



## Roles of Registered Nurses and Dentists under Health Security Programs within Communities: A Comprehensive Review

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### Abstract

**Background:** In ensuring community health security, there should be optimal systems capable of addressing not only general but also specialized health concerns, especially with regard to dental or oral health, which greatly influences general well-being. Conventional systems addressing particular concerns lack efficacy when it comes to addressing overall community safety, more so when there are public health threats or crises.

**Aim:** The systematic review investigates the efficacy of combined nurse and dentist professional roles within community health security schemes with regard to their effectiveness on health outcomes, disaster preparedness, and management of chronic illness.

**Methods:** A systematic search was conducted using PubMed, CINAHL, Scopus, Web of Science, and Cochrane Library databases for articles that were published between 2013 and 2025. Experimental/observational studies and qualitative studies that assessed interprofessional nursing and dental collaboration were included in this systematic review.

**Results:** There was evidence that interprofessional practice made large positive differences in early systemic disease identification using oral-systemic evaluation, control of chronic disease, and disaster response capabilities. Interprofessional practice between dental and other healthcare practitioners improved outcomes related to hemoglobin A1c, hospitalization rates, and improved outcomes related to oral health. Interprofessional practice was associated with more comprehensive healthcare delivery when done during an emergency response.

**Conclusion:** The blending of nursing knowledge and dental knowledge promotes synergistic effects for community health security. For an effective implementation strategy for these two professions to combine their knowledge, interdisciplinary education, and electronic health records would therefore be ideal for future programs focusing on such integration.

**Keywords:** interprofessional collaboration; community health; nursing; dentistry; health security.

### Introduction

Health security at the community level can be viewed as an important part of public health infrastructure that covers not only maintenance but preparedness for public health crises too. According to the Mahajan (2021), health security can be described as efforts made to reduce risks associated with acute public health events that can threaten public health at large. There would rather seem to exist a lack of professionalism when dental and medical facilities offer their services separately, despite evidence relating oral health with overall health considerations at large (Watt et al., 2019). There would exist

problems when facilities coordinate responses related to public health emergencies at large

The integration of nursing and dental professionals offers a promising paradigm shift in community health security. Nurses, with their expertise in comprehensive health assessment, patient education, and chronic disease management, complement dentists' specialized knowledge of oral health and its connections to systemic conditions (Glick et al., 2016). Together, these professions can address the full spectrum of community health needs, from routine prevention to crisis response. The bidirectional relationship between oral health and

general health is well-established, with periodontal disease linked to increased risks of cardiovascular disease, diabetes complications, and adverse pregnancy outcomes (Sanz et al., 2018). This connection underscores the importance of integrated approaches for comprehensive community health security.

The COVID-19 pandemic highlighted both the vulnerabilities and opportunities in community health systems. Disruptions in routine dental care led to exacerbated oral health conditions, while nursing resources were stretched thin managing both acute infections and chronic disease complications (Bordea et al., 2021). Simultaneously, innovative collaborations emerged, with dental professionals assisting in vaccination efforts and nurses incorporating oral health assessments into telehealth consultations (Rojas-Ramirez et al., 2022). These adaptations demonstrate the potential for more formalized integration between these critical health professions.

Despite this potential, significant barriers to integration persist. These include separate educational pathways, distinct reimbursement systems, regulatory constraints, and historical professional boundaries (Prasad et al., 2019). Furthermore, the evidence base for specific integrated models and their outcomes requires systematic synthesis to guide policy and practice. Understanding the effective components, implementation strategies, and measurable benefits of nurse-dentist collaboration is essential for advancing community health security.

This systematic review, therefore, aims to critically examine the integrated roles of nurses and dentists in community health security programs. Specifically, it addresses: (1) What models of nurse-dentist collaboration have been implemented in community settings? (2) What is the impact of these integrated approaches on health outcomes, particularly for chronic conditions with oral-systemic connections? (3) How do these collaborations enhance emergency preparedness and response capabilities? and (4) What implementation factors facilitate or hinder successful integration? By synthesizing the current evidence, this review will provide guidance for developing more effective, collaborative approaches to community health security.

