

Office of Oral Health Medical-Dental Integration Updates

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PROJECT DIRECTORS' MEETING

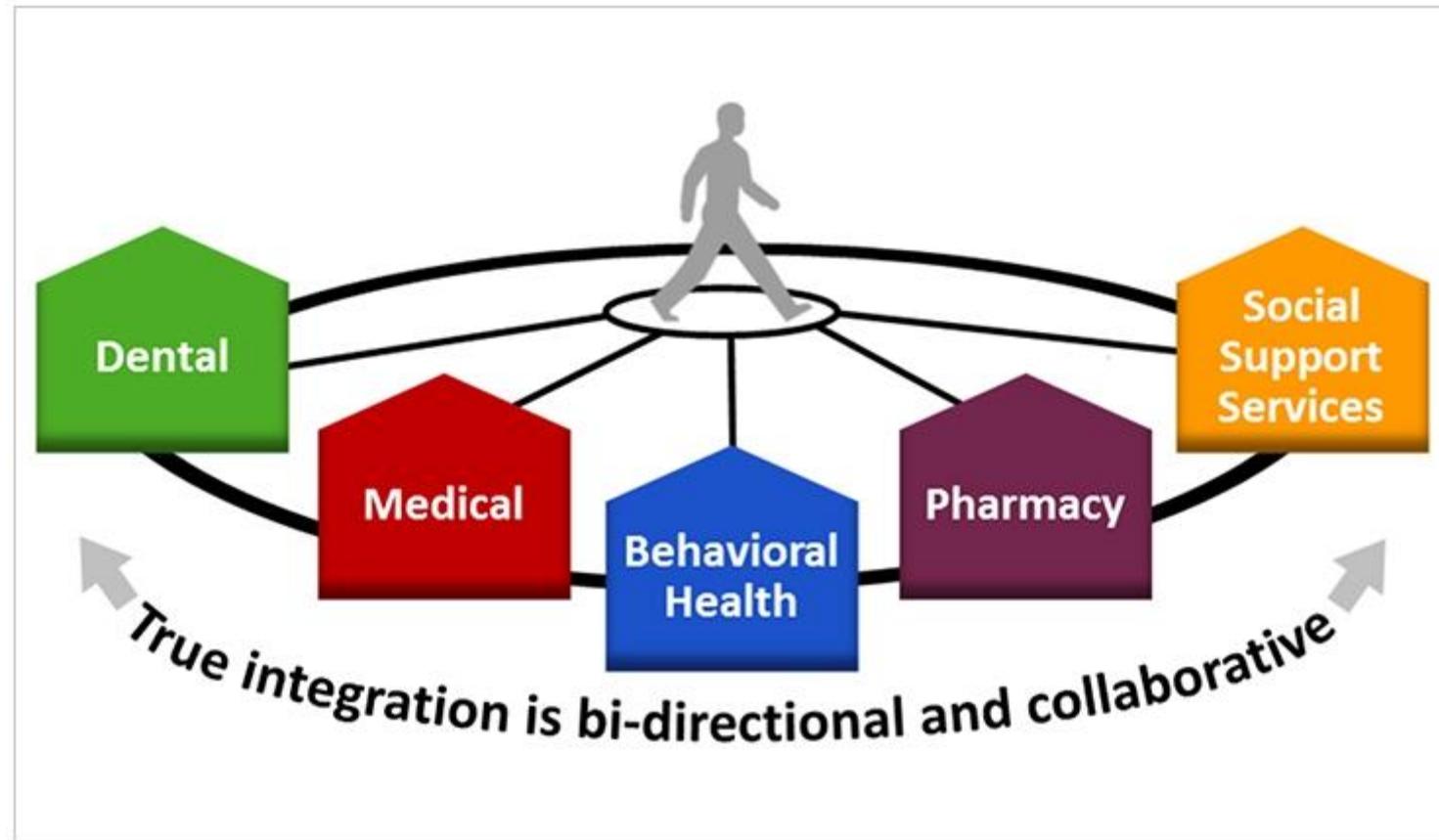
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California Department of Public Health
Center for Healthy Communities
Office of Oral Health



