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The Siloed Effect: Connecting the Health Equity Dots in the Oral Health Industry

Dwinta M. Tyler Ph.D.
nita@theequityprojectllc.com

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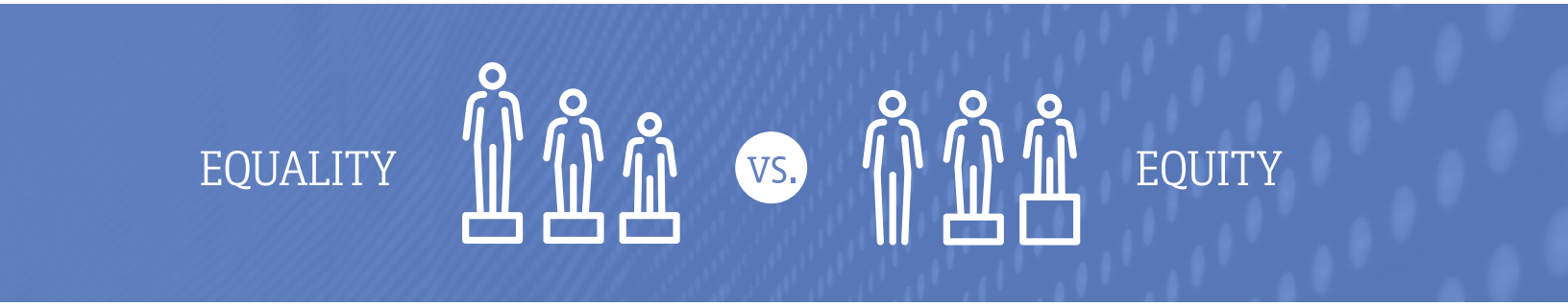
OP-ED BY DWINITA MOSBY TYLER, PH.D.



ABOUT THE AUTHOR

Dr. Dwinita Mosby Tyler is the Chief Catalyst and Founder of The Equity Project, LLC. She is an accredited consultant by the Georgetown University National Center for Cultural Competence and earned a Cornell University Diversity & Inclusion Certification. Dr. Mosby Tyler is nationally recognized for her equity work with non-profit, government and corporate organizations. She has a Ph.D. in organizational leadership, a master's degree in management and a bachelor's degree in education.

With today's illuminated focus on health, we can more clearly see the impact of what years of siloed examination has done to the lived experiences of the American public. "Health" has, over time, become a synonym for disease management and has left out the importance of preventative health, mental health and oral health. The realities of our institutional designs and strategies to provide sick care versus healthcare is also a culprit in this matter. In many ways, we have built an infrastructure for care that subliminally tells the patient they should enter the doors only when they are in crisis. This "wait until you're in crisis before you come" belief is seen more prominently in communities of color.

There are two lanes. Sick care is one of those lanes and is about taking care of those who are already suffering from some condition or other. Healthcare, on the other hand, is a lane designed to ensure people work towards being healthy and take the right steps not to fall sick or develop a disease. Our ability to understand the drivers to each lane is key. Our ability to discuss the totality of healthcare in a non-siloed manner is also key. We should be talking about the health and wellness of the whole body; each component part being examined in relationship to the other. We should also break our pattern of overlooking oral health as a critical component of overall health. We must understand the impact of oral health on the rest of the body.

In the work of health equity, we must address two major issues: (1) Cognitive Fixedness – a mindset in which we consciously or unconsciously assume there is only one way to interpret or approach a situation and (2) Structural Fixedness – our tendency to create a strong association with a structure, resulting in difficulty considering an alternative structure or order. These fixedness factors are a part of our inability to connect all the moving parts to establish the totality of good health. This fixedness factor or lack of understanding of alternative ways to interpret health issues can be solved by looking, more proactively, at systemic barriers to health.

Oral health should always be explained in a way that shows the impact on the rest of the body. Oral health equity should be an easily understood explanation of how fair and just the procedures of dental care really are; making patients feel valued throughout the process. Oral health equity means we must understand the barriers and challenges (this is how we disrupt our fixedness) to achieving oral health. The NIHCM Foundation (nihcm.org) articulates barriers as:

BARRIERS & CHALLENGES TO ACHIEVING ORAL HEALTH

PROVIDER SHORTAGE

56 MILLION

Americans live in dentist shortage areas

ACCESS TO FLUORIDATED WATER

100 MILLION

Americans don't have access to fluoridated tap water

FINANCIAL BARRIERS

MORE LIKELY

Black & Hispanic people are more likely to encounter cost barriers to oral healthcare

LACK OF TRANSPORTATION

LACK OF CHILDCARE OR WORK LEAVE ISSUES

DURING THE PANDEMIC More than 6 million American adults lost their dental insurance. Many delayed getting care due to finances, lack of insurance and fear of exposure to the virus. Many dental offices were closed early on in the pandemic except for emergency care contributing to the delay in care.

DISPARITIES IN ORAL HEALTH BEFORE THE PANDEMIC

Prioritizing oral health is challenging when people are struggling with additional systemic health conditions, food, and housing insecurity.

INCOME-BASED DISPARITIES

UNTREATED CAVITIES

40%

of low-income adults have up to 3 affected teeth

Low-income adults had twice as many mild to moderate untreated cavities & 3x more severely untreated cavities

UNMET DENTAL NEEDS

FINANCIAL

constraints listed as main reason for non-elderly adults

LOW-INCOME CHILDREN

15% LESS LIKELY

to have dental sealants

Low-income children are twice as likely to have untreated cavities compared to higher-income children

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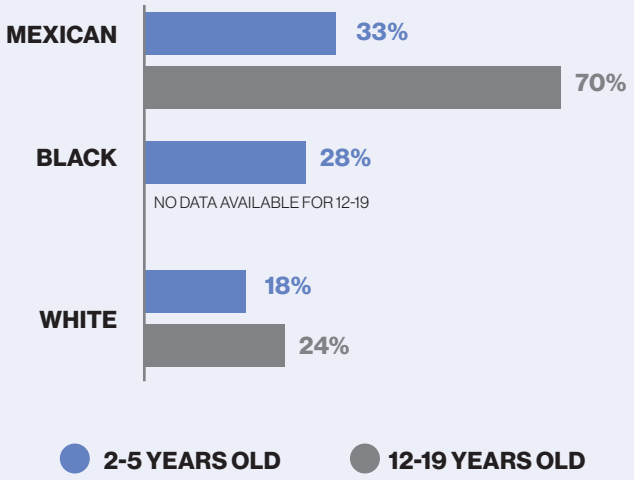
RACIAL & ETHNIC DISPARITIES

PERCENTAGE OF CHILDREN WHO HAD CAVITIES

Based on data from 2011-2016



AMERICAN INDIANS & ALASKA NATIVES

Based on data from 2014

4x DECAY

AI/AN preschool children have the highest level of tooth decay, more than 4x higher than White children

75%

of AI/AN children have experienced tooth decay by age 5

CONTINUED

If we can more effectively deduce the systemic issues related to poor health and health inequities, we unearth the opportunities to create change. If we know, for example, that there are systemic issues with oral health in 2–5-year-old children, would we not coordinate with early childhood education programs to institutionalize dental care and education? In addition, can we use predictive modeling to illustrate, potentially, what happens to the overall health of an adult, Mexican person's health outcomes if they have no dental care? What impact does this have on other parts of the body?

Oral health equity will call for the disruption of current ways of thinking about health. There is a very literal connection between oral health, mental health and general physical health. In today's complex society, we are focusing a great deal on strengthening mental health. Interestingly, Dr. Susan Albers, PsyD, a psychologist for Cleveland Clinic shares, "Dentists are sometimes the first professional to identify and diagnose a mental health and issue and they make a lot of referrals to counselors and therapists," (newsroom.clevelandclinic.org).

This powerful information, as described by Dr. Albers provides an open-untold story that the health of a person's teeth can give important clues about their stress level, mood, anxiety and the presence of chronic eating disorders. For example, if the patient struggles with anxiety, they may have worn enamel on their teeth due to grinding or clenching their jaws. Depression can affect a person's desire to take care of their teeth. Mental health issues can increase your perception of pain, thereby causing avoidance of going to the dentist.

The key is in the disruption. The disruption is in our cognitive and structural fixedness. The fixedness is about our historical silos of health. The silos are the ways in which we have segregated parts of the body and explored them separately without considering the impact each has on the other. The impact is whole-body connectedness that is cared for in healthcare and not sick care frameworks. Healthcare then becomes equitable care. Equitable care becomes our norm and our new reality. ■