



Judith Haber, PhD, APRN, FAAN

Professor Emerita, NYU Rory Meyers College of Nursing
Executive Director, Oral Health Nursing Education and Practice (OHNEP)

Jessamin Cipollina, MA

Program Manager, Oral Health Nursing Education and Practice (OHNEP)



NYU

**RORY MEYERS
COLLEGE OF NURSING**

OHNEP Program Aims

- Advance a national oral health agenda for the nursing profession
- Build interprofessional oral health workforce capacity
- Integrate oral-systemic health into undergraduate and graduate nursing programs nationwide.
 - Faculty and preceptor development
 - Curriculum integration
- Establishment of “Best Practices” in clinical settings



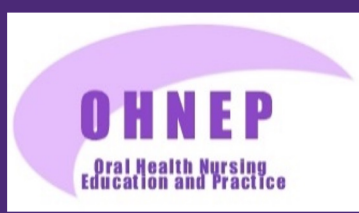
Management of Oral-Systemic Conditions Calls for an *Interprofessional Team*



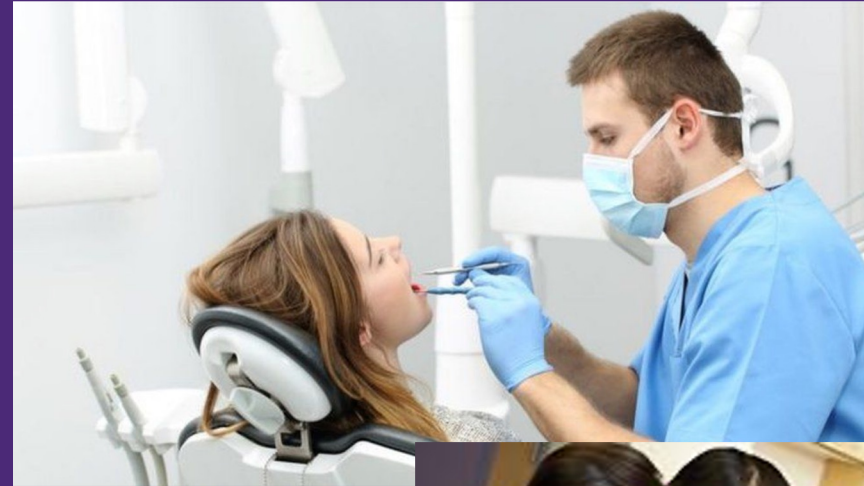
- 4.2 million RNs
- 355,000 NPs
- 13,000 MWs
- 1 million MD/DO
- 149,000 PAs
- 201,000 DDS/DMD
- 195,000 dental hygienists
- 150 dental therapists



Why do we need the whole IP team?



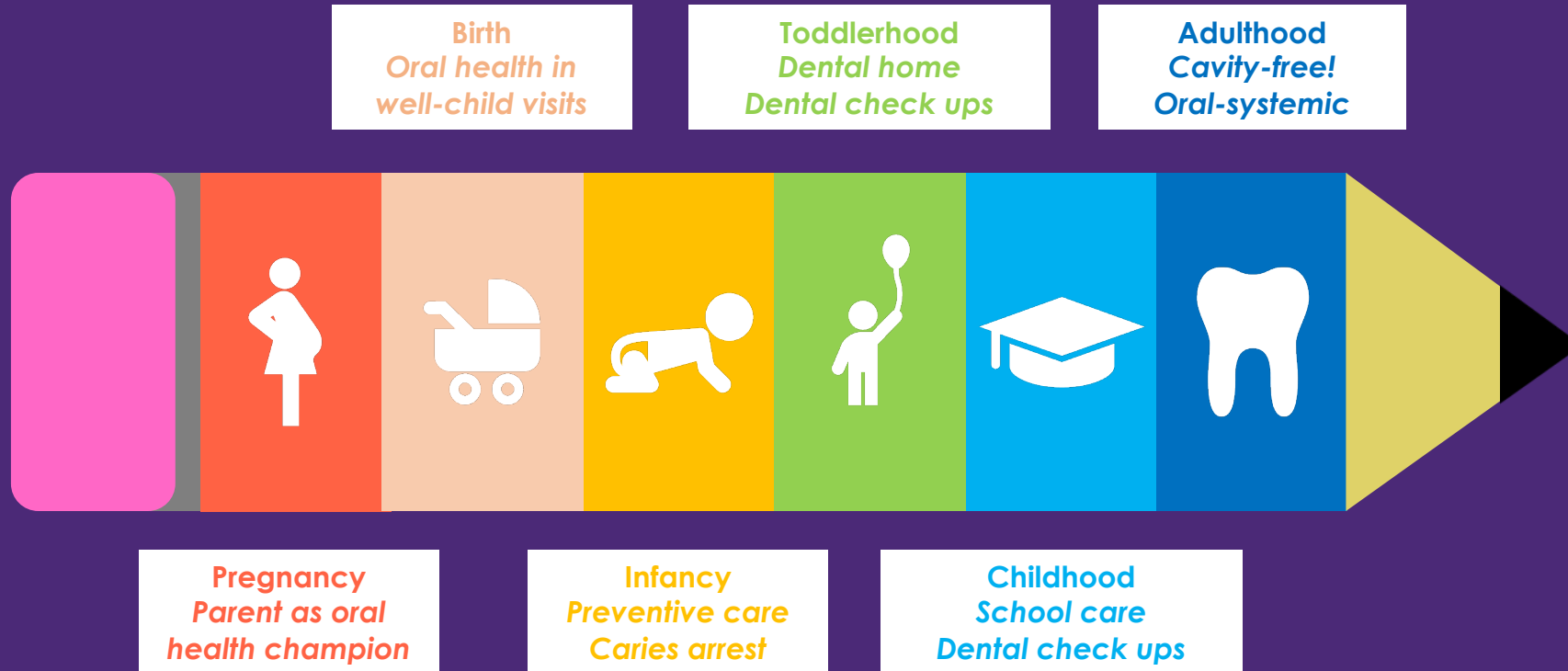
- 100 million people visit their physician, but not their dentist
- 27 million people visit their dentist, but not their physician
- 85% of all U.S. children ages 2-17 in 2017 had an annual dental checkup
- Children have \cong 12 pediatric well-child visits to their PCP by age 3



