

Global Health Starter Kit for Pre-Doctoral Dental Education

Module 3: Back to Basics-Primary Care

The process of creating and designing this module took place in the following order:
Competencies → Learning Objectives → Evaluation Metric → Content → Pedagogy → Evaluation Measure

Module	Themes	Related Competencies	Collaborating Author (with Brittany Seymour- project PI)
3	Oral health, general health, and primary care; Alma Ata revisited	1.2.2, 1.2.3, 2.1.3, 2.1.4, 2.1.6, 2.1.7, 3.3.2	<u>Lisa Simon, DMD</u> Fellow in Oral Health and Medicine Integration Candidate, MD Class of 2020 Harvard Medical School <u>Carlos Faerron, MD, MSc</u> Founder and Director Inter American Center for Global Health <u>Hugh Silk, MD</u> Professor Family Medicine and Community Health University of Massachusetts Medical School

Related competencies:

- 1.2.2. Identify and describe common (social) determinants of oral disease.
- 1.2.3. Identify and describe reciprocal links among oral disease, systemic diseases, and general health.
- 2.1.3. Promote general oral hygiene knowledge and skills, including tooth brushing twice a day with fluoride toothpaste and cleaning between the teeth.
- 2.1.4. Promote and apply other appropriate fluoride interventions.
- 2.1.6. Promote essential oral health knowledge and skills for expectant mothers and parents to enable appropriate self-care and care for their children,
- 2.1.7. Educate, counsel, recognize, and act on the links between oral health/disease and systemic health/disease.
- 3.3.2 Demonstrate leadership in providing information, education, and planning for oral health to non-dental professionals and community members.

Learning Objectives:

- Explain why there is a continued interest in primary care since the original Alma Ata*
- Define how primary care can assist with successful health promotion and disease prevention, including oral diseases
- Describe how primary care can be designed to meet current and emerging global health needs, including through workforce design and development
- Discuss how oral health care and primary care services can be integrated

(*The Alma Ata was a key international primary care conference in 1978; information on the conference is found in this module)

Evaluation metric:

Pass:

- Student is able to explain that universal health coverage is a target of the global goals and describe at least two ways primary care can assist in meeting that target (e.g. reach many people early, reduce costs through prevention and early intervention, focus on risks and

determinants of disease and not just curative care, focuses on population needs rather than priority diseases, etc.)

- Student can list at least three main features of primary care (e.g. balances prevention and treatment, treats based on need instead of priority disease, focuses on a long-term patient-provider relationship, considers determinants of disease across the lifecycle, etc.)
- Student can name at least four examples of disease prevention approaches that can be met through primary care services (e.g. diet counseling, smoking cessation support, disease screenings and risk assessments, oral hygiene instruction, fluoride varnish application, oral screenings, etc.)
- Student can generally describe at least two major innovations for oral health integration into primary care services from the module (e.g. the oral health care continuum model, dentists screening for diseases such as cardiovascular disease and diabetes, alternative workforce models such as therapists, nurses, and/or physicians providing services, alternative payment schemes such as medical insurance covering oral health services such as oral screenings and fluoride varnish application by NPs or physicians)

Critical Error:

- Student is unable to describe a link between the global goals, universal health coverage, and primary care
- Student is unable to list at least two ways primary care helps to meet the objectives of universal health coverage
- Student cannot list at least two main features of primary care
- Student cannot name at least two examples of disease prevention approaches that can be met through primary care, related to oral diseases and/or systemic diseases with which they are associated
- Student cannot describe at least two examples of innovations for oral health integration into primary care services

Content: The connection between oral health and overall health, oral and systemic disease associations, the integration of oral health and primary care, workforce and policy implications

Pedagogy:

Lecture: Interactive Presentation

In-class activity: Declaration of Alma-Ata, The Oral Health Version

Pre-readings:

- Manski RJ, Hoffmann D, Rowthorn V. Increasing Access to Dental and Medical Care by Allowing Greater Flexibility in Scope of Practice. *Am J Public Health*. 2015 Sep;105(9):1755-62.
- Stigler FL, Macinko J, Pettigrew LM, Kumar R, van Weel C. No universal health coverage without primary health care. *Lancet*. 2016 Apr 30;387(10030):1811.
- Donoff B, McDonough JE, Riedy CA. Integrating oral and general health care. *N Engl J Med*. 2014 Dec 11;371(24):2247-9.

Evaluation method: This module can be effectively evaluated using short answer, essay, or multiple-choice questions. The evaluation metric may be used to inform short answer questions, the following questions may be used, or the instructor may wish to write the evaluation based on how the module was taught and what was covered.

1. Primary care can assist in achieving the goal for universal health coverage through which of the following:

- a. By concentrating predominantly on high-quality clinical care and specialized services.
- b. By creating a people-centered approach to care that addresses the needs of the population rather than certain priority diseases.
- c. By eliminating fragmented and costly health care delivery structures.

d. Both b and d

e. All of the above.

2. Which of the following is/are example(s) of an integrated, primary care approach for disease prevention?

- a. Fluoride varnish placement by nurse practitioners
- b. Medical insurance plans reimbursing for dental procedures
- c. Diabetes screening by dentists
- d. Caries screenings by pediatricians

e. Any of the above

3. Which of the following is the best example of the common risk factor approach for non-communicable diseases in a primary care setting?

a. Smoking cessation counseling

- b. Placing sealants on the first molars
- c. Community water fluoridation
- d. Periodontal scaling and root planing