## Methodology

### Search Strategy

A comprehensive literature search was conducted in December 2024 across five major electronic databases: PubMed, CINAHL, Scopus, Web of Science, and Cochrane Library. The search strategy was designed to capture the intersection of nursing, dentistry, and community health. Key search terms included: ("nurs" OR "nursing" OR "registered nurse" OR "nurse practitioner") AND ("dentist" OR "dental" OR "oral health" OR "periodontal") AND ("community health" OR "public health" OR "health

security" OR "emergency preparedness" OR "disaster response") AND ("collaboration" OR "integration" OR "interprofessional" OR "team-based care"). Boolean operators (AND, OR) were used to combine terms, and searches were limited to publications from January 2013 to December 2024 to focus on contemporary healthcare models.

### Inclusion and Exclusion Criteria

Studies were included if they met the following criteria: (a) were original research (randomized controlled trials, quasi-experimental studies, observational studies, qualitative studies) or systematic reviews published in peer-reviewed journals; (b) explicitly described and evaluated collaborative interventions or models involving both nurses and dentists; (c) were conducted in community settings (including schools, community health centers, long-term care facilities, or public health programs); (d) reported outcomes related to health status, healthcare access, emergency response, or implementation processes; and (e) were published in English. Studies were excluded if they: (a) described collaborations without specific nursing and dental involvement; (b) focused solely on clinical settings without community application; (c) were editorials, commentaries, or conference abstracts without primary data; or (d) did not evaluate the integration process or outcomes.

### Data Extraction

Data extraction was performed using a standardized form capturing information on authors, publication year, study design, setting, participant characteristics, intervention details, outcome measures, and key findings.

## Models of Nurse-Dentist Collaboration in Community Settings

### School-Based Health Programs

Integrated school-based health programs represent one of the most established models for nurse-dentist collaboration. These programs typically feature co-located services where nurses provide comprehensive health assessments while dental professionals conduct oral health screenings, apply sealants, and provide preventive care (Dale et al., 2021). The collaborative aspect extends beyond mere co-location to include shared assessment protocols, where nurses incorporate basic oral health screenings into routine physical examinations and refer students with identified concerns to on-site dental providers. This model has demonstrated significant improvements in both dental care access and early identification of health issues affecting academic performance (Prasad et al., 2019).

The integration in school settings often includes joint health education sessions, where nurses and dentists together address topics like nutrition, tobacco prevention, and chronic disease management from both medical and oral health perspectives (Guraya & Barr, 2018). Studies show that this

integrated educational approach leads to better knowledge retention and health behavior changes compared to separate presentations by each profession. Furthermore, school-based collaborations have proven particularly effective for managing conditions like asthma and diabetes, where oral health considerations are integral to comprehensive care but often overlooked in traditional models (Petersen et al., 2005).

### Geriatric Care Models

In geriatric populations, integrated nurse-dentist teams have shown remarkable success in addressing the complex health needs of older adults. These models often involve nurses conducting comprehensive geriatric assessments that include oral health screening, while dental professionals provide onsite care in long-term care facilities or through mobile dental units (Wu et al., 2021). The collaboration extends to managing medication-related oral health issues, as nurses monitor for side effects of medications that cause xerostomia or other oral complications, while dentists address the resulting clinical manifestations (Rozier, 2017).

Hospital-to-home transition programs represent another innovative geriatric model, where nurse-dentist teams coordinate care for patients transitioning from acute care to community settings. Nurses manage the overall care transition, including medication reconciliation and chronic disease management, while dentists address oral health issues that may impact recovery or contribute to systemic inflammation (Kruger & Tennant, 2016). This integrated approach has demonstrated reduced hospital readmission rates and improved overall health status in frail elderly populations, particularly those with cardiopulmonary conditions where oral health significantly influences disease progression (Scannapieco & Shay, 2014).

### Maternal and Child Health Initiatives

Integrated nurse-dentist models in maternal and child health focus on the critical period from pregnancy through early childhood. Public health nurses incorporate oral health assessments and education into prenatal and well-child visits, while dental providers offer accessible care and establish dental homes for young children (Wilson et al., 2022). This collaboration is particularly important given the established links between maternal periodontal health and adverse pregnancy outcomes, as well as the role of early childhood caries in affecting growth and development (Hartnett et al., 2016).

