Improving Oral Health Care in the Underserved Population:

A Quality Improvement Initiative

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Background & Significance:

- Neglected oral health in substance use disorder (SUD) treatment settings *(Heil et al., 2023; ADA, 2022)*
- Increased dental disease rates due to dry mouth, poor hygiene, and limited care access *(Heil et al., 2023; ADA, 2022)*
- Greater oral health and self-esteem disparities among underserved populations
- Oral health kits and education to promote preventive care and empowerment
- Integration of oral health into SUD treatment for holistic recovery and public health impact *(Terry et al., 2023)*

PICOT

Among underserved adults in an outpatient substance use disorder rehabilitation program (P), how does providing oral health education and a preventive oral care kit (I), compared to no structured oral health intervention (C), affect oral health knowledge, hygiene practices, and self-esteem (O) over 8 weeks (T).

Why Use the OHKAB and Rosenberg Self-Esteem Scales?

- OHKAB questionnaire: oral health knowledge, attitudes, and behavior assessment to measure educational impact on hygiene (Abdullah et al., 2022)
- Rosenberg Self-Esteem Scale: assessment of self-worth related to oral health and appearance in SUD recovery (Müller et al., 2021)

Data Analysis:

Pre/post score comparison using paired t-tests; significance set at $p < 0.05$

Methodology:

- Quality Improvement (QI)
- Quantitative with a pre-post quasi-experimental design

Population and Sample:

- Convenience sample of voluntary participants enrolled in the SUD program
- n=86
- Male or Female
- Age 18 and older

Theoretical Framework and Conceptual Model:

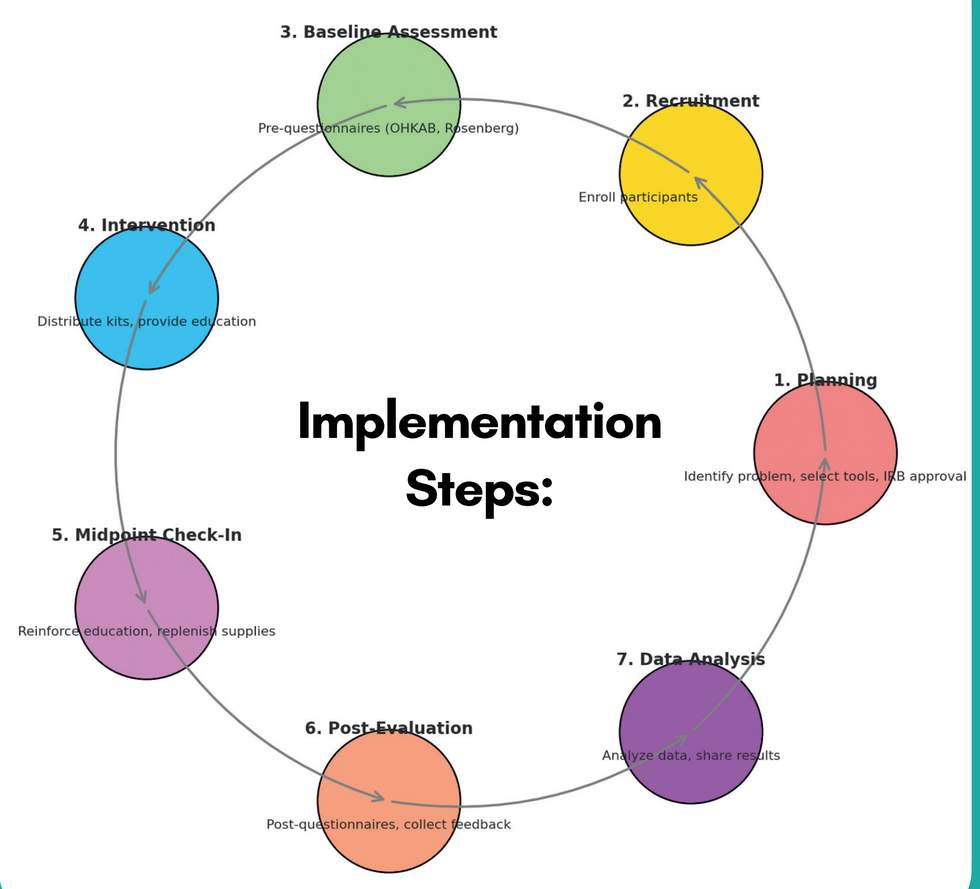
Theoretical Framework: Social Cognitive Theory (SCT) (Bandura, 2004)

- Observational learning, self-efficacy, and reinforcement through oral health kits and education to support habit formation

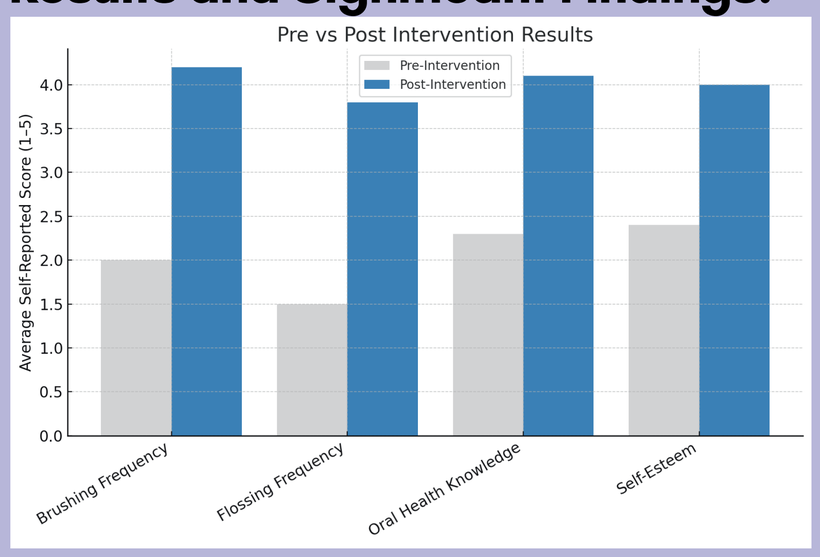
Change Model: Plan-Do-Study-Act (PDSA) supports continuous quality improvement (Taylor et al., 2014)

- Plan: Identify gaps in oral health care for individuals with SUD
- Do: Implement education and distribute oral health kits
- Study: Evaluate pre- and post-questionnaire data
- Act: Use results to guide future practice

Implementation Steps:



Results and Significant Findings:



- Intellectus Statistics software used
- Significant improvements were observed in oral hygiene practices- increased frequency of brushing and flossing
- Self-reported knowledge of oral health improved
- Modest gains in self-esteem
- Oral health education combined with supply kits increased daily hygiene behaviors
- Participants expressed greater confidence in their oral care routines

Recommendations:

- Expand oral health integration across SUD rehabilitation programs
- Collaborate with community dental partners for sustainable care access
- Conduct long-term follow-up to assess sustained behavior change

Summary and Conclusions:

- Addressing oral health in the SUD population improves physical and psychosocial outcomes
- Educational interventions are feasible and impactful in outpatient settings
- Quality improvement frameworks like PDSA facilitate practical and scalable health initiatives

Acknowledgements

- Midwestern University, Graduate Nursing Program
- Pamela Love, PhD, MSN, RN, CNE, DNP Faculty Chair
- Gary Anderson, DNP, APRN, FNP-C, RN, Committee Member
- Eve Hoover, D.M.Sc., M.S., PA-C, DFAAPA, Content Expert

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