

Integrating Oral Healthcare into Primary Care Nurse-Managed Health Centers

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Problem:

Poor minority populations experience high rates of oral disease and lack access to dental care.

Purpose:

- Establish a sustainable oral healthcare program at 3 Nurse Managed Health Centers (NMHCs) for children and patients with DM.
- Develop recommendations for incorporating oral healthcare competencies into a university nursing curriculum.

Background:

- Poor oral health leads to pain, caries, tooth loss, poor academics, systemic illness, expensive procedures.¹⁻⁵
- Poor oral health affects 25% of children; poor minority children have 2-4 times the risk of caries.⁶
- Patients with diabetes are at risk for periodontitis, poor glycemic control, and decreases quality of life.^{7,8}
- Preventive care reduces disease, pain, and expenses.⁹⁻¹²
- NMHCs serve those most at risk.¹³

Methods:

- Integration was structured and evaluated using the *Oral Health Delivery Framework*.
- *Smiles for Life* was used for educational materials.
- Questionnaires: demographic data, and evaluation of the program and processes.
- Interprofessional collaboration with a local dental hygiene school and local safety-net dental providers.

Oral Health Delivery Framework: The Integration Process



Sample:

- Parents of children for physicals (n=116 parents, 221 children age 2 mo. - 18 yr., 20% < 3yr.).
- Diabetic patients for group follow-up visits (n=4).
- Health care providers: 6 NPs, 4 RNs, 2 MAs, 16 BSN students, and 5 MSN/DNP NP students (n=33).



Setting:

3 NMHCs serving as bridge clinics in Northern Virginia.



References available upon request.

Analysis & Outcomes:

A sustainable oral healthcare program was established.

- 11.2% of families did not have toothpaste or toothbrushes for everyone in the home, < 50% had floss.



- 94-96% of patients met process measures for risk assessment, exam, education, and referral.



- 66.7% of providers increased number of oral exams.
- 77.3% of providers increased number of dental referrals.

Recommendations:

- Tooth models for each station where education occurs.
- Simple teaching materials with pictures/low reading levels.
- Expand program to all adults with chronic disease.
- Incorporation of Smiles for Life curriculum into BSN and NP assessment classes.
- Shared clinical experiences with dental hygienists and NPs