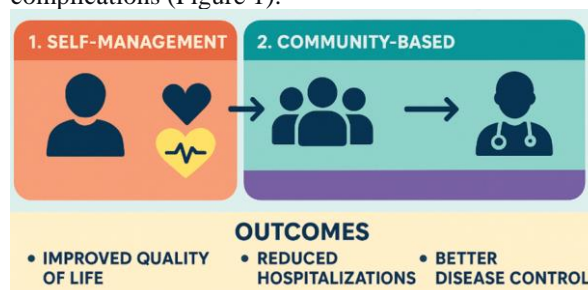
The most successful maternal-child integration models feature shared electronic health records that allow both nursing and dental providers to track relevant health indicators and interventions. Community health workers often serve as bridges between these professions, particularly in underserved populations where cultural and linguistic factors may create barriers to care (Ponce-Gonzalez et al., 2019). Studies demonstrate that these integrated approaches

significantly increase dental visit rates for pregnant women and young children, while improving both perinatal outcomes and early childhood oral health status.

### Impact on Chronic Disease Management Diabetes Management

The integration of nursing and dental expertise has produced particularly compelling results in diabetes management. Nurses managing diabetic patients routinely screen for oral health complications and refer to collaborative dental partners, while dentists screening for periodontal disease assess diabetes risk factors and refer to nurse-managed diabetes programs (Surlari et al., 2023). This bidirectional screening and referral system has demonstrated improved hemoglobin A1c control, reduced diabetes-related complications, and better periodontal outcomes compared to standard care (Simpson et al., 2015).

Integrated diabetes management often features shared care plans where nurses coordinate medical management while dental providers address periodontal treatment and oral health education specific to diabetic patients. Studies show that patients receiving this collaborative care demonstrate better understanding of the oral-systemic connection in diabetes, improved medication adherence, and more consistent attendance at both medical and dental appointments (Yu et al., 2022). The economic analysis of these integrated models suggests potential cost savings through reduced hospitalizations and emergency department visits for diabetes-related complications (Figure 1).



**Figure 1: Management of chronic disease.  
Cardiovascular Health**

The relationship between periodontal disease and cardiovascular conditions has created natural opportunities for nurse-dentist collaboration in cardiovascular health. Community health nurses conducting cardiovascular risk assessments now frequently include oral health screening, particularly for patients with established heart disease or multiple risk factors (Dietrich et al., 2017). Dental providers, in turn, screen for hypertension and other cardiovascular risk factors during routine dental visits, referring patients to nurse-managed hypertension clinics or primary care providers (Herrera et al., 2024).

Integrated cardiovascular programs often feature joint health education focusing on common risk factors such as tobacco use, poor nutrition, and

stress management. Studies demonstrate that patients receiving this collaborative approach show greater improvements in blood pressure control, lipid profiles, and inflammatory markers compared to those receiving usual care (Wilson et al., 2007). Furthermore, the integration appears to enhance patient engagement in self-management behaviors, potentially due to the reinforcing messages from both professional perspectives.

### Emergency Preparedness and Response Capabilities

#### Pandemic Response

The COVID-19 pandemic provided a dramatic demonstration of the potential for nurse-dentist collaboration in emergency response. Dental professionals supported overwhelmed healthcare systems by assisting with testing, vaccination, and patient triage, working under nursing supervision and protocols (Beshbishy, 2024). This collaboration extended beyond clinical tasks to include joint public health education, contact tracing, and community outreach efforts targeting vulnerable populations (Bordea et al., 2021).

Integrated pandemic response teams demonstrated greater flexibility and resource utilization than traditional siloed approaches. Dental offices served as alternate care sites for non-COVID healthcare needs, with nurses providing oversight and coordination with hospital systems (Peres et al., 2019).

