

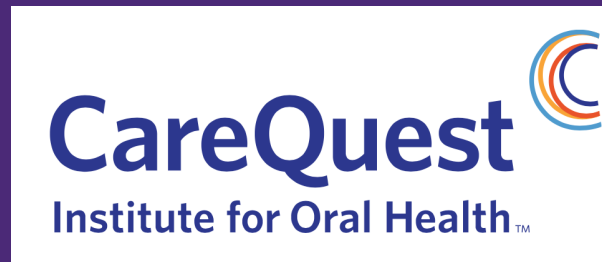
The Importance of Oral Health for Populations with Cardiovascular Disease

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Oral Health Nursing Education and Practice (OHNEP)



The screenshot shows the OHNEP website homepage. At the top left is the OHNEP logo with the text 'Oral Health Nursing Education and Practice'. To the right are social media icons for Facebook, LinkedIn, Twitter, YouTube, and WordPress, along with a search bar. Below this is a navigation menu with links: Home, About, Education, Faculty Toolkit, Resources, Practice, News, Events, and Contact Us. The main banner features a photo of a smiling young girl and a male dentist, with the text 'Reducing Oral Health Disparities Across The Lifespan'. Below the banner, the 'News' section lists four items: 'Interprofessional Education and Practice- Future of Nursing Summit 2017', 'The Midwifery Profession: Frontline Providers of Oral Health Care for Women and Newborns- ACNM 2017 Presentation', 'OHNEP Program Director, Erin Hartnett, DNP, APRN-BC, CPNP, received the Georgetown University Outstanding Alumna Award!', and 'OHNEP Executive Director, Judith Haber, PhD, APRN-BC, FAAN, named Health Equity Hero by DentaQuest!'. To the right of the news list is a section titled 'OHNEP LEADS THE WAY' with a paragraph about the organization's mission and a sub-section 'Why? Oral health and general health are interconnected.' with more text. At the bottom right of this section is an illustration of a stethoscope.

OHNEP
Oral Health Nursing
Education and Practice

Home About Education Faculty Toolkit Resources Practice News Events Contact Us

Reducing Oral Health Disparities Across The Lifespan

News

- Interprofessional Education and Practice- Future of Nursing Summit 2017
- The Midwifery Profession: Frontline Providers of Oral Health Care for Women and Newborns- ACNM 2017 Presentation
- OHNEP Program Director, Erin Hartnett, DNP, APRN-BC, CPNP, received the Georgetown University Outstanding Alumna Award!
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OHNEP LEADS THE WAY

OHNEP is at the vanguard of helping nurse practitioners, nurse-midwives, nurses, and other health professionals incorporate oral health into patient care.

Why? Oral health and general health are interconnected. Research evidence links poor oral health like periodontal disease with diabetes, cancer, heart and lung diseases, and progression of dementia and Alzheimer's, among others. Yet, few health professionals integrate oral health in their clinical practice.

OHNEP is changing that.

As a national voice promoting interprofessional oral health integration, OHNEP advocates, educates, creates and promotes resources that educators and clinicians can use to improve the quality of oral health care in their patients. The OHNEP website serves as a knowledge center and portal for best practices.