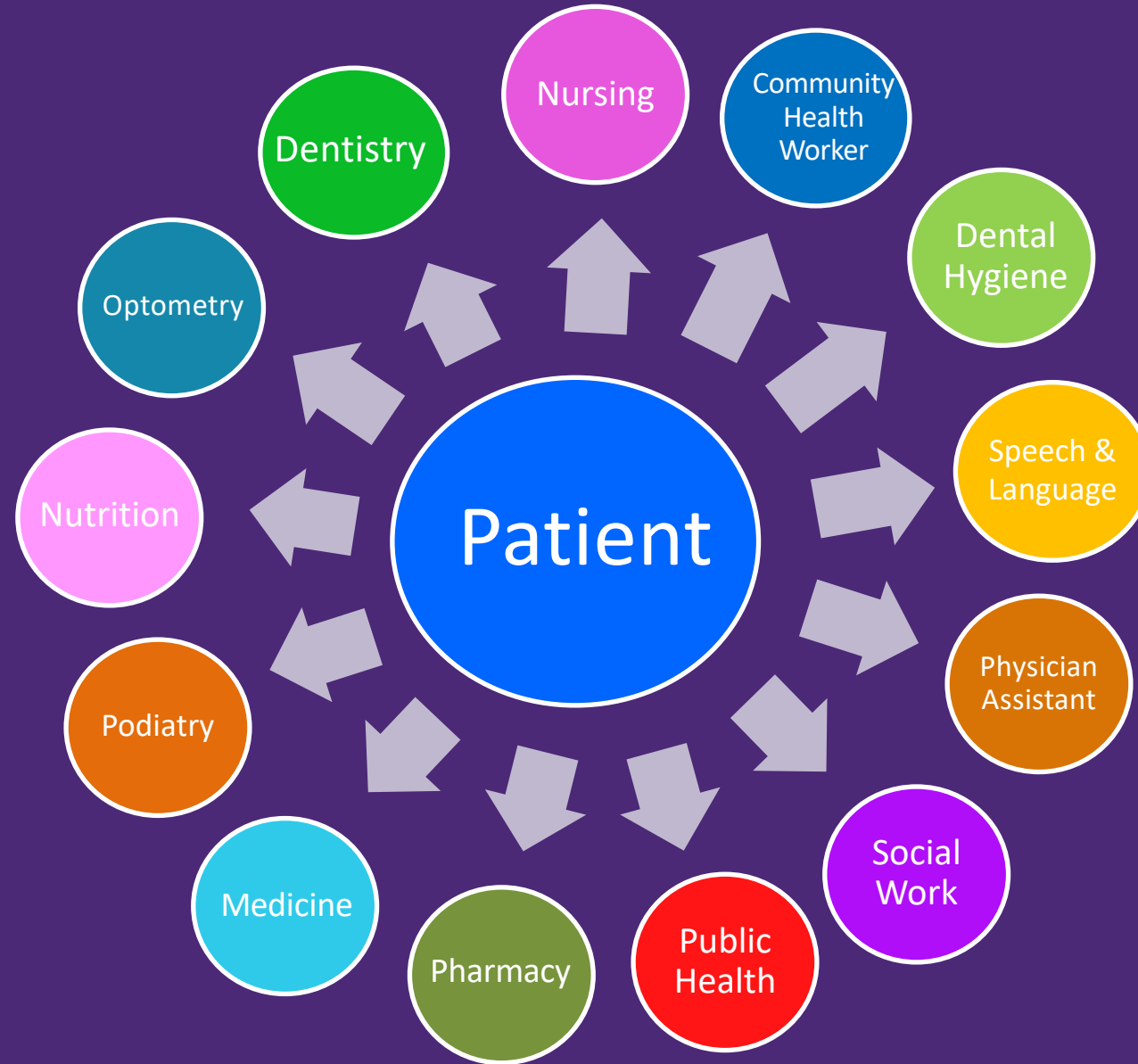
NYU

RORY MEYERS
COLLEGE OF NURSING

Oral Health Across the Lifespan



Whole Person Care



Social Determinants of Health (SDOH)



HEENT to HEENOT – Putting the Mouth Back in the Head



COMMENTARIES

80. Liang X, Wang Q, Yang X, et al. Effect of mobile phone information for diabetes on glycaemic control: a meta-analysis. *Diabet Med*. 2011;28(4):455–462.

81. Furr C, Knight R, Robertson S, et al. Smoking cessation support delivered via mobile phone text messaging (txt2stop): a single-blind, randomised trial. *Lancet*. 2011;377(9775):649–55.

82. Potho JI, Mendenhall-Venkates 100, Miller EC, Lange J, Fagella R. Access to mobile communication technology and willingness to participate in automated telephone calls among the medically ill patients in Hong Kong. *Telemed J Health*. 2010;14(10):1040–1041.

83. Potho JI, Mendenhall-Venkates 100, Gasser M, Mohamed M, Mariani N, Kulkarni S. A preliminary study of a cloud-computing model for chronic illness self-care support in an underdeveloped country. *Am J Prev Med*. 2011; 46(3):20–22.

Putting the Mouth Back in the Head: HEENT to HEENOT

Improving oral health is a leading population health goal; however, curricula preparing health professionals have a dearth of oral health content and clinical experiences. We detail an educational and clinical innovation transitioning the traditional head, ears, eyes, nose, and throat (HEENT) examination to the addition of the teeth, gums, mucosa, tongue, and palate examination (HEENOT) for assessment, diagnosis, and treatment of oral-systemic health. Many New York University nursing, dental, and medical faculty and students have been exposed to interprofessional oral health HEENOT classrooms, simulation, and clinical experiences. This was associated with increased dental-primary care referrals.

This innovation has potential to build interprofessional oral health workforce capacity that addresses a significant public health issue, increases oral health care access, and improves oral-systemic health across the lifespan. (*Am J Public Health*. 2015;105:431–441. doi:10.2196/AJPH.2014.300499)

Judith Haber, PhD, APRN, BC, Erin Harvett, DNP, CFNP, BC, Kenneth Allen, DDS, MBA, Dorra Halkas, PhD, CFNP, BC, Caroline Dorsner, MSN, FNP, BC, Julia Lange-Kessler, DNP, CM, RN, Macielene Lloyd, MS, FNP, BC, PMNP, BC, Edwidge Thomas, DNP, ANP, BC, and Dorothy Wohlman, DNP, ANP, BC, CFNP, BC

DURING THE DECADE FOLLOWING publication of the Surgeon General's Report, *Oral Health in America*, health professionals, physicians (MDs), nurse practitioners (NPs), nurse-midwives (NMs), and physician assistants (PAs) began to align with the dental profession to heed Satcher's call to "view the mouth as a window to the body."¹ The most significant interprofessional movement that followed this report occurred with family practice and pediatric physicians coming together to work on preventive oral health initiatives for children in which those professionals would provide screenings, fluoride varnish, and referrals for children to find dental homes.

Mobilization of the overall health community to work collaboratively has been slower. Development of "Bridges for Life: A National Oral Health Curriculum"² represented an important interprofessional "tipping point" for engaging health professionals focused on treating populations across the lifespan in considering oral health and its relationship to overall health as an integral component of their practice.

Yet, evidence from national databases monitoring oral health data continue to reveal a high

incidence and prevalence of dental caries, especially in lower socioeconomic and minority group populations.^{3,4} Data from the 2009–2012 National Health and Nutrition Examination Survey⁵ reveal that approximately one in four children (1.9%) aged 3 to 5 years living at the poverty level have untreated dental caries. The survey data further reveal that 19% of non-Hispanic Black children aged 3 to 5 years and 20% of Hispanic children aged 6 to 9 years had untreated dental caries compared with non-Hispanic White children aged 3 to 5 years (1.1%) and 6 to 9 years (1.4%).⁶ Although national statistics show an improvement in access to oral health care for children aged 5 years and older, the data reveal significant disparities in access to care for children aged 2 to 4 years.⁷

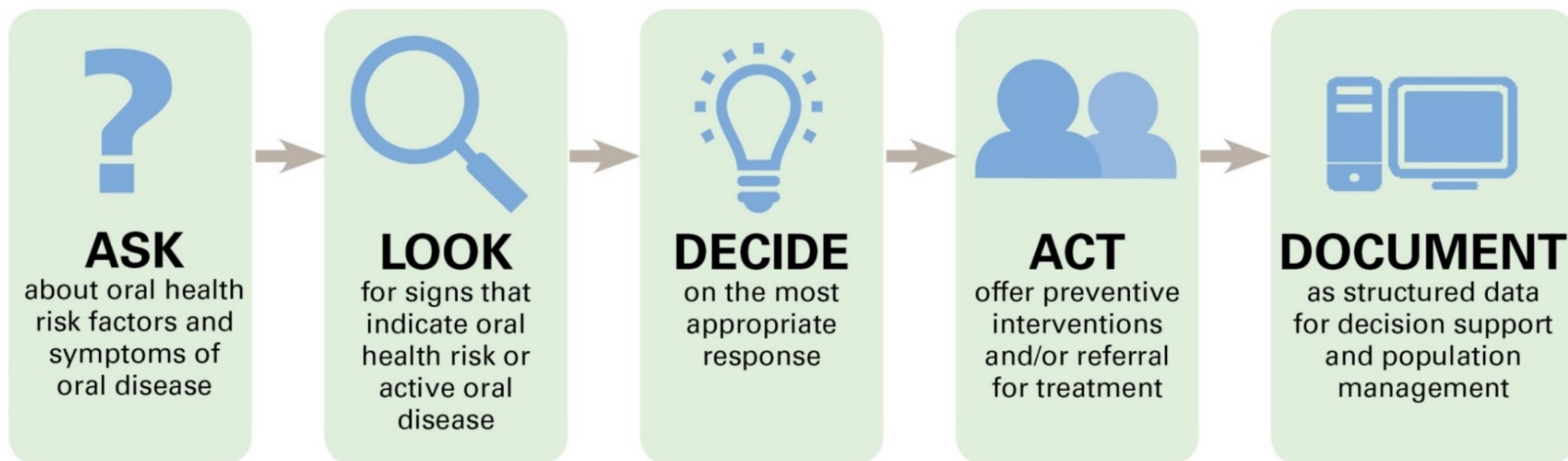
In the adult population, oral cancer morbidity and mortality rates have not declined over the past 10 years, at least in part related to absent or inadequate oral examinations,⁸ and human papillomavirus is associated with the recent rise in the incidence of oropharyngeal cancer.⁹ Among adults aged 65 years and older, only 30% have a dental benefit.¹⁰ Primary care providers have been

challenged by the Institute of Medicine to play a significant role in improving these oral health disparities by building interprofessional oral health workforce capacity.¹¹