**Table 1: Models of Nurse-Dentist Collaboration in Community Health Security**

Model Type	Setting	Key Collaborative Activities	Measured Outcomes
<b>School-Based Integration</b>	K-12 schools, preschools	Joint health screenings, co-located services, and integrated health education	Improved dental access, better chronic disease management, reduced absenteeism (Dale et al., 2021)
<b>Geriatric Care Coordination</b>	Long-term care facilities, senior centers	Comprehensive geriatric assessment, including oral health, medication management, transitional care	Reduced hospitalizations, improved medication adherence, better oral health status (Wu et al., 2021)
<b>Maternal-Child Health</b>	WIC programs, well-child clinics	Prenatal oral health integration, early childhood caries prevention, and establishment of dental homes	Improved birth outcomes, reduced early childhood caries, increased dental utilization (Wilson et al., 2022)
<b>Chronic Disease Management</b>	Community health centers, primary care clinics	Bidirectional screening, shared care plans, coordinated patient education	Improved HbA1c control, better blood pressure management, enhanced patient self-care (Surlari et al., 2023)
<b>Emergency Response</b>	Disaster shelters, vaccination sites, and field clinics	Integrated triage systems, shared protocols, expanded workforce capacity	More comprehensive emergency care, efficient resource use, better chronic disease management in crises (Alanazi, 2025)

### Implementation Factors and Barriers

#### Facilitators of Successful Integration

Several key factors emerge as critical facilitators for successful nurse-dentist collaboration. Interprofessional education represents a foundational element, with programs that bring nursing and dental students together for joint learning experiences producing professionals more comfortable with collaboration (Kanji et al., 2017). These educational initiatives typically include case-based learning, shared clinical experiences, and explicit discussion of

This collaboration also addressed the significant oral health consequences of pandemic-related disruptions in care, with nurses identifying urgent dental needs during home visits and telehealth consultations, while dentists prioritized management of these conditions within public health guidelines.

#### Disaster Response and Management

Beyond pandemics, nurse-dentist collaborations have proven valuable in natural disaster response and humanitarian crises. Integrated teams provide more comprehensive care in emergency shelters and field clinics, addressing both acute medical needs and dental emergencies that frequently arise during disasters (Alanazi, 2025). Dental professionals' expertise in managing facial trauma and dental infections complements nurses' skills in triage, wound care, and managing chronic conditions in disrupted environments (Suzuki-Barrera et al., 2023).

The collaboration extends to disaster preparedness planning, with nurses and dentists jointly developing protocols for mass casualty incidents, infection control in alternative care sites, and management of special needs populations (Harnagea et al., 2018). Communities with established nurse-dentist collaborative networks demonstrated more effective responses during recent natural disasters, with better coordination of volunteer health professionals and more efficient use of limited medical resources (Table 1).

professional roles and responsibilities, creating a foundation for future collaboration in practice settings.

Organizational support and aligned incentives significantly influence integration success. Healthcare systems that create formal collaborative structures, such as integrated care teams with clear communication channels and shared accountability, demonstrate more sustainable partnerships (Christian et al., 2023). Financial models that support collaboration through bundled payments or value-based reimbursement create economic incentives for



integration, while traditional fee-for-service models often reinforce siloed care delivery.

Technology infrastructure, particularly interoperable electronic health records, enables effective information sharing between nursing and dental providers. Systems that allow bidirectional communication, shared care plans, and coordinated referral tracking facilitate seamless collaboration across traditional professional boundaries (Atchison et al., 2018). Additionally, telehealth platforms have emerged as powerful tools for supporting nurse-dentist collaboration, particularly in rural or underserved areas where co-location may not be feasible.

#### Barriers to Integration

Despite the demonstrated benefits, significant barriers impede widespread implementation of nurse-dentist collaboration. Regulatory and licensing constraints often create artificial boundaries between professions, with scope-of-practice limitations and separate supervisory requirements complicating integrated care delivery (Prasad et al., 2019). These regulatory barriers vary substantially across jurisdictions, creating inconsistency in collaborative opportunities.

Reimbursement structures present another major barrier, with separate payment systems for medical and dental services creating financial disincentives for integration. Dental insurance typically operates independently from medical insurance, with different benefit structures, authorization processes, and documentation requirements (Rozier, 2017). This fragmentation complicates the development of financially sustainable integrated care models.

