



# ENHANCED ORAL HEALTH TRAINING

## CURRICULUM TO ADDRESS OBESITY IN EARLY CHILDHOOD & ADULTS



UNIVERSITY OF WASHINGTON

 Seattle, WA

Through a revised curriculum and workforce training grant, educators from the University of Washington are capitalizing on opportunities to address obesity in the predoctoral oral health curriculum. In the future, some of the educational content developed by UW faculty will be available for training predoctoral dental students and licensure dental hygiene students at other institutions.

## SCENARIO

Obesity is related to several aspects of oral health, such as caries, periodontitis, and xerostomia. There is concern about how best to manage oral hygiene and preventive measures (e.g. fluorides) given the poor quality and increased frequency of food consumption among Americans. Dental visits are a prime opportunity to identify and initiate care for nutrition and weight-related diseases among pediatric and adult populations. There is increasing agreement that oral health professionals should play an active role in identifying children at risk for obesity and dental caries and providing education and referrals as appropriate to reduce these risks.<sup>1</sup>

Although most dentists offer information or interventions to address consumption of sugary drinks, only 1 in 5 pediatric providers offers obesity interventions.<sup>2</sup> Surveys of U.S. dental schools and pediatric dentistry residents indicate that obesity is often inadequately addressed in predoctoral dental school and dental hygiene program curricula.<sup>3,4</sup> Support for formal training in this area is encouraged in part by findings that providers from programs with formal curriculum on managing obesity report feeling more prepared care for patients with obesity in clinical practice.<sup>4,5</sup>

When faculty redesigned the curriculum for the *Dentists of the Future*, leaders from the UW School of Dentistry broadened the focus beyond dental procedures to include instruction on disease prevention, empathic communication, and behavior-change strategies that improve oral and overall health. Furthermore, in 2017 the UW School of Dentistry received a grant from the Health Resources and Service Administration (HRSA) - known as the **Early Childhood Oral Health Training Program (EChOTrain)** - that includes supplemental funding to explore how oral health professionals can play a role in addressing the challenge of childhood obesity.

## About the Educators



UW School of Dentistry

**Amy Kim, DDS**  
*(akim3@uw.edu)***Sara Gordon, DDS, MS**  
*(gordons@uw.edu)*

Frank Roberts , DDS, PhD  
Travis Nelson , DDS, MSD, MPH  
Marilynn Rothen , RDH, MS  
Donald Chi, DDS, PhD  
Michelle Averill, PhD, RD

### KEY COMPETENCIES:

Obesity as a Disease  
Disparities/Inequities in Care  
Integration of Community Care  
Weight Bias & Stigma  
Strategies for Patient Care  
Respectful Accommodations

[obesitycompetencies.gwu.edu/case-studies](http://obesitycompetencies.gwu.edu/case-studies)

# CURRICULUM

The revised curriculum and EChOTrain grant begin to close an important training gap by capitalizing on opportunities to address obesity in the predoctoral oral health education through experiential learning approaches.

## Dentists of the Future: Obesity-Related Objectives

Graduates should be able to:

- ▶ apply fundamental principles of behavioral sciences as they pertain to patient-centered approaches for promoting, improving and maintaining oral health
- ▶ provide care within the scope of general dentistry, including health promotion and disease prevention
- ▶ demonstrate the ability to apply the principles of population and public health to patient care
- ▶ relate basic concepts of nutrition to maintenance of health and development of disease states
- ▶ describe the etiology and clinical manifestations of the major diseases that affect the gastrointestinal tract, liver, and endocrine system

**Obesity & Dentistry:** The revised curriculum also includes an optional, adult-focused module on the causes and complications of obesity, how common obesity treatments may affect oral health and dental care, consequences of weight bias and stigma, treatment strategies for dental patients with obesity in general practice, and tips on welcoming office design.

## OUTCOMES



See the online version of this case study for other highlights from the revised predoctoral curriculum:

[obesitycompetencies.gwu.edu/case-studies/UW](http://obesitycompetencies.gwu.edu/case-studies/UW)

Although the obesity-related components of UW's updated predoctoral curriculum have not been evaluated comprehensively, these enhanced training opportunities expected to improve future dental professionals' ability to care optimally for both adult and pediatric dental patients with or at risk for obesity.



**“** There is an urgent need to increase access to oral health care for young children through new approaches to training an oral health workforce that is culturally competent and knowledgeable on public health and social determinants of health issues.

– **Dr. Amy Kim**, Clinical Associate Professor of Pediatric Dentistry



<sup>[1]</sup> Garcia et al. J Public Health Dent. 2017;77 Suppl 1:S136-S140. <sup>[2]</sup> Wright & Casamassimo. J Public Health Dent. 2017;77 Suppl 1:S79-S87.

<sup>[3]</sup> Divaris et al. J Public Health Dent. 2017;77 Suppl 1:S96-S103. <sup>[4]</sup> Hisaw et al. Pediatr Dent. 2009;31(7):486-91. <sup>[5]</sup> Yuan et al. J Dent Educ. 2012;76(9):1129-36.