ASSOCIATION OF ACADEMIC HEALTH CENTERS

# LEADERSHIP PERSPECTIVES

## Collaboration Drives Innovation: Advancing Oral Health to Promote Equity

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# PERSPECTIVE

BY **Steven L. Kanter,** MD // AAHC President & CEO

"The burden of oral diseases shows significant inequalities, disproportionally affecting marginalized populations and those of lower economic status. Inequalities are found, as in other noncommunicable diseases, throughout the life course and across populations in low-, middle- and high-income countries." This was noted in an important **2020 report** by the World Health Organization. The report goes on: "Oral health is essential to good health and well-being. However, many people have untreated oral diseases, resulting in preventable pain, infection and reduced quality of life, in addition to missed school and productivity losses. Good oral health is also vital for healthy ageing, playing a crucial role with regard to nutrition, employment, self-esteem and continued social interaction."

Academic health centers must lead the way in advancing an interprofessional and collaborative approach to bringing inclusive and equitable healthcare to populations, including oral healthcare. Approaches to advancing oral health equity are highlighted in the three commentaries in this issue of AAHC *Leadership Perspectives*.

Noting the historical development of dentistry as separate from the healthcare system, Frank Catalanotto, DMD, professor of community dentistry and behavior science at the University of Florida College of Dentistry, highlights how "academic health centers across the country are leading the way in a major transformation of healthcare with a focus on interprofessional care and practice." He describes the Care One Clinic at his institution, which applies "an interprofessional approach to patient management," including oral healthcare, for patients with "systemic comorbidities in addition to social, psychological, and financial barriers that impede access to regular care and optimal health management." He notes his hope that "students from all the health center colleges will have a better appreciation for and understanding of the value of interdisciplinary care as well as the social determinants of health."

Jeanne Craig Sinkford, DDS, PhD, DSc, professor and dean emeritus at Howard University College of Dentistry and senior scholar emeritus, American Dental Education Association, points out that "post-pandemic health equity challenges provide opportunities for transformative changes as we build more integrated and resilient health systems." Exploring opportunities for academic health centers, she notes that "opportunities for catalyzing institution change exist in .... Interprofessional Education (IPE) Curriculum change; Academic/Community Partnerships for Community Empowerment (ACE); Research and Technology Development (RT); and Academic Leadership Reimagining (ALR)."

Carlos Stringer Smith, DDS, MDiv, FACD, director of Diversity, Equity and Inclusion and director of Ethics Curriculum, VCU School of Dentistry and VCU Dental Care, Virginia Commonwealth University, describes the programs at his institution as lying "at the intersection of wellbeing, belonging and inclusive excellence, professionalism, and ethics." Noting that "health equity refers to a fair and just opportunity to be as healthy as possible," he asks "academic health centers to expand their commitment to advancing oral health in promotion of health equity by deliberately maximizing inclusive collaborative partnerships."

In sum, oral health is essential to overall health, and advancing oral health is essential to advancing health equity. In addition to highlighting these three outstanding commentaries, I wish to acknowledge the work of Gillian Barclay, DDS, MPH, DrPH, vice president, global public health and scientific affairs, Colgate-Palmolive. Dr. Barclay is a champion of oral health equity and her guidance and support have been essential to bringing needed attention to this important issue.

**Frank Catalanotto, DMD**

PROFESSOR OF COMMUNITY DENTISTRY AND BEHAVIOR SCIENCE

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## Getting Dentistry into Interprofessional Practice to Promote Oral Health Equity

Dentistry has remained apart from the rest of the healthcare system in the United States since the first dental school opened in 1840. While this separation in the traditional community settings has continued to this day, academic health centers across the country are leading the way in a major transformation of healthcare with a focus on interprofessional care and practice. One of the many goals of this transformation is to address the widespread inequities in health access and outcomes—inequities that arise in oral healthcare, as well.

The University of Florida (UF) Care One Clinic is a transitional primary care clinic for patients identified as super-utilizers of the Emergency Department (ED) who face exceptional challenges in managing their complex health needs. The Care One Clinic was created in 2012 with an interdisciplinary team of healthcare providers in response to the high healthcare costs and utilization rates associated with ED multi-visit patients. This clinic serves adults with systemic comorbidities in addition to social, psychological, and financial barriers that impede access to regular care and optimal health management.

The Care One Clinic applies an interprofessional approach to patient management that facilitates integration and coordination of referrals in order to improve patient compliance and outcomes. Patients who have had greater than four visits to the ED within a six-month period are referred to the Care One Clinic from the UF Health ED. The goal of the Care One Clinic is to reduce the overutilization of the ED by these patients, to improve coordination and quality of care, and to eventually transition these patients to local primary care providers.

