BY WORD OF MOUTH: A QUALITATIVE APPROACH TO UNDERSTANDING THE INTEGRATION OF PREVENTIVE DENTAL HEALTH IN PRIMARY CARE SETTINGS

by

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ABSTRACT

Childhood and adolescence stages are sensitive periods in the lifespan when oral and craniofacial appearances are conscious attributes and can be determining factors of social interactions and lifetime outcomes. In this aspect, oral health can be viewed as more than just brushing or flossing for healthy teeth. The status of a child’s oral health can influence their social development and behaviors, impact their academic growth, affect their guardian’s responsibility for healthcare cost and create a potential pathway for negative impacts on quality of life. Access to quality oral healthcare is vital for prevention of unwanted diseases and avoiding the burden of oral health complications. Revealing the notion that oral health disparities may not be an intentional act of negligence, but the result of an unmet need where access to quality oral health care is limited may encourage responsibility amongst not only individuals, but within systems of care that include medical and dental health professionals which may lead to opportunities for improvements in oral health and overall health amongst children and adolescents.

This research study was focused on medical-dental collaboration and its capability to function as a potential opportunity to meet the oral health needs of children and adolescents. Therefore, the overall goal of the proposed study is to understand how preventive dental health was integrated within the pediatric primary care settings, specifically those involved in the South
Carolina Children’s Health Insurance Program Reauthorization Act, Quality Improvement (SC CHIPRA QI) project amongst participating Quality through Technology & Innovation in Pediatrics (QTIP) practices. Data was collected from August 2014 through January 2015 from the following: 22 QTIP participants and process evaluation data retrieved through the QTIP Program coordinator. Overall, the process evaluation outcomes suggests that the principles of preventive dental health integration were implemented as result of the QTIP quality improvement recommendations. Through examination of the process evaluation domains including: fidelity, dose delivered, reach and dose received, we were able to distinguish how participants further developed quality improvement measures, differentiate which strategies may be most effective for oral health integration in pediatric primary care settings, and the importance of network development through the fulfillment of original grant objectives. Although, preventive dental health was integrated based on quality improvement recommendations, when designing program integration models for preventive dental health researchers should consider incorporating a better system to retain and retrieve information in order to maintain complete accuracy in generating progress reports and understanding overall impact outcomes. Our qualitative findings indicated three overarching themes, including major subthemes: Organizational infrastructure (subthemes: communication between staff members, role delineation and preventive dental health education and training); Obstacles for Integration (subthemes: sustaining improvement, willingness to engage in QTIP recommendations for preventive dental health, and individual behaviors); and practice-based recommendations for preventive dental health integration. Each practice was also categorized as having a strong, moderate, or weak preventive dental health implementation based on strategies of quality improvement for preventive dental health integration. Overall, the findings of this dissertation
research introduced preventive dental health integration as having the potential to be feasible and effective in improving the oral health outcomes for children and adolescence in South Carolina.