The Integration of Oral Health in Primary Care: Interdisciplinary Research Initiative

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Primary care is defined as “a set of universally accessible first-level services that promote health, prevent disease, and provide diagnostic, curative, rehabilitative, supportive and palliative services” (1).

Primary care is the mainstream of any robust health care system as it leads to better health outcomes and lower health care expenditure (2, 3). The primary care concept encourages bringing together health professionals from different disciplines and sectors to improve service efficiency, quality of health services and thus to reduce differences in access and utilization of services between geographical and socio-economic groups (4). However, in most Canadian provinces, the dental workforce is not present in community primary health care systems because of the lack of public-private partnership (5, 6).

Historically, the private sector has been responsible for providing oral health care service. This mode of service does not ensure equity in oral health care and services, mainly because of two factors: high costs of dental care and the shortage of dentists offering services to vulnerable and disadvantaged communities (7,8). Moreover, demographic changes including the aging of the population, a growing immigrant population, as well as economic compression and the increasing cost of dental care necessitate managing shared care networks (9-18).

Integrated care models emphasize the importance of providing services that meet the needs of people with multiple health and social problems (19,23). There is thus a need for models that provide better access to oral health care through multi/interdisciplinary care. The integration of dental care into primary care and services would be a potential approach to creating opportunities for the dental workforce to become more involved in community-based practice and to assume shared responsibility with health care professionals to address the unmet oral health needs of those experiencing vulnerability and marginalization (24-26).

Rooted in the Alma-Ata Declaration, the Primary Oral Health Care (POHC) approach has been recognized as a promising solution for the challenges of dental service provision, especially with rural, remote and Aboriginal communities (24-27). The POHC approach puts emphasis on prevention, community involvement, local leadership and a multisectorial approach to address equity, population-centred service delivery, governance and public policy (2).

During the last decade, a number of oral health integrated primary health care models have emerged worldwide to address these challenges and WHO policies give priority to this approach (24-26). However, the concept of integrating oral health into primary care is still unclear and hampered by a lack of systematic understanding.

Therefore, it is our responsibility as the oral health research communities, educators and dental health care providers to start breaking the boundaries of dental workforce and primary care and provide a springboard toward this initiative. ...continued on page 7...
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To this end, Dr Emami, CIHR Clinician Scientist at Université de Montréal, in collaboration with Dr Couturier, Canada Research Chair in Professional Integration Practices of Gerontology Services at Université de Sherbrooke, have put together an interdisciplinary team of researchers from different disciplines, clinicians, policy makers and stakeholders and started a series of research activities and research training to facilitate the implementation of innovative models of care that meet the oral health needs of people with complex health and social problems.

The research team along with their PhD student, Mrs Hermine Harnagea, at the School of Public Health at Université de Montréal are presently working on a CIHR-funded project to synthesize a conceptual and theoretical paradigm of oral health integrated primary care. The team are also collecting data on the perspectives of primary care providers on the integration of oral health in public sectors in rural and urban settings to foster mutual understanding across major stakeholders. The knowledge gained through these projects will be an evidence-based synthesis of components of oral health integrated primary care and its effectiveness. This evidence can provide insight on barriers and facilitators and will be transferred to appropriate knowledge users to enhance policy decisions and practice change through encouraging collaboration. Eventually, the research team aims to examine the impact of the primary oral health care approach on prevention of oral diseases such as caries in high-risk populations such as rural, remote and Aboriginal communities, frail seniors, new immigrants and those with low socio-economic status.

Dr. Emami and her research team are looking forward for creating a primary oral health care research network and would like to take the opportunity to invite those who are interested in this collaborative effort to join us in this lead.

References:

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