Medical Dental Integration

- ▶ Pregnancy
- ▶ Fluoride Varnish
- ▶ Chronic Disease (diabetes, hypertension)



Source: Dentistry Today - Online Toolkit Improves Integrated Approaches to Dental Care, August 3, 2016

Innovative and Promising Practices

- Dental professionals in community settings
- Non-dental providers providing preventive oral health services in primary care settings
- Integrating oral health within WIC and Early Head Start centers

Robert Wood Johnson Foundation
Workforce Innovations in Oral Health



Providing Preventive Oral Health Care to Infants and Young Children in Women, Infants, and Children (WIC), Early Head Start, and Primary Care Settings

IMPLEMENTATION EVALUATION

A Pilot Study of Integration of Medical and Dental Care in 6 States

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Accessible Version: www.cdc.gov/pod/issuues/2021/01_0027.htm

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PEER REVIEWED

Summary

What is already known on this topic?

Poor oral health is linked to chronic diseases such as diabetes, cardiovascular disease, and obesity.

What is being reported here?

In six state health departments conducted 2-year pilot projects to promote collaboration between their oral health and chronic disease programs. States were able to increase collaboration, train oral health and medical professionals, deliver clinical preventive education to patients, implement referral systems, and deliver education via media campaigns.

What are the implications for public health practice?

Collaborations between oral health and chronic disease programs can result in providing programs that address common risk factors for oral health and chronic disease.

Abstract

Introduction

Poor oral health affects overall health. Chronic diseases and related risk factors such as tobacco use or consuming sugary-sweetened beverages can also increase a person's risk of periodontitis. Given the linkages between oral health and certain chronic diseases, we conducted a pilot study to facilitate interdepartmental collaborations between state chronic disease and oral health programs.

Methods

State health departments in 6 states (Alaska, Colorado, Georgia, Maryland, Minnesota, and New York) collaborated to develop and implement projects that addressed oral health and the following

chronic diseases or risk factors: obesity, diabetes, heart disease, stroke, and tobacco use. States developed various projects, including media campaigns, clinical education, and screening and referrals. We used a mixed-methods approach to understand barriers to and facilitators of states' increasing collaboration and implementation of pilot projects. In-depth interviews were conducted with 12 staff (1 from oral health and 1 from chronic disease for each state). We also reviewed state-submitted documents and performance measures.

Results

All 6 states increased collaboration between their oral health and chronic disease programs and successfully implemented pilot projects. Collaboration was facilitated by investing in relationships, championing medical-dental integration, and meeting and communicating frequently. Barriers to collaboration included the perception of oral health in chronic disease programs as separate and distinct from other chronic diseases and the structure of funding. The pilot projects were facilitated by partner support, providing technical assistance to clinics, and working early on referral networks. Barriers to implementing the pilot projects included gaining clinician buy-in and establishing referral networks.

Conclusions

This pilot study demonstrated that by fostering collaboration, state health departments are able to train dental and medical clinicians, deliver clinical preventive education to patients, implement referral systems, and deliver impressions via media campaigns.