Professional culture and historical divisions between medicine and dentistry create attitudinal barriers to collaboration. Deeply ingrained educational traditions, separate professional identities, and limited understanding of each other's expertise can inhibit effective partnership (Harnagea et al., 2018). Additionally, practical considerations such as

scheduling coordination, physical space limitations, and administrative support challenges can undermine integration efforts even when professional willingness exists.

#### Discussion and Future Directions

The evidence synthesized in this review demonstrates that nurse-dentist collaboration offers substantial benefits for community health security across multiple domains. The integration enhances chronic disease management, improves preventive care, strengthens emergency response capabilities, and addresses health disparities through more comprehensive service delivery. However, realizing the full potential of this collaboration requires addressing significant implementation barriers and developing more supportive infrastructure.

The successful models share several common characteristics: clear communication protocols, shared assessment tools, coordinated referral systems, and mutual professional respect. These elements appear more critical to success than specific structural arrangements, suggesting that both co-located and virtually integrated models can be effective when these foundational components are present (Christian et al., 2023). The flexibility in implementation approaches is particularly important for adapting collaborative models to diverse community contexts and resource environments.

The policy implications of these findings are substantial. Regulatory modernization to support expanded scopes of practice and interdisciplinary collaboration is essential for breaking down artificial barriers between professions (Prasad et al., 2019). Payment reform that creates financial alignment between medical and dental services represents another critical leverage point for encouraging integration. Educational institutions have a responsibility to prepare future health professionals for collaborative practice through interprofessional education and shared clinical experiences (Table 2).

**Table 2: Implementation Strategies for Nurse-Dentist Collaboration**

Strategy Category	Specific Approaches	Expected Outcomes
<b>Educational Integration</b>	Interprofessional coursework, joint clinical rotations, shared simulation training	Improved collaborative competence, enhanced mutual respect, reduced professional stereotyping (Kanji et al., 2017)
<b>Technology Enablement</b>	Integrated electronic health records, shared patient portals, and telehealth platforms	Enhanced communication, coordinated care planning, efficient information exchange (Atchison et al., 2018)
<b>Workflow Redesign</b>	Co-developed protocols, shared assessment tools, coordinated scheduling systems	Streamlined patient care, reduced duplication, improved access (Christian et al., 2023)
<b>Financial Alignment</b>	Bundled payments, value-based reimbursement, shared savings models	Economic incentives for collaboration, sustainable program funding (Rozier, 2017)
<b>Policy Support</b>	Scope of practice modernization, integrated licensure, quality measures	Reduced regulatory barriers, enhanced professional flexibility (Prasad et al., 2019)

Future research should focus on several key areas. Economic analyses comparing the costs and

benefits of different collaborative models would provide valuable guidance for resource allocation.

Implementation science studies examining the contextual factors that influence integration success could help organizations tailor approaches to their specific circumstances. Longitudinal research tracking the sustainability of collaborative initiatives would inform strategies for maintaining integration over time. Additionally, studies examining the patient perspective on integrated care would ensure that models align with consumer preferences and needs.

### Conclusion

The integration of nursing and dental professionals represents a transformative approach to enhancing community health security. The evidence demonstrates that collaborative models improve health outcomes, increase healthcare efficiency, and strengthen emergency response capabilities. By addressing both medical and oral health needs through coordinated approaches, these integrated models more effectively meet the comprehensive health requirements of communities.

Successful implementation requires addressing significant barriers related to education, regulation, reimbursement, and professional culture. However, the potential benefits for population health and community resilience justify the necessary investments in infrastructure and system redesign. As healthcare continues to evolve toward more integrated, person-centered models, the collaboration between nursing and dentistry offers a promising pathway for achieving the triple aim of better health, better care, and lower costs.

The future of community health security depends on breaking down traditional professional silos and building collaborative networks that leverage the unique expertise of all health professionals. Nurses and dentists, working together, can create more robust, responsive, and equitable health systems that meet the diverse needs of communities in both routine and emergencies. Policy makers, educational institutions, and healthcare organizations should prioritize fostering this collaboration as an essential component of comprehensive community health security.

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