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### **Disclosures**

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# **Learning Objectives**

- ▶ Describe strategies and national resources for teaching oral health.
- ▶ Describe collective impact as a systems change strategy for addressing emerging healthcare needs.

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## Background

- ► A historic lack of knowledge and attention among providers contributes to poor oral health.
- ► Calls to equip interprofessional teams with oral health competencies to expand workforce capacity, address systemic gaps.
- ► PA and other health profession educators have responded.

## Why PAs?

- ► PAs provide primary care
- ▶ PA practice is by definition interprofessional
- ► PA practice is often focused on prevention
- ▶ Oral health fits within the scope of PA practice
  - ▶ Screening, risk assessment, and fluoride varnish
  - ▶ Trusted agents of behavior change counseling
  - ▶ Patient activation and self-advocacy to reduce health disparities

## What Makes PAs Unique?

- ► Efficiency of training, quick introduction to the workforce (think change agents in situ)
- ► Commitment to primary care, patient needs (think prevention)
- ► Responsive to an evolving health care system (think nimble)
- ► PA professional organizations with the capacity to work together to implement change (think collaboration)



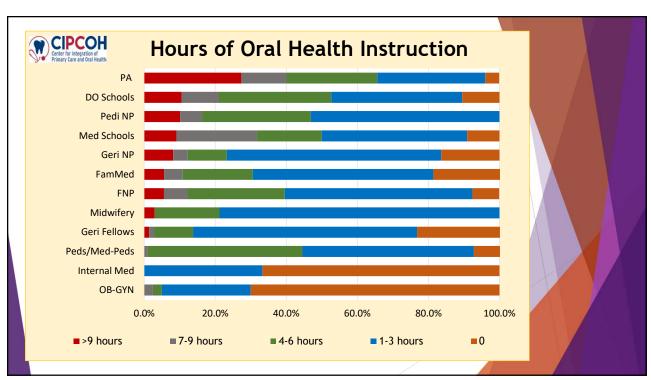
# Research Purpose

- ▶ Benchmark efforts to integrate oral health into health profession education.
- ▶ Identify facilitators and barriers to integration.

## Methodology

- Educators from 14 health professions were invited to complete a web-based, 19-item survey.
- Questions designed to provide intra-profession longitudinal benchmarks and comparable data across health professions.
- > Questions generally included pre-defined response options; some included an "other" response.
- > The survey was fielded in the spring of 2017.
- > Response rates varied; included question data represents a response rate of at least 40%.





### Weaving Oral Health Across PA Practice

#### **PA Education**

- Didactic (physical diagnosis, pediatrics, OB/GYN, fluoride varnish workshops, etc.)
- Clinical (HEENOT, oral health competencies)
- Interprofessional

#### Free CME

- Smiles for Life
- Oral Health and PI-CME (for educators)

#### **Technology**

- Videos
- Interactive games (Smiles for Life)

#### **Grant Opportunities**

- Integration grants
- Community outreach grants

#### Community Outreach

- Health Fairs
- High School Transition students
- Daycare Centers
- Senior Centers
- Migrant Farm Clinic
- Mission of Mercy Clinics

#### Champions

- Student
- Faculty
- Practicing PA

#### Interprofessional

- PAs
- NPs, CLS, PT, OT
- Physicians
- Dentists/dental hygienists
- State oral health coalitions

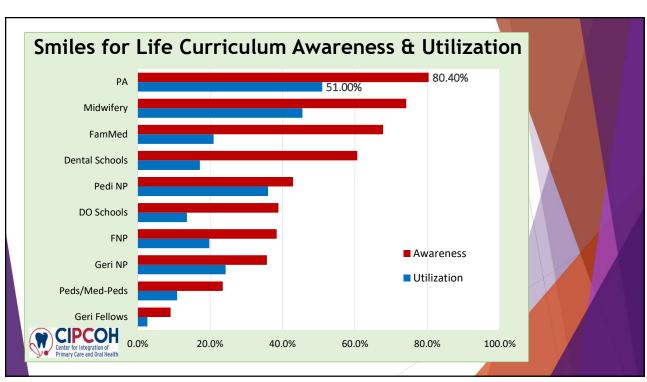
#### Research & Scholarship

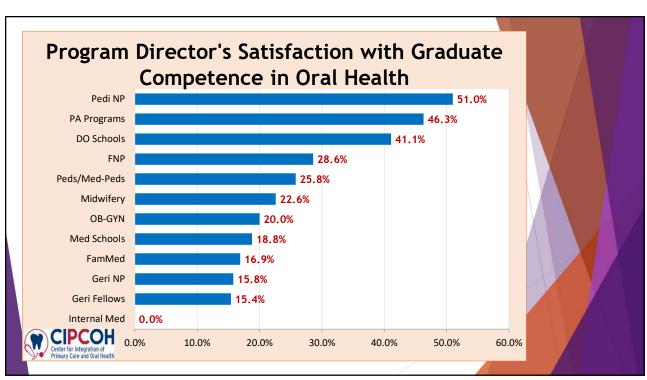
- Student
- Faculty
- Practicing PA

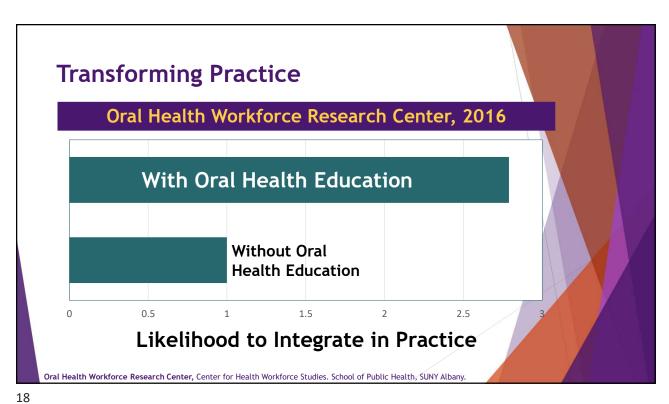
#### Clinical Integration

- Qualis Framework
- Ask, Look, Decide, Act & Document











## Conclusion: Facilitators

- ► Oral Health Champions
- ► Buy-in by PA professional organizations (collective impact strategy)
- ► Leverage profession-neutral resources
  - ► Smiles for Life
  - ► Grant funding

## Conclusion: Opportunities

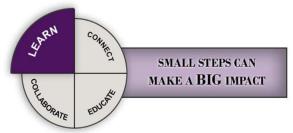
- ► Capitalize on PA faculty development in a high yield, low risk, quick educational integration.
- ▶ Develop champion skills and scholarship via grantfunded work.
- ▶ With PA education growth (260+ accredited programs), limited satisfaction with graduate competence, and continued public health need, these benchmarks should energize efforts for continued integration.

# Conclusion: Next Steps

- ► Leverage available grant funding
- ► Maximize use of local, regional, and national resources
- ► Coordinate interprofessional education and practice opportunities
- Recognize potential to share learning objectives and evaluation strategies across and between disciplines



- ► Apply for a nccPA Health Foundation grant
  - ► Community outreach (\$1,000)
  - ► Education or practice integration (\$3,000)
- ► Share oral health videos



► Find additional interprofessional resources in the session handout



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