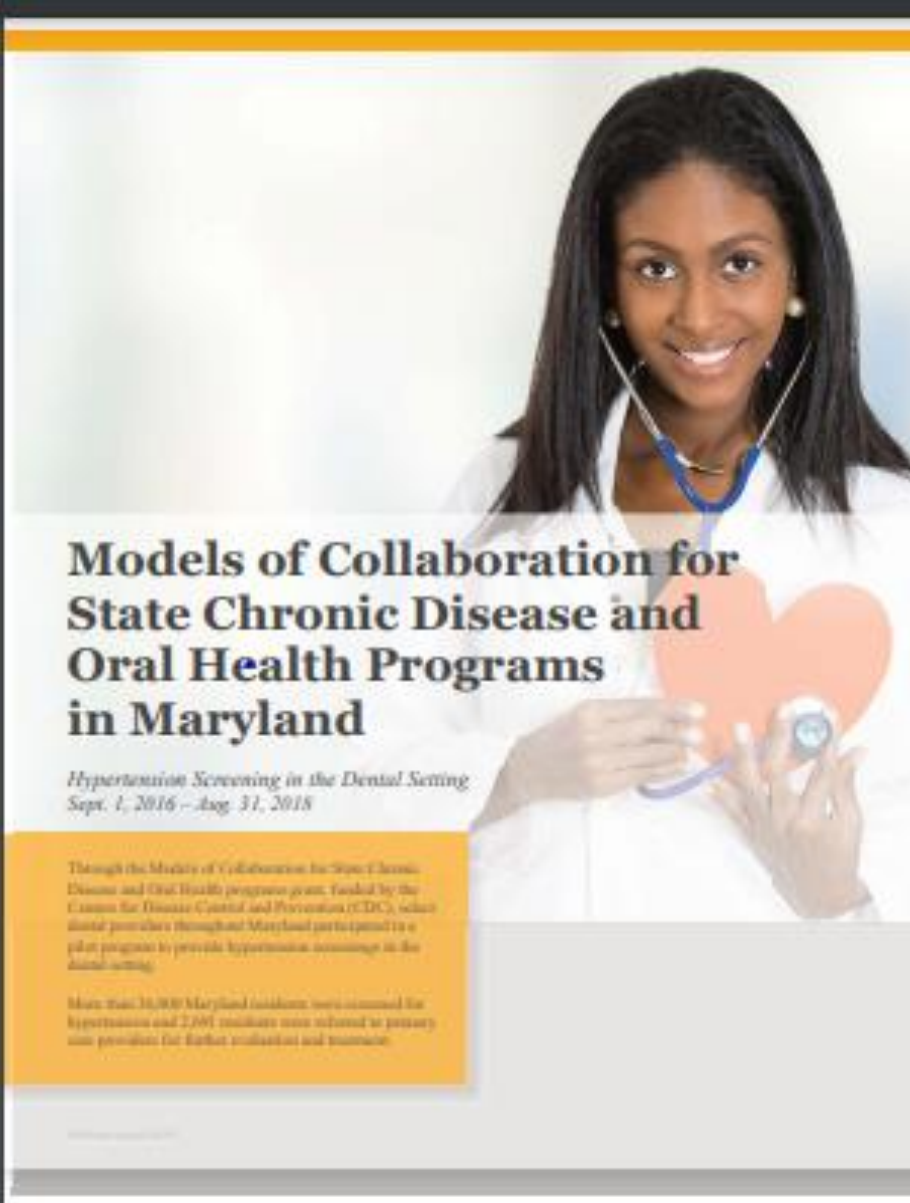
Introduction

Poor oral health, which includes dental caries (tooth decay), periodontal disease (gum disease), and oral cancer, affects quality of life for millions of Americans (1,2). Tooth decay is one of the most common chronic diseases in the United States. About 1 in 4 US children aged 2 to 5 years, 52% of children aged 6 to 9 years, 90% of adults aged 20 to 64 years, and 86% of adults aged 65 or older experience dental caries (3). Approximately 42% of adults aged 30 or older had periodontal disease in 2009–2014 (4). In 2006, nearly 45,000 new cases of cancer of the oral cavity and

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Models of Collaboration for State Chronic Disease and Oral Health Programs in Maryland

Hypertension Screening in the Dental Setting
Sept. 1, 2016 – Aug. 31, 2018

Through the Models of Collaboration for State Chronic Disease and Oral Health programs year, funded by the Centers for Disease Control and Prevention (CDC), select dental providers throughout Maryland participated in a pilot program to provide hypertension screenings at the dental setting.

More than 30,000 Maryland residents were screened for hypertension and 2,700 residents were referred to primary care providers for further evaluation and treatment.

Perinatal and Infant Oral Health Quality Improvement

The Maternal and Child Health
Bureau–Funded Perinatal and Infant
Oral Health Quality Improvement
(PIOHQI) Initiative 2013–2019

Final Report



- ▶ Medical-dental integration
- ▶ High quality primary care during and after pregnancy
- ▶ Increase dental visit rate

Integrating Oral Health Care and Primary Care Learning Collaborative

