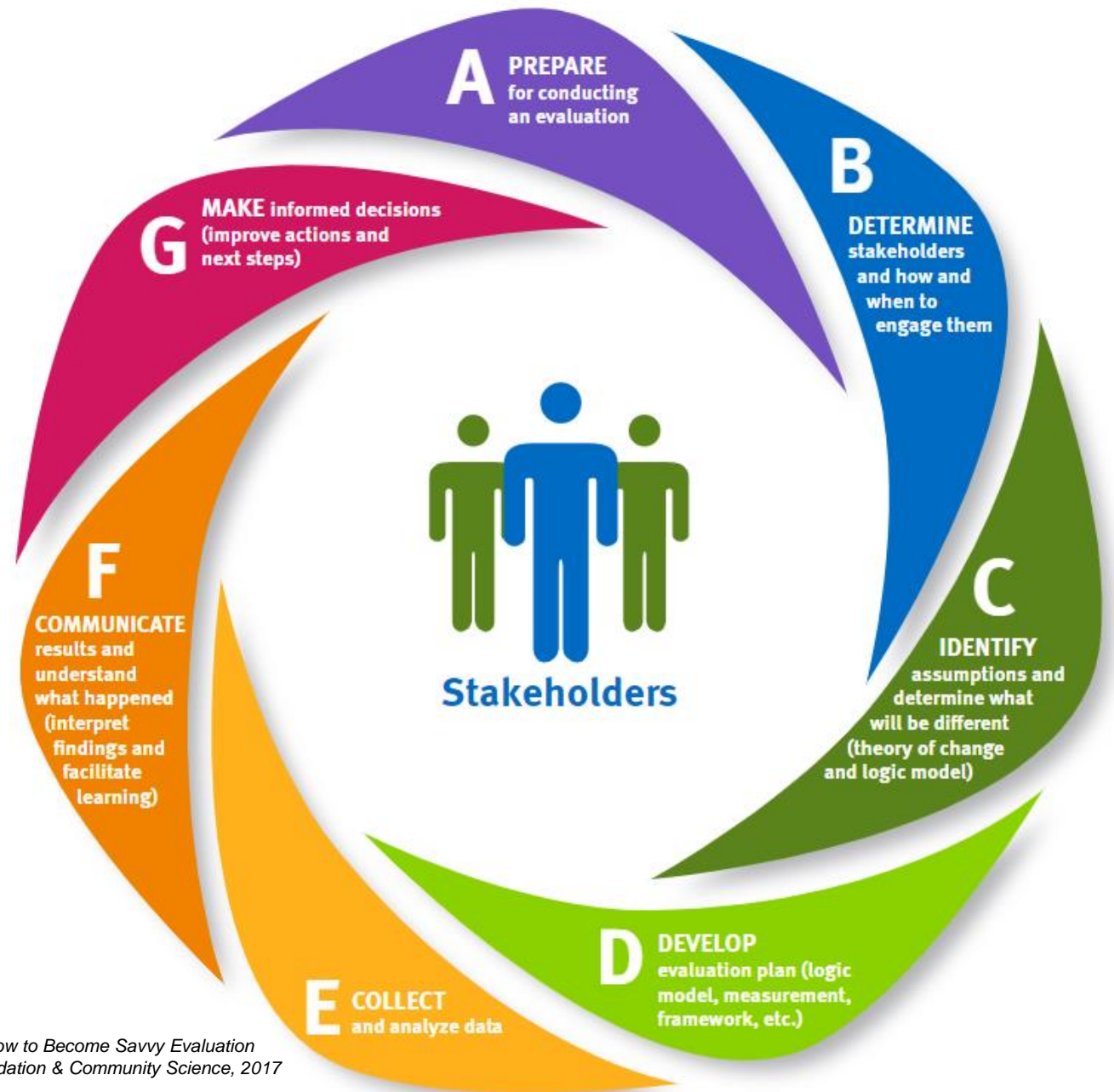


Change Conditions in Which We Live, Play, Work, Learn, Worship, and Age

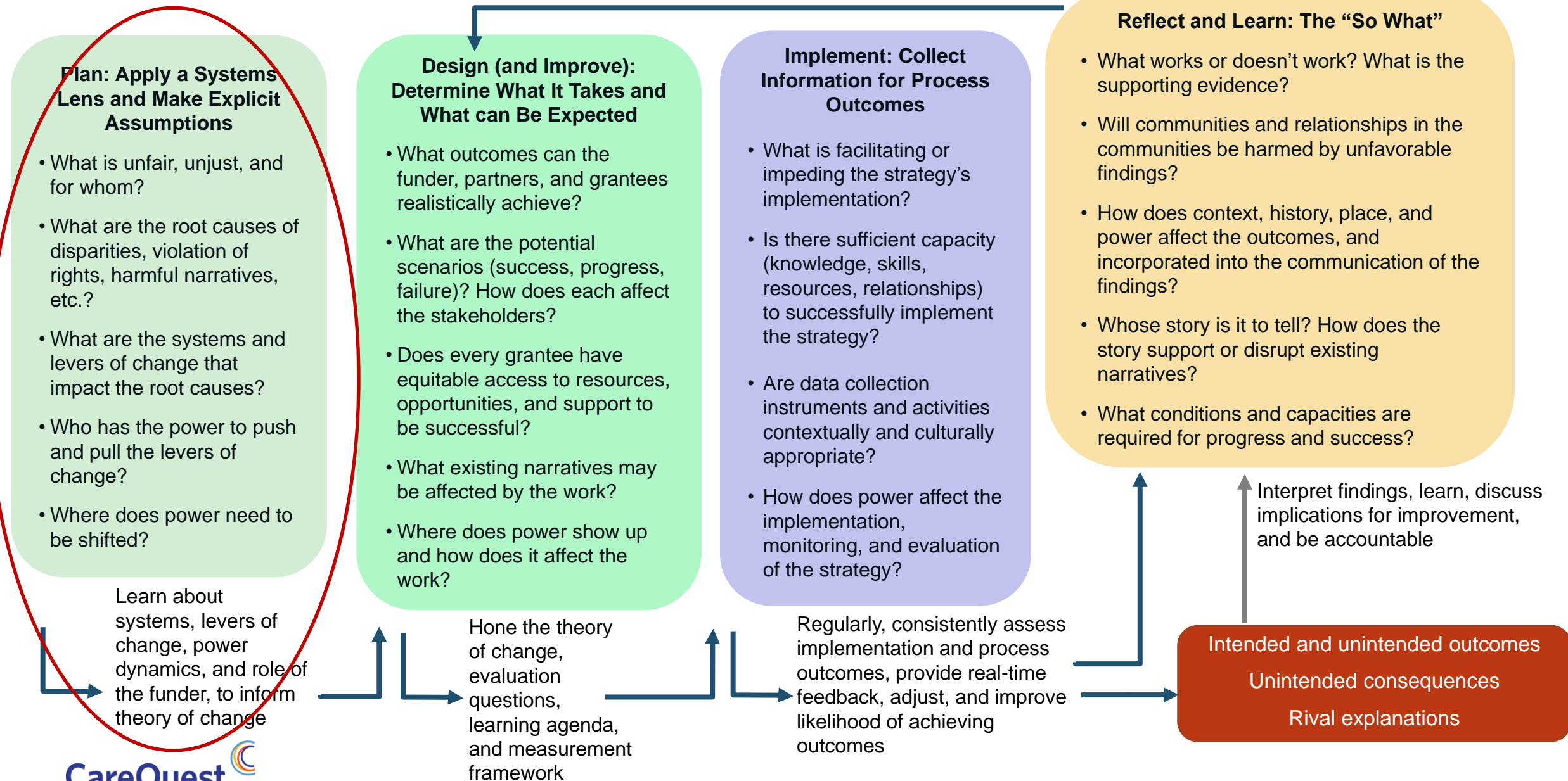


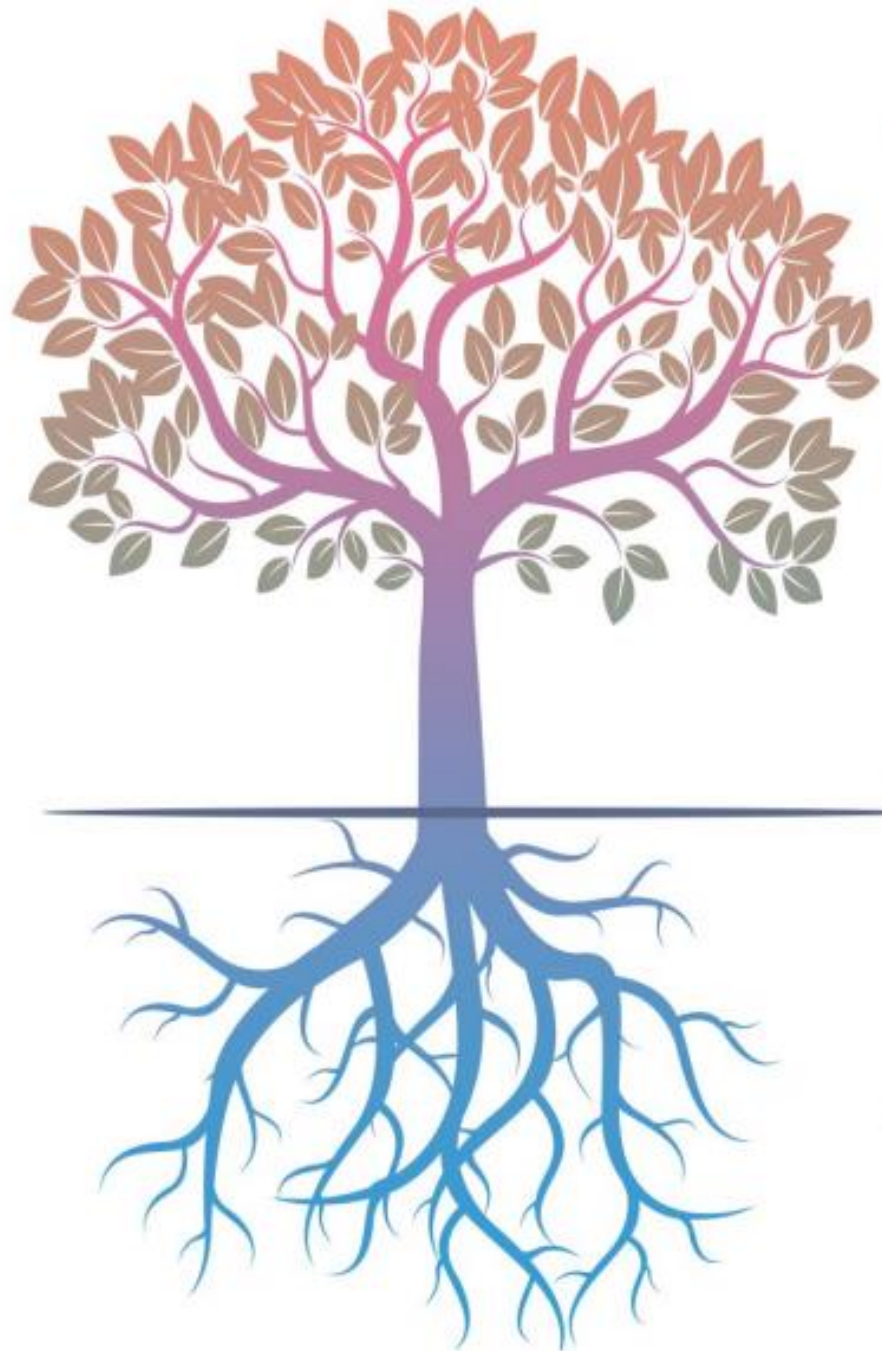
Role of Evaluation

- Essential service of public health
- Utility is a key characteristic of high-quality evaluation which informs strategy/program improvement
- Culturally defined values and beliefs lie at the heart of any evaluative effort



Evaluation, Learning, and Continuous Improvement Process





Symptoms:

What disparities you can observe

Patterns & Trends:

What links many symptoms over time

Systems of Organized Entities, Relationships and Policies and Practices:

What holds the systems together and contribute to the patterns and trends

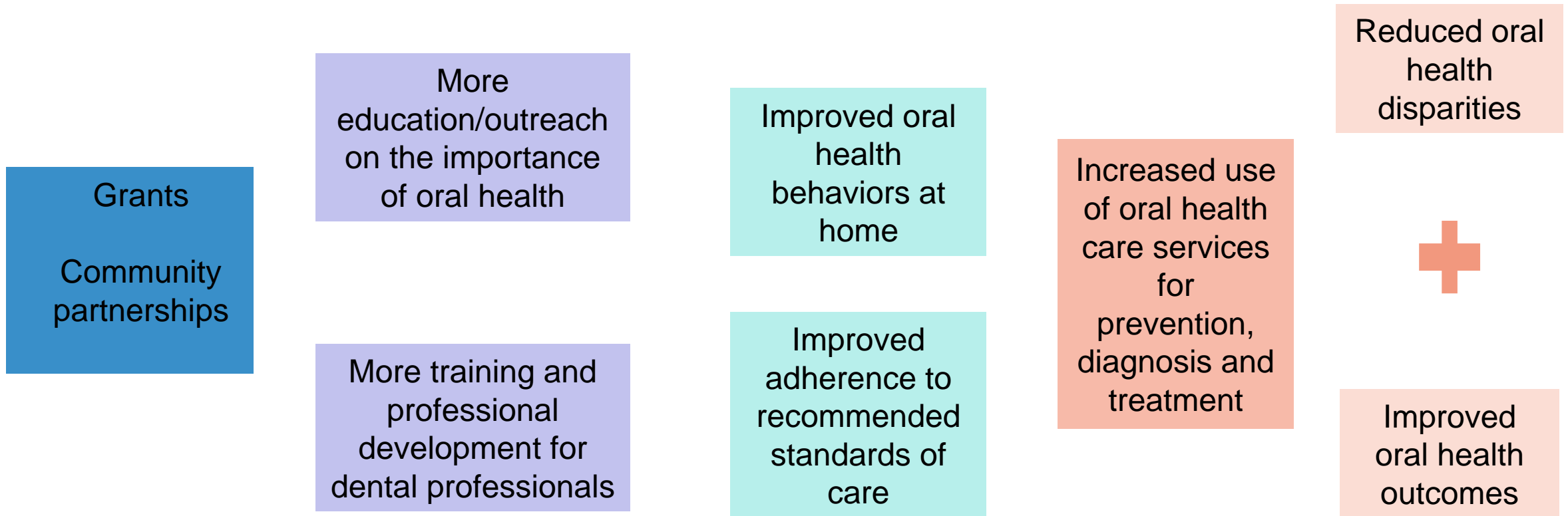
Mental Models & Narratives:

What are people's frames that shape and become baked into the systems of organized entities, relationships and policies and practices

A Systems Lens to Make Equity More Explicit

Source: Practice Guide Doing Evaluation in Service of Racial Equity: Diagnose Biases and Systems. Published by W.K. Kellogg Foundation & Community Science, 2021

A Basic Theory of Change and Logic Model



How a Systems Lens Can Transform

Mental Models and Narratives

Is lack of understanding/education/outreach the main reason for poor oral health? Who makes what decisions about education and outreach needed? **Why** these decisions?

reach on the importance of oral health

Patterns & Trends

Do people have everything they need to take full advantage of oral health care services? What else affects this? **Why?**

Reduced oral health disparities

Improved behavior

Mental Models and Narratives

What narratives exist about why people have poor oral health that is implicitly referenced and suggested here? **Why?**

Community partnership

Patterns & Trends

What other outcomes are affected by low/inadequate utilization of oral health care services? **Why?**

Increased use of oral health care services for prevention, diagnosis and treatment

Symptoms

Which groups experience oral health disparities? **Why?** Did we disaggregate the data sufficiently to know which populations and subpopulations are most affected?

Systems

Are all individuals taking advantage of these opportunities, or just some of them? **Why or why not?**