www.ohnep.org

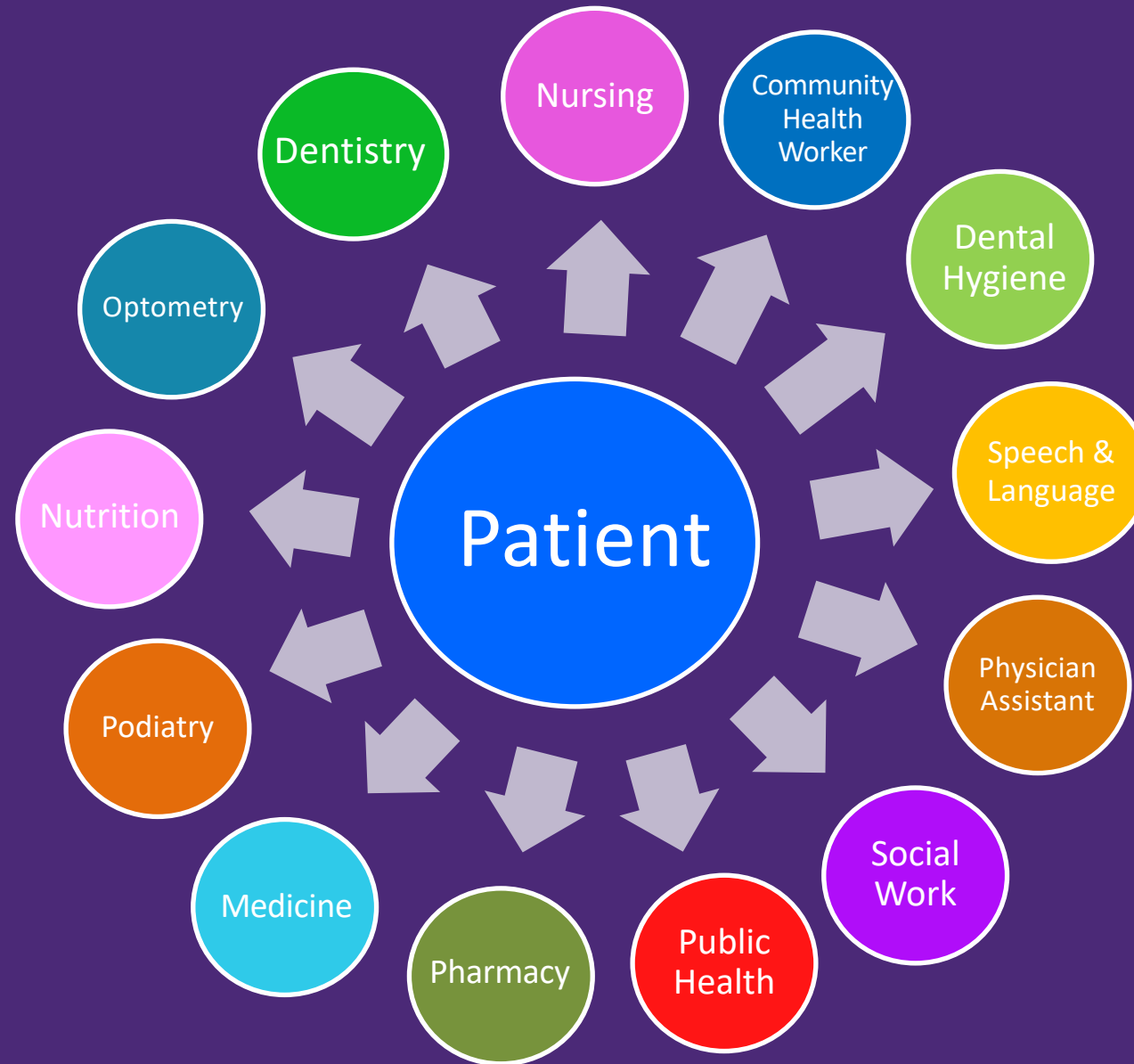
Prevention and Management of CVD Calls for an *Interprofessional* Team



