

Heart Disease
IPE Case Study

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Dental health and heart health are closely linked. Research shows that the bacteria that cause periodontal disease sometimes enter the bloodstream from the gums of the mouth and cause inflammation within the blood vessels leading to the heart (Ruscio, 2020). This introduction of bacteria and inflammation can increase the risk of heart disease, stroke, and even endocarditis, a deadly infection in the lining of the heart (Ruscio, 2020). The relationship between oral health and heart health highlights the importance of preventative oral care for patients with heart disease or increased risk of heart disease. Unfortunately, underserved populations typically refrain from regular dental check-ups due to limited access and high cost. Avoiding preventative care may lead to further health complications in those with heart disease. At risk populations need access to affordable care.

This report discusses how public health professionals and dental hygienists have collaborated effectively to approach the challenges of an unethically funded Community Health Center's van that is urgently needed in the underserved community in this midwestern city. The population and the health care needs of the population have been identified. Dental hygienists can provide detailed at home care instruction after a thorough dental exam which will include a blood

pressure screening. A study done by Chie Omori et al, in October 2019 demonstrated a 6-step oral hygiene routine that was based on the self-efficacy theory in education. The intervention showed significant improved oral hygiene to those who received the intervention, compared to the control group, as well as significantly fewer days of irregular heartbeats following surgery (Omori et al, 2019). Our care approach includes a similar easy to teach and easy to follow instruction that our at-risk population can perform daily, at home, to reduce the number of bacteria in their mouths, therefore, decreasing the potential for bacteria to move into the bloodstream and cause heart disease complications.

The Community Health Center is employing the use of a clinic van, referred to here as a Mobile Health Clinic (MHC) to meet the needs of the underserved. A literature review conducted by Yu et al has shown that across the United States, MHC's have the potential to offer numerous cost-saving benefits to the healthcare system by prompting earlier care initiation, improving patient's ability to self-manage their conditions, decreasing emergency room visits and subsequent hospital stays (Yu et al, 2017). MHCs are being used to close health disparities that exist in communities of low socioeconomic status with barriers to access and affordability of healthcare services. Studies have shown that this patient-centered approach of driving into the community to provide care, empowers clients to self-manage their conditions and are mostly likely to attend follow-up appointments (Yu et al, 2017). Accountable care organizations (ACOs) are organizations of medical professionals that are responsible both clinically and financially for their population of patients (Yu et al, 2017). The ACO management model can provide non conflict of interest, ethical financial support for a mobile health clinic that will target our population in need (Yu et al, 2017).

The use of an appropriately funded Mobile Health Clinic is necessary to reach the underserved population of those with heart disease in this midwestern city. An MHC is not restricted on where it can go, reaching the most clients in need, creating a patient-centered atmosphere that fosters a personal trust between patient and provider. These relationships are important in empowering patients to continue preventative care at home, between follow-up appointments. The collaboration of public health professionals to navigate the system of obtaining appropriate funding, resources, and personnel for staffing is essential for medical professionals such as dental hygienists to perform the function of improving patient health and health outcomes and overall quality of life.

References

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