Improved adherence to recommended standards of care

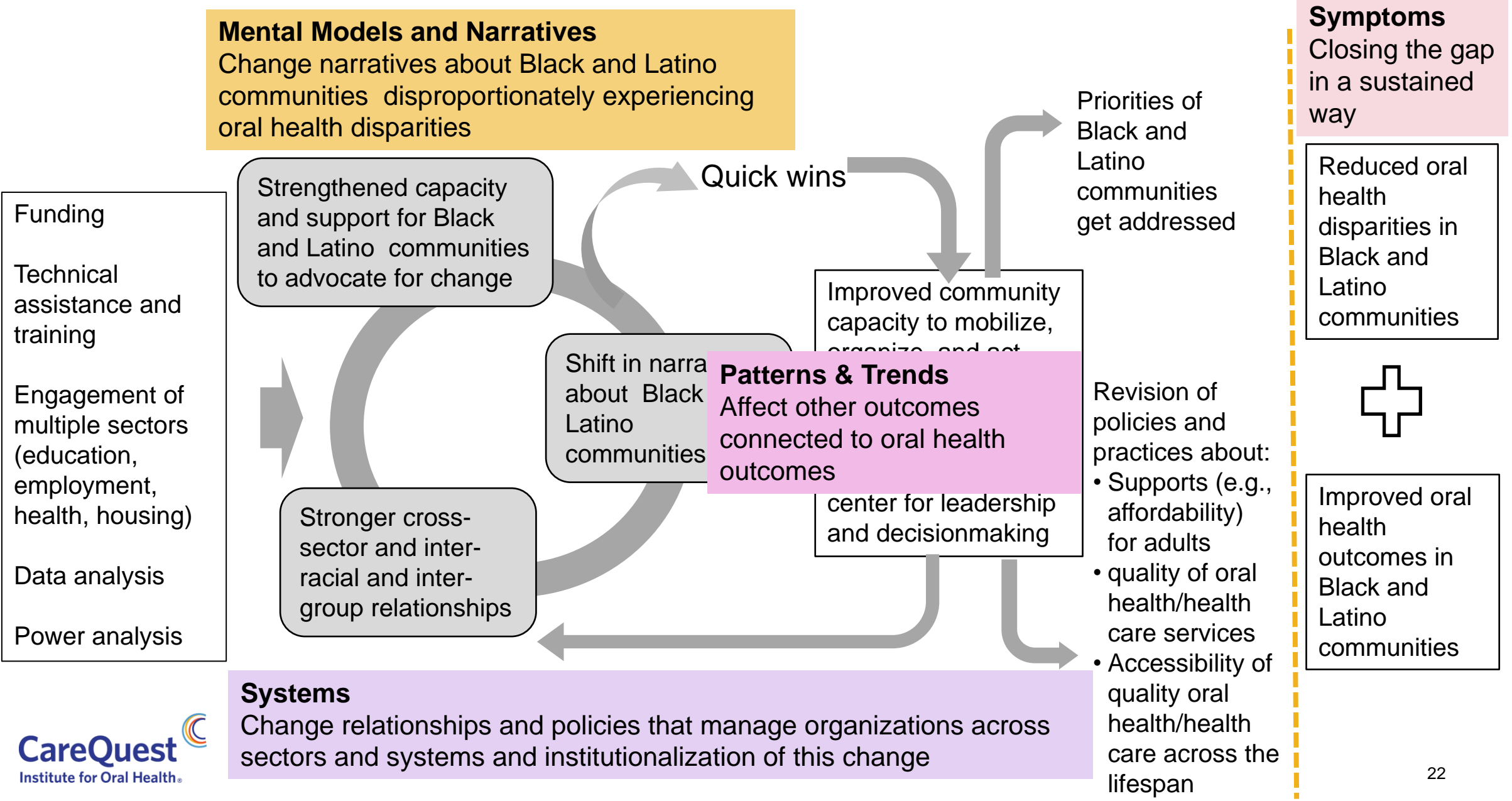
Symptoms

Which providers are performing at a higher level and which ones aren't? **Why?** Did we disaggregate the data sufficiently?

