

Young dentists confer
 Meeting highlights, page 36

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Illinois Dental Program Serves Migrants

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By Julie A. Jacob

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"The Illinois DPH was not using it," recalled Ms. Bauer, health resources coordinator for the Illinois Migrant Council. "The van was just parked out back of the health department. I applied for and got that, so overnight we were in the dental business."

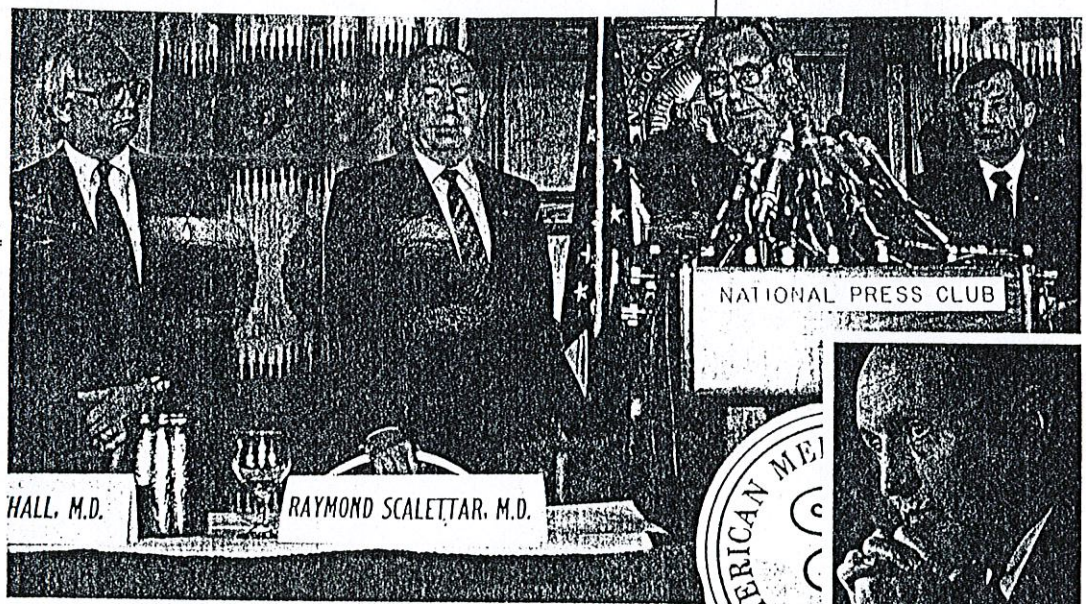
That was the start for an Illinois program that provides dental care

to migrant children every summer.

Nationwide, 23 percent of migrant children ages 6 to 11 have lost teeth to decay and 67 percent have untreated decayed teeth, according to a study done by the State University of New York at Stony Brook dental school.

The Illinois Migrant Council developed its summer dental health program to try to shrink those statistics for migrant children in Illinois. The program was featured at a national conference on migrant and seasonal workers held last spring in Buffalo, N.Y.

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Voice of assurance: C. Everett Koop, M.D., heads a press conference Aug. 29 designed to combat public fears about health care workers infected with the human immunodeficiency virus. CDC's Gary Noble, M.D., (inset) pauses thoughtfully during media questioning. Story, page nine.

House faces busy agenda in Seattle

By Judy Jakush

Seattle—While AIDS may rank as the No. 1 issue affecting the public image of dentistry this year, the ADA House of Delegates will deliberate plenty of other weighty issues when it faces some 80 resolutions next month in Seattle.

One of those issues is how to fund the activities of the Association. The proposed \$45.1 million budget for 1992 includes a proposal to institute a \$50 annual session registration fee, beginning with the meeting in Orlando in October 1992.

The Board, in order to ensure a balanced budget, also decided on an alternative funding method should the registration fee fail to pass the House. Trustees proposed a \$9 dues increase, which is to be offered only if the annual session fee proposal is

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Migrants

Continued from page one

The IMC summer dental health program is unusual because it knits the services of Loyola University dental students, private dentists and county public health departments to create a network of dental care for migrant children in Illinois, explained Ms. Bauer.

"Our health programs are almost 100 percent federally funded," said Ms. Bauer. "Because the cost of health care is rising, it has really put a pinch on us. It's forced us to become extremely creative in how we deliver services efficiently and still maintain the same level of services we have always had without increased funding."

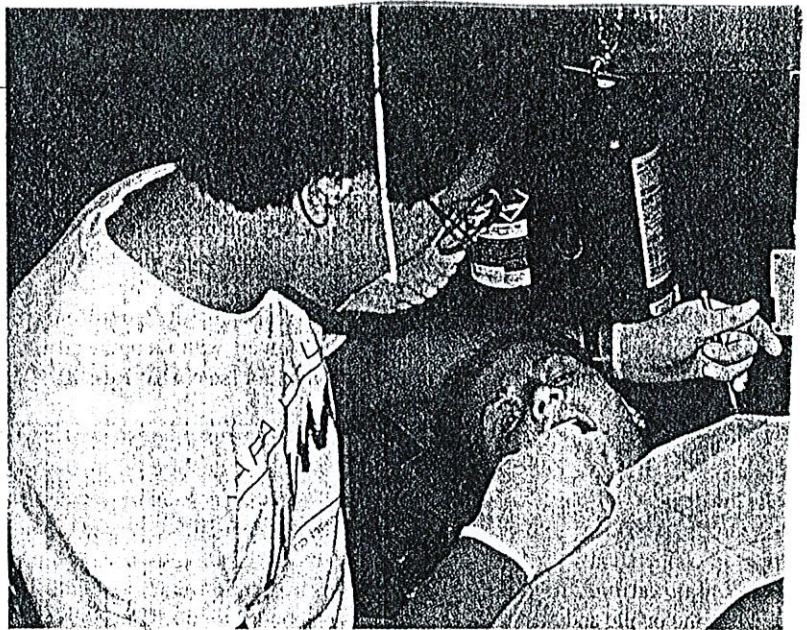
"I was floored by the response to my presentation on the program," added Ms. Bauer. "People were just hungry for more information. Most of them are used to working in fixed facilities. They were very interested in how we go off-site and coordinate with migrant education and Head Start."