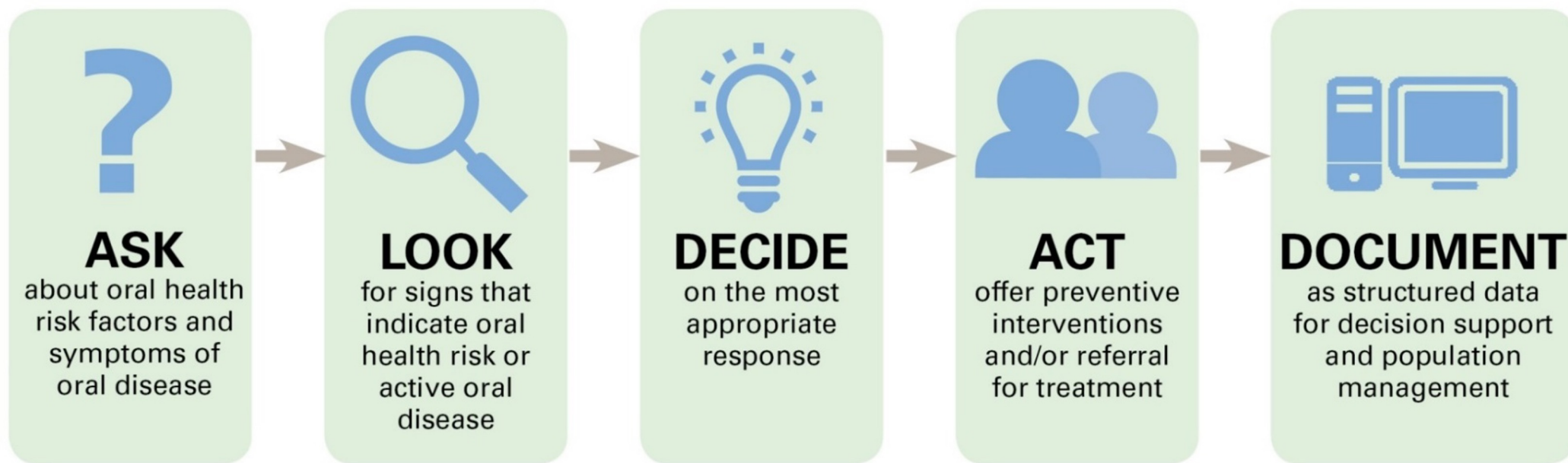
- 4.2 million RNs
- 325,000 NPs
- 12,000 MWs
- 1 million MD/DO
- 139,000 PAs
- 200,000 DDS/DMD
- 195,000 dental hygienists
- 150 dental therapists



Whole Person Care



Oral Health Delivery Framework (2015)



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

HEENT to HEENOT – Putting the Mouth Back in the Head



COMMENTARIES

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a cloud-computing model for chronic illness advice support in an underdeveloped country. *Am J Prev Med*. 2011;46(3):20-22.

Putting the Mouth Back in the Head: HEENT to HEENOT

Judith Haber, PhD, APRN, BC, Erin Harvett, DNP, CFNP, BC, Kenneth Allen, DDS, MSA, Donna Hallas, PhD, CFNP, BC, Caroline Dornan, MSN, FNP, BC, Julia Lange-Kessler, DNP, CN, RN, Madeline Lloyd, MS, FNP, BC, PMNP, BC, Eudice Thomas, DNP, ANP, BC, and Dorothy Wholihan, DNP, ANP, BC, PCNP, 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 *Smiles 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 (1.4%) 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 mortality and morbidity 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