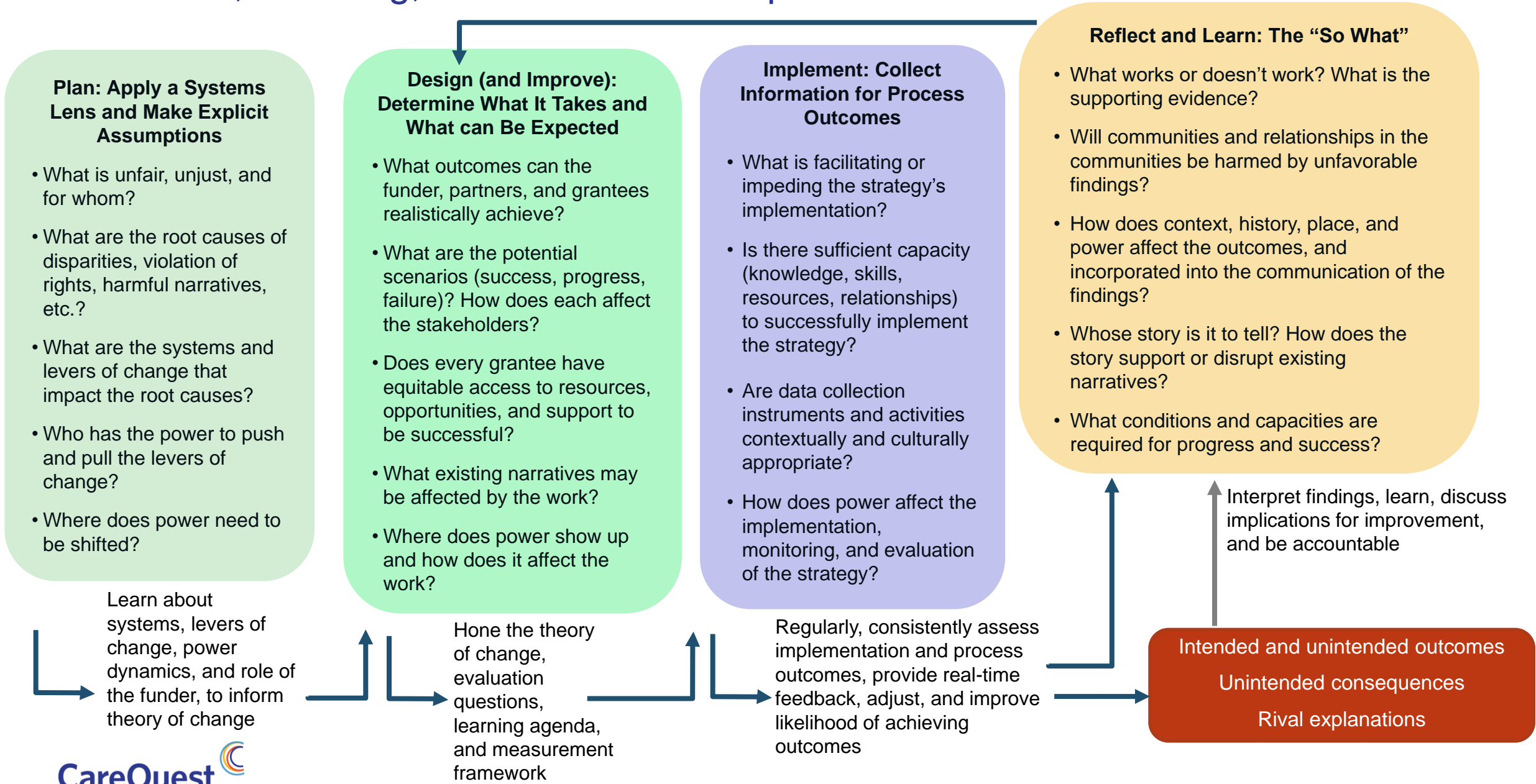
Systems

What are the standards? Why aren't providers adhering to them? Are we focused on the providers' behaviors or is there something else going on in the system?

A Theory of Change and Logic Model that Transforms Systems



Evaluation, Learning, and Continuous Improvement Process



How Do We Conduct an Evaluation in Service of Oral Health Equity?

- **Engage** stakeholders who are supposed to benefit
- **Maintain** focus on ultimate impact – including racial equity
- **Challenge** the level of change – systemic and structural
- **Ask** if strategies are powerful enough
- **Identify** capacity building needs
- **Raise** questions about power
- **Identify** appropriate data
- **Link** evaluation to decision-making and strategy improvement



In Summary...

- **Be accountable**
 - Know your why
 - Do your best
- **Be courageous**
 - Prepare to challenge yourself
 - Prepare to facilitate or be part of uncomfortable conversations
 - Manage expectations
- **Be curious**
 - Do your homework
 - Repeatedly ask “why?”

... and, let go of what you can't control



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Question and Answer

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Improving Care Coordination Between Oral and Medical Providers	Care Coordination	Video
Veteran Oral Health: Expanding Access and Equity	Expanding Access	White Paper
2021 Oral Health Information Technology Virtual Convening	Care Coordination	Presentation
Dental Fear Is Real. Providers Can Help.	Expanding Access, Health Equity	Visual Report
Why We (Still) Need to Add Dental to Medicare	Adult Dental Benefit, Expanding Access, Health Equity	Report
A Cross-Sectional Analysis of Oral Health Care Spending over the Life Span in Commercial- and Medicaid-Insured Populations	Expanding Access, Health Equity	Article
Time Is on the Side of Change in Dentistry	COVID-19 and Oral Health, Health	Article

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Missed Connections
Providers and Consumers Want More Medical-Dental Integration