Although it is difficult to keep track of a mobile population, said Ms. Bauer, IMC estimates Illinois is seasonal home to 23,000 to 30,000 migrant workers. Most migrant workers are Mexican-American citizens or legal residents, said Ms. Bauer. They work in fruit orchards in southern Illinois, in canneries in central Illinois and at truck farms, seed detassling operations and nurseries in northern Illinois.

The program treats children enrolled in migrant Head Start and education programs. At some sites, adults are treated during evening clinics.

For the first three years, IMC contracted with private dentists to treat the children. But many dentists had limited free time available and could only work a few days. That caused a problem in finding dentists to work every day at every site, said Ms. Bauer.

In 1986, IMC linked up with the Loyola University dental school. The school requires senior dental students to participate in extramural clinical work that benefits special and underserved populations. The dental school



Summer checkup: A Loyola University dental student treats a migrant child.

agreed to add the migrant project to its roster of extramural clinical programs. Seniors are required to take part in the migrant program; it is voluntary for juniors. Dental hygiene students also have participated for the past three years.

"I felt Loyola was the key in giving the program some continuity," said Ms. Bauer. "The dental director goes in one week ahead and does full dental exams and charts what needs to be done. From there we generate a treatment plan and informed consent."

Then each weekday from mid-June until early August, two senior and junior dental students, two dental hygiene students and faculty advisers journey in the mobile dental van to migrant housing sites. Many sites are within a two-hour drive of Chicago, said Ms. Bauer.

The students and advisers work from 9 a.m. to 6 p.m. Occasionally, the group will work from noon until 10 p.m. or later to treat the adults.

The seniors, assisted by the juniors and dental hygiene students, clean teeth, place restorations, apply sealants and fluoride treatments and teach children how to brush and floss correctly.

Each senior is required to work at least one day, although many volunteer to work three or four days, said Dr. Edwin Gasior, Loyola's director of preventive dentistry and community health.

Said Dr. Gasior, "We have just about enough seniors to send out two a day from June 20 to Aug. 8."

Despite the long hours and hot weather, the students enjoy working with the migrant children. "At the end of the day, they are ecstatic and almost giddy," said Dr. Gasior.

In addition to the mobile van, the students use portable equipment lent by county health departments.

"Loyola has a couple of portable units," said Ms. Bauer. "DuPage and McHenry county health departments also let us use their portable equipment. This allows us to be in more than one place at a time."

County health departments, local health departments and private dentists also help with the program.

"Loyola does the lion's share of the program," said Ms. Bauer. "But we also coordinate with local health departments. In some further outlying areas, such as Princeville, we contract with private dentists. In those instances, the Head Start centers and schools are right there so it makes sense."

"Private dentists have been wonderful," said Ms. Bauer. "One of the Loyola dental students, who graduated in 1988, is now working in our program as a private dentist. That's really gratifying."

Dental caries is the prime problem among migrant children, said Ms. Bauer.

"Migrant children have a much higher dental caries rate than other children because they live in out-of-way places that do not have fluoridation. Sometimes a whole family shares one toothbrush," said Ms. Bauer.

"If I were to make a plea for anything, it would be for toothbrushes because our sources of free toothbrushes have completely dried up," added Ms. Bauer. "We're really desperate for toothbrushes. This population in particular is an excellent candidate for an expanded sealant program. We would feel more confident if we sent the children on their way with all their molars sealed."

Bottle caries is a big problem among toddlers, said Ms. Bauer.

"If sticking a bottle into a crying baby's mouth will let mom sleep, she's going to do it," said Ms. Bauer. "It's a big issue that we're trying to address a little more systematically."

The program costs \$65,000 each year, said

Ms. Bauer. Of that, \$20,000 comes from contributions from the migrant education and migrant Head Start programs.

Said Dr. Gasior, "About \$100,000 of dental care is provided for \$40,000."

The IMC summer dental health program serves 5,000 migrant workers each year. Said Ms. Bauer, "We feel confident that we are getting to at least 90 percent of the migrant kids that are in some sort of formal education or day care program."

Loyola University dental school is working this summer to analyze the records of migrant children and adults treated for the past several years, said Dr. Gasior. That analysis will help them track whether there has been improvement in the children's oral health. ■

Program links dentists with migrant clinics

Austin, Texas—With 350 migrant health clinics spread across the United States, there are plenty of volunteer opportunities for interested dentists.

And there's even a resume bank run by the National Migrant Referral Program, an organization in Austin, Texas, that will match dentists with the closest clinic or migrant health project. Some are much closer to big cities and suburbs than dentists may realize.

"There are migrant workers in 41 states and Puerto Rico," said Karen Mountain, a spokeswoman for the organization. "And there's a migrant health center that's a 1½ hour drive from New York City."

Dentists interested in volunteering at migrant health clinics should call Marilyn Snear, resume bank director, at (800) 531-5120 or write the National Migrant Referral Program, 2512 S. IH35, Ste. 220, Austin, Texas 78704. ■

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