



NCFH

National Center for Farmworker Health, Inc.

ORAL HEALTH

According to an analysis of migrant health center encounter data, dental disease ranks as one of the top five health problems for farmworkers ages 5 through 29, and remains among the top twenty health problems for farmworkers of all other ages presenting for care. For children ages 10 to 19, dental disease are the chief complaint.¹ Over the last eighteen years, numerous local level studies of the oral health of farmworker children and adults have been conducted. The findings consistently show farmworkers of all ages to have a level of oral health far worse than what is found in the general population.²³⁴⁵⁶

General Information

- Tooth decay is the most common oral health problem in the United States. Tooth decay is caused by the bacteria *Streptococcus Mutans* which are transmitted by the mouth through saliva by sharing eating utensils, food or drink, and kissing. Once these bacteria come in contact with certain carbohydrates (sugars) they absorb them and produce acid. This acid breaks down the enamel of teeth, creating tooth decay.⁷ About one-third of persons across all age groups have untreated decay. Over one-third of poor adults (18 years and older) have at least one untreated decayed tooth compared to 11 percent of non-poor adults.⁸
- As of 2002, the Centers for Disease Control and Prevention (CDC) statistics show that only 66% of the U.S. population receives fluoridated water through the taps in their homes. This means that close to 100 million people do not receive the benefits of fluoridated water⁹.
- Tooth decay remains one of the most common diseases among children. More than half of children aged 5-9 have had at least one cavity or filling. 78 % of 17-year-olds have experienced tooth decay. By age 17, more than 7 % of children have lost at least one permanent tooth to decay. The daily reality for children with untreated oral disease is often persistent pain, inability to eat comfortably or chew well, embarrassment at discolored and damaged teeth, and distraction from play and learning. More than 51 million school hours are lost each year because of dental-related illness.¹⁰
- According to the Surgeon General's 2000 report on oral health, only 30% of Mexican American children aged 12-17 were free of caries. 32% of Caucasians and 41% of African Americans in the same age group were free of caries. However, Caucasians were more likely to have their caries treated (87%). Only 63% of Mexican Americans and 60% of African Americans had their caries treated.¹¹
- A recent CDC study found that, for years 1988-1994, 34.9% of the Mexican American population aged 2-5 years had untreated dental caries, while the rate for those aged 6-17 years was 37.2%. Untreated caries were found in 39.9% of those aged 18-64, and in 43.8% of those 65 and older. The same study examined Mexican Americans living below the poverty line, and found significant increases in the prevalence of untreated caries. 46.4% of those aged 6-17 and 52.4% of those aged 18-64 had untreated caries.¹²
- More than half of all adolescents suffer from some form of periodontal disease. The proportion among Hispanic adolescents is much higher, at 81% for Mexican American adolescents, 72% for Cuban adolescents, and 95% for

Puerto Rican adolescents.¹³

- Over the past 20 years, the number of adults missing all their natural teeth has declined from 33 percent to 20 percent for those aged 55 to 64 years, and from 2 percent to 0.4 percent for those adults between 18 to 34 years. However, 0.4 percent means a surprising 1 out of 250 younger adults are missing all their teeth.¹⁴
- In 1998, a total of \$53.8 billion was spent on dental care – 48 percent was paid by dental insurance, 4 percent by government programs, and 48 percent was paid out-of-pocket. Expenditures in the year 2000 exceeded \$60 billion.¹⁵
- Over 108 million people lack dental insurance, which is over 2.5 times the number who lack medical insurance.¹⁶
- An estimated 30 million children 18 years and under in the United States do not have dental insurance. Only about 50% of Caucasian children, 39% of African American children, and 32% of Mexican American children have dental insurance.
- In 1996, only 1/5 of the children covered under Medicaid received any dental care. Only 30% of the children from families living below 200% of the federal poverty level received any dental care.¹⁷
- Although 65.1% of the U.S. population had visited the dentist in 1999, disparities in utilization of dental services persist. According to the Center for Disease Control (CDC), only 57.1% of Hispanics had visited a dentist in 1999. During the same year, 60.3% of African Americans and 71.5% of Caucasians visited a dentist.¹⁸
- Health centers' capacity to provide dental care is limited by costs of dental equipment, inability to recruit and retain dental care providers, and insufficient revenues to support dental care (Allen, 20). Only 14% of the 8.6 million people who used health centers received center-based dental care in 1998.¹⁹

Farmworker Data

- A study in Colorado found that of 231 adult Hispanic migrant and seasonal farmworkers, 22% had never seen a dentist, and 56% had not received regular dental care. 85% of the participants required dental care.²⁰
- The most common barriers to receiving proper oral health care are cost and time.²¹ 57% of the migrant farmworkers in one study cited limited clinic hours as a barrier to care, while 33% reported high fees as a deterrent.²² Language and cultural differences are also significant barriers. One study examining utilization rates found that 57% of those that spoke English had visited the dentist while only 34% of Spanish speakers had done so.²³ Another reason for the broad disparity between the oral health of farmworkers and the rest of the population is that farmworkers typically do not seek care unless they have an oral health emergency.²⁴ Preventive applications and health education to promote prevention are not part of emergency care. Most oral health prevention education is conducted during the course of visits to the dentist for check-ups and cleanings. In other words, prevention is put into practice with the delivery of care that farmworkers usually do not receive.²⁵
- A study in Washington State found that oral health problems reflected the lack of early professional treatment, sporadic exposure to optimal fluoride intake due to migratory patterns, and dietary patterns that when combined with inadequate oral hygiene practices are highly cariogenic.¹¹
- A study of migrant farmworkers in Illinois found that 51% of the participants had not sought care in the previous year. Most respondents reported seeking care only in the presence of pain or discomfort.²⁶ Another study examined the children of Mexican American workers, and found only 46% had visited the dentist before.²⁷
- Studies focusing on Baby Bottle Tooth Decay (BBTD), a particular type of early childhood caries, found high rates of decay among farmworker children. BBTD is a disease of young children, characterized by a distinctive pattern of severe tooth decay in the primary dentition. BBTD has been associated with the practice of lulling babies to sleep with a bottle of milk or sweet liquid. The practice allows liquid to pool in the mouth, which can promote decay. Treatment of severe BBTD, especially for children less than 2 ½ years of age requires physical restraint, sedation or general anesthesia, and sometimes hospitalization and can be very expensive. The prevalence of BBTD in the general population is 5% or less, while among disadvantaged urban children it was found to be 20%. In a study of 125 farmworker children under the age of 4 in Yakima, Washington, published in 1992, 29.6 % of the children had BBTD.²⁸
- A 1999 NAWs Study revealed that poor dental health outcomes persist among farmworkers. 49.5% of male farmworkers surveyed and 44.4% of women reported never going to a dentist.²⁹ In a clinical assessment done of farmworkers in California, the study documented that 33.5% showed at least one untreated decayed tooth. 30% of male subjects and 37.5% of females presented missing or broken teeth. 14.4% of the total subjects had gingivitis.³⁰

- Migrant farmworkers experience tooth decay and periodontal disease twice as often as the general population.³¹ Migrant groups appear to exhibit more advanced periodontal disease than do non-migrant Hispanic groups. 83% of farmworkers exhibited pocketing as compared to 49% in non-migrant Hispanics.³²
- Studies have shown that migrant school children have significantly higher rates of decay and lower rates of treatment compared to the general U.S. school population. One University of Michigan study found that, compared to U.S. school children of the same age, migrant farmworker children had higher rates of decay (65% vs. 16%) and lower rates of treatment (29% vs. 76%).³³ In a California-based survey of Hispanic children, 85% of those surveyed had decayed tooth surfaces. Rates were highest amongst those aged 5 to 6 (74.6%), followed by those aged 3 and 4 (55.3%).³⁴

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