

Episode: ***Author Interview: Promoting Children's Health Equity With Medical-Dental Integration***

Guest: Ana Zea, DDS

Host: Tim Hoff

Transcript by: Cheryl Green

[Access the podcast.](#)

[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 Ana Zea, a Clinical Assistant Professor of Health Policy and Health Services Research and General Dentistry and the Director of Community-Based Education at the Henry M. Goldman School of Dental Medicine at Boston University in Massachusetts. She's here to discuss her article coauthored with Dr Michelle Henshaw, [Promoting Children's Health Equity With Medical-Dental Integration](#), in the January 2022 issue of *The Journal*, [Inequity Along The Medical/Dental Divide](#). Dr Zea, thank you so much for being on the podcast today. [music fades out]

DR ANA ZEA: Thank you very much for having me.

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

ZEA: Well, for years, we on the dental field have tried to tackle the issue of early childhood caries, which is a really rampant form of cavities that happen in children when they start teething, when they are very, very young. And that has serious consequences for them in terms of nutrition and speech and development. When it's advanced, it can be serious. It can cause a lot of pain. It's a chronic infection in the children's mouth, and it can even lead to systemic consequences. And so, we've tried to come up with ways to outreach to the community to try and educate the community, to provide preventive measures.

I should add that early childhood caries is entirely preventable if you follow correct oral hygiene and diet guidelines. But our challenge is that children usually don't get to the dentist until after they are about five years old or in the school age, and we recommend that they visit us as early as one year of age. But at this moment, not all of the dentists are comfortable seeing children that young, and not all of the parents see the importance of adhering to these recommendations.

And so, on the counter side, children do see their physicians very regularly from birth up to a year of age. So, we feel like we need to partner with our physician colleagues and try and get them involved into preventing this serious disease. And there is a simple way to do it, and it's just providing screenings and fluoride varnish application during well child visits.

And so, in reviewing the literature for the work that we did, we found that although there has been a lot of promotion of the idea of medical-dental integration, meaning physicians integrating dental care within their well child visit appointments, it really, it has been challenging to come up with a model that is sustainable. And what we were excited to find at this particular site was that it is, it was a very cost-effective program that has been

sustained over the years. And we feel that just putting this information out there is important, and our physicians that will review this information may be encouraged to try and implement a similar model in their practice.

HOFF: What do you see as the most important thing for health professions students and trainees to take away from your article?

ZEA: I think both in the medical field and in the dental field, the accreditation bodies are trying to incorporate interprofessional standards for accreditation of educational institutions.

HOFF: Mmhmm.

ZEA: I would encourage students to take any opportunities they have to enhance those skills to know how to interact with professionals from other health professions. Because in the future, we hope that we can provide every child a dental home from year one. Whether it's their pediatrician who provides the services or the dentist who provides them, we hope that every child can get to some level of dental prevention at age one.

HOFF: Hmm. And finally, if you could add a point to your article, either in the data collected or in the discussion surrounding the data you were able to collect, what would that be?

ZEA: Well, I would've liked, the work that we did was intended to compare two different sites that were part of the same pilot and implemented the same program. Unfortunately, one of our important findings that is not in this article because it couldn't be published, it was the fact that the other site had some issues with their tracking of the services they were providing in the electronic records.

HOFF: Mm.

ZEA: So, the information couldn't be compared. And so, we focused our article on this one successful story, but we would've liked to highlight some challenges that other sites have encountered so that we could illustrate the things that this site did well for other providers that are trying to implement similar programs. [theme music returns]

HOFF: Dr Zea, thank you so much for your contribution to the Journal this month and for being on the podcast with me.

ZEA: I appreciate your time and thank you very much for having me here.

HOFF: To read the full article and the rest of the January 2022 issue for free, visit our site, [JournalofEthics.org](https://www.journalofethics.org). For all of our latest news and updates, follow us on [Twitter](#) and [Facebook @JournalofEthics](#). We'll be back soon with more *Ethics Talk* from the *American Medical Association Journal of Ethics*.