One important component of the problem is that the majority of curricula for preparing health professionals have a dearth of oral health content and clinical experiences. Approximately 70% of medical schools include 4 hours or less on oral health in their curriculum; 10% have no oral health content at all.¹² Similarly, NPs and NMs have also not had a defined oral health curricular knowledge base nor a set of oral health clinical competencies.^{13,14} The PA programs have generally followed medical school curricula and have not required dental or health content or competencies.¹⁵

The recent publication of several important national reports, two oral health reports by the Institute of Medicine,^{16,17} the listing of oral health as one of the Healthy People 2020 Leading Health Indicators,¹⁸ and the release of the Health Resources and Services Administration document "Integration of Oral Health and Primary Care Practice,"¹⁹ and the dissemination of "Oral Health Care During Pregnancy: A

Oral Health Delivery Framework (2015)



Available at: www.QualisHealth.org/white-paper

Links Between Oral Health & Overall Health: Oral Health is Connected to Costs & Complications



Brain

Adults with more tooth loss have a 1.4x higher risk of cognitive impairment and 1.28x higher risk of dementia.



Cancer

Dental care is crucial before, during and after cancer care to decrease risk for painful oral health complications, such as mucositis, as well as decrease cost and improve quality of life for patients.

Mouth

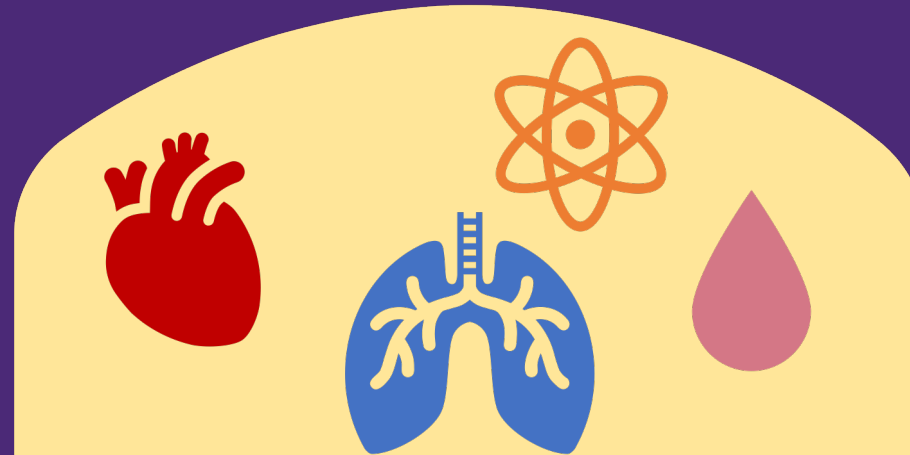
HPV is the leading cause of oropharyngeal carcinoma and a very small number of front of the mouth, oral cavity cancers. HPV is thought to cause 70% of oral cancers in the U.S.

Diabetes

The relationship between diabetes and periodontal disease is bi-directional, meaning that both diseases when not treated or controlled directly affect the other negatively.

Heart

People with periodontal (gum) disease are 2 to 3x more likely to suffer from a heart attack or other serious cardiovascular issue



Lungs

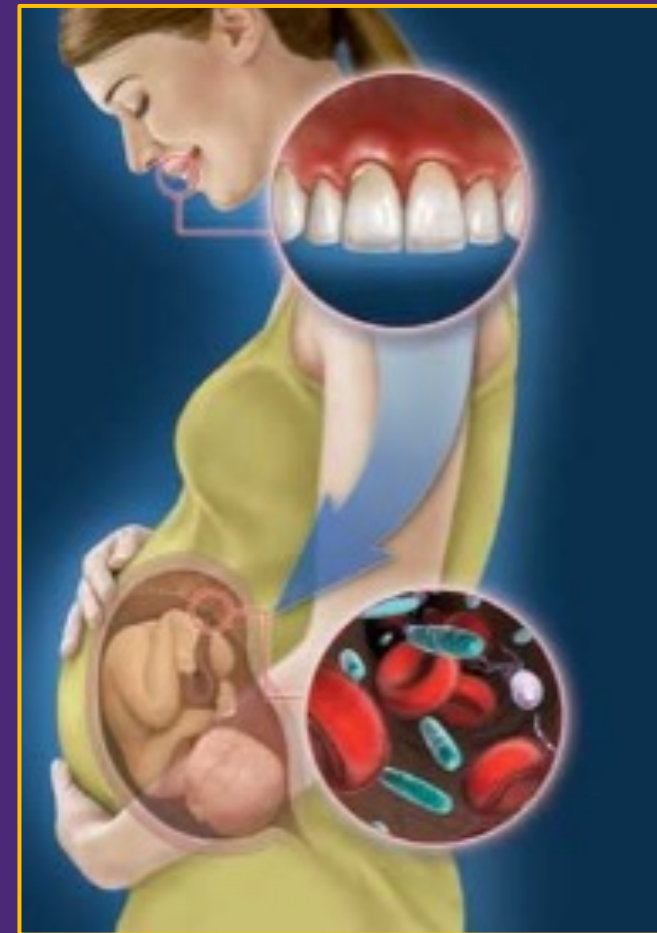
Periodontal disease may increase risk for respiratory disease including COPD.

Pregnancy

Bacteria from the mouth can reach the blood stream, and consequently reach the baby.

Oral health problems when left untreated may be associated with:

- Pre-Term Labor
- Pre-Term Birth
- Poor glycemic control



How an Interprofessional Health Team Can Make a Difference

- **Think** about how oral health affects the oral and overall health of parent and child
- **Screen** patients for dental and oral hygiene needs
- **Educate** patients on the importance of good oral health practices
- **Manage** oral bacteria levels and inflammation by providing coaching about good oral hygiene behaviors
- **Document** oral health assessment findings and interventions, and provide referrals



Early Childhood Caries

- **5 times** more common than asthma
- **16 million** children have untreated decay
- The **#1 unmet health care need** among pre-school children
- Higher risk of new carious lesions in primary and permanent dentition
- Risk for delayed physical growth and development
- Loss of school days and increase in days with restricted activity
- Diminished oral health-related quality of life
- Hospitalizations and emergency room visits for advanced disease
- Increased treatment costs



What's a Nurse to Do?



- Perform the **HEENOT** exam
- Apply *fluoride varnish*
- Conduct patient and parent oral care education
- Provide ongoing nutritional support
- Dental referral as needed



Mental Health

- Increased risk of oral health neglect due to...
 - Dental anxiety
 - Substance use
 - Depression
 - Trauma
 - Inadequate self-care
 - Cost
- Side effects of antipsychotic, antidepressant, and mood stabilizer drugs include a higher risk for oral bacterial infections, gum disease & xerostomia, as well as metabolic syndrome
- Mental illness includes a range of dysfunctional symptoms and behaviors that can significantly impact oral health → serious systemic consequences (inflammation and infection spread to other areas of the body)



How an Interprofessional Health Team Can Make a Difference



- **Think** about mental health as complex and multifaceted → requires coordinated team-based approach to providing care
- **Consider** the barriers r/t social determinants of health in accessing mental health and dental care needs
- **Screen** patients for dental, oral hygiene & mental health issues
- **Educate** patients on the importance of good home oral health and hygiene practices
- **Manage** oral bacteria levels and prevent inflammation by providing coaching about good oral hygiene behaviors → promote oral health care as a key component of managing mental health
- **Document** oral health assessment findings and interventions, and provide referrals to address specific oral and/or mental health issues