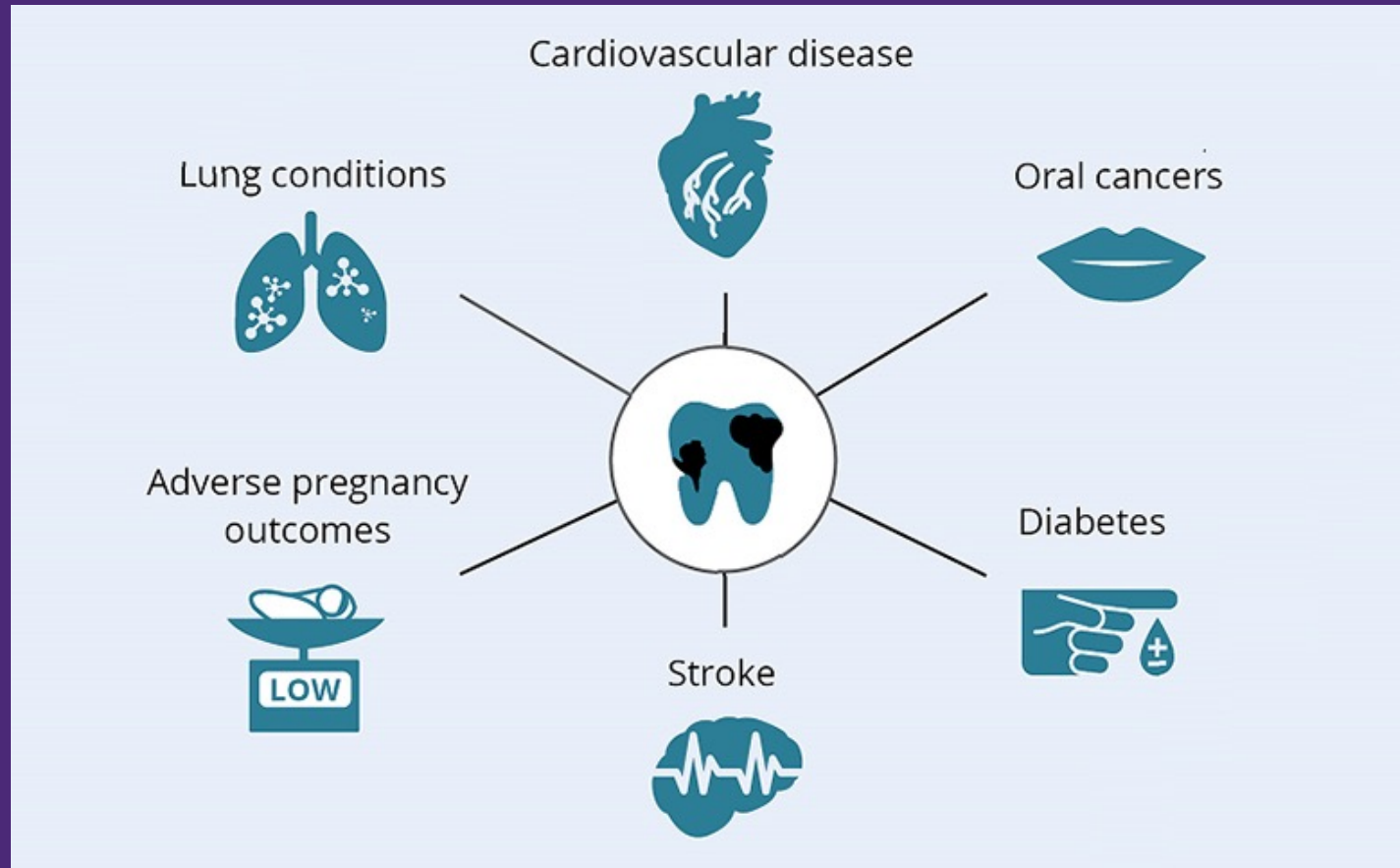
challenged by the Institute of Medicine to play a significant role in improving these oral health disparities by building interprofessional oral health workforce capacity.¹¹

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 curriculum 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 curricular 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 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

