Episode: **Author Interview: “Health Equity Needs Teeth”**

Guest: Myechia Minter-Jordan, MD, MBA
Host: Tim Hoff
Transcript by: Cheryl Green

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[bright theme music]

TIM HOFF: Welcome to another episode of the Author Interview series from the *American Medical Association Journal of Ethics*. I’m your host, Tim Hoff. This series provides an alternative format for accessing the interesting and important work being done by Journal contributors each month. Joining me on this episode is Dr Myechia Minter-Jordan, the President and Chief Executive Officer of the CareQuest Institute for Oral Health in Boston, Massachusetts. She’s here to discuss her article coauthored with Drs Eleanor Fleming and Julie Frantsve-Hawley, *Health Equity Needs Teeth*, in the January 2022 issue of *The Journal, Inequity Along The Medical/Dental Divide*. Dr Minter-Jordan, thank you so much for being here. [music fades out]

DR MYECHIA MINTER-JORDAN: Thank you for having me.

HOFF: So, to begin with, what's the main ethics point being made in your article?

MINTER-JORDAN: Thanks for that question. So, my colleagues and I wrote this article because we wanted to make it clear that oral health is directly tied to overall health, but the fact that we separate them is creating adverse impacts, particularly for marginalized populations, but I would say for all Americans. Too many people lack access to oral health care, and that needs to change. And that’s why at the CareQuest Institute for Oral Health, we work on creating a more integrated, accessible, and equitable oral health care system for all. We feel that we are doing our communities a disservice by separating medical and dental care. And a lot of people don’t realize that oral health is related to many overall health conditions, including cardiovascular disease, diabetes, obesity, and many others. And as clinicians, we have a responsibility to help create a health care system that addresses the needs of the whole person.

We also came with the premise that people without critical access to preventive oral health care often wait until their pain is unbearable to seek treatment. And because they don’t have a dental home, either due to lack of insurance or an inability to pay out of pocket, they wind up in an emergency department. Emergency departments are equipped to deal with pain management, but without addressing the root cause of the issue, the pain will very likely come back. This approach, as we know, does not eliminate the oral health problem, but rather delays care and frequently results in repeated emergency department visits. Instead of enabling patients to get the care from a dental provider, we’re providing short-term fixes to a longer-term problem.

HOFF: And what do you see as the most important thing for health professions students and trainees at the beginning of their careers to take from your article?

MINTER-JORDAN: So, I got into the medical field because I truly believe that there’s a better way to treat the whole person. And in particular, my work previous to now at a community health center was really focused on how do we integrate care and better
address the needs holistically of the patients that we serve? So, part of that, what I’d like for the medical students and trainees to take away from this is that we need to shift from an intervention to a prevention mindset.

One of the things that I encountered when I began my work at a community health center was that we had children in a Head Start and Early Head Start program that we were putting under anesthesia in order to fix their caries, their cavities. And as I took on the role of Chief Medical Officer initially there, I realized that this could not be the way in which we were managing care for our pediatric population, and I could very easily see the longer-term impacts of it. So, as a physician, I had to dig deeper, I had to be curious, and I had to really leverage all of the assets at the community health center to focus on prevention and value-based care so that we could begin to really address the root issues, the root issues of poor oral health, and prevent unnecessary interventions.

So, I hope that students and trainees feel compelled to be curious to explore ways to be part of the solution. They can challenge assumptions and reimagine how we can treat the whole person more equitably through an integrated health care system. Some ways that students can do this are engaging in professional education across the board, regardless of your medical training; understanding the importance of cross-disciplinary teams and the advantage that those teams bring to treating patients more holistically; and also, to continue to seek out information. This will change over the course of your career, but it’s essential that you always keep the patient at the center of what you do. Consider the impact that social determinants of health have on the patients' access to care and equity, and maintain a holistic approach to patients’ health and well-being.

HOFF: And to wrap up, if you could add a point to your article that you didn’t have the time or space to fully explore, what would that be?

MINTER-JORDAN: Yeah, I wish I could limit it to one more point.

HOFF: [chuckles]

MINTER-JORDAN: But I think this issue is so broad that it really boils down to three.

HOFF: Sure.

MINTER-JORDAN: If we want to improve health systems, we need to invest in training a more diverse workforce. I’ve seen firsthand the experience that patients have when they are in a culturally competent environment and when they see a provider that looks like them and/or understands their culture. Next, we need to be thinking beyond the clinical care setting and prioritize a system that’s focused on community health. When we think about oral health and its relationship to overall health, we need to be thinking about how and where we treat people. How can we empower patients to take charge of their health? How can we help them to navigate resources in a more strategic way through, for example, the use of community health workers? We need to be thinking about social determinants of health in how populations are impacted by things like food deserts, transportation issues, time constraints, child care, and so much more. And lastly, we must transform our approach to care by breaking down outdated funding mechanisms, integrating medical and dental care locations, enabling technology systems to talk to one another. Taking steps like these would facilitate referrals and provide a pathway to overall health and wellness for patients and populations. [theme music returns]
HOFF: Dr Minter-Jordan, thank you so much for your time today and for being on the podcast.

MINTER-JORDAN: Thank you. I really appreciate the opportunity.

HOFF: To read the full article and the rest of the January 2022 issue for free, visit our site, JournalofEthics.org. We'll be back soon with more Ethics Talk from the American Medical Association Journal of Ethics.