Oral health and overall health are inextricably linked. There is mounting evidence to suggest that poor oral health is related to a variety of chronic health conditions, such as high blood pressure, dementia, diabetes, and obesity. Despite this known connection, dental care is still largely siloed from medical care. The Centers for Disease Control and Prevention (CDC) estimates that integrating basic health screenings into a dental setting could save the health care system up to \$100 million every year.¹

CareQuest Institute for Oral Health conducted a nationally representative survey in January and February 2021 to assess consumers' perspectives on oral and overall health (n=5,320). CareQuest Institute also conducted a nationwide survey of oral health providers to assess perspectives and current behaviors related to interprofessional practice (n=377). Consumers and oral health providers described a lack of integration between medical and oral health care, and a desire for increased interprofessional collaboration.

Key Findings:
Medical-dental collaboration is currently uncommon.

- 63% of consumers report that their primary medical doctor "rarely" or "never" asks about their oral health.
- 33% of consumers report that their oral health provider "rarely" or "never" asks about their overall health.
- 45% of responding oral health providers report "rarely" integrating their care with clinicians outside of dentistry, with only 14% reporting it is part of their "daily" practice.
- Less than a third of consumers report receiving general health screenings from their oral health provider.
- A majority (89%) of adults report never receiving a referral from their oral health provider to a non-oral health professional.
- Almost a fourth (24%) of participating oral health providers report currently implementing interprofessional practice.

Webinar Evaluation

Complete the **evaluation by Friday, December 9** to receive CE credit. You will receive a link to the survey within 24 hours.

Next Webinar:

Thursday, December 8, 2022, 7–8 p.m. ET
SDF and Beyond: Patient-Centered Brush-On Therapies for Caries Management