The UF Health ED serves over 3500 patients a year who have preventable dental emergencies. However, it was not until 2019 that the UF College of Dentistry became the newest partner of the Care One Clinic. A dental school faculty member and dental students now participate in Care One Clinics. These experiences provide dental students the opportunity to interact with a diverse team of health professionals and build on knowledge and skills gained through didactic and early clinical experiences. Currently, dental students provide dental and oral cancer screenings, educate patients on appropriate dental disease prevention strategies, act as a referral resource for dental care, and—most importantly—collaborate and communicate with members of the entire health team for the betterment of the patient.

In addition to dental students, medical and pharmacy students also complete rotations in the Care One Clinic throughout the year. These students review patients' medical histories and medications, identify patient needs and compliance gaps, and work with internal medicine and pharmacy faculty to connect patients with primary healthcare resources as appropriate. In preparation for their rotation experience, pharmacy students review modules related to various systemic conditions, including diabetes and cardiovascular disease. Currently, these modules do not discuss the oral health connection in the context of these systemic issues.

Pharmacy and medical students receive minimal pedagogical content related to oral health in their respective curricular programs, potentially leaving them unequipped to address dental issues faced by their patient population in future practice settings. Understanding the importance of collaborative efforts to address healthcare inequities, this year, the dentist member of this team is currently preparing educational materials for these modules. The hope is that students from all the health center colleges will have a better appreciation for and understanding of the value of interdisciplinary care as well as the social determinants of health.

> "...academic health centers across the country are leading the way in a major transformation of healthcare with a focus on interprofessional care and practice."

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## Introduction

Dental education institutions are challenged to produce a culturally competent, diverse workforce that will serve the needs and expectations of an increasingly diverse and aging population. Through their tripartite missions of education, research, and service, the 78 U.S. dental schools serve as "safety nets" for dental treatment for those who are unable to receive care in the dental private practice system. New dental schools have been established in Arizona, California, Florida, Illinois, Maine, Missouri, New York, North Carolina, Utah, and Texas. These new schools have an opportunity to increase health equity through increased community engagement in academic/community partnerships. Dental schools also serve as bastions for research and transformative curriculum changes that will utilize newer technologies and research discovery.

America has one of the best dental care delivery systems in the world, as evidenced by outcomes such as longer life span with tooth retention; fluoridated water resulting in reduction of tooth decay by 60 percent; and Americans valuing their oral health, as seen in increased numbers of annual visits to the dentist for both preventative and restorative care. This data is valid for those who can afford and have access to dental care. However, the United States Public Health Service identifies 6,820 Dental Health Professions Shortage areas (DHPSAs) where access to dental care is minimal or missing. An estimated 49 million adults and children reside in DHPSAs. An estimated 9,600 more dentists are needed for a dentist to population ratio of 1:3000.

As in medicine, dentistry is seeing a decline in solo practice models. Only 25.4 percent of dental graduates opt for the solo practice model. New dental practice models are emerging, such as dental therapists (DTs) and community dental health coordinators (CDHCs). New practice models exist in Minnesota, Maine, Vermont, Alaska, Arizona, Washington, and Oregon. Three seminal reports—*Dental Education at the Crossroads* (IOM,1957); *Oral Health in America: A Report of the Surgeon General* (DHHS, 2000); and *Missing Persons: Minorities in the Health Professions* (Sullivan Commission on Diversity in the Health Workforce, 2004)—continue to influence dental educational policy and trends, especially those related to health equity, disparities, and access to dental care.

> "Post-pandemic health equity challenges provide opportunities for transformative changes as we build more integrated and resilient health systems."

## Post-Pandemic Health Equity Challenges

Oral health is no longer a neglected issue on the global health agenda. A resolution on oral health was adopted at the WHO's 2021 World Health Assembly. This resolution calls for a development framework that aligns oral health with noncommunicable disease (NCD) and universal health coverage (UHC) agendas.

Post-pandemic health equity challenges provide opportunities for transformative changes as we build more integrated and resilient health systems. Opportunities for catalyzing institutional change exist in the following areas: Interprofessional Education (IPE) Curriculum change; Academic/Community Partnerships for Community Empowerment (ACE); Research and Technology Development (RT); and Academic Leadership Reimagining (ALR).

**IPE:** Opportunities exist for curriculum change to improve cultural competency of graduates and access to equitable and affordable healthcare for the underserved. In 1997, only two dental schools had active interprofessional education programs. Today, it is an accreditation mandate that affects all accredited dental schools.

**ACE:** Opportunities exist for sustainable academic community partnerships that support educational goals while providing dental care to communities in outreach services provided by both dental students and faculty. The ADEA/W.K. Kellogg Foundation Minority Dental Faculty Development Program (MDFD) has provided a model for such programs that includes foundation support for institutional change that leverages other resources for sustainability.

**RT:** Opportunities exist for increased collaboration between the National Institutes of Health (NIH) and U.S. dental schools through both research and training grants that focus on the improvement of minority health through traditional research funding and community-based research grants. An effort to include more dental schools in Program Project/Center Grants will increase patient-centered research and data outcomes. Salivary diagnostics, implantology, artificial intelligence, and robotics offer new avenues for dental discovery, translational research, and research collaboration.