Intellectual/Developmental Disabilities (IDD)

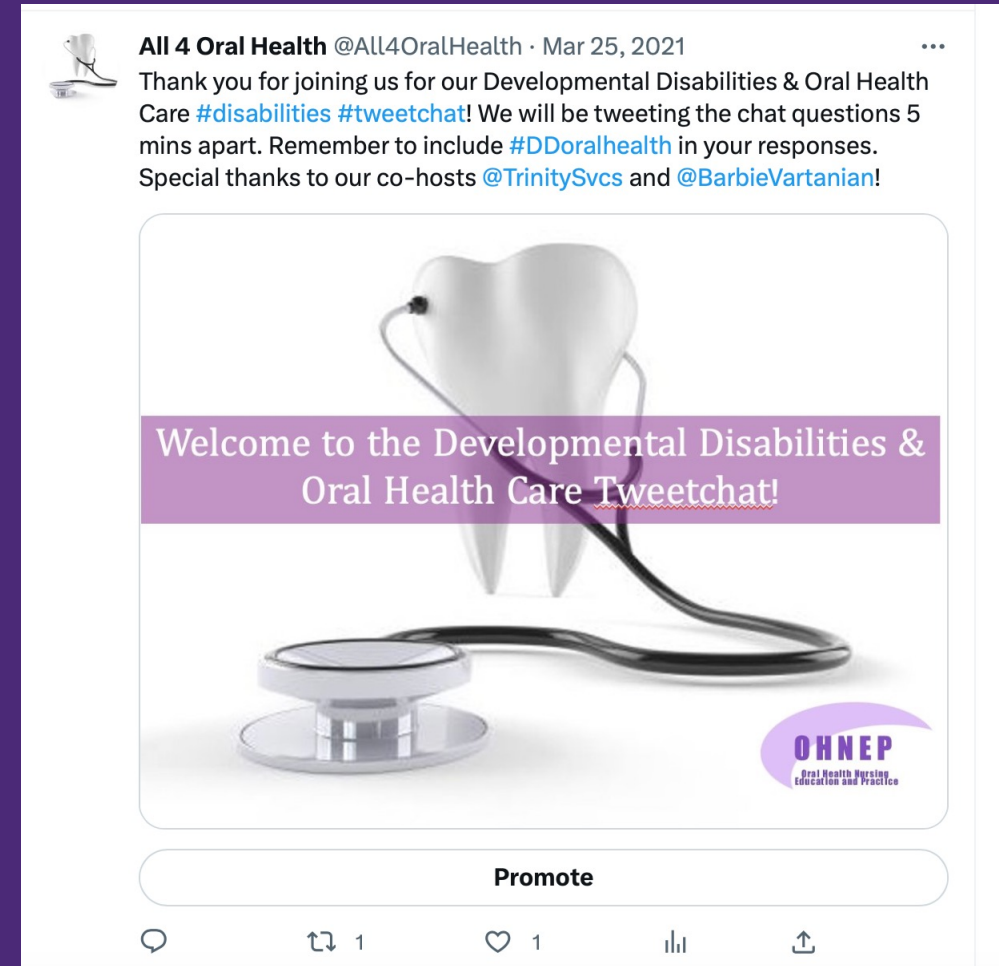


- Oral care is often neglected among people with disabilities, contributing to serious negative oral and overall health outcomes.
- Individuals and families experience difficulty finding accessible oral and primary health care and specialty services that align with their needs.
- Research studies have examined the oral health needs of the disability community, as well as the need for integration of oral health as it relates to disabilities in nursing curricula.
- Dental clinics and university programs provide essential care for patients with a disability or disabilities that challenge them to obtain care in traditional dental offices.
 - NYU Oral Health Center for People with Disabilities
 - University of the Pacific Dugoni School of Dentistry
 - Care Center for Persons with Disabilities at Penn Dental

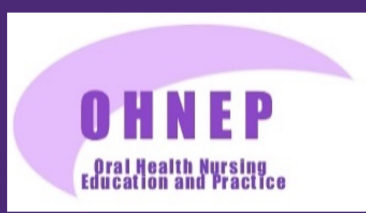
IDD & Oral Health



- Blog Post: *Overcoming Challenges in Achieving Oral Health Equity for People with Disabilities*
- *Autism Spectrum Disorder & Dental Anxiety* Case Studies
- Content in our *Interprofessional Oral Health Faculty Tool Kits*
- Teaching-Learning Strategies developed with NLN for their ACE.D program
- *Developmental Disabilities & Oral Health Tweetchat*, March 25, 2021
- Rotation with PNP students at NYU Dentistry Center for Persons with Disabilities
- Contributing chapter on the role of nursing in oral health to the National Oral Health Curriculum



HPV-related Cancer Prevention



- Collaborate with dental and medical colleagues about a coordinated HPV prevention strategy
- Conduct patient and parent HPV education
- Discuss oral cancer prevention
 - Vaccine
 - Oral sex risk factors
 - Use of condoms and dental dams

“Manage Late Effects From HPV-Positive Oropharyngeal Cancers”



- Dental Decay
- Dysphagia
- Lymphedema
- Osteonecrosis
- Ototoxicity
- Mucositis
- Taste Disorders
- Thyroid Dysfunction
- Trismus
- Xerostomia

It Takes an *Interprofessional Team* to Promote Effective Cancer Care!



Tooth Decay, Trismus, Osteonecrosis	Dentist, Dental Hygienist, Medical Oncology Team (MD, NP, RN, PA)
Dysphagia, Taste & Smell Disorders	Speech & Language Therapist, Nutritionist, Psychologist
Burning Mouth Syndrome Xerostomia	Physician, Nurse, Nurse Practitioner, Pharmacist, Dentist, Dental Hygienist
Mucositis	Medical Oncology Team (MD, NP, RN, PA), Dentist, Dental Hygienist
Limited Hand Mobility	Physical & Occupational Therapists
Pain	Dentist, Pain Management Team
Periodontal Disease	Dentist, Dental Hygienist, Physician, Nurse Practitioner, Nurse, CDE, Social Worker



Diabetes & Oral Health

People who are at risk for diabetes or who are diabetic may experience more challenges to keeping their mouth healthy and may experience more oral health problems

- Increased risk for...
 - Gingivitis & Periodontal disease
 - Tooth loss
 - Thrush
- Medications reduce saliva → dry mouth, tooth decay
- High blood sugar helps bacteria grow → tooth decay
- High blood sugar can also interfere with normal healing in your mouth

When Diabetes is the Diagnosis... Collaboration Among Primary Care and Dental Teams is Essential!

