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Making Progress in Medical Dental Integration

My favorite definition of social justice from Faden and Powers states “social justice is concerned with human well-being of which *health* is a distinct dimension along with personal security, the development and exercise of cognitive capacities for reasoning, living under conditions of social respect, developing and sustaining deep personal attachments, and being able to lead self-determining lives.”¹ The authors assert that each of these dimensions “represent something of independent moral significance.”¹ Deficits in one dimension of human well-being can lead to deficits in other dimensions of well-being.² For example, a lack of access to oral health care may lead to untreated oral diseases which may lead to pain and infection, which may affect one’s ability to smile, eat nutritious foods, concentrate, secure a job, and engage in daily activities. This *cascade of deficits* touches every dimension of human well-being, calling into question social justice and the moral foundations of public health.

The good news is that during the past century in the United States, oral health has improved, and utilization of oral health care services has increased, especially among children and adolescents enrolled in Medicaid or the Children’s Health Insurance Program.³ However, not all Americans have experienced these improvements. In general, individuals from certain racial/ethnic groups (i.e., Mexican American, non-Hispanic Black, American Indian and Alaska Native) with lower socioeconomic status, have fewer dental visits and poorer oral health compared to individuals who are white and of higher socioeconomic status.^{4,5}

Health equity means that everyone has a fair and just opportunity to be as healthy as possible.⁶ There

is growing awareness that oral health equity is greatly affected by the social determinants of health (SDOH)—conditions in the places where people are born, live, learn, work, and play - and that partnering with community members affected by oral health problems and with organizations addressing SDOH is critical to enhancing health equity and social justice. Healthy People 2030 groups SDOH into five domains: economic stability; education access and quality; health care access and quality; neighborhood and built environment; and social and community context.⁷ An increased focus on understanding the impact of SDOH on oral health disparities has propelled efforts to identify and test innovative health-care-system improvements to reduce health disparities, improve systems of care, and enhance health outcomes.^{8,9,10}

One promising strategy to enhance social justice is to integrate oral health care and primary care, which is based on evidence of the synergistic relationship between oral health and general health. In 2021, the National Institute of Dental and Craniofacial Research published “*Oral Health in America: Advances and Challenges*”, offering strategies for integrating oral health care and primary care as part of a framework for meeting health needs effectively and efficiently.¹¹ In February 2024, the Association of State and Territorial Dental Directors and the National Maternal and Child Oral Health Resource Center released a policy statement, “*Integrating Oral Health Care into Primary Care*”, offering strategies to enhance the integration of oral health care into primary care.¹² Strategies focus on:

- Creating integrated and interoperable electronic health records.

- Closing the loop on referrals for oral health care.
- Encouraging primary care professionals to provide oral health care.
- Building on the success of value-based reimbursement.
- Using telehealth technology for providing oral health care.
- Building on existing infrastructure.

It is promising that multiple models of integrated care are being implemented and tested across the country. Public and private organizations are expanding interprofessional practice models to serve underserved populations, and commercial health systems and insurers are testing new models of integrated care delivery with the purpose of improving outcomes while reducing costs.¹² Primary care professionals, including dental hygienists who are part of primary care teams, are well positioned to address the oral and systemic health needs of the public. Dental hygienists have significant potential to improve access to health care and health outcomes in nontraditional settings, particularly for those who are less likely than others to have optimal access to high quality oral health care.¹³

Although full-scale integration of oral health care and primary care has not yet occurred, steps are being taken to better understand facilitators and barriers to its widescale adoption in a variety of health care settings, with hopes of bringing dentistry and medicine, oral health and primary care, and the mouth and the body together as they are meant to be.

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