

DENTAL PREVENTION INITIATIVE FOR MIGRANT HEALTH CENTERS IN FY86I. Objective

The purpose of the FY86 Migrant Health (MH) Dental Initiative is to stimulate health centers to develop more efficient and relevant methods for: caries and periodontal disease risk assessment among children; referral of at-risk migrant children for specific primary dental prevention services; and providing appropriate preventive care to migrant children. Together these three activities comprise an adequate dental prevention service model for all migrant health programs.

A. Risk Assessment

Risk assessment can be defined as the evaluation or identification of the presence of factors which will increase the risk of an adverse effect on oral health, i.e., development of dental caries and periodontal disease. This assessment will enable the Migrant Health Program to concentrate its resources on those people who have the greatest potential for developing oral disease and who, therefore, can potentially derive the greatest benefit from early intervention via prevention services.

Risk factors for caries include: a) presence of obvious dental caries; b) recent dental caries experience (within the last 1-2 years); and c) the absence of optimal exposure to systemic fluoride (less than 0.7 to 1.2 ppm fluoride in the individual's water supply, depending on optimal levels for the area).

Risk factors for gingival and periodontal disease include: a) the presence of abundant plaque and debris (for gingivitis), and b) the presence of stain and calculus (for periodontal disease).

B. Service Delivery

The greatest benefit can be derived by first assessing the risk of: a) caries in children between the ages of 5-13 years, and b) gingivitis and periodontal disease in children between the ages of 5-19 years. Those at greatest risk should be referred for specific appropriate prevention services (i.e., topical and/or systemic fluoride treatment for smooth surface caries and dental sealants for occlusal and pit-and-fissure caries; oral hygiene instruction for gingivitis; and professional oral prophylaxis for periodontal disease). Finally, necessary preventive dental services should be provided to those children at risk of developing caries and/or periodontal disease. Since delivery of sealants can be expensive, it is suggested that priority should be given to sealing the first permanent molars

(six-year molars) and second permanent molars (twelve-year molars). Other health promotion services which should be provided to all migrant children and their parents include oral health education and dietary counseling.

Both risk assessment and delivery of prevention services can be accomplished most cost efficiently by employing dental hygienists, dental assistants and/or using medical/health personnel. However, service provision may have to be done under the supervision of a dentist if so required by state laws. Some states still do not allow auxilliary personnel to place sealants.

An attempt should be made to identify where most of the at-risk population might be located, and both assessment and provision of services could occur at the same location. It is not necessary to always bring children to an onsite facility when providing preventive services. For example, risk assessment procedures can occur for all children in community schools and migrant camps. The appropriate services could also be provided at schools or in camps using portable equipment. MH funds can be used to purchase necessary fluoride and sealant supplies and hire part- or full-time hygienists, dental assistants or other individuals to do the risk assessment.

A useful adjunct to the delivery of dental primary prevention services is the development among migrants of positive dental health behavior and attitudes. This often requires knowledge of the migrants' social and cultural group attitudes towards teeth and the oral cavity. Such information could be incorporated into oral health education activities offered to the migrants as well as the delivery of dental prevention services. Hopefully, this will make prevention more acceptable to migrants and enhance their adherence to and compliance with dental prevention practices.

II. Application Process

Grant funds will be made available this year to migrant health projects for the purpose of developing innovative ways of implementing more efficient and effective dental prevention programs. These approaches should include some or all of the material discussed in this document, i.e., risk assessment for caries and periodontal disease, referral of at-risk migrants for primary dental prevention services, provision of appropriate prevention procedures, and culturally relevant systems of delivery and oral health education. These activities are agreed to raise the level of awareness about prevention among both the migrant farmworker and health center staff.

III. Guidelines for Application for Migrant Health Primary Dental Prevention Funds

Please provide the following information on separate sheets of paper.

1. Name of Site
BCRR Number
2. Do you currently have a dental program onsite?
 - a) If "YES", please briefly describe the dental program.
 - b) If "NO", please describe how preventive dental services are presently made available to migrant farmworkers.
3. How do you propose to conduct risk assessment for caries and periodontal disease among the migrant farmworker population in your target area?
4. What procedures will be used for referring migrant farmworkers found at risk for caries and periodontal disease to appropriate preventive services?
5.
 - a) Please describe the proposed system of providing sealants and topical fluorides to those migrants at risk of developing caries.
 - b) What is your estimate of the cost per user for the provision of sealants? of topical fluorides?
6.
 - a) Please describe the proposed system of providing preventive services to those migrants at greatest risk of developing periodontal disease.
 - b) What is your estimate of the cost per user for provision of the procedures?
7. What other components, if any, will you include in the dental prevention program?
8. What amount of Migrant Health grant funds do you estimate will be needed for developing and implementing the preventive dental program described above? Please indicate the distribution of dollars by each component of the program.
9. What revenues, other than Migrant Health funds, are you planning? Explain procedures.

IV. Review Criteria

Criteria to be employed when reviewing the application include the following:

Question 2. Number of full-time equivalent dentists and hygienists; presence of full-time dental director; types of dental services provided (especially prevention); equipment and facilities, etc.

Question 3. What types of personnel (dental and/or non-dental) will be involved in risk assessment? Where will the assessment be performed? What techniques will be utilized to identify those people at different degrees of risk? Are other local migrant-related programs incorporated into this initiative? i.e., programs such as Head Start and Education.

Question 4. What specific systems for referral have been set up? What will be the main sources of referral - medical and non-medical?

Question 5. Who will be involved in providing preventive services for caries? Where will they be performed? Has any account been taken of where the greatest number of potential at-risk children are found, and an attempt been made to facilitate the treatment of as many as possible at the most convenient location (this does not necessarily have to be onsite)?

Question 6. Who will be involved in providing preventive services for periodontal disease? Where will they be performed? Has any account been taken of where the greatest number of potential at-risk children are found, and an attempt been made to facilitate the treatment of as many as possible at the most convenient location (this does not necessarily have to be onsite)?

Question 7. Possible components include oral hygiene instruction, dietary counseling, and cultural aspects of health care.

Question 8. Are the expenses reasonable for the service, in light of regional costs and dental practices?

Limited Federal dollars are intended mainly for providing preventive services to those at greatest risk, with an emphasis on the use of pit-and-fissure sealants and topical fluorides. The services can be provided: (1) onsite by health center staff; (2) offsite by staff dentists and hygienists using portable equipment