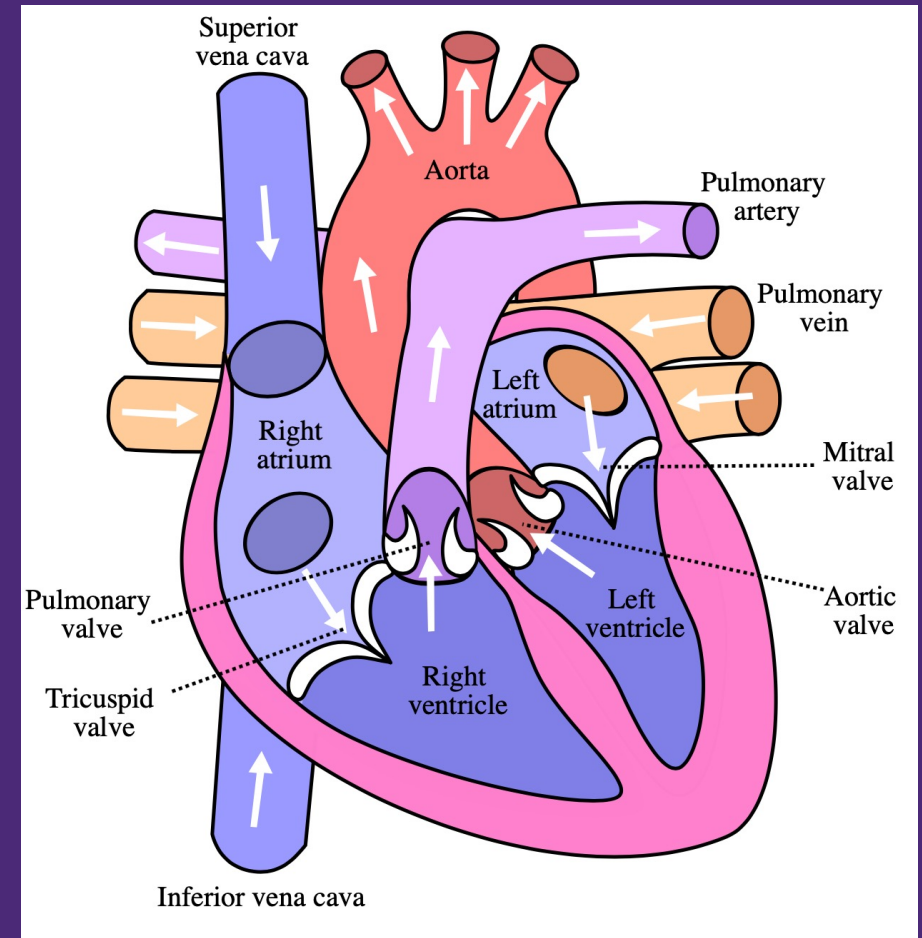


Include Comprehensive & Oral Health History Approach with ALL Patients

- Monitor HgbA1c
- BP Monitoring
- Assess Risk
- Explore Facilitators & Barriers to Diabetic and Oral Health Goals
- Partner with trusted community leaders & frontline team members (CHWs, PCAs)
- Symptom Management
- Oral Health Literacy Coaching
- Vaccine Advocacy and Administration
- Use Motivational Interviewing to Promote Lifestyle Change
 - Diet
 - Exercise
 - Weight Loss
 - Oral Hygiene
- Referral to Obtain or Continue with Usual Source of Dental or Primary Care & Other Referrals (Podiatrist, Ophthalmologist, SW, Meals on Wheels)

Cardiovascular Disease (CVD)

- *Oral manifestations:* periodontal disease, xerostomia, lichenoid lesions, dysgeusia
- Studies reveal chronic oral infections and pro-inflammatory markers may contribute to the pathogenesis of periodontal disease and CVD
- Many studies have examined the links between oral health and CVD, finding poor oral health to be associated with increased risk of CVD and cardiac events including fatal cardiovascular infections (i.e. bacterial endocarditis)



How an Interprofessional Health Team Can Make a Difference

- **Think** about CVD as complex and multifaceted → requires coordinated team-based approach to providing care
- **Consider** the barriers r/t social determinants of health in maintaining overall health and accessing affordable dental care
- **Educate** patients and families on the importance of good home oral health and hygiene practices
- **Manage** oral bacteria levels and inflammation by coaching about good oral hygiene behaviors → reduces risk of developing CVDs and CVD-related complications
- **Refer** to appropriate team members
- **Document** oral health assessment findings and interventions



Non-ventilator Hospital-acquired Pneumonia



- NVHAP is a subset of HAP defined as pneumonia identified ≥ 48 h (2 days) in patients without mechanical ventilation.
- Primary source of pneumonia is aspiration of bacteria present in the oral biofilm
 - ✓ Dental plaque becomes the reservoir for pathogens including antibiotic-resistant organisms in the hospital setting
 - ✓ Plaque buildup and bacterial overgrowth, along with micro-aspiration when patients are bedridden and lying supine, increases the risk for NVHAP
 - ✓ Reducing the bacterial burden in the mouth through consistent oral care is associated with a significant reduction in the incidence of NVHAP

How the Healthcare Team Can Make a Difference



- Maintain regular oral care with consistent toothbrushing, flossing and denture cleaning.
- Elevate the head of the patient's bed.
- Minimize the use of acid-suppressing medications and sedation.
- Perform dysphagia screening in high-risk patients.
- Use modified diets and feeding strategies for patients with abnormal swallowing.
- Follow standardized processes to place and manage feeding tubes.
- Conduct breathing exercises, chest physiotherapy and incentive spirometry.
- Educate patients and families about NVHAP prevention.



Interprofessional Oral-Systemic Health Experience at NYSIM

Standardized Patient Experience

- I. Team Brief (5 min):
- II. History and physical exam (45 min)
- III. Debriefing (10 min)



Case Study Discussion

- I. Team Brief (5 min)
- II. Case Study Discussion (40 min)
- III. Debriefing (15 min)



Pediatric Oral Health Interprofessional Clerkship at Bellevue



Patient 1	Patient 2	Patient 3
NP reviews chart	MD reviews chart	DDS reviews chart
NP takes history	MD takes history	DDS takes history
DDS does HEENOT exam and FV	NP does HEENOT exam and FV	MD does HEENOT exam and FV
All collaborate for plan	All collaborate for plan	All collaborate for plan
MD gives patient education, prevention, anticipatory guidance, handouts, referral and follow-up	DDS gives patient education, prevention, anticipatory guidance, handouts, referral and follow-up	NP gives patient education, prevention, anticipatory guidance, handouts, referral and follow-up



Prenatal Oral Health Interprofessional Experience at Bellevue

Family Nurse Practitioner (FNP), Nurse Midwifery (MW) and Dental (DDS) students build a collaborative care plan to meet the oral health needs of pregnant patients at the Bellevue prenatal clinic.

- FNP and MW students develop oral health competencies to screen pregnant women for oral health
- Dental students develop oral health competencies to educate pregnant women

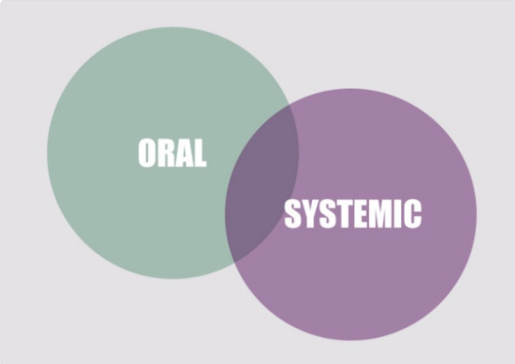
Patient 1	Patient 2
DDS/NMW/FNP students will review screening form together	DDS/NMW/FNP students will review screening form together
NMW/FNP student will review prenatal chart in EPIC	NMW/FNP student will review prenatal chart in EPIC
DDS student does HEENOT exam and shows NMW student	NMW/FNP student does HEENOT exam with DDS student mentoring
HUDDLE: DDS and NMW/FNP students discuss plan	HUDDLE: DDS and NMW/FNP students discuss plan
NMW/FNP student gives patient education, prevention, anticipatory guidance, handouts, referral and follow-up	DDS gives patient education, prevention, anticipatory guidance, handouts, referral and follow-up

Smiles for Life: A National Oral Health Curriculum

Smiles for Life
A national oral health curriculum

Continuing Education ▾ Resources ▾ About Us ▾ SFL Media Contact Us My Account Login 🔍

Click a Course Below to Get Started




ORAL **SYSTEMIC**

The Relationship of Oral and Systemic Health

See more...


0% COMPLETE



Child Oral Health

See more...

0% COMPLETE



Adult Oral Health

See more...

0% COMPLETE

smilesforlifeoralhealth.org

Advancing Care Excellence (ACE) Series



Advancing Care Excellence for Persons with Disabilities (ACE.D)

Oral Health and Autism Spectrum Disorder

Oral Health and Cerebral Palsy



Advancing Care Excellence for Veterans

Oral Health and Behavioral Health Disorders

Preventing Non-ventilator Associated Hospital Acquired Pneumonia (NVHAP) with Oral Care

Available at <https://www.nln.org/>

100 Million Mouths Campaign



Creating Oral Health Champions to Reach One Hundred Million Mouths and Advance Oral Health Equity

August 29, 2022

Primary care providers including pediatricians, internists, and family doctors as well as nurse practitioners and physician assistants serve on the front lines of health care. They are often the first to notice oral health conditions when treating other health issues. Creating a network of health care allies who can train their peers and advocate for oral health is the idea behind the [One Hundred Million Mouths Campaign](#) (100 MMC)—an initiative originally funded by

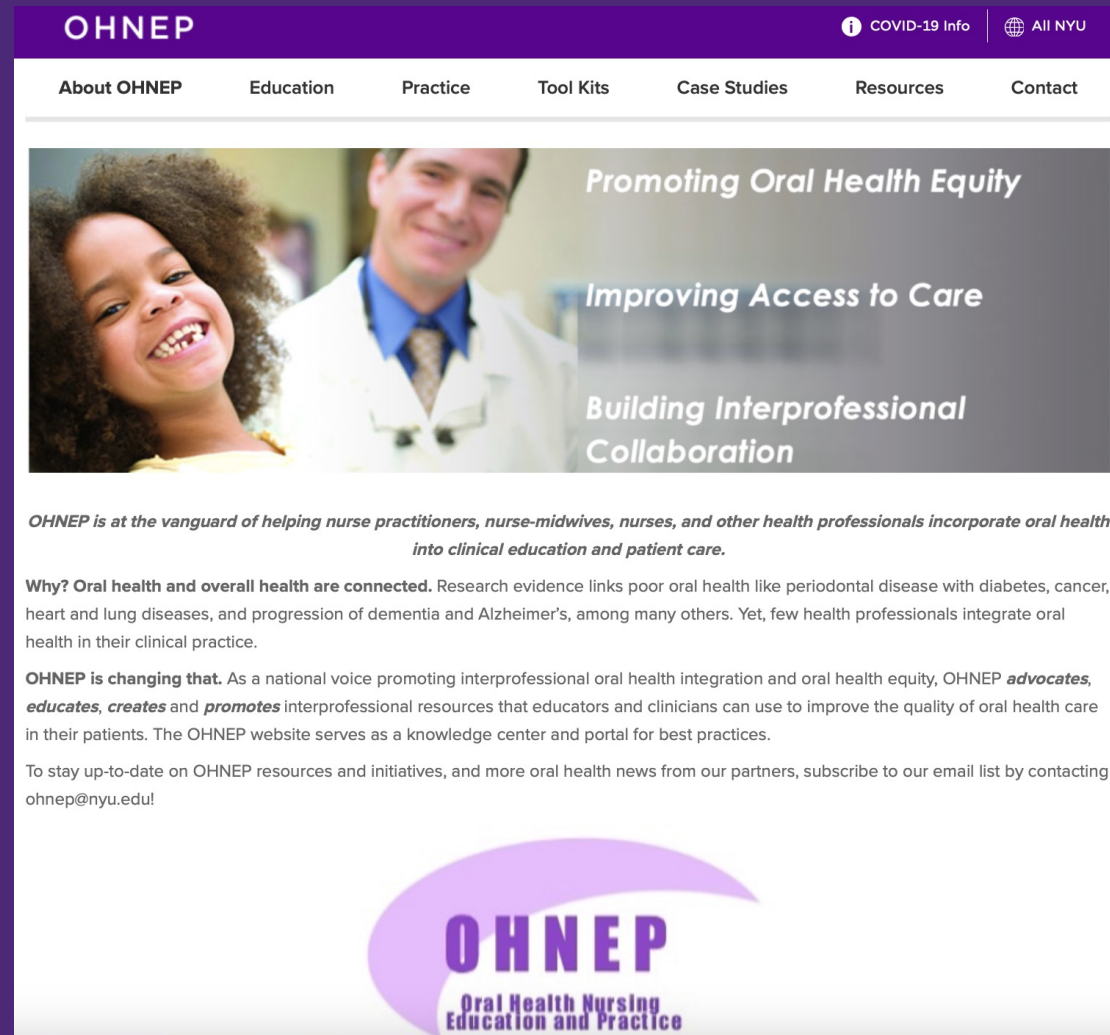


Health Resources and Service Administration (HRSA) and now funded by CareQuest Institute for Oral Health, led by Harvard School of Dental Medicine faculty and other collaborators from the [Center for Integration of Primary Care and Oral Health](#) (CIPCOH).

Learn more at <https://cipcoh.hsdm.harvard.edu/home>



Oral Health Nursing Education and Practice (OHNEP)



The screenshot shows the OHNEP website homepage. At the top, there is a purple navigation bar with the OHNEP logo on the left and links for 'COVID-19 Info' and 'All NYU' on the right. Below this is a white navigation bar with links for 'About OHNEP', 'Education', 'Practice', 'Tool Kits', 'Case Studies', 'Resources', and 'Contact'. The main content area features a large image of a smiling young girl and a male healthcare professional. Overlaid on the right side of the image are three key messages: 'Promoting Oral Health Equity', 'Improving Access to Care', and 'Building Interprofessional Collaboration'. Below the image, there is a paragraph stating: 'OHNEP is at the vanguard of helping nurse practitioners, nurse-midwives, nurses, and other health professionals incorporate oral health into clinical education and patient care.' This is followed by two paragraphs explaining the importance of oral health and the organization's role. At the bottom of the page, there is a large purple OHNEP logo with the text 'Oral Health Nursing Education and Practice' underneath it.



ohnep.org

New! Graduate Interprofessional Oral Health Faculty Tool Kits

Third Edition

The OHNEP Interprofessional Oral Health Faculty Tool Kit

Pediatric Nurse Practitioner Program

CURRICULUM INTEGRATION OF INTERPROFESSIONAL ORAL HEALTH CORE COMPETENCIES:

- Pediatric Health Promotion
- Pediatric Health Assessment
- Pediatric Primary Care
- Resources



© Oral Health Nursing Education and Practice (OHNEP)

The OHNEP Interprofessional Oral Health Faculty Tool Kit

Family Nurse Practitioner Program

CURRICULUM INTEGRATION OF INTERPROFESSIONAL ORAL HEALTH CORE COMPETENCIES:



CURRICULUM INTEGRATION OF INTERPROFESSIONAL ORAL HEALTH CORE COMPETENCIES:

CURRICULUM INTEGRATION OF INTERPROFESSIONAL ORAL HEALTH CORE COMPETENCIES:

The OHNEP Interprofessional Oral Health Faculty Tool Kit

Adult Gerontology Primary Care Nurse Practitioner Program

CURRICULUM INTEGRATION OF INTERPROFESSIONAL ORAL HEALTH CORE COMPETENCIES:

- Adult Gerontology Health Assessment
- Adult Gerontology Health Promotion
- Adult Gerontology Primary Care



NYU MEYERS

The OHNEP Interprofessional Oral Health Faculty Tool Kit

Psychiatric-Mental Health Nurse Practitioner Program

CURRICULUM INTEGRATION OF INTERPROFESSIONAL ORAL HEALTH CORE COMPETENCIES:

- Health Assessment Across the Lifespan
- Health Promotion in Children & Adolescents
- Health Promotion in Adults & Older Adults
- Resources



NYU MEYERS

The OHNEP Interprofessional Oral Health Faculty Tool Kit

Nurse Midwifery Program

CURRICULUM INTEGRATION OF INTERPROFESSIONAL ORAL HEALTH CORE COMPETENCIES:

- Midwifery Health Assessment of Women & Gynecology
- Midwifery Care During Pregnancy
- Midwifery Care of Women During Labor, Birth, Postpartum & Care of Newborns
- Resources



NYU MEYERS

© Oral Health Nursing Education and Practice (OHNEP)

The OHNEP Interprofessional Oral Health Faculty Tool Kit

Adult Gerontology Acute Care Nurse Practitioner Program

CURRICULUM INTEGRATION OF INTERPROFESSIONAL ORAL HEALTH CORE COMPETENCIES:

- Advanced Physical Assessment Across the Lifespan
- Principles of Adult Gerontology Acute Care I-II
- Principles of Adult Gerontology Acute Care III
- Resources

Oral Health Nursing Education and Practice (OHNEP)



NYU MEYERS

The OHNEP Interprofessional Oral Health Faculty Tool Kit

Women's Health Nurse Practitioner Program

CURRICULUM INTEGRATION OF INTERPROFESSIONAL ORAL HEALTH CORE COMPETENCIES:

- Introduction to Reproductive Healthcare of Women
- Ambulatory Care of Women
- Integrated Care of Women
- Resources



NYU MEYERS

© Oral Health Nursing Education and Practice (OHNEP)



NEW! Undergraduate Interprofessional Oral Health Faculty Tool Kit

- ✓ Microbiology
- ✓ Anatomy & Physiology
- ✓ Pathophysiology
- ✓ Research Methods
- ✓ Pharmacology
- ✓ Health Assessment & Promotion
- ✓ Fundamentals



- ✓ Nursing Care of Adults & Older Adults
- ✓ Nursing Care of Children
- ✓ Maternity & Women's Health
- ✓ Community
- ✓ Psychiatric-Mental Health
- ✓ Leadership in Nursing
- ✓ Professional Nursing



OHNEP Oral Health Case Study Resource Kit

Judith Haber, PhD, APRN, FAAN

Erin Hartnett, DNP, PPCNP-BC, CPNP, FAAN

Jessamin Cipollina, MA



OrALL in the FAMILY

Oral health has a significant impact on the overall health and well-being of individuals across their lifespan. The Oral Health Across the Lifespan Module was created and funded by the Oral Health Nursing Education & Practice (OHNEP) program and the National Interprofessional Initiative on Oral Health (NIOH).

You are the RN in the OB clinic.

Ms. Jones is 24 weeks pregnant and tells you that her gums have been bleeding and she has a “lump” above one of her teeth. She is on Medicaid and does not have a dental home. During your HEENOT exam you notice that Ms. Jones gums look red and swollen and there is a 1 cm. raised red nodule on the gum above the right lateral incisor. You want to give her the correct information on what she is experiencing.

- **eResource:** Download and install *Smiles for Life (SFL)* app on your mobile phone
 - [SFL Oral Health App](http://www.smilesforlifeoralhealth.org/apps.html) (www.smilesforlifeoralhealth.org/apps.html)
- In the SFL app, select **Diagnostic Modules** and then select **Prenatal**
- Answer the 2 questions under **Prenatal**
- Follow the app as you answer the questions for Ms. Jones
 - Is she having any problems with her mouth?
 - What do you recommended for her bleeding gums
- Find the photo of the **Soft Tissue Enlargement**
 - What is this called?
 - What do you recommended Ms. Jones do for this?
 - Does Medicaid cover dental care for pregnant women in your state?

You are the RN in the Postpartum Clinic.

Ms. Jones returns for her 6 week postpartum check-up. She says her gums no longer bleed, but the lump in her mouth has gotten larger and interferes with chewing. During your HEENOT exam you notice that the 1 cm. raised red nodule on the gum above the right lateral incisor is now is now extending to the posterior aspect of the gum behind the tooth.

- Return to the photo of the **Soft Tissue Enlargement** on the SFL app.
 - What are your recommendations for her?
 - Does Medicaid cover dental care at 6 weeks postpartum?

You are the RN in the Well-Child Clinic.

Newborn

Ms. Jones brings her baby Eliza to the clinic for her 1 week newborn check-up. She is breastfeeding well.



OHNEP COVID-19: OrAll in the Family Case Study

COVID-19 risk increases for individuals, families and communities disproportionately affected by chronic diseases and the social determinants of health. These same populations are at higher risk for oral disease. Common risk factors include obesity, poverty, stress, poor diet, alcohol and tobacco use, substance misuse, mental health issues and domestic violence. Many of these factors have been heightened during the pandemic. These and other social determinants of health contribute increased risk of COVID-19, exacerbation of chronic disease and poor oral health.

- ◊ **The Collins family is a multi-generational African-American family living in the Bronx.**
- ◊ The family wanted to gather for Grandma Collins’ 90th birthday. She resides in assisted living and is fully vaccinated. The Collins family discussed how to gather as safely as possible.
- ◊ Grandma and Carla are fully vaccinated. Joe is reluctant to get the vaccine even though he is qualified for it. Laurette, Mike and their children Tanisha and Troy are not. **What would you consider their risk level for COVID-19 for having an indoor family dinner?**

Collins Family Members

- ✓ **Grandma Collins, age 90** – mother of **Carla** and **Joe**
- ✓ **Carla, age 68** – daughter of Grandma Collins; widow; mother of **Laurette**
- ✓ **Joe, age 69** – son of **Grandma Collins**; single
- ✓ **Laurette, age 42** and **Mike, age 44** - parents to **Tanisha, age 13** and **Troy, age 5**

Grandma Collins has mild dementia, has poor oral health, and requires assistance for all activities of daily living (ADL) including oral hygiene.

Read: [Edahiro, A., Okamura, T., Motohashi, Y., Takahashi, C., Sugiyama, M., Miyamae, F. ... & Awata, S. \(2020\). Oral health as an opportunity to support isolated people with dementia: useful information during coronavirus disease 2019 pandemic. Psychogeriatrics, 21\(1\), 140-141. doi: 10.1111/psyg.12621.](#)



NYU

RORY MEYERS
COLLEGE OF NURSING

Advancing Oral Health Equity All 4 Oral Health Blog Collection

2018-2022

Jessamin Cipollina, MA

OHNEP Program Manager



Oral Health Equity For All All 4 Oral Health Blog Collection

The mouth is the gateway to the rest of the body. Oral health care is essential to promoting positive overall health outcomes. OHNEP's official blog *All 4 Oral Health* includes timely evidence-based posts that focus on oral-systemic health topics and promote innovations in education and practice for building the interprofessional workforce across primary and acute care professions. We encourage you to review and share these blog posts as a resource for promoting oral health integration across primary care settings.

Click on the links below to view these posts at our website ohnep.org.

Overcoming Challenges in Achieving Oral Health Equity for People with Disabilities	2
The Brain-Mouth Connection: How Good Oral Health Can Improve Mental Health	6
Improving HPV Vaccine Confidence: An Interprofessional Challenge	10
Sweet Salvation: Linking Diabetic Health and Oral Care	13
The Need for the Needle: Building Vaccine Confidence	16
The Race to Health Equity: Oral Health Disparities Persist Among Racial & Ethnic Minorities	20
Good Eating: Linking Oral Health and Nutrition in Older Adults	23
It's Back to School for Everyone: Promoting Children's Oral Health in a Pandemic	26
Oral Health Home Habits for Healthy and Happy Smiles	29
Intimate Partner Violence Shocks the Head and Mind	31
Why You Should Take a Powder on Brushing with Charcoal	35
Motivational Interviewing: A Step in the Right Direction to Better Interprofessional Oral Care	37
Prescribing Savvy Can Make a Dent in the Opioid Crisis	39
Vaping: The Smoking Gun of Poor Oral Health in Teens	42
Blueberries May Be "Juiced" What the Dentist Ordered	44
Innovations in Whole Person Care: Health Literacy Across the Lifespan	46
Rising Rates of HPV-Associated Oropharyngeal Cancers	49
Eating, Chatting and Laughing: Oral Health Improves Social Support and Quality of Life	52



Overcoming Challenges in Achieving Oral Health Equity for People with Disabilities

December 12, 2022

In the US, an estimated 3 million children and 61 million adults currently live with one or more physical, intellectual, or developmental disabilities. Every day, people with intellectual and developmental disabilities (IDD) encounter barriers to accessing appropriate health care services. One of the challenges is locating providers who are willing to provide care and accommodate their needs. As a result, many health problems and concerns are left untreated among people with IDD. Oral health is particularly neglected in this population, resulting in many oral health problems that can be prevented with more inclusive and accessible care. People with IDD require a special approach to dental care that dental offices often do not have the capacity to provide.

Children and adults with IDD bear a disproportionate burden of finding affordable care. These problems are exacerbated by socioeconomic and racial/ethnic disparities. Children from low-income families are more likely to have a disability (6.5%) than their more affluent counterparts (3.8%). American Indian and Alaska Native children are reported to have the highest rates of disability (5.9%), followed by children of more than one race (5.2%) and Black children (5.1%). Reflected in these disparities are the socioeconomic status of these groups: American Indian and Alaska Native households are found to have the second lowest median income with many families living in poverty, and Black, Hispanic and Latino households systematically have lower incomes and education levels, and encounter more barriers to finding employment.

A major barrier to oral care among people with IDD is finding an accessible and affordable health care provider. Frequently, families and caretakers do not know what providers or resources are available; online directories and listings are often inaccurate and outdated. Many communities lack providers that accommodate patients with IDD due in part to persistent bias and stigma and low reimbursement rates, and patients have to travel great distances just to find care.

Adults with IDD are more likely to have a low income and lower rates of employment. As a result, these adults are challenged to locate affordable health care; the CDC reports that 1 in 3 adults with disabilities do not have a usual healthcare provider and have an unmet healthcare need in the past year due to high costs. Adults living with disabilities also have higher rates of obesity, heart disease and diabetes than those without disabilities, and an increased risk of oral health problems is significantly associated with these conditions. There are many factors that impact this population's ability to find appropriate care, and oral problems left untreated can lead to more complex oral and systemic health conditions.

Families of children with disabilities struggle to find affordable care as many providers do not accept Medicaid and other federal or state public and/or private insurance plans. While all children have a CHIP dental benefit, Medicaid dental coverage for adults, with

Patient FACTS

Oral Health and You

What Is Oral Health?
Oral health is not only about keeping teeth clean. It also refers to the jaw, lips, gums, teeth, tongue, and glands that make saliva. Good oral health is important to your overall health. Many health problems, like diabetes, heart disease, and other conditions, are linked with oral health. It's important to talk to both your dentist and primary care professional (physician, nurse practitioner, physician assistant) about oral health.



What Are Some Common Oral Health Problems?

- A **Cavity** is a hole in your tooth caused by bacteria from plaque buildup. Eating sugary foods and drinks can make plaque worse. When plaque is not cleaned off the teeth, cavities can form.
- **Gingivitis** happens when plaque stays on your teeth for too long. Gingivitis can cause gums to be swollen and tender and bleed more easily. It can also cause bad breath. This is the beginning stage of gum disease.
- **Gum Disease (Periodontitis)** occurs when tartar builds up and contributes to infections deep in your gums. It can lead to loss of tissue, bone, and teeth and can increase your risk for other serious problems, like diabetes, heart attack, or stroke.
- **Dry Mouth** can be caused by medicines for high blood pressure, depression, or other health problems.

What Are the Warning Signs of Poor Oral Health?

- Red, swollen, tender, or bleeding gums
- Bad breath that won't go away
- Loose teeth
- Sensitive or sore teeth
- Receding gums (gums that pull away from the teeth)
- Dry mouth
- Long-lasting mouth sores

How Are Oral Health Problems Diagnosed?

Most oral health problems are diagnosed after your mouth, teeth, gums, and tongue are examined. Your dentist may also use X-rays to help diagnose oral health problems.

How Are Oral Health Problems Treated?

- Cavities can be treated by filling or covering the holes in teeth. If a cavity or tooth decay is more serious, nerves in the tooth or the entire tooth may need to be removed.
- Gingivitis can be treated by a professional cleaning at your dentist's office. Good oral hygiene will keep plaque and tartar from building up again.
- Gum disease is treated by removing tartar and bacteria from your teeth and gums. If gum disease is more serious, you may need prescription antibiotic medicines or dental surgery.



www.acponline.org/patient_ed

Patient FACTS

Oral Health and HPV

What Is HPV?

Human papillomavirus (HPV) is a virus that can infect your skin, mouth, penis, vagina, cervix, and anus. If HPV infects your mouth, it could put you at risk for mouth or throat cancer. Some research suggest that smoking and heavy drinking can increase the risk that oral HPV will turn into cancer. It is important to discuss your risk of HPV and oral health with both your dentist and primary health care professional (physician, nurse practitioner, physician assistant).

How Are Oral Health and HPV Linked?

- HPV is spread through oral sex. If your partner is infected with genital HPV and you perform oral sex, you risk getting HPV.
- Having oral sex with many partners increases your risk for oral HPV.

How Can I Prevent Oral HPV?

- HPV can be spread even when an infected person has no signs or symptoms. The best way to protect yourself is to always use condoms and dental dams with all partners. A dental dam is a small, thin piece of latex that can be used for protection during oral sex.
- The HPV vaccine protects you against other types of HPV. It is recommended for most people, both male and female, ages 11 through 26. Talk to your health care professional about the HPV vaccine.
- It's possible that the HPV vaccine will help protect you from oral HPV, but more studies need to be done. For more information on the HPV vaccine, go to www.cdc.gov/vaccines/vpd-vac/hpv/



What Are the Warning Signs of HPV?

- Many times, the HPV virus does not cause any symptoms. The virus could cause warts or sores in the mouth. Mouth or throat cancer could also develop because of HPV infection. The symptoms of mouth or throat cancer can include:
- Ulcers or sores in the mouth that don't heal
 - Difficult or painful swallowing
 - Pain when chewing
 - A sore throat or hoarse voice that doesn't go away
 - A swelling or lump in the mouth or neck
 - A numb feeling in the mouth or lips
 - Constant coughing
 - An earache on one side that lasts for more than a few days



www.acponline.org/patient_ed

Patient FACTS

Oral Health and Diabetes

How Are Diabetes and Oral Health Linked?

People with diabetes are at greater risk for oral health problems, like gum disease and tooth decay. Gum disease can also be a warning sign for diabetes. To lower risk for oral health problems, it is important to control blood sugar and practice good oral health habits. If you have diabetes, discuss any special care you may need with both your dentist and primary health care professional (physician, nurse practitioner, physician assistant).



What Are Common Oral Health Problems Related to Diabetes?

- Diabetes can make it hard for your body to fight off infection. This means you may be at higher risk for some of these problems:
- **Gum Disease (Periodontitis)** occurs when tartar builds up and contributes to infections deep in your gums. It can lead to loss of tissue, bone, and teeth and increases your risk for other serious health problems, like heart attack or stroke.
 - **Oral Thrush** can cause uncomfortable creamy white patches in your mouth or small white cracks at the corners of your mouth.
 - **Dry Mouth** can cause soreness, ulcers, infections, and cavities. Dry mouth may be caused by medicines for high blood pressure, depression, or other health problems.

What Are Warning Signs of Oral Health Problems Related to Diabetes?

- Red, swollen, or tender gums or other pain in your mouth
- Bleeding while brushing, flossing, or eating
- Loose or separating teeth
- Sores in your mouth
- Bad breath, bad taste in mouth, or loss of taste
- White patches in the mouth
- A sticky, dry feeling in the mouth

How Are Oral Health Problems Diagnosed?

Oral health problems may be diagnosed after your mouth, teeth, gums, and tongue are examined. X-rays of your mouth may also help diagnose problems. If you are having any other problems related to your diabetes, talk with your primary health care professional.

www.acponline.org/patient_ed



Patient FACTS

Oral Health and Older Adults

What Is Oral Health?

Oral health is not only about keeping teeth clean. It refers to the jaws, lips, gums, teeth, tongue, and glands that make saliva. As you age, you become more prone to certain oral health problems. Oral health is important to discuss with both your dentist and primary health care professional (physician, nurse practitioner, physician assistant).



What Are Common Oral Health Problems for Older Adults?

- Gum disease (periodontitis) occurs when tartar builds up and contributes to infections deep in your gums. This can lead to loss of tissue, bone, and teeth. It can also increase your risk for other serious health problems, like diabetes, heart attack, or stroke.
- Tooth decay
- Mouth and throat cancers
- Dry mouth, which can be caused by medicines for high blood pressure, depression, or other health problems

What Are the Warning Signs of Oral Health Problems?

- Red, swollen, or tender gums or other pain in your mouth or teeth
- Bleeding while brushing, flossing, or eating
- Loose or separating teeth
- Dry mouth
- Sores in your mouth
- Lasting bad breath
- A change in the way your teeth or dentures fit together when you bite
- A lump or thickening inside the mouth
- A sore throat or a feeling that something is caught in the throat that doesn't go away
- Trouble chewing, swallowing, or moving certain parts of your mouth

How Are These Problems Treated?

- Gum disease can be treated by removing all plaque and tartar buildup from your teeth and gums through a deep cleaning. If gum disease is more serious, surgery may be needed.
- Certain medicines may be used, including prescription mouthwash, gel, or oral antibiotics for infections.
- Medicines that cause dry mouth may be changed. Special mouthwashes and sugarless candies or gum may also help with dry mouth.
- Oral and throat cancers may require different types of treatment, including surgery, radiation, or chemotherapy.



www.acponline.org/patient_ed