**ALR:** Reimagining leadership training in dental education will be a challenge for the ADEA Leadership Institute (ALI). Other programs such as the Enid A. Neidle (ENP) Program for Women, and Executive Leadership in Academic Medicine (ELAM; Drexel University) will continue to play a major role in developing the academic leadership pipeline of the future. Reimagining leadership mentoring and training will increase effective, collaborative, and diverse pathways to academic leadership in the future. Twelve of the U.S. dental deans are now women, and entering dental classes are now 53 percent women.

## Summary

The pandemic has created a crisis with opportunities for collaboration similar to the period of innovation following World War II, when battles were won against diseases such as smallpox, diphtheria, and polio. Dental education institutions must lead in framing the dialogue of race and ethnicity to advance health equity in the U.S. We do not know where new science, artificial intelligence, cyber threats, and innovation will lead but we do know that global collaboration and resources will be required for resilient health systems in the future that eliminate disease and promote health for all.

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> "I encourage academic health centers to expand their commitment to advancing oral health in promotion of health equity by deliberately maximizing inclusive collaborative partnerships."

Equity is perhaps one of the most mischaracterized, yet vitally necessary, components in achieving optimal health for all. It serves as a necessary bridge between diversity—those person-based characteristics, identities, or traits—and inclusion, the practice of leveraging diversity to ensure all individuals can fully participate and perform at their best. In short, health equity refers to a fair and just opportunity to be as healthy as possible.

Virginia Commonwealth University (VCU) and the Virginia Commonwealth University Health System (VCU Health) occupy a unique space as the sole academic health center in the state of Virginia with a dental school. Dental schools often serve as the proverbial heartbeat of academic health centers—with unique community facing roles, simultaneously serving as sites of healthcare services delivery and as educational enterprises with multiple academic and training offerings. VCU and VCU Health actively engage with collaborators and partners, fostering relationships focused on innovation in advancing oral health and health equity.

Inclusive collaborative partnerships—both externally and internally—allow for the practice of leadership across all levels. One external example is VCU's work with **Virginia Health Catalyst**, a nonprofit with a mission to ensure all Virginians have equitable access to comprehensive healthcare, including oral health. Catalyst created a strategic framework with a foundation for comprehensive healthcare based on four pillars: clinical and community care, policy, public health, and public awareness. Specific successes include the Future of Public Oral Health (FPOH) Taskforce, which developed recommendations to improve Virginia's public oral health systems by supporting, amplifying, and maximizing technology, integration, workforce, and data. It has been my privilege to co-chair the Workforce Subcommittee, examining issues from provider burnout and resilience to scope of dental practice, and examining the various pathways and pipelines to the oral health team professions.

Internal examples include VCU's **Institute for Inclusion, Inquiry and Innovation**, or ICubed, a transdisciplinary community of faculty, staff, and external stakeholders providing innovative solutions to challenges in urban environments. It includes eight cores involved in community engaged scholarship addressing issues of race, inequity, and injustice. The Oral Health Equity core works toward innovative solutions for improving oral and overall health outcomes for children and adolescents. Successes include the Eastern Henrico Community Needs Assessment and establishing a local school district teledentistry practice. ICubed also provides a rich environment for the recruitment and engagement of diverse and underrepresented faculty, serving as a model for cluster hires within academic health centers.

An internal-external hybrid example has been the establishment of **History and Health**, specifically addressing racial equity and VCU Health's recognition of longstanding inequalities in treatment—deeply and historically rooted—producing adverse health outcomes. Successes have included micro-credentialing and module learning blocks focused on racial equity and racism in healthcare, as well as

community-wide engagement efforts such as the **East Marshall Street Well Project** chronicling the history of 19th-century human remains discovered in an abandoned well on campus. From my roles in teaching about medical mistrust and racism in healthcare to chairing our upcoming campus wide *Inaugural History and Health; Racial Equity Symposium*, I have discovered that there are a myriad of ways each and every member of the academic health center community can uphold this work.

As a general dentist and ethicist, much of my work lies at the intersection of wellbeing, belonging and inclusive excellence, professionalism, and ethics. With expertise in the oral health workforce, climate studies in dental education, narrative ethics and racism in healthcare, I encourage academic health centers to expand their commitment to advancing oral health in promotion of health equity by deliberately maximizing inclusive collaborative partnerships. Be sure not to overlook the passion and expertise of those right within your reach. Ask of yourselves: Do we have someone skilled and already working in this area? Who and what voices might be missing from the proverbial and literal table?

Though gaps and opportunities remain—including fully integrating oral health into health via the electronic health record, true interprofessional practice, and holistic commitment to provider wellness and equitable patient outcomes—difficult paths most often lead to the most beautiful destinations.