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Building a Culture of Oral Health Care

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ABSTRACT

Poor oral health afflicts many low-income and other vulnerable populations. Poor oral health can lead to unnecessary tooth decay, periodontal disease, plaque buildup, pain, and even the quiet and deadly advancement of oral cancer. It also leads to unnecessary and expensive visits to the emergency department to treat pain of tooth decay and periodontal disease but not the causal conditions. Finding ways to improve oral health in low-income communities is essential to good health and helping individuals move from poverty to middle class status. It requires a collaborative effort of a diverse array of health care workers.

Keywords: access to care, health policy, oral health care, oral health education and training, oral health protocols, primary care services

In order to attain oral health for all individuals regardless of socioeconomic status, a comprehensive approach involving training of a variety of providers; increased access to affordable, quality care; and an increase in oral health literacy must be addressed. In 2000, the US Surgeon General identified oral disease as a "silent epidemic."[1] The most common chronic disease in childhood is dental caries. One quarter (25%) of children 2 to 5 years old and half (50%) of children 12 to 15 years old suffer from tooth decay.[1,2] Nearly 25% of adults 25 to 64 years old report having untreated dental caries.[3] For adults 65 years and older, 25% have lost their teeth, increasing their risk to compromising nutrition and other related complications.[4,5] Oral and pharyngeal cancers are responsible for more that 7,800 American deaths each year.[4] As a nation, we are failing the health of our citizens by not fully addressing these preventable diseases.

Oral health is a state of being free from chronic mouth and facial pain, oral and throat cancer, oral sores, birth defects such as cleft lip and palate, periodontal (gum) disease, tooth decay and tooth loss, and other diseases and disorders that affect the oral cavity.[6] Despite this demonstrated unmet health issue, oral health continues to be overlooked and often ignored by medical professionals, social programs such as Medicare, and, in many instances, Medicaid adult dental benefits. Upon further inspection, oral health concerns can often be connected to a number of acute and chronic health conditions that could be identified by a variety of providers, in addition to our dental colleagues. Once appropriately identified, appropriate treatment or referrals can be initiated.

Currently, multiple barriers exist that can be directly correlated to the social determinants of health. To effectively overcome these barriers, an increase in awareness, understanding, engagement, and action in the current oral health culture must occur in socioeconomic populations, in conjunction with an expansion of partnering with varied health professional fields to expand preventative oral health services and the future oral health workforce. Through this process, interdisciplinary teams can be trained to address this multifactorial problem from several perspectives.

BARRIERS

Various research studies conducted show that the barriers to improve oral health care range from families with low resources, low oral health literacy, federal funding of state resources, and access to a dentist.[7,8] One preventative measure proven to improve oral health care is to apply dental sealants and to provide fluoride therapies to reduce tooth decay. Recent studies show that dental sealants have no clinically significant adverse effects, and, when used in clinical

and school-based programs, the outcomes are very effective; about 81% of tooth decay is prevented at 2 years after placement, 50% at 4 years, and sealants continue to be effective for up to 9 years and through adolescence.[9] However, because dental sealants must be placed by a licensed dental professional, the access for oral health care is limited and is a major causative factor for 60% of low-income children lacking dental sealants.[9] Although the issue of licensure for the application of varnishes does not currently exist for health care providers other than dental providers, a skills certification program could be instituted such that these providers would be legally authorized to do so within their scope of practice.

CHANGE IN CULTURE

According to Healthy People 2020, 1 of the oral health high-priority health issues is to increase the proportion of children, adolescents, and adults who used the oral health care system in the past year.[10] To achieve this goal, a change in culture will need to take place. Primary care providers, specifically nurse practitioners, nurse midwives, physicians, and physician assistants, will need to be educated and trained on how to perform oral health examinations and risk assessments, provide patient education, implement preventive measures such as placement of dental sealants and fluoride varnish, and make appropriate dental referrals. In addition, school-based health centers and school nurses will provide fluoride rinses or varnish and educate students and families about preventive oral health care. Traditionally, training and education on oral health and disease for the primary care provider are limited. For example, the baccalaureate in nursing, the advanced practice registered nurse, and the medical curricula provide an orientation to how to do an oral cavity assessment; however, the core competencies of how to diagnose and manage oral disease are vague. Additionally, clinical sites for the nurse, nurse practitioner, and medical student to gain clinical practice experience in oral health and disease are challenging to find. The 2011 Institute of Medicine reports recommended the Health Resources and Services Administration address the need for improved access to oral health care through the development of oral health core competencies for nondental health care providers. In response, the Health Resources and Services Administration developed the Integration of Oral Health and Primary Care Practice initiative. One of the main recommendations synthesized from this initiative was to apply oral health core competencies within the primary care practices to increase oral health care access for safety net populations in the US.[11] To better implement this recommendation, core competency development, education, and training will standardize nursing and medical educational programs.

SUPPORTING PRIMARY CARE PROVIDER EFFORTS TO IMPROVE ORAL HEALTH CARE PATIENT OUTCOMES

Oral health evidence-based protocols, education, and training for the primary care providers are limited.[12,13] For the nondental primary care provider, guidelines for oral health conditions beyond caries do not exist. Oral health care protocols are not available for the nondental primary care provider, so the current oral health care provided is not standardized.[14] Standardizing oral health care for the primary care provider will improve patient quality of care and reduce safety defects and, in return, high reliability will be expected and achieved.[15] Considering the barriers of access, primary care providers are faced with daily challenges of how to assess and evaluate oral health care conditions. The current challenges and limitations provide an opportunity for an improved team approach to oral health. The partnership among primary care providers and dentists to develop standardized oral health protocols will strengthen the coordination of care and patient oral health care outcomes. One such example of questions encountered by the primary care provider includes how to classify oral health referral for the primary care provider.

WHEN SHOULD A PRIMARY CARE PROVIDER REFER A PATIENT FOR DENTAL CARE

The primary care team can assist in reducing barriers to accessing appropriate dental care by differentiating if the patient's oral condition (Table) suggests a routine (2-4 weeks), urgent (24-48 hours), or emergent referral (same day).[16]

Tooth- or gingival-associated pain does not always indicate the need for an emergency referral. Early dental decay with the following symptoms can