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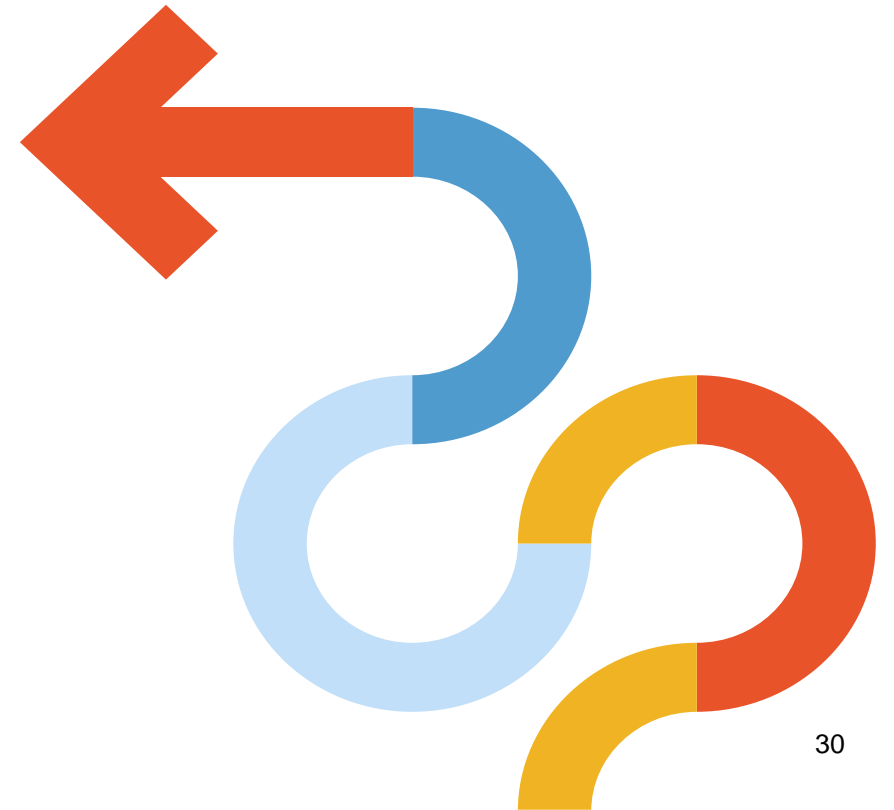
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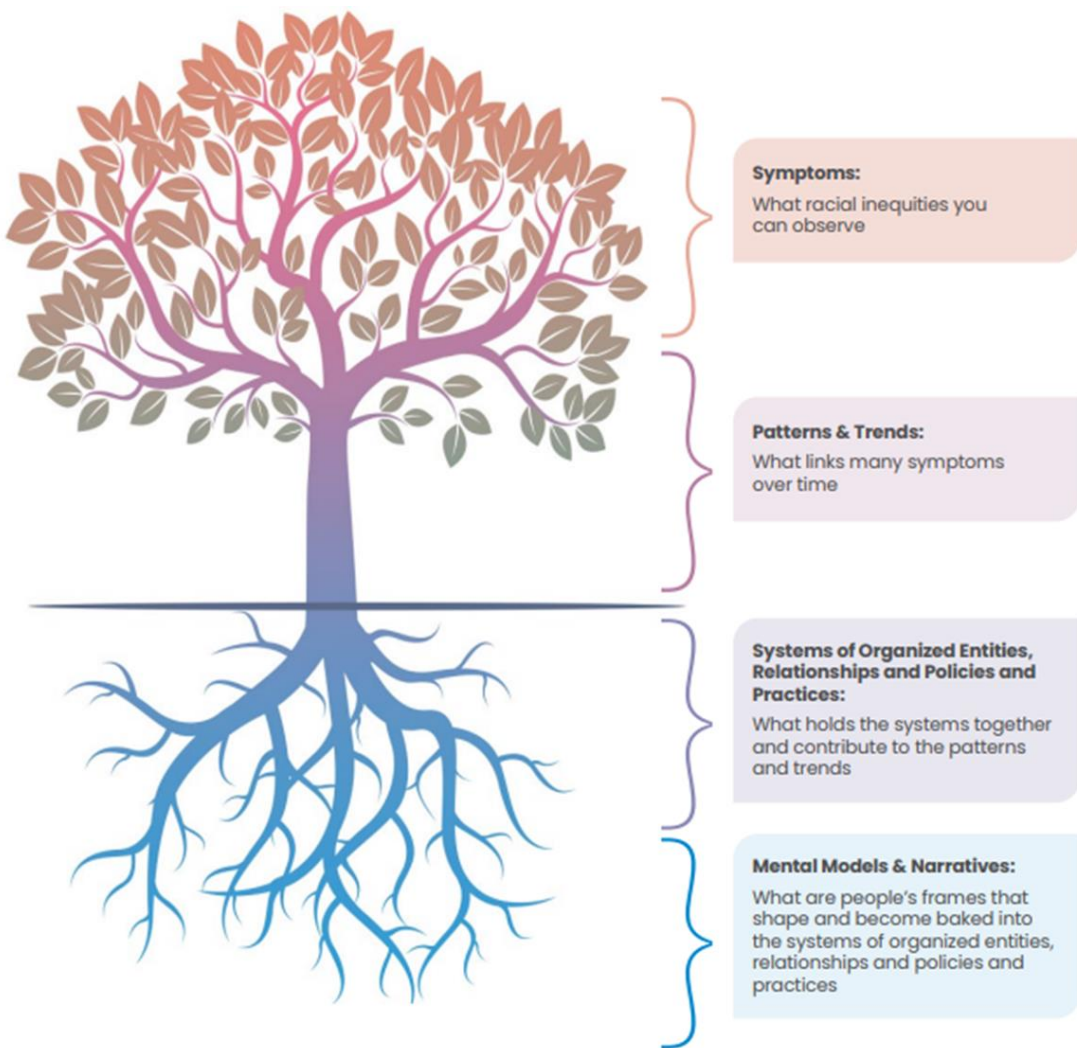


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Appendix



Systems Lens	Questions to Ask
Symptoms	<p>Which providers are performing at a higher level and which ones aren't? Why? Did we disaggregate the data sufficiently?</p> <p>Which groups experience oral health disparities? Why? Did we disaggregate the data sufficiently to know which populations and subpopulations are most affected?</p>
Patterns & Trends	<p>Do people have everything they need to take full advantage of oral health care services? What else affects this? Why?</p> <p>What other outcomes are affected by low/inadequate utilization of oral health care services? Why?</p>
Systems	<p>Are all individuals taking advantage of these opportunities, or just some of them? Why or why not?</p> <p>What are the standards? Why aren't providers adhering to them? Are we focused on the providers' behaviors or is there something else going on in the system?</p>
Mental Models & Narratives	<p>Is lack of understanding/education/outreach the main reason for poor oral health? Who makes what decisions about education and outreach needed? Why these decisions?</p> <p>What narratives exist about why people have poor oral health that is implicitly referenced and suggested here? Why?</p>