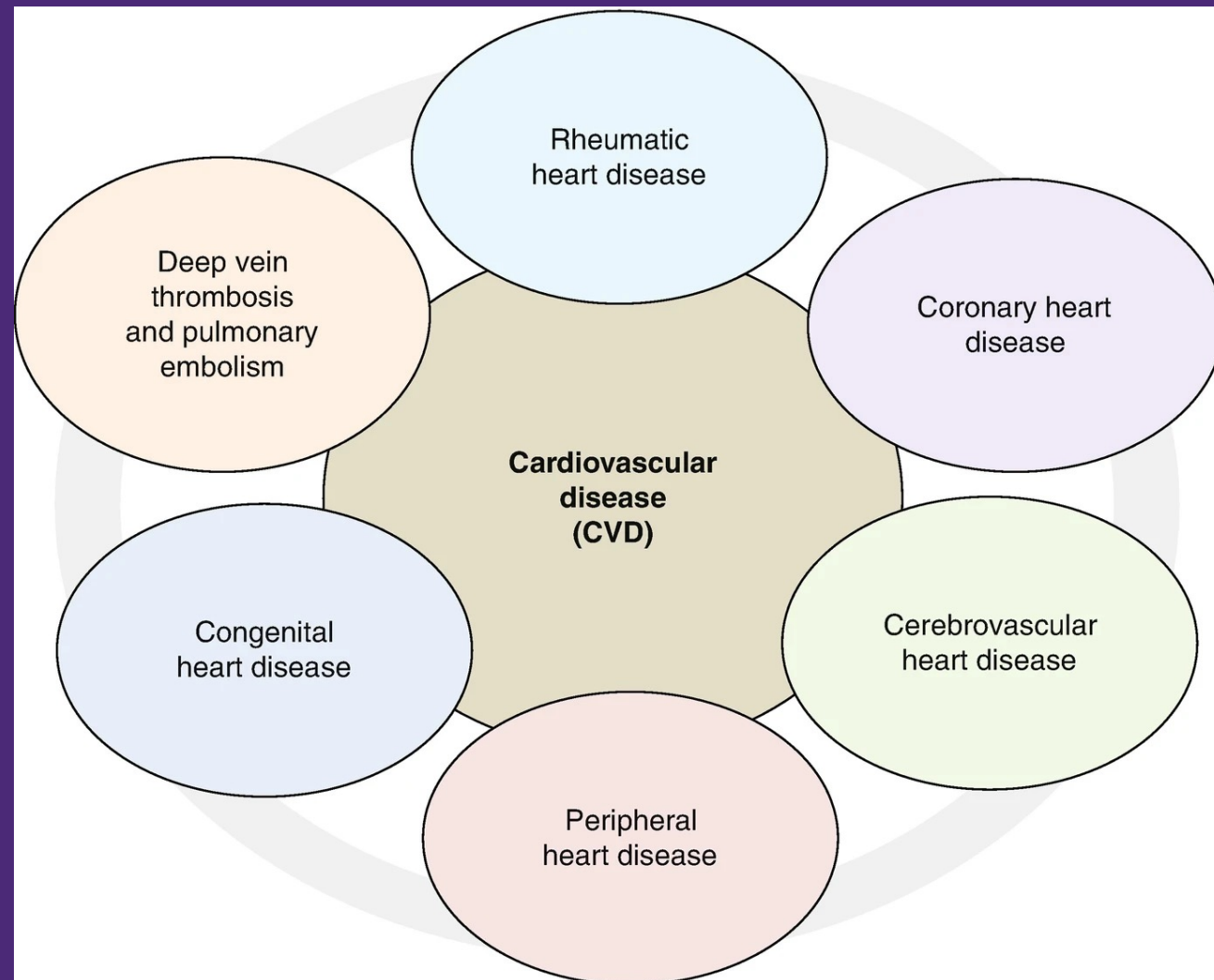


Oral Health & Overall Health: The Oral-Systemic Connection



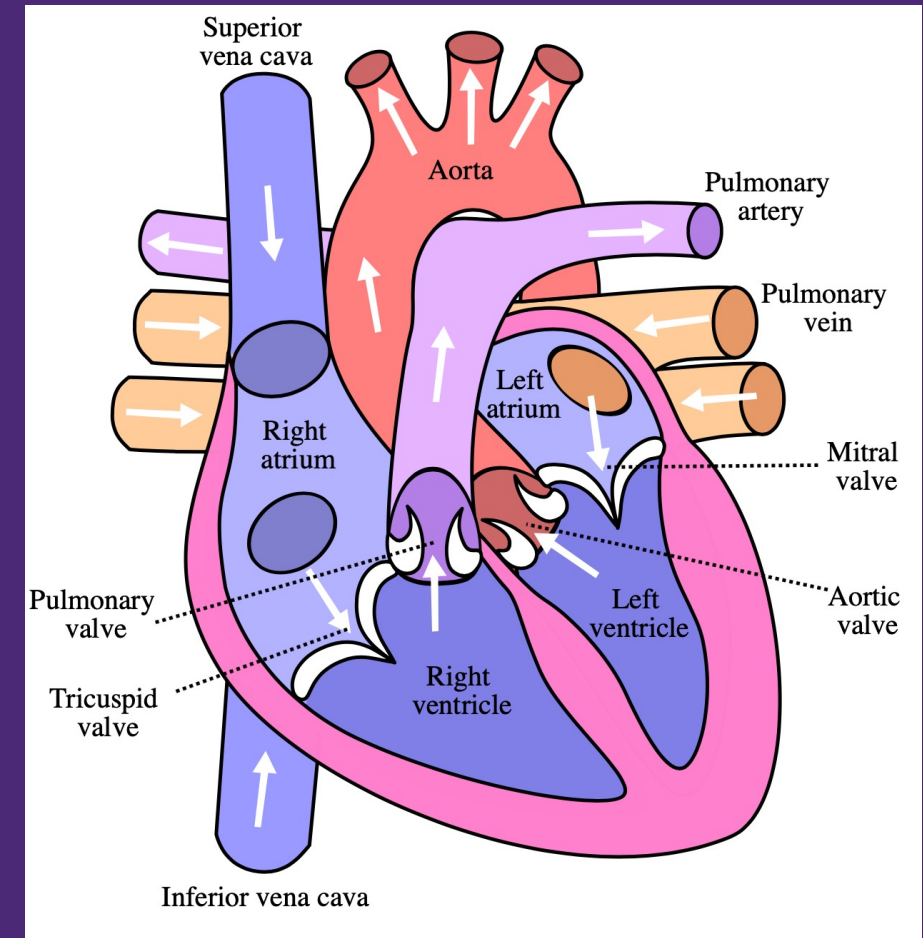
Cardiovascular Disease (CVD)

- Most common cause of death in the US and worldwide
 - 17.5 million (31%) of global deaths
- 92.1 million American adults suffer from some form of CVD
- 2,200 Americans die of CVD each day



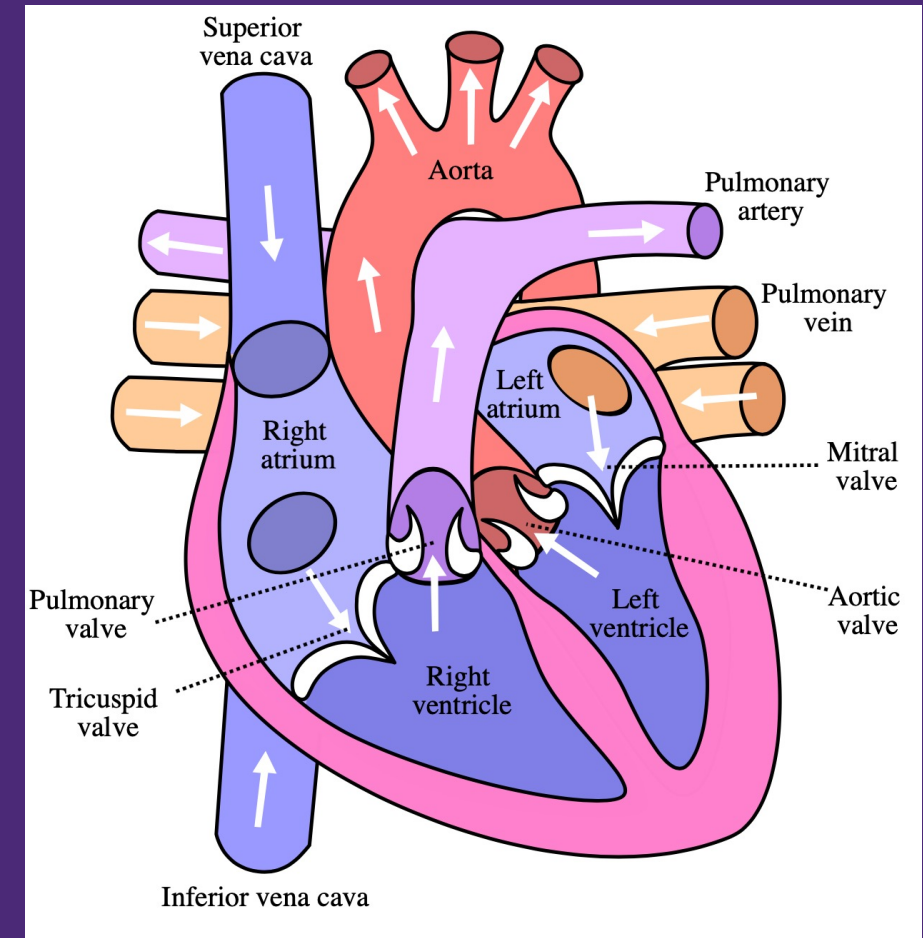
Cardiovascular Disease (CVD)

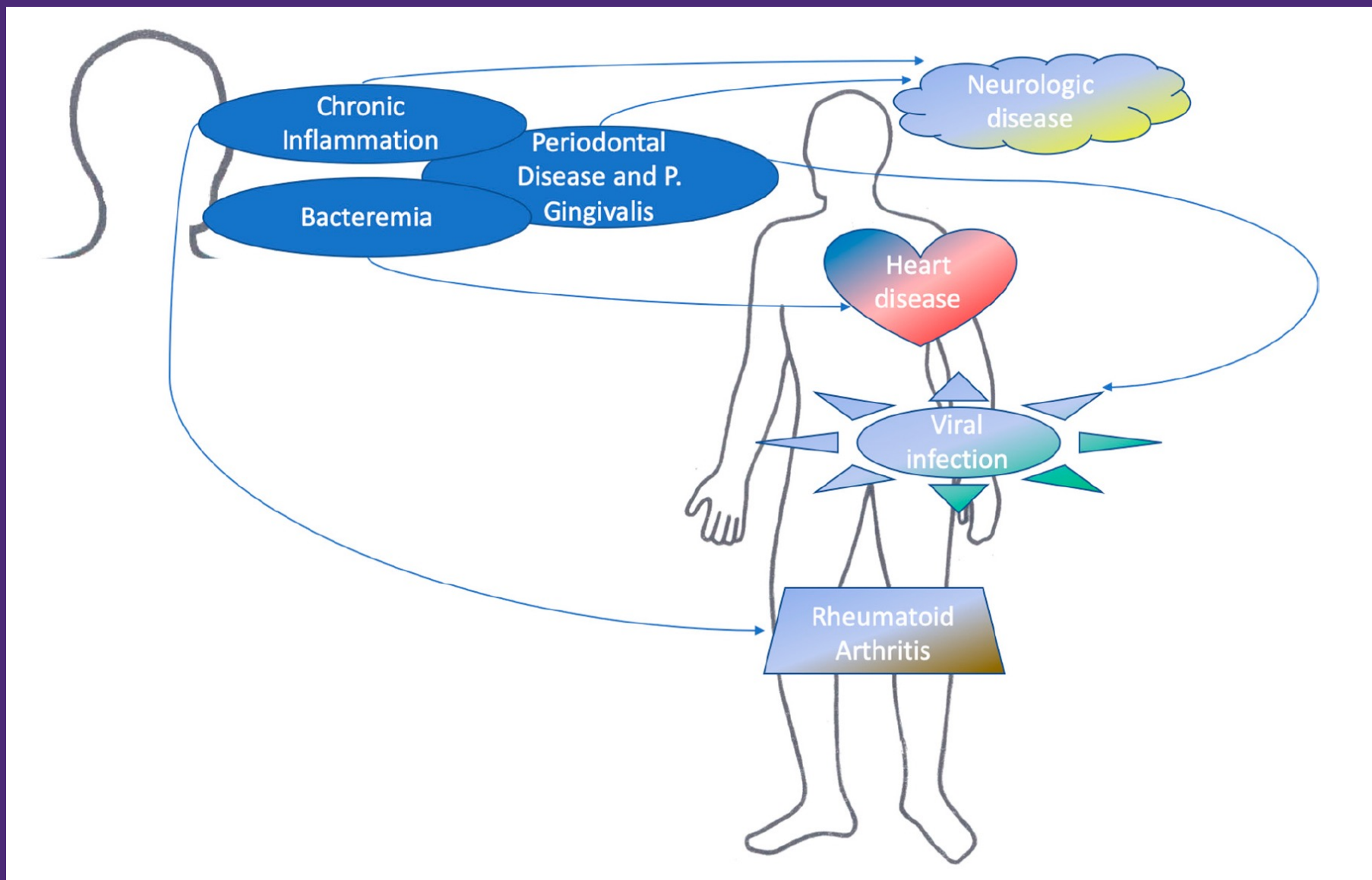
- *Risk factors:* hypertension, hyperlipidemia, smoking, diabetes, metabolic syndrome, and obesity
- *Signs/Symptoms:* hypertensive retinopathy, xanthomas, angina, severe headache, hemiplegia, hemiparesis, confusion, loss of vision, loss of balance
- *Oral manifestations:* periodontal disease, xerostomia, lichenoid lesions, dysgeusia



Cardiovascular Disease (CVD)

- 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 accessing 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
- **Document** oral health assessment findings and interventions



***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



Available at <http://ohnep.org/faculty-toolkit>



NYU

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Graduate Interprofessional Oral Health Faculty Tool Kits

Second Edition

The OHNEP Interprofessional Oral Health Faculty Toolkit

Pediatric Nurse Practitioner Program

CURRICULUM INTEGRATION OF INTERPROFESSIONAL ORAL HEALTH CORE COMPETENCIES:

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



The OHNEP Interprofessional Oral Health Faculty Toolkit

Family Nurse Practitioner Program

CURRICULUM INTEGRATION OF INTERPROFESSIONAL ORAL HEALTH CORE COMPETENCIES:

- Health Assessment of Families
- Health Promotion of Families
- Primary Care
- Resources

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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
- Resources



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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



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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



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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

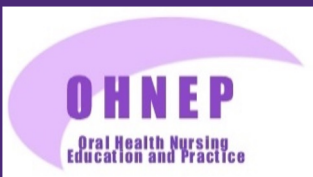


The OHNEP Interprofessional Oral Health Faculty Toolkit

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



Available at: <http://ohnep.org/faculty-toolkit>

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Oral Health Patient Facts

Patient FACTS www.acponline.org/patient_ad

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 health 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.



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National Interprofessional Initiative on Oral Health

Patient FACTS www.acponline.org/patient_ad

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?

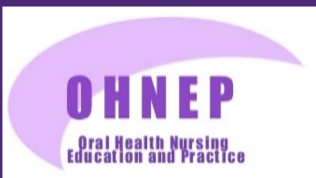
- Red, swollen, or tender gums or other pain in your mouth or teeth
- Bleeding while brushing, flossing, or eating
- Loose or separating teeth
- Dry mouth
- Sores in your mouth
- Lasting bad breath
- A change in the way your teeth or dentures fit together when you bite
- A lump or thickening inside the 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.



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National Interprofessional Initiative on Oral Health



Available at: <https://ohnep.org/interprofessional-resources>

Smiles for Life: A National Oral Health Curriculum



Smiles for Life
A national oral health curriculum

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The Relationship of Oral and Systemic Health

See more...

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Child Oral Health

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Adult Oral Health

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www.smilesforlifeoralhealth.org



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