# Using Oral Health Equity Data to Improve Patient Care

CareQuest Institute Continuing Education Webinar

May 18, 2023

CareQuest
Institute for Oral Health®

# Housekeeping

- We will keep all lines muted to avoid background noise.
- We will send a copy of the slides and a link to the recording via email after the live program.
- We'll also make the slides and recording available on carequest.org.

## To receive CE Credits:

- Look for the evaluation form, which we'll send via email within 24 hours.
- Complete the evaluation by **Friday, May 26.**
- Eligible participants will receive a certificate soon after via email.

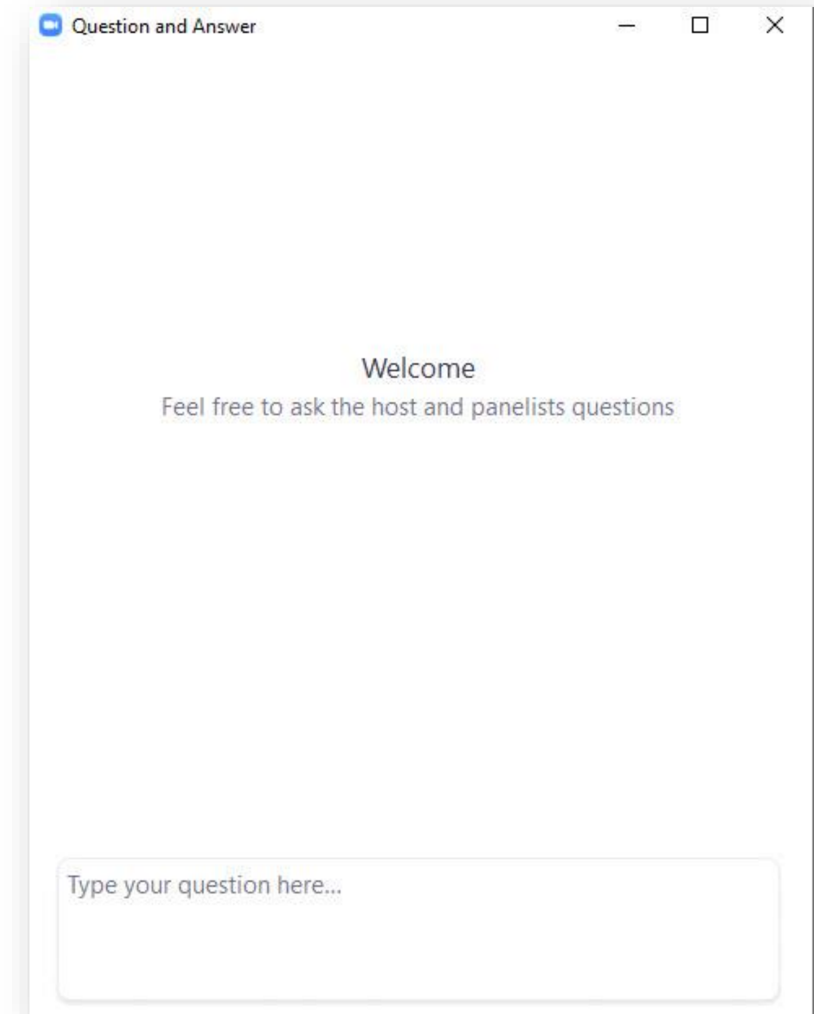
**We appreciate your feedback to help us improve future programs!**

The CareQuest Institute for Oral Health is an ADA CERP Recognized Provider. This presentation has been planned and implemented in accordance with the standards of the ADA CERP.

*Full disclosures available upon request

# Question & Answer Logistics

- Feel free to enter your questions into the **Question & Answer box** throughout the presentations.
- We will turn to your questions and comments toward the end of the hour.




CareQuest Institute for Oral Health®

# Our Strategy

## Vision
A future where every person can reach their full potential through excellent health

## Mission
To improve the oral health of all

## Purpose
To catalyze the future of health through oral health

CareQuest
Institute for Oral Health®

# Using Oral Health Equity Data to Improve Patient Care

**WEBINAR | Thursday, May 18, 2023 | 4–5 p.m. ET | ADA CERP Credits: 1**

**MODERATOR**

**Grace Wang, MD, MPH, FAAFP**
Senior Fellow Public Health Integration & Innovation, National Association of Community Health Centers

**PRESENTER**

**Rosy Chang Weir, PhD**
Director of Research, Association of Asian Pacific Community Health Organizations

**PRESENTER**

**Huong Le, DDS, MA**
Chief Dental Officer, Asian Health Services

# Using Oral Health Equity Data to Improve Patient Care

CareQuest Institute for Oral Health

May 18, 2023

# THE NACHC MISSION

## America’s Voice for Community Health Care

The National Association of Community Health Centers (NACHC) was founded in 1971 to promote efficient, high quality, comprehensive health care that is accessible, culturally and linguistically competent, community directed, and patient centered for all.

NATIONAL ASSOCIATION OF Community Health Centers®

# NACHC's STRATEGIC PILLARS

1

### Equity and Social Justice

Center everything we do in a renewed commitment to equity and social justice

2

### Empowered Infrastructure

Strengthen and reinforce the infrastructure for leading and coordinating the Community Health Center movement, notably consumer boards and NACHC itself

3

### Skilled and Mission-driven Workforce

Develop a highly skilled, adaptive, and mission-driven workforce reflecting the communities served

4

### Reliable and Sustainable Funding

Secure reliable and sustainable funding to meet increasing demands for Community Health Center services

5

### Improved Care Models

Update and improve care models to meet the evolving needs of the communities served

6

### Supportive Partnerships

Cultivate new and strengthen existing mutually beneficial partnerships to advance the shared mission of improving community health

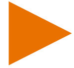
**To learn more about NACHC's Strategic Pillars visit [https://www.nachc.org/about/about-nachc/](https://www.nachc.org/about/about-nachc/)**

# Learning Objectives

- Explain how oral health equity data gaps impact oral health care for unique patient populations, including Asian Americans, Native Hawaiians, and Pacific Islanders.
- Identify specific roles and remedies to eliminate oral health equity data gaps.
- Recognize the value of disaggregated data in developing public policies to achieve health equity.
- Discuss how to use oral health equity data to improve care for unique patient populations.

# Agenda

1 Introduction



2 Recommendations to improve oral health disparities for AA and NH/PI communities

3 Achieving health care equity with data

4 Conclusion

5 Question & answer

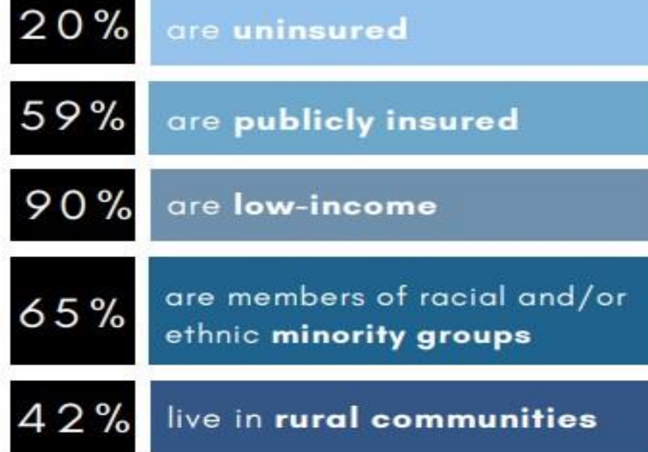
**Community health centers** are nonprofit, **patient-governed** organizations that provide high-quality, **comprehensive primary health care** to America's **medically underserved communities**, serving **all patients** regardless of income or insurance status.

**In 2021, for the first time in a single year, health centers served over**

# 30 million patients

Over 1,400 Community Health Centers and Look-alike organizations provided care at more than 14,000 locations across the country in 2021.

**1 in 11** Americans are health center patients, of whom:




**Health centers are the health care home for many of America's historically underserved communities, including:**

**1 in 5** UNINSURED AMERICANS

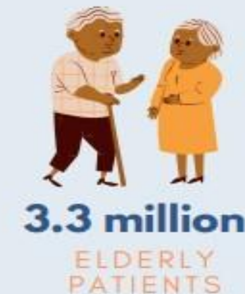
**1 in 3** AMERICANS LIVING IN POVERTY

**1 in 5** RURAL AMERICANS

**1.3 million** PEOPLE EXPERIENCING HOMELESSNESS

**8.6 million** CHILDREN

nearly **400,000** VETERANS



**3.3 million** ELDERLY PATIENTS

# TODAY

Community Health Centers expand equity and access to a wide range of high-quality services, preventing unnecessary emergency room and hospital visits.

**$24 Billion**
in savings to the Health System annually.

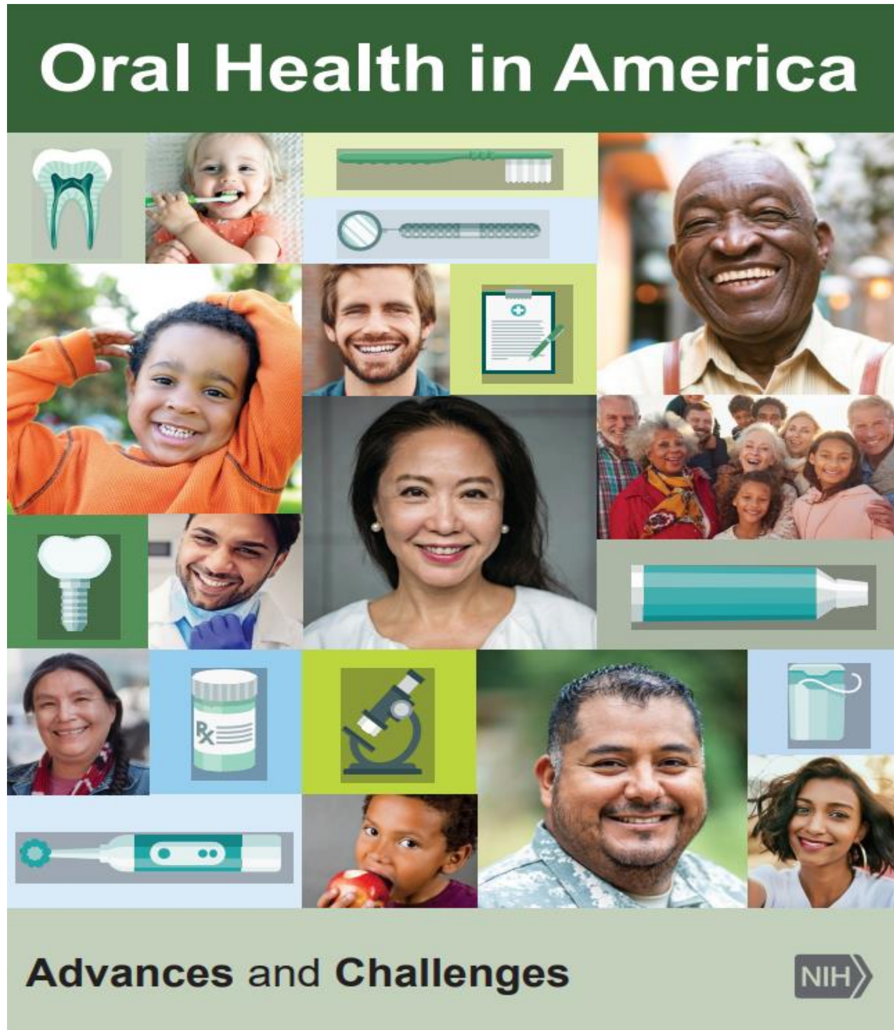
## 29M Virtual Visits

22.2M Patients provided **Vaccines** (72% for racial/ethnic minorities)

5.7M Patients provided **Dental Services**

2.7M Patients provided **Mental Health Services**

285K Patients provided **Substance Use Treatment**




# Oral Health in America

- Comprehensive 790-page national report released 12/21
- More than 40 graphs/tables with population comparisons but **only one (1) with Asian American (AA), Native Hawaiian and Pacific Islander (NH/PI) data**

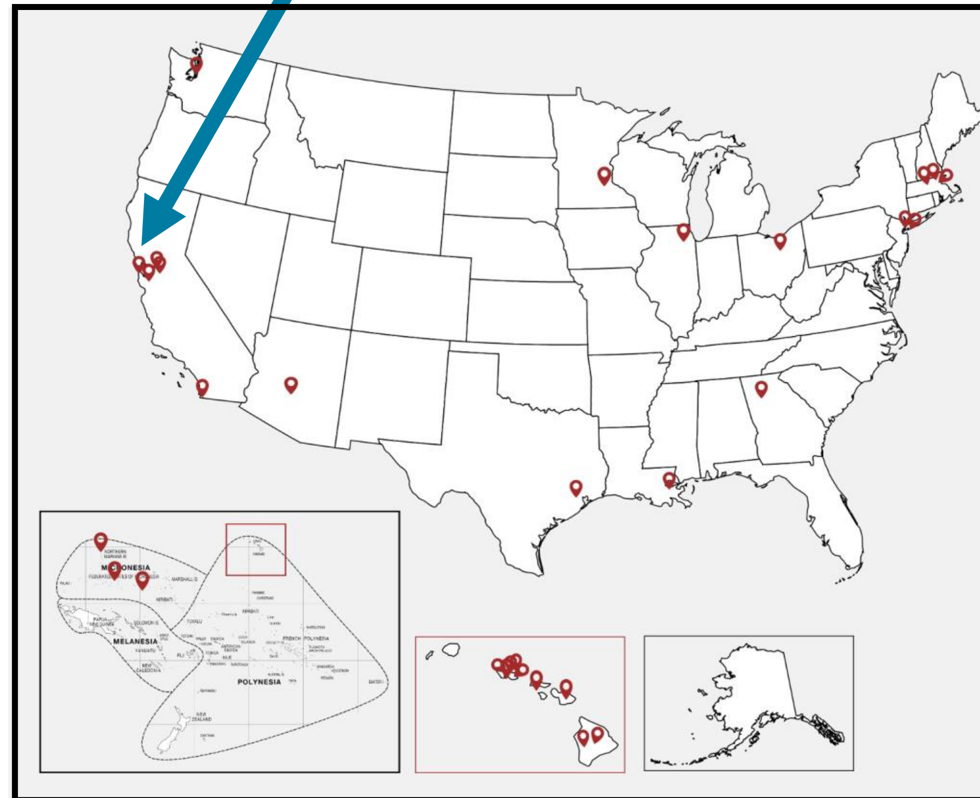
# What do we do?

**29** member organizations including

**25** Federally Qualified Health Centers across

**11** U.S. states,
**1** U.S. territory and
**1** FAS nations

Serving over **650,000** patients annually



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# Recommendations to Improve Oral Health Disparities for Asian American, Native Hawaiian, And Pacific Islander Communities

Rosy Chang Weir, PhD
Director of Research
May 18, 2023

# Asian Americans (AAs), Native Hawaiians (NH), Pacific Islanders (PIs)

- Asian Americans (AAs), Native Hawaiians (NH), and Pacific Islanders (PIs) are the fastest-growing racial or ethnic group with **over 23 million residents** living in the continental U.S., Hawai'i, U.S. Territories, and COFA nations
- AA, NH, and PIs represent **more than 50 racial and ethnic groups** and **over 100 languages spoken**
- AAs in the U.S. **grew 81%**, from roughly 10.5 million to 18.9 million people (2010 to 2019)
- NH/PIs **grew 61%,** from roughly 370,000 to 596,000 people (2010 to 2019)
- AA, NH, and PIs are not only varied in country of origin, but have **heterogeneous health risks**, likely reflecting differences in genetic, socioeconomic, and environmental factors

# Challenges with Collecting Data

- The "Model Minority" Myth
  - The assumption that Asians are well to do; health care disparities are not an issue

- Research on health conditions including oral health reports Asian as one race or as "Other"

- Education - 51% of Asian Americans over age 25 have a bachelor's degree, compared with 30% of all Americans; however, there is a wide range among subgroups, from 9% among Bhutanese to 72% among Indians

- When disaggregated, data describe a broad range among subgroups, including highest compared with lowest median household incomes ($100,000 for Indian compared with $36,000 for Burmese) and lowest compared with highest poverty rates (7.5% for Filipino and Indian groups compared with 35% for Burmese) and health conditions vary for each subgroup.

| Oral Health Indicators | Data Source | Availability of AA,NH, PI Data |
|---|---|---|
| Visits to dentist or dental clinic among adults aged >=18 years | CDC, 2016 | **None** – only White, Black, Hispanic, Other, Multiracial |
| All teeth lost among adults aged >= 65 years | CDC, 2016 | **None** – only White, Black, Hispanic, Other, Multiracial |
| Six or more teeth lost among adults aged >=65 years | CDC, 2016 | **None** – only White, Black, Hispanic, Other, Multiracial |

Source: CDC > Division of Population Health > Chronic Disease Indicators

# Recommendations

**Disaggregate race and ethnicity data and increase collection of social risk data**

- Disaggregate race and ethnicity data
- Screening for and collecting data on social risk factors

# Example: Disaggregated AA, NH, PI Data in AAPCHO Data Warehouse

| Ethnicity | # of Patients (%) | Ethnicity | # of Patients (%) |
|---|---|---|---|
| Chinese | 102,734 (51.11%) | Mien | 400 (0.20%) |
| Native Hawaiian | 26,221 (13.05%) | Laotian | 376 (0.19%) |
| Filipino | 9,619 (4.79%) | Tongan | 319 (0.16%) |
| Vietnamese | 4,606 (2.29%) | Guamanian/Chamorro | 116 (0.06%) |
| Samoan | 4,319 (2.15%) | Thai | 96 (0.05%) |
| Japanese | 1,727 (0.86%) | Other Asian | 8,541 (4.25%) |
| Korean | 1,539 (0.77%) | Other Pacific Islander | 1,407 (0.70%) |
| Cambodian/ Khmer | 1,308 (0.65%) | Mixed AA,NH, PI | 1,077 (0.54%) |
| Micronesian | 1,202 (0.60%) | | |

Source: UCLA AAPI Nexus – AAPCHO Data Warehouse Paper, Table 4

# What does PRAPARE Measure?

| Core | |
|---|---|
| 1. Race* | 10. Education |
| 2. Ethnicity* | 11. Employment |
| 3. Veteran Status* | 12. Material Security |
| 4. Farmworker Status* | 13. Social Isolation |
| 5. English Proficiency* | 14. Stress |
| 6. Income* | 15. Transportation |
| 7. Insurance* | 16. Housing Stability |
| 8. Neighborhood* | |
| 9. Housing Status* | |

* UDS measures are automatically populated into PRAPARE EHR templates.

| Optional | |
|---|---|
| 1. Incarceration History | 3. Domestic Violence |
| 2. Safety | 4. Refugee Status |

| Optional Granular | |
|---|---|
| 1. Employment: How many hours worked per week | 3. Insurance: Do you get insurance through your job? |
| 2. Employment: # of jobs worked | 4. Social Support: Who is your support network? |

**Find the tool at www.nachc.org/prapare**

# PRAPARE® SDOH Data: Disaggregation Example

| PRAPARE Raw Frequency Measures | | | | |
|---|---|---|---|---|
| **Instructions: Please fill out the purple highlighted boxes with your PRAPARE data.** | | | | |
| **Ethnicity: Are you Hispanic or Latino?** | | | | |
| **Responses to report** | **Description of Numerator** | **Numerator** | **Denominator (POF)** | **% of POF** |
| No | # Non-Hispanic patients | | 0 | #DIV/0! |
| Yes | # Hispanic patients | | 0 | #DIV/0! |
| I choose not to answer this question | # Patients who refused | | 0 | #DIV/0! |
| Question not administered | # Patients who were not yet assessed | | 0 | #DIV/0! |
| Skipped question | # Patients who skipped question | | 0 | #DIV/0! |
| **Total (will equal total POF)** | | 0 | | |
| | | | | |
| **Race: Which race(s) are you? (check all that apply)** | | | | |
| **Responses to report** | **Description of Numerator** | **Numerator** | **Denominator (POF)** | **% of POF** |
| Asian | # Asian patients (see "RFMs-AA&PI detail" tab to report Asian ethnicities) | 0 | 0 | #DIV/0! |
| Native Hawaiian | # Native Hawaiian patients | | 0 | #DIV/0! |
| Pacific Islander | # Pacific Islander patients (see "RFMs-AA&PI detail" tab to report Pacific Islander ethnicities) | 0 | 0 | #DIV/0! |
| Black/African American | # Black/African American patients | | 0 | #DIV/0! |
| American Indian/Alaskan Native | # American Indian/Alaskan Native patients | | 0 | #DIV/0! |
| White | # White patients | | 0 | #DIV/0! |
| Other | # Other patients | | 0 | #DIV/0! |
| I choose not to answer this question | # Patients who refused | | 0 | #DIV/0! |
| Question not administered | # Patients who were not yet assessed | | 0 | #DIV/0! |
| Patient skipped question | # Patients who skipped question | | 0 | #DIV/0! |
| **Total (WILL NOT equal total POF)** | | 0 | | |
| **Special Measure:** Multiple Races | How many patients checked more than 1 race? (This is required for UDS and provides a more complete picture of patient population by race/ethnicity) | | 0 | #DIV/0! |

# PRAPARE® SDOH Data: Disaggregation Example

| **Instructions: You may choose to report Asian American & Pacific Islander detail race/ethnicity from your practice management or other system. Please fill out the purple highlighted boxes with your PRAPARE data which will calculate the totals and autopopulate to the "RFMs" tab.** | | | | |
|---|---|---|---|---|
| **Race: Which Asian American or Pacific Islander detail race/ethnicity are you? (check all that apply)** | | | | |
| **Responses to report** | **Description of Numerator** | **Numerator** | **Denominator (POF)** | **% of POF** |
| Chinese | # Chinese patients | | 0 | #DIV/0! |
| Vietnamese | # Vietnamese patients | | 0 | #DIV/0! |
| Filipino | # Filipino patients | | 0 | #DIV/0! |
| Korean | # Korean patients | | 0 | #DIV/0! |
| Asian Indian | # Asian Indian patients | | 0 | #DIV/0! |
| Japanese | # Japanese patients | | 0 | #DIV/0! |
| Other Asian | # Other Asian patients | | 0 | #DIV/0! |
| Please write in the Other Asian ethnicities represented (e.g., Pakistani, Cambodian, Hmong, Lao, Sri Lankan, etc.) | | | | |
| **Total Asian (WILL NOT equal total POF)** | | 0 | | |
| Samoan | # Samoan patients | | 0 | #DIV/0! |
| Chamorro | # Chamorro patients | | 0 | #DIV/0! |
| Tongan | # Tongan patients | | 0 | #DIV/0! |
| Fijian | # Fijian patients | | 0 | #DIV/0! |
| Marshallese | # Marshallese patients | | 0 | #DIV/0! |
| Other Pacific Islander | # Other Pacific Islander patients | | 0 | #DIV/0! |
| Please write in the Other Pacific Islander ethnicities represented (e.g., Palauan, Tahitian, | | | | |

# Recommendations

**Tailor health and social services that reflect the needs of AA and NH/PI patients**

- Invest in programs and care delivery models geared specifically towards AA and NH/PI patients
- Hire, train, and sustain AA and NH/PI non-clinical health care workforce.
  - Hep B United
    https://www.hepbunited.org/
  - Pacific Islander Diabetes Prevention Program
    https://aapcho.org/focusareas/pacific-islander-diabetes-prevention-program/
  - TB Elimination Alliance
    http://tb-cen.aapcho.org/

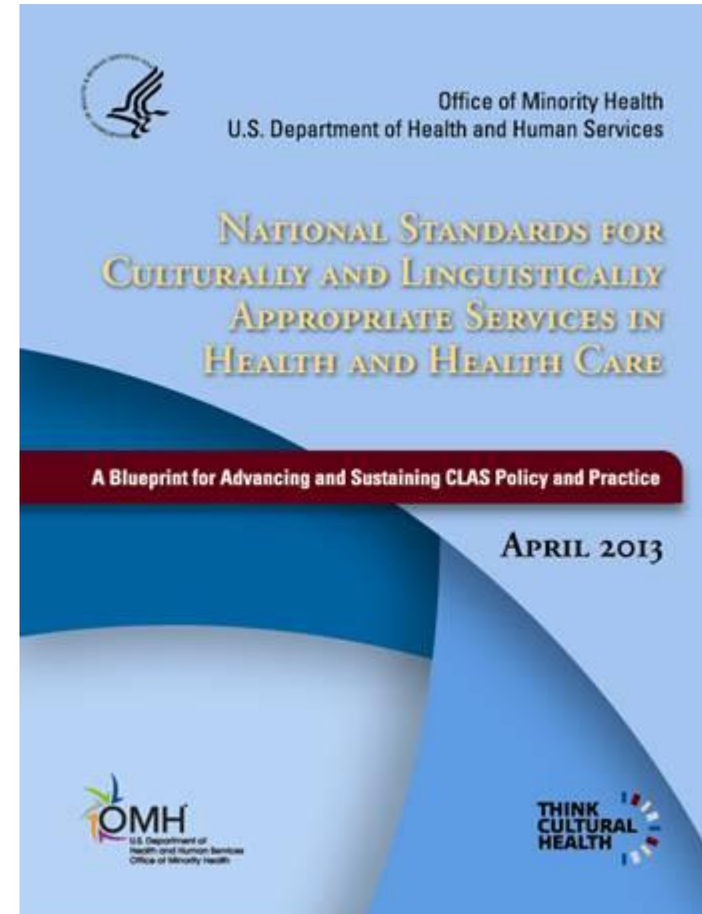
# What Are Culturally and Linguistically Appropriate Services (CLAS)?

Services that are respectful of and responsive to individual cultural health beliefs and practices, preferred languages, health literacy levels, and communication needs and employed by all members of an organization (regardless of size) at every point of contact.

OMH THINK CULTURAL HEALTH

# Where Can You Find More Information about the *National CLAS Standards?*

*National CLAS Standards: A Blueprint for Advancing and Sustaining CLAS Policy and Practice*




OMH THINK CULTURAL HEALTH

# Recommendations

**Cultivate and Sustain Community and National Partnerships**

- Promote cross sector community partnerships
- Leverage state and national networks, resources, and expertise

# Potential Changes to OMB Standards

- Establishing a single combined question format with minimum and detailed categories
- Six predetermined subgroups per ethnicity category:
  - Asian: Chinese, Filipino, Asian Indian, Vietnamese, Korean, Japanese, and a write-in field
  - NH/PI: Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, and a write-in field

**What is your race or ethnicity?**
*Select all that apply AND enter additional details in the spaces below.*
*Note, you may report more than one group.*

☐ **WHITE** – *Provide details below.*
☐ German ☐ Irish ☐ English
☐ Italian ☐ Polish ☐ French
*Enter, for example, Scottish, Norwegian, Dutch, etc.*

☐ **HISPANIC OR LATINO** – *Provide details below.*
☐ Mexican or Mexican American ☐ Puerto Rican ☐ Cuban
☐ Salvadoran ☐ Dominican ☐ Colombian
*Enter, for example, Guatemalan, Spaniard, Ecuadorian, etc.*

☐ **BLACK OR AFRICAN AMERICAN** – *Provide details below.*
☐ African American ☐ Jamaican ☐ Haitian
☐ Nigerian ☐ Ethiopian ☐ Somali
*Enter, for example, Ghanaian, South African, Barbadian, etc.*

☐ **ASIAN** – *Provide details below.*
☐ Chinese ☐ Filipino ☐ Asian Indian
☐ Vietnamese ☐ Korean ☐ Japanese
*Enter, for example, Pakistani, Cambodian, Hmong, etc.*

☐ **AMERICAN INDIAN OR ALASKA NATIVE** – *Enter, for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Tribal Government, Tlingit, etc.*

☐ **MIDDLE EASTERN OR NORTH AFRICAN** – *Provide details below.*
☐ Lebanese ☐ Iranian ☐ Egyptian
☐ Syrian ☐ Moroccan ☐ Israeli
*Enter, for example, Algerian, Iraqi, Kurdish, etc.*

☐ **NATIVE HAWAIIAN OR PACIFIC ISLANDER** – *Provide details below.*
☐ Native Hawaiian ☐ Samoan ☐ Chamorro
☐ Tongan ☐ Fijian ☐ Marshallese
*Enter, for example, Palauan, Tahitian, Chuukese, etc.*

AAPCHO
ASSOCIATION OF ASIAN PACIFIC COMMUNITY HEALTH ORGANIZATIONS

AAPCHO
ASSOCIATION OF ASIAN PACIFIC COMMUNITY HEALTH ORGANIZATIONS

THE HEALTH OF ASIAN AMERICANS, NATIVE HAWAIIANS, AND PACIFIC ISLANDERS SERVED AT HEALTH CENTERS: AN ANALYSIS OF THE 2019 UNIFORM DATA SYSTEM

SEPTEMBER 2021

# Publication

**The Health of Asian Americans and Native Hawaiians/Pacific Islanders Served at Health Centers: An Analysis of the 2019 Uniform Data System**

https://bit.ly/UDS2019AAPCHOReport

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# ACHIEVING HEALTH CARE EQUITY WITH DATA

Huong N. Le, DDS, MA
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ASIAN HEALTH SERVICES

# Oral Health Data Gaps

- The oral health data for Asians is lacking.
- In California, **44%** of low-income Asian Americans and Pacific Islander (AAPI) preschoolers had developed early childhood caries, one of the highest rates among all ethnic/racial groups.
- AAPI children were also **significantly more likely** than White children to have teeth in suboptimal condition. Having had little to no dental care in their native country, many AAPI immigrants and refugees come to the United States with poor oral health and in need of critical dental care.
- CA: **more than 6 million Asian Americans.** That's roughly **1 in 6 residents (17%)**, which is the second-highest share among U.S. states behind Hawaii, The largest Asian American ethnic subgroups in California are Chinese Americans, Filipino Americans, Vietnamese Americans, and Indian Americans (over 500,000)
- Alameda County (Oakland): the 7th most populated county in the state of California out of 58 counties
  - 2021:1,673,133 people,
  - Racial/ethnic groups are Asian (31.4%) followed by White (29.9%) and Hispanic (22.4%)



ASIAN HEALTH SERVICES

# Dental Care Utilization

- Asian immigrants, with the exception of Filipinos, had significantly lower use of dental services.

- Enabling factors:
  - Affordability- The most prominent factor affecting utilization proved to be dental insurance coverage
  - Familiarity with the healthcare system
  - Oral health status had important effects on dental services utilization
  - Lower immigrant status have higher risks for irregular dentist visits and a disadvantaged oral health status, despite their high education and family income levels.
  - Asian Americans who do not speak English at home are more likely to present irregular dentist visits and self-rated fair/poor oral health



ASIAN HEALTH SERVICES

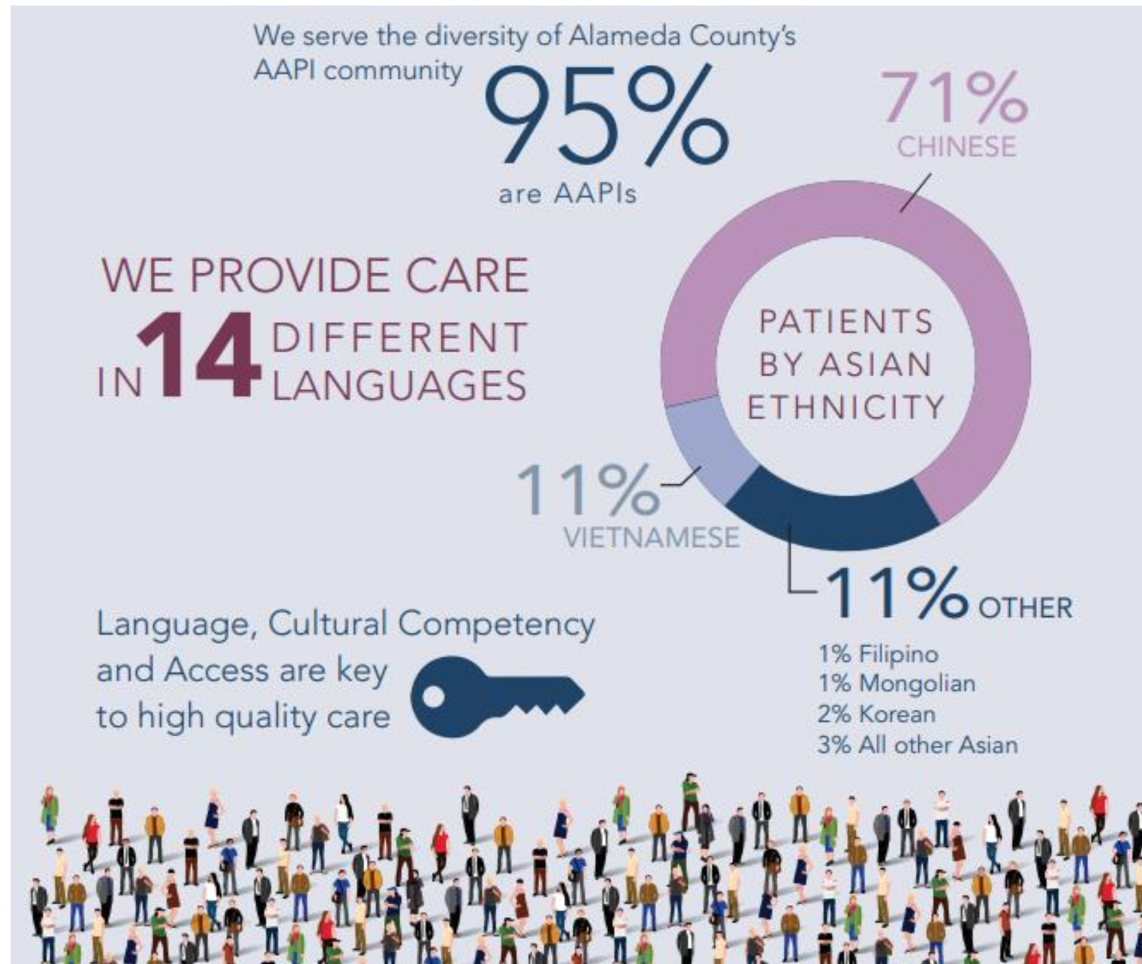
# Asian Health Services

- **1974**- Founded as a one-room clinic with all-volunteer staff, mostly students from UC Berkeley. The center provided more than 1,500 medical visits in its first year
- **1981**- Known for its advocacy, AHS joined a complaint with the Office of Civil Rights against Highland Hospital for discriminating against non-English speaking persons by its lack of language accessible services.
- **1990-** AHS organized first-of-its kind public hearing on health issues affecting California's API population.
- **2003**- First state-of the-art dental clinic opens with electronic health record (2nd clinic in CA to do so)
- **2008**- First health center to host an AEGD residency in California
- **2010**- Opened the first clinic in state that is co-located on campus of a junior college and a dental assisting program
- **2014**- Started school-based program (3 sites)
- **2016**- Launched $3 million capital campaign to create California's first dental clinic with integrated behavioral health services and 4 specialties
- **2022**- Launched first mobile dental program
- **2023**- Remote Preventive Dental Program



ASIAN HEALTH SERVICES

# AHS Patient Demographics

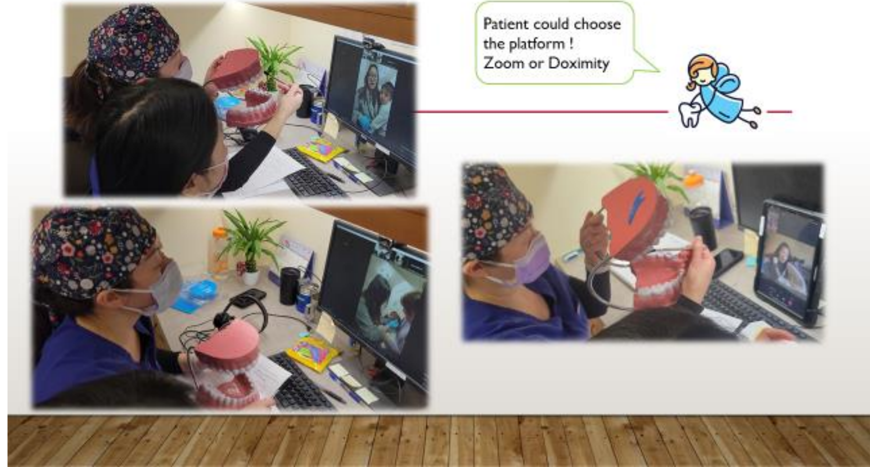


# Asian Health Services Dental Program Integrated Care Model and Teaching Health Center

- Comprehensive oral health care
- Depression screening
- Licensed clinical social worker in dental clinic
- Diabetes screening and HbA1C testing
- Covid testing (including PCR CUE test) and vaccination in dental
- Perinatal program
- Pediatricians and mA trained to provide fluoride varnish
- Community outreach- Head Start, school-based
- On-site specialists : oral surgery, pediatrics, periodontics and endodontics
- Drive-thru fluoride varnish program
- Remote preventive project
- Student externship program
- Future: AEGD in 2025

ASIAN HEALTH SERVICES

# Dental Innovations

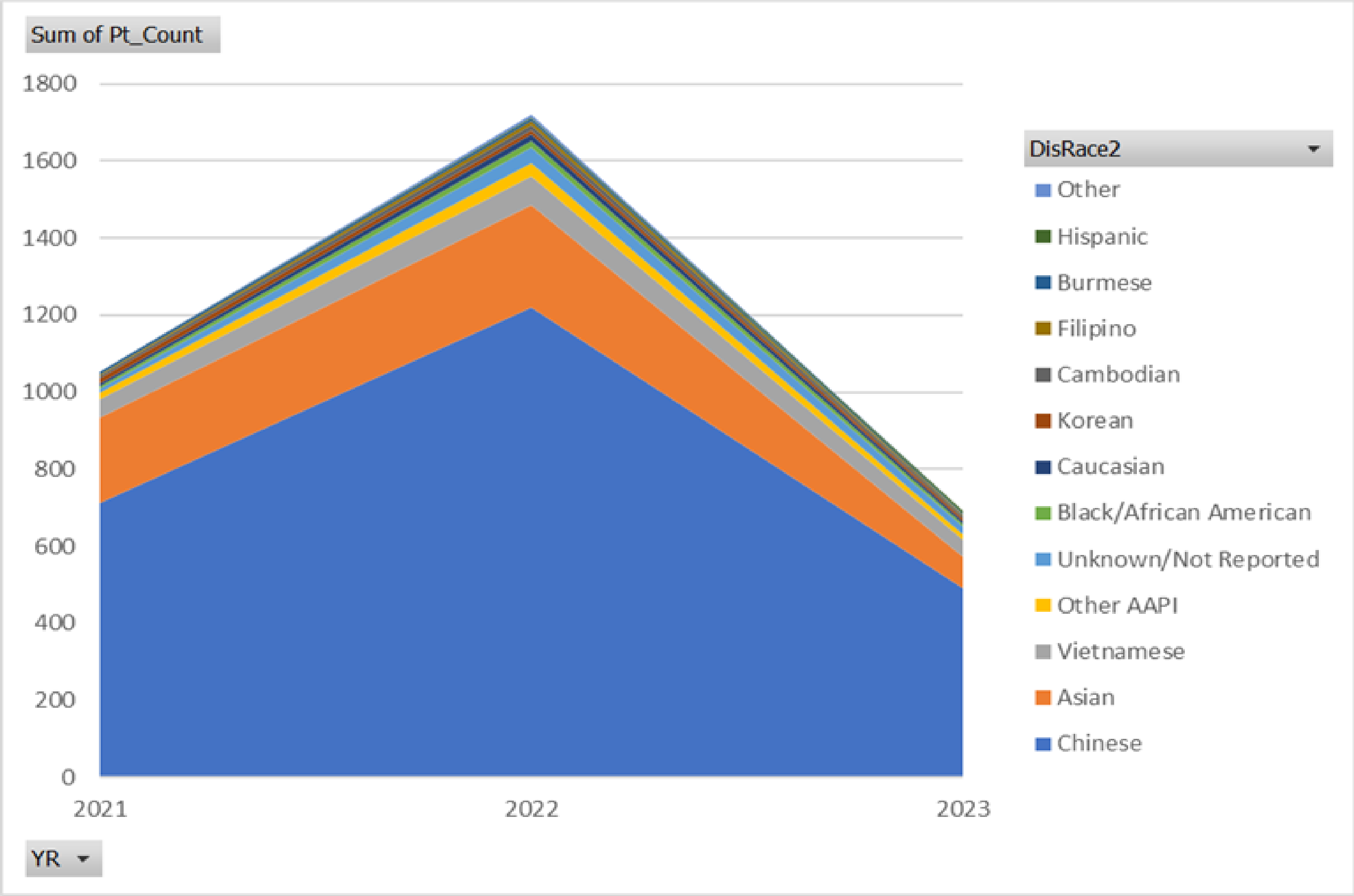


ASIAN HEALTH SERVICES

# EHR-EDR

- Epic-Dentrix
- Dental sites: Main Dental, Weinberg Wellness Center, College of Alameda, School-based: Franklin Elementary, Oakland High, Lincoln Elementary still closed due to Covid, Mobile van
- Community patients: **over 50,000**
- Clinic patients: **over 28,000**

# Demographics by Subgroups



# Data Collection in EHR-EDR Systems (Dentrix Demographic Screen)

UDS - Patient Status

**Date Range**
- Specific Range
- From: 4/27/2023
- To: 4/27/2023
- Relative Date Range
- Current Day

**Date Type**
- Entry Date
- Procedure Date

- Race Status — All — Include Ethnicity
- Language — All
- Sexual Orientation — All
- Ethnicity — All
- Religion — All
- Housing Status — All
- Gender Identity — All
- Zip Code — Include Health Insurance
- User Def.Category — All
- Poverty Level — All
- Homeless Status — All
- Veteran Status — All
- Worker Status

**Clinic** — All

**Provider** — All

**Billing Type** — All

**ADA Code** — All

**Patient Tag**
- Run By Patient Tag
- All

**Group By**
- No Group By
- Clinic
  - Provider
- Provider
  - Clinic

**Group By County**
- No grouping
- Primary grouping
- Secondary grouping

**Other Options**
- Include Patient Info
- Excel Friendly

# AHS Data

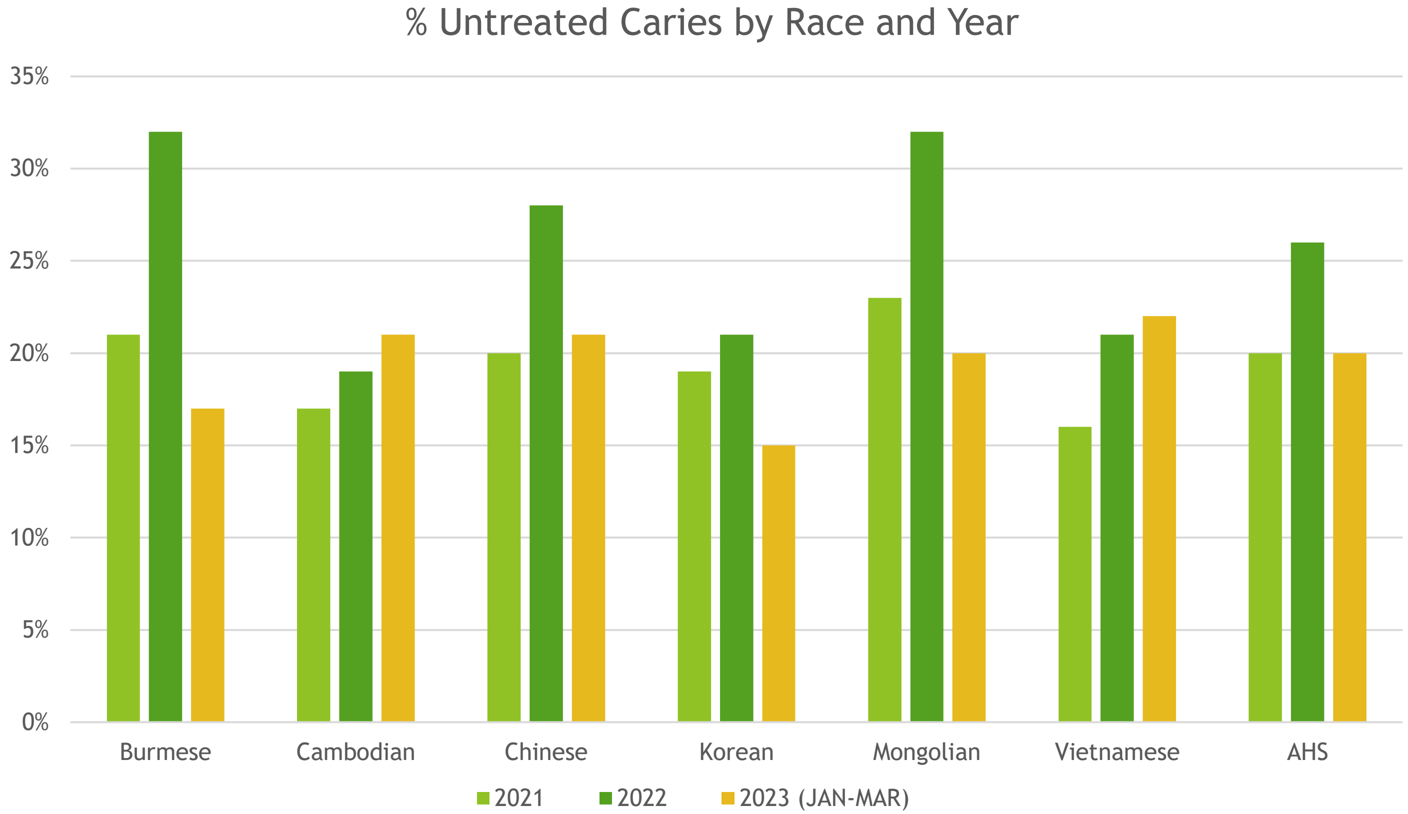
2021-2023 -ALL patients

**2023: January-March data only

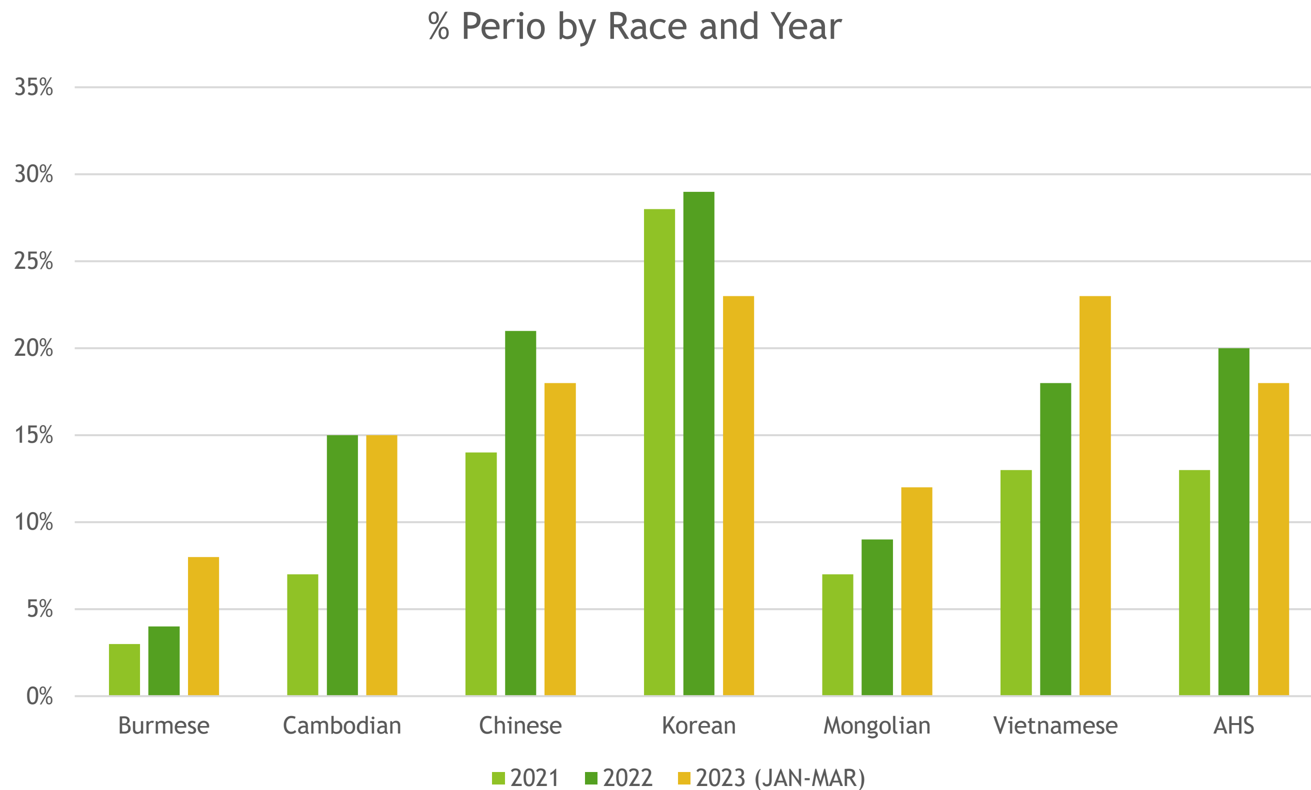
Focus conditions:

| | 2021 | 2022 | 2023 |
|---|---|---|---|
| Caries | 19.8% | 27.7% | 21.5% |
| Perio | 13.4% | 19.7% | 17.9% |
| Missing | 11.1% | 17.0% | 12.0% |
| Edentulous | 1.8% | 2.6% | 2.3% |

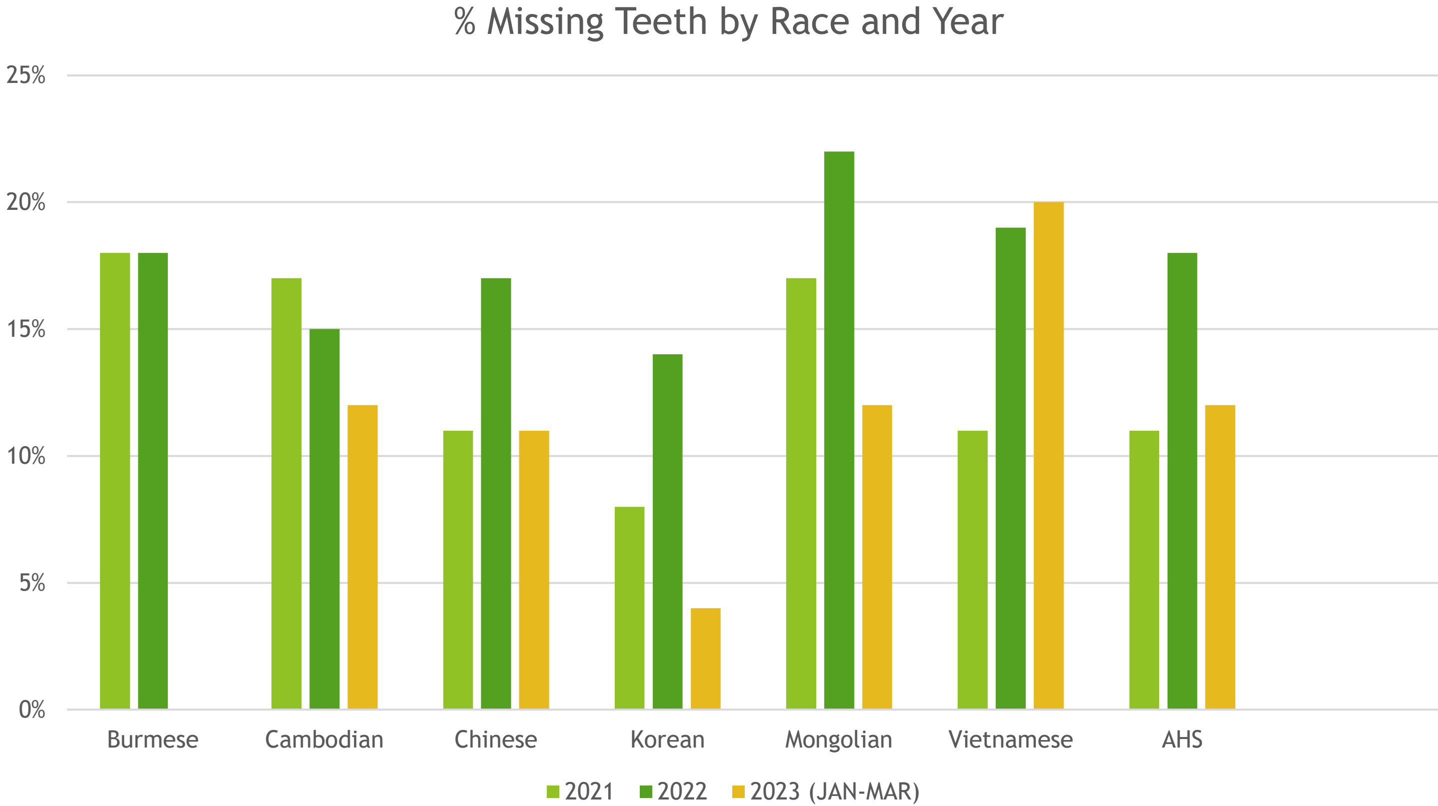
# AHS Breakdown into Asian Subgroups-Untreated Caries



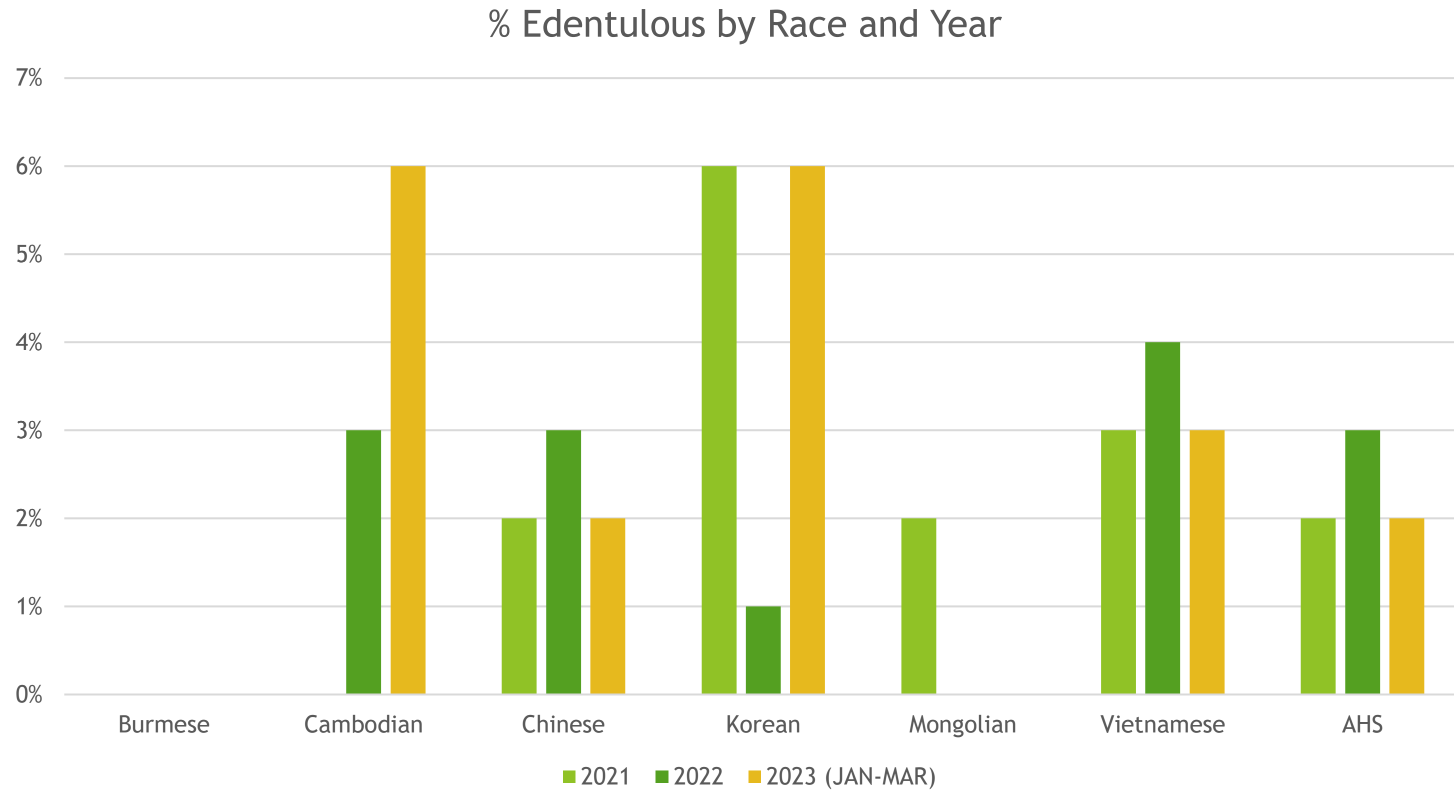
# AHS Breakdown into Subgroups-Periodontal Disease



# AHS Breakdown into Subgroup-Missing Teeth



# AHS Breakdown into Subgroup-Edentulous



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# Conclusion & Next Steps

| Recommendation | What do we do? |
| --- | --- |
| Disaggregate race and ethnicity data and increase collection of social risk data | Data capture and collection in EHR-EDR |
| Tailor health and social services that reflect the needs of AA and NH/PI patients | Access to affordable, high quality, and culturally and linguistically proficient integrated health care |
| Cultivate and sustain community and national partnerships | A call to action to eliminate oral health equity data gaps |

# THANK YOU!

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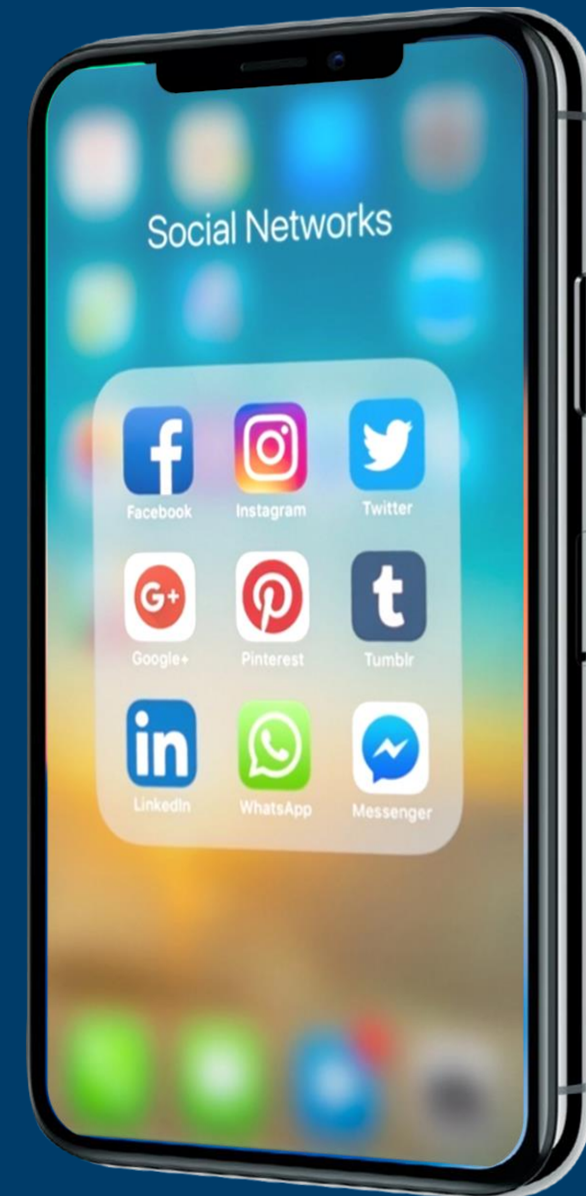

# Question and Answer

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## Missed Connections

**Providers and Consumers Want More Medical-Dental Integration**

Oral health and overall health are inextricably linked. There is mounting evidence to suggest that poor oral health is related to a variety of chronic health conditions, such as high blood pressure, dementia, diabetes, and obesity. Despite this known connection, dental care is still largely siloed from medical care. The Centers for Disease Control and Prevention (CDC) estimates that integrating basic health screenings into a dental setting could save the health care system up to $100 million every year.[1]

CareQuest Institute for Oral Health conducted a nationally representative survey in January and February 2021 to assess consumers' perspectives on oral and overall health (n=5,320). CareQuest Institute also conducted a nationwide survey of oral health providers to assess perspectives and current behaviors related to interprofessional practice (n=377). Consumers and oral health providers described a lack of integration between medical and oral health care, and a desire for increased interprofessional collaboration.

Key Findings:

**Medical-dental collaboration is currently uncommon.**

63% of consumers report that their **primary medical doctor "rarely" or "never" asks about their oral health.**

33% of consumers report that their **oral health provider "rarely" or "never" asks about their overall health.**

45% of responding oral health providers report **"rarely" integrating their care with clinicians outside of dentistry,** with only 14% reporting it is **part of their "daily" practice.**

- **Less than a third** of consumers report **receiving general health screenings from their oral health provider.**
- **A majority (89%)** of adults report **never receiving a referral from their oral health provider to a non-oral health professional.**
- **Almost a fourth (24%)** of participating oral health providers report **currently implementing interprofessional practice.**

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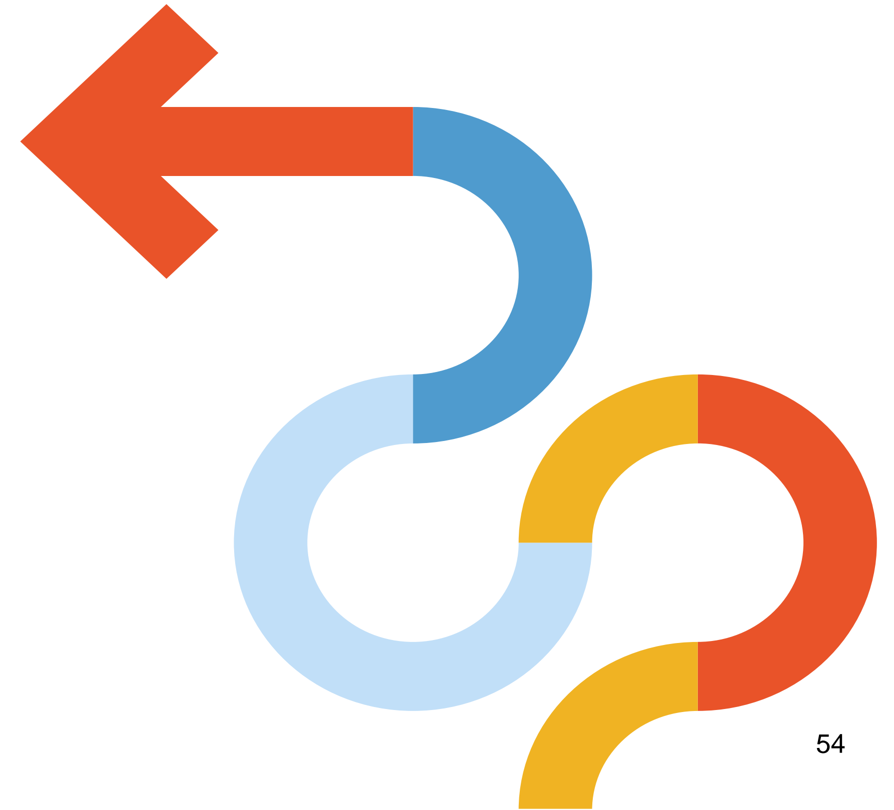

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