

# An Update of Oral Health Curricula in U.S. Family Medicine Residency Programs

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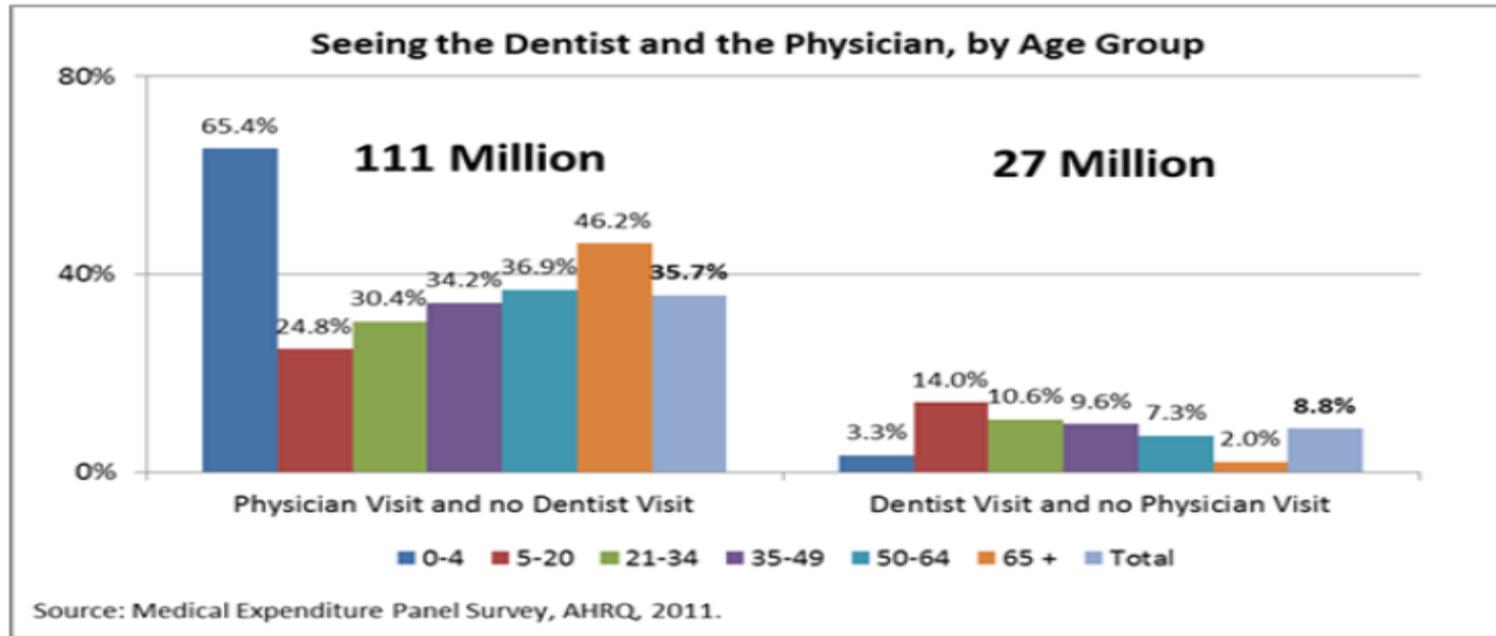
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# Why Primary Care and Oral Health

## Medicine and Dentistry - Separate Systems



Maximize Momentum

SAMHSA-HRSA  
CENTER FOR INTEGRATION OF PRIMARY CARE AND ORAL HEALTH

2000

2003

2009

2010

2011

2011

2014

2016

2015

Oral Health in America  
A Report of the Surgeon General

A National Call to Action to Promote Oral Health

THE U.S. ORAL HEALTH VISION  
IN THE COMING DECADE

HHS ORAL HEALTH INITIATIVE 2010

Core Competencies for Interprofessional Collaborative Practice

Advancing Oral Health in America

Integration of Oral Health and Primary Care Practice

PUBLIC HEALTH Reports

Oral Health: An Essential Component of Primary Care  
White Paper

Department of Health and Human Services  
U.S. PUBLIC HEALTH SERVICE

HSA  
HEALTH SERVICES ADMINISTRATION  
7510  
SA-7 (1-877-726-4327)

HRSA  
Health Resources & Services Administration

integration.samhsa.gov



# CIPCOH

Center for Integration of  
Primary Care and Oral Health



CIPCOH serves as a **national resource for systems-level research on oral health integration into primary care training** with special emphasis on training enhancements that will train primary care providers to deliver high quality, cost-effective, patient-centered care that promotes oral health, addresses oral health disparities, and meets the unique needs of all communities.

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# PURPOSE

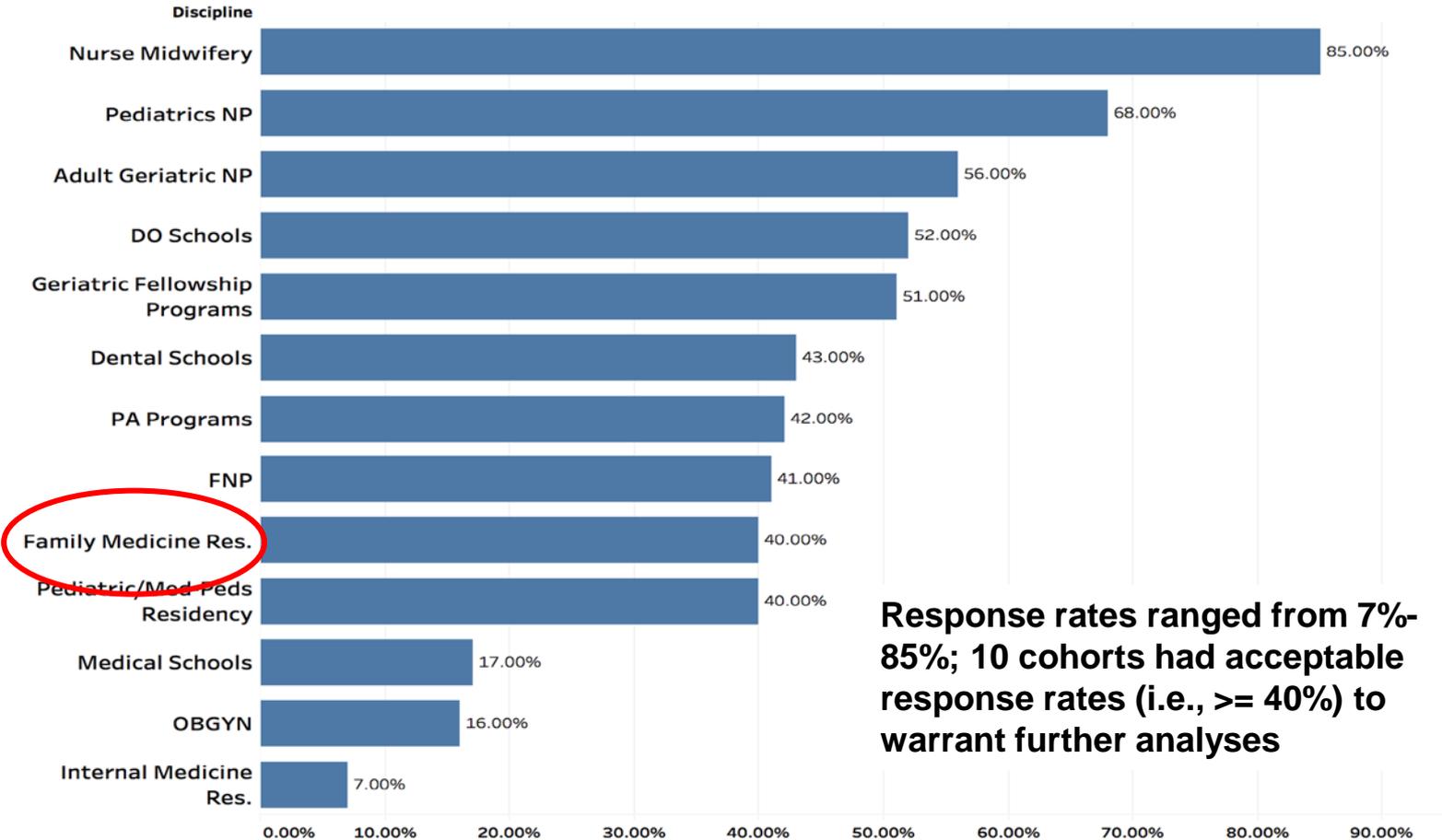
- To assess quantity and quality of oral health training in family medicine residency programs
- To identify influences of successful integration, educational resources used, barriers to curriculum development and sustainability, and evaluation methods of learners
- To compare to other specialties (we also surveyed 13 other health specialties/programs)

# METHODOLOGY

- Nationwide survey of 520 programs were distributed electronically with 3 reminders
- Univariate statistics/frequencies were used to describe all survey items
- Sub-analyses assessed influences of OH in the curriculum such as having a faculty oral health champion, program demographics, formal dental faculty teaching, etc.

# RESULTS

## Survey Response Rate



**Response rates ranged from 7%-85%; 10 cohorts had acceptable response rates (i.e.,  $\geq 40\%$ ) to warrant further analyses**

# Family Medicine Residency Program Demographics

	N (%)
<b>In what state/territory is your residency program located?</b> <ul style="list-style-type: none"> <li>Northeast</li> <li>Midwest</li> <li>South</li> <li>West</li> </ul>	38 (21) 42 (23) 53 (30) 46 (26)
<b>What is the approximate size of the community in which your residency program is located?</b> <ul style="list-style-type: none"> <li>≤ 75,000</li> <li>75,001 to 150,000</li> <li>150,001 to 500,000</li> <li>&gt; 500,000</li> </ul>	48 (28) 30 (17) 47 (28) 46 (27)
<b>What is the number of residents enrolled per year in your residency program?</b> <ul style="list-style-type: none"> <li>1-4</li> <li>5-9</li> <li>10-14</li> <li>≥ 15</li> </ul>	8 (5) 110 (64) 32 (19) 21 (12)
<b>For how many years has your residency program been training residents?</b> <ul style="list-style-type: none"> <li>1-5</li> <li>6-10</li> <li>11-14</li> <li>≥ 15</li> </ul>	18 (11) 5 (3) 4 (2) 143 (84)

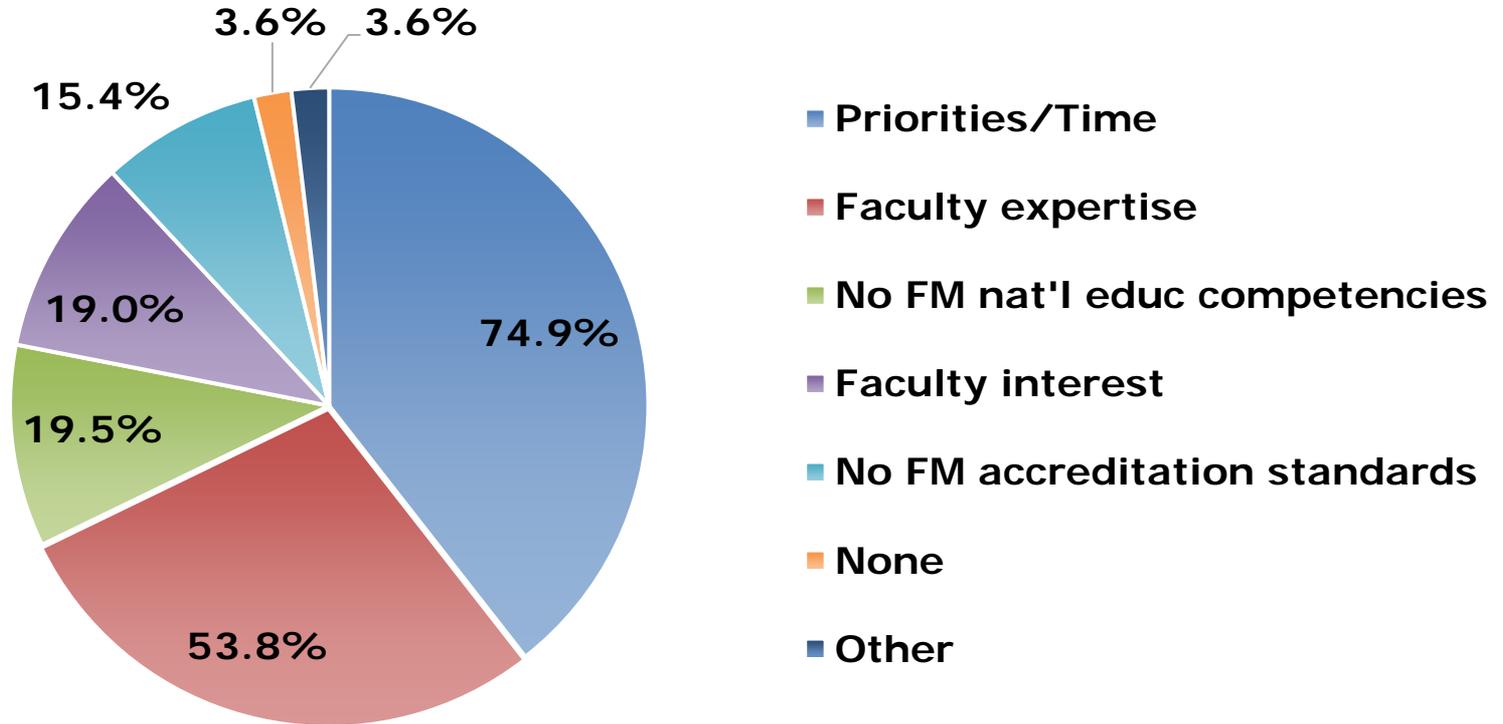
# OH Curriculum Topics Covered in Family Medicine Residency Programs

Topics Covered	N (%)
<b>RISK ASSESSMENT:</b>	
• Medical conditions that impact oral health	<b>130 (76)</b>
• Oral cancer	113 (67)
• Urgent/emergent oral health issues	111 (66)
• Caries/cavity risks and causes	111 (65)
• Oral conditions that impact overall health	108 (64)
• Impact of medications on oral health	83 (49)
• Assessment of the impact of oral health on patient quality of life	64 (39)
<b>ORAL HEALTH EVALUATION:</b>	
• Pediatric/infant oral screening exam	<b>122 (71)</b>
• Adult/adolescent oral screening exam	69 (41)
<b>PREVENTION INTERVENTION:</b>	
• Fluoride risks, benefits, and promotion	<b>130 (75)</b>
• Fluoride varnish indications and applications	95 (56)
<b>COMMUNICATION AND EDUCATION:</b>	
• Oral disease prevention/Anticipatory guidance	115 (68)
<b>INTERPROFESSIONAL COLLABORATIVE PRACTICE</b>	
• Interprofessional education with oral health component	<b>44 (27)</b>
<b>OTHER TOPICS:</b>	
• Adult oral lesions	101 (59)
• Pregnancy oral health issues	63 (38)
• Disparities in oral health/social determinants of health	56 (34)
• Geriatric oral health issues	<b>51 (31)</b>
• Oral anatomy	<b>47 (28)</b>

# Hours of OH in Curriculum by Family Medicine Program Components

Hours of Oral Health in Curriculum (0 hours, 1-3 , 4+ )	X <sup>2</sup> ; p value
Programs with 4+ hours of OH in Curriculum were more likely to respond “Yes” to....	
Does your program have a faculty oral health champion?	19.54; p<.001
Does your program have a relationship with a state/national oral health project?	16.04; p<.001
Does your program have routine teaching from a dental professional?	13.89; p=0.001
Does your program have routine teaching from a non-dental oral health expert?	37.41; p<0.001
Does your program have a formal relationship with a dental program?	5.27; p=0.072
Are you aware of the Smiles for Life curriculum?	10.28; p=0.006

# Barriers to Teaching More Oral Health Topics to Family Medicine Residents

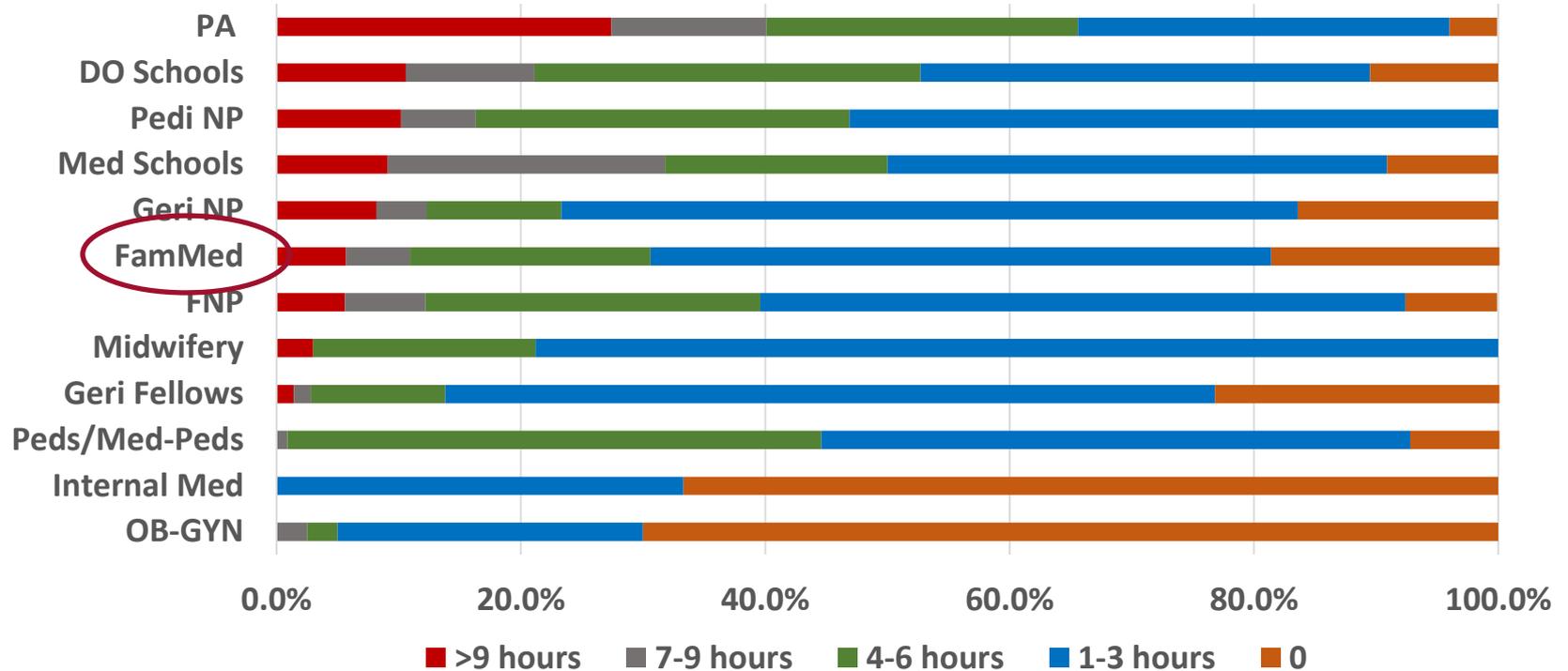


## Family Medicine Residency Director's Ratings: Importance, Competence, and Satisfaction -- 2011 vs 2017

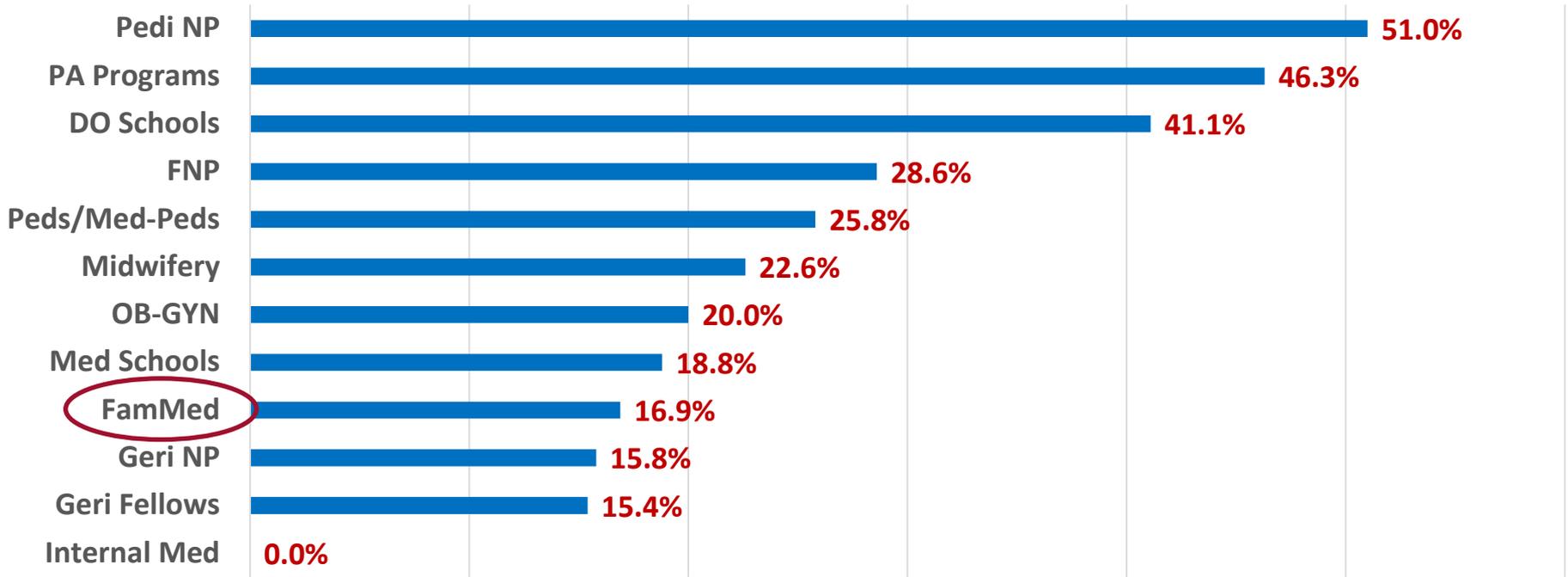
	2011 N (%)	2017 N (%)	Test of Proportions z score; p value
<p>It is important for primary care providers to address their patients' basic oral health care issues.</p> <p>Neutral/Disagree Agree</p>	<b>123 (79)</b>	<b>147 (86)</b>	<b>-1.569; .058</b>
<p>Upon graduation, our learners are well prepared to answer questions on oral health on the American Board of Family Medicine board exam (or DO equivalent).</p> <p>Neutral/Disagree Agree</p>	51 (33)	54 (32)	0.215; .585
<p>I am satisfied with the current level of competence that our Family Medicine graduates achieve in oral health.</p> <p>Neutral/Disagree Agree</p>	<b>50 (32)</b>	<b>29 (17)</b>	<b>3.213; &lt;.001</b>

# Hours of Oral Health Education

Most disciplines have 1-3 hours of OH; OB and IntMed more frequently report 0 hours while almost one-third of PA programs include > 9 hours.



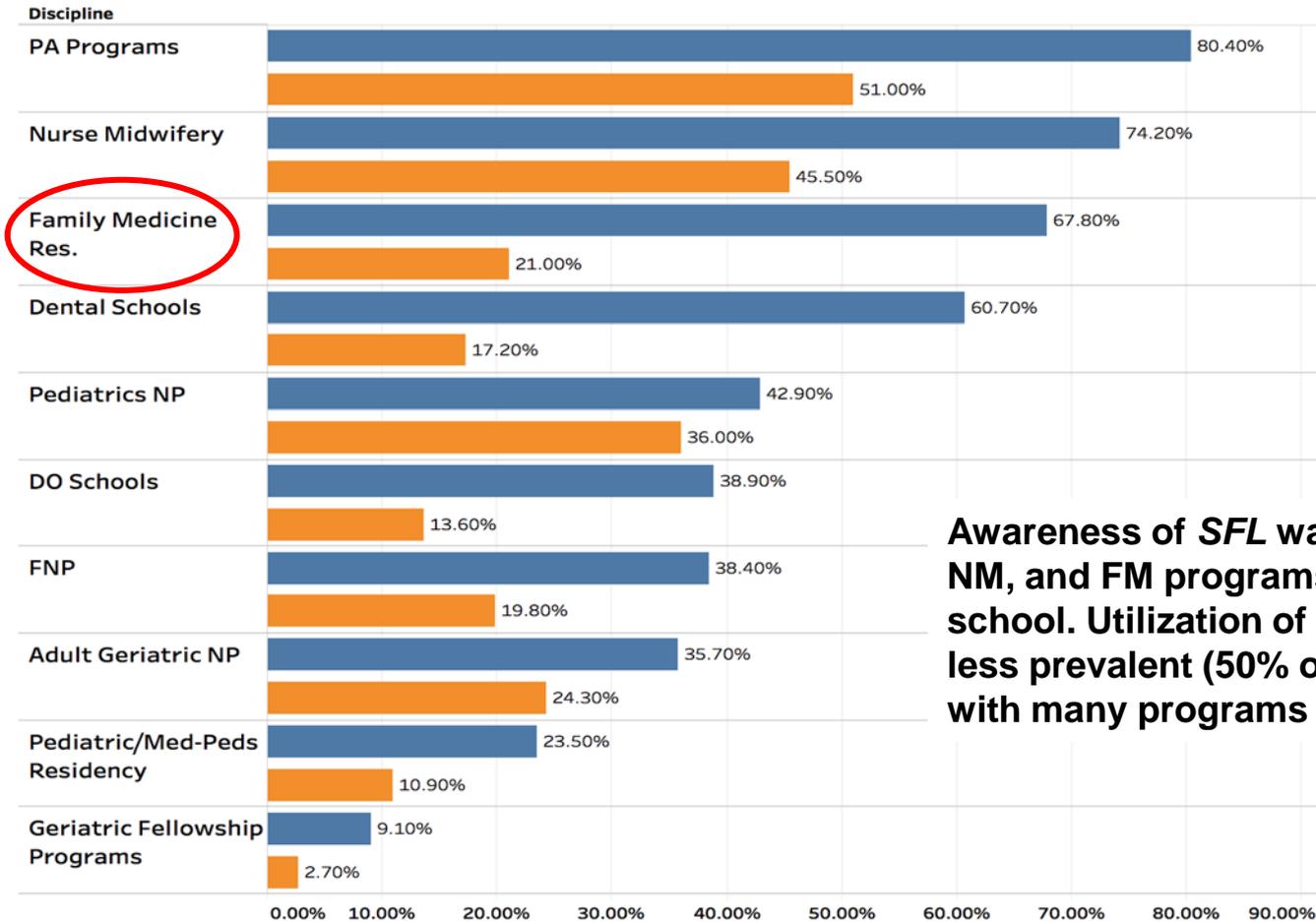
# Program Director's Satisfaction with Graduate Competence in OH



\*Percent of combined responses to "Agree and Strongly Agree" in one question

# Smiles for Life Curriculum Awareness and Utilization

Measure Names  
■ Awareness of SFL  
■ Utilization of SFL



**Awareness of SFL was highest (> 60%) for PA, NM, and FM programs, as well as dental school. Utilization of SFL was significantly less prevalent (50% or less) in all disciplines with many programs less than 20% use.**

# Lessons Learned

- Champions influence curriculum
- Time and lack of faculty expertise are still barriers
- Family Medicine is lagging behind other health professionals
- Family Medicine is aware of Smiles for Life but not using it

# Next Steps

- Need to overcome barriers of time and lack of faculty expertise by using on-line teaching for residents – [www.smilesforlifeoralhealth.org](http://www.smilesforlifeoralhealth.org)
- Need to create more champions – partner with STFM for a visiting professor program or oral health champion institute
- Need to bring together dental and non-dental departments

# Questions / Comments

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