



**Consortium for Oral Health Systems
Integration and Improvement**

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Capacity Inventory for Integrating Oral Health Care and Primary Care for Pregnant Women

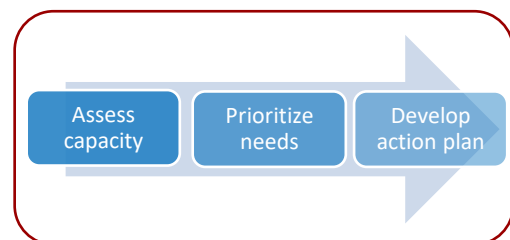
Brief

Overview

Oral health is key to overall health and well-being at all stages of life, especially during pregnancy. Good oral health is essential to overall health, yet oral health inequities continue to exist among people with low incomes; those who are members of racial or ethnic minority and other marginalized groups; those residing in dentally underserved areas; and those with developmental or acquired disabilities. Important strategies to advance oral health equity for the maternal and child health (MCH) population include integrating oral health care and primary health care, incorporating interventions at multiple levels to improve access to and quality of services, and creating health care teams that provide patient-centered care in community-based settings.¹ In addition, state oral health program staff and key partners (e.g., MCH agencies) can examine health systems in their states.

The 2007 World Health Organization Health Systems Framework describes health systems in terms of six core components or “building blocks,” including service delivery, health workforce, information, medical research, financing, and leadership. Health systems can be strengthened by improving capacity to formulate and implement policy, improving stakeholder relationships, governing effectively, and managing resources.²

The [capacity inventory tool](#) was developed to assist states^a in their efforts to improve state capacity to integrate oral health care and primary care for pregnant women. Developed by the Consortium for Oral Health Systems Integration and Improvement (COHSII) led by the National Maternal and Child Oral Health Resource Center working in partnership with the Association of State and Territorial Dental Directors and the Dental Quality Alliance, the purpose of the tool is to help state oral health programs assess systems-level capacity factors and prioritize needs. This assessment will equip programs to formulate action plans that facilitate



^a “States” refers to 50 states, the District of Columbia, and U.S. jurisdictions.

integration of oral health care and primary care for pregnant women. The assessment will also assist programs in identifying opportunities to improve integration of oral health care and primary care efforts within their states.

The tool was informed by the [Capacity Assessment for State Title V \(CAST-5\)](#) developed by the Association of Maternal and Child Health Programs to help state maternal and child health (MCH) programs assess their capacity to implement the [10 Essential Public Health Services](#) to promote the health of the MCH population. Assessing capacity is a key step in helping programs make decisions about allocating resources related to policy, personnel, and programs.³

Factors contributing to state systems-level capacity to improve integration of oral health care and primary care for pregnant women are organized by broad categories listed below.

- Data and surveillance
- Health professional education and training
- Oral health care for pregnant women as a state priority
- Workforce
- Medicaid
- Collaborative relationships
- Public outreach and education
- Oral health scope of practice for primary care providers and team members
- Medicaid payment for primary care providers

Other frameworks noted below identify similar factors. These frameworks also informed how the capacity inventory categories were determined.

- Association of State and Territorial Dental Directors. 2019. Strategic Framework for Improving Perinatal Oral Health. In [Best Practice Approach: Perinatal Oral Health](#) (upd. ed.). Reno, NV: Association of State and Territorial Dental Directors.
- Health Resources and Services Administration, Maternal and Child Health Bureau, Division of State and Community Health. N.d. Public Health Services for MCH Population. In [Title V Maternal and Child Health Services Block Grant to States Program: Guidance and Form for the Title V Application/Annual Report Glossary](#). Rockville, MD: Health Resources and Services Administration, Maternal and Child Health Bureau, Division of State and Community Health.
- National Maternal and Child Oral Health Resource Center and Dental Quality Alliance. 2020. Framework for Oral Health Quality Performance Measurement and Improvement. In [Oral Health Quality Indicators for the Maternal and Child Health \(MCH\) Population: An Overview](#). Washington, DC: National Maternal and Child Oral Health Resource Center; Chicago, IL: Dental Quality Alliance.

In addition, a scoping review conducted by Harnagea and colleagues identifies barriers and facilitators to integrating oral health care and primary care. Barriers include primary care health professionals lacking competencies, low political priority, and lack of financial support.

Facilitators include collaborative practices and financial support.⁴ Also, lessons learned from the Perinatal and Infant Oral Health Quality Improvement projects funded by the Maternal and Child Health Bureau (2013–2019) underscore the fact that these factors are relevant to improving access to oral health care through building capacity at the systems level. “Systems-level barriers, such as an insufficient number of dentists practicing in rural areas and low Medicaid reimbursement rates, will remain major challenges, in some states more than in others. Despite the barriers, the projects had noteworthy achievements in seven strategy areas including network development; workforce enhancement; community outreach; process and procedure development; program development; state practice guidance development; and data collection, evaluation, and reporting.”⁵

References

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