



CMEO 
BriefCase

**Promoting
Equitable Oral
Health in Patients
of Color**

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Learning Objective

Apply action steps to eliminate barriers to equitable dental and oral health care in patients of color.



Oral Health Disparities



- ▶ Vulnerable populations have disproportionate oral health care¹
 - ▶ Children and adults with lower SES
 - ▶ Racial / ethnic minority populations
 - ▶ Elderly individuals
 - ▶ Pregnant people
- ▶ Lack of dental insurance²
 - ▶ 1 in 3 adults have no form of dental coverage



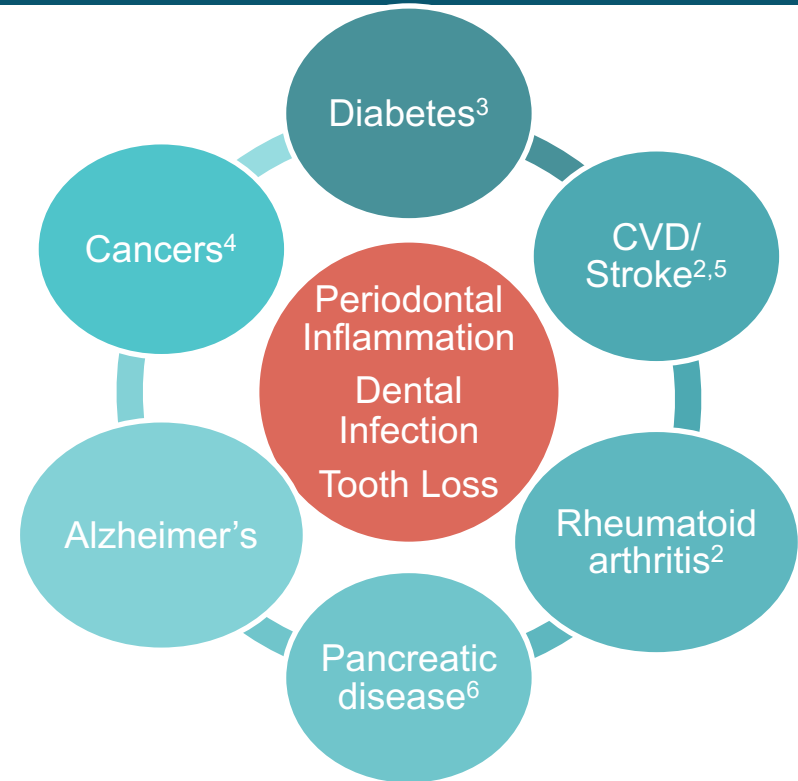
SES = socioeconomic status.

1. U.S. Department of Health and Human Services. *Oral health in America: A report of the Surgeon General*. National Institutes of Health Website. 2000. <https://www.nidcr.nih.gov/research/data-statistics/surgeon-general>. Accessed September 30, 2021. 2. Centers for Disease Control and Prevention. *Disparities in oral health*. 2020. https://www.cdc.gov/oralhealth/oral_health_disparities/index.htm. Accessed September 9, 2021

Oral Health Integral to Overall Health



- ▶ Poor oral health ↑ risk of systemic inflammation, CVD and other disorders¹
- ▶ Sleep disorders/deficit trigger/worsen periodontal disease³
- ▶ Studies show a high correlation between periodontal disease and pre-hypertension/hypertension¹
 - ▶ Dentists can and should screen patients by taking blood pressure readings at appointments



Patient Cases



Patient Case: Rachel, Age 28 years

- ▶ Pregnant (~5 weeks); G4 P1; two recurrent miscarriages < 20th week pregnancy without genetic abnormalities or poor obstetric history (pre-eclampsia etc.)
- ▶ No systemic health conditions and does not take any medications
 - ▶ BMI = 32; previous history of gestational diabetes
 - ▶ No primary care physician and has not seen a nutritionist
- ▶ Poor oral health, untreated dental caries
 - ▶ Patient complaints: sore gums, persistent halitosis
 - ▶ Reports she last had dental care at age 16 years for toothache
- ▶ Has Medicaid insurance



Audience Response



➤ Rachel's new obstetrician refers her for a dental checkup. What are the most likely initial findings during an oral health examination?

1. Abundant plaque within the gingival pocket
2. Mild gingiva inflammation
3. No bleeding on probing
4. Microcavitation in tooth enamel

Oral Health and Prenatal Care



- ▶ Oral infections trigger pro-inflammatory mediators that may be risk factors for miscarriage¹
- ▶ Pregnancy changes raise periodontal disease and cavities risk
 - ▶ 60% to 75% of pregnant women have gingivitis²
- ▶ Poor oral health → poor maternal and infant health outcomes
 - ▶ Dental erosions, gum ulcers, dry mouth, loose teeth
 - ▶ Preterm birth and/or low birth weight, miscarriage, pre-eclampsia
 - ▶ Pregnancy granuloma, pregnancy tumors (epulis gravidarum)
- ▶ Black and Hispanic women significantly less likely to obtain dental care during pregnancy than White women^{3,4}

Treatment: Oral Health During Pregnancy



- ▶ *What is the best way to assess oral health in pregnant people?*
 - ▶ Full periodontal, gingival, plaque and bleeding examinations
- ▶ *Is routine dental care safe during pregnancy?*
- ▶ *Which trimester is best for dental procedures during pregnancy?*
- ▶ Oral health treatment options during pregnancy
 - ▶ Preventive maintenance procedures
 - ▶ Plaque removal, dental caries filling/repair
 - ▶ Daily oral and dental care



Patient Case: Maria, Age 9 years

- ▶ Rampant caries in both primary and permanent dentition
 - ▶ Increasingly missing school due to dental discomfort
- ▶ Has Medicaid insurance
 - ▶ Aunt who adopted sought care but had difficulty finding a pediatric dentist taking Medicaid



Audience Response



- ▶ Which is higher in children – the rate of asthma or dental caries/cavities?
1. Asthma
 2. Cavities
 3. The rates are similar

Oral Health: First Step to Well-Being



- ▶ Oral health disparities increase systemic disease burden and often begin in childhood
- ▶ Dental caries most common childhood disease - 5x more than asthma, 7x than hayfever¹
 - ▶ Children without insurance 3x more likely to require dental care, but 2.5x less likely to receive than children with insurance
 - ▶ For every child without health insurance, 2.6 without dental insurance²



1. Thompson L. *Oral health care: Can access to services be improved?* Health Policy Institute. 2021. <https://hpi.georgetown.edu/oralhealth/>. Accessed August 30, 2021. 2. U.S. Department of Health and Human Services. *Oral health in America: A report of the Surgeon General*. National Institutes of Health Website. 2000. <https://www.nidcr.nih.gov/research/data-statistics/surgeon-general>. Accessed September 30, 2021.

Prevention: Dental Care in Children



- ▶ *How do we prevent this scenario in all children?*
- ▶ Measures that may help improve oral health in children
 - ▶ Water fluoridation
 - ▶ Perinatal dental care for Mothers
 - ▶ Post-natal dental care for moms and children
 - ▶ Nutrition and lunch programs at school, community centers
 - ▶ Better dental literacy programs for parents, teachers, school nurses
 - ▶ Cross referrals between pediatricians and dentists
 - ▶ School based, Boys and Girls Club dental care and sealant programs
 - ▶ Incentives for Medicaid pediatric dentists in community settings

Patient Case: Edward, 67 years old

- ▶ Poorly controlled DM for ~19 years
- ▶ Generalized periodontitis, severe loss of bone support
- ▶ Tissues extremely swollen, generalized suppuration noted
- ▶ Teeth mobile and pain on chewing
- ▶ Patient subsisting on soft carbohydrate laden diet
- ▶ Recent A1C elevated as were daily blood glucose readings
- ▶ Requires full dentures as no teeth could be treated or maintained





▶ How does diabetes affect oral health?

1. Having diabetes does not affect oral health.
2. Patients with diabetes may require more local anesthesia during dental procedures.
3. Patients with diabetes are twice as likely to have periodontal disease.
4. Patients with diabetes are three times more likely to have dental caries.

Diabetes and Oral Health Link



- ▶ Individuals with diabetes 2x as likely to have periodontal disease¹
 - ▶ 9.3% of people in the U.S. have diabetes¹
 - ▶ CDC: ↑ 3x by 2050 to 1 in 3 adults²
- ▶ 1% improvement in glycemic control can reduce mortality by 21%
 - ▶ Treating PD can improve glycemic control by .4%³
- ▶ Study: correlation between PD and missing teeth indicator of pre-diabetes/diabetes in 3 of 4 cases⁴
- ▶ Complete periodontal care ↓ annual diabetes medical costs by \$2,840 and hospital admissions by 39.4%

Oral Health Care for Older Adults



- ▶ *How could this scenario have been avoided?*
- ▶ *How do we improve oral health in elderly adults from vulnerable populations?*
- ▶ Education of primary physician, endocrinologist and diabetic educator
- ▶ Interprofessional communication
- ▶ Work with patients, family members, elderly care providers, social workers, and medical and dental insurance providers to provide outreach and encourage regular dental care



Working Toward Systemic Change



- ▶ Integrate oral-medical health to improve outcomes
 - ▶ Collaborative care model
 - ▶ Coordinated medical-dental care
- ▶ Medicaid:
 - ▶ Adult dental coverage not mandated (children covered)
 - ▶ Include adult dental care
- ▶ Accountable Care Organizations:
 - ▶ Only 20 out of 125 offer dental care, but see cost savings
 - ▶ Develop outcome-based reimbursement model
- ▶ Movement to include dental care in Medicare

Diversity and Collaborative Care in Oral Health



- ▶ Improve “pipeline” to dental school
 - ▶ 28% dentists from medically underserved communities
 - ▶ Black dentists 3.8% and Hispanic dentists 17.0%
 - ▶ Require additional 19,700 Black, 31,200 Hispanic Dentists, 3,000 Native American Dentists to reach parity
- ▶ Interprofessional education
 - ▶ Bridge knowledge gap
 - ▶ Medical school core curriculum
 - ▶ Improve quality and content to move beyond medicine and dentistry
 - ▶ Needed for dentists, physicians, nurses, pharmacists, PAs, nurse practitioners, etc.

SMART Goals

Specific, Measurable, Attainable, Relevant, Timely



- ▶ Identify and expand best practices to address structural and interpersonal racism in oral health care.
- ▶ Optimize holistic oral and systemic preventative care and treatment to address patient needs.
- ▶ Improve oral-systemic collaboration between dental and non-dental health professionals.
- ▶ Increase the number of place-based *total health* care encounters with a dental component including screenings, referrals and resources for community oral health care.

Visit the **Diversity and Inclusion Hub**

A robust hub of patient education and resources for your patients to learn more about diversity and inclusion and health equity.

<https://www.cmeoutfitters.com/diversity-and-inclusion-hub/>



CMEO  **BriefCase** **1**

Addressing Maternal Health Disparities: Changes You Can Make to Your Practice

CMEO  **BriefCase** **2**

Racial Disparities in Cardiac Arrhythmia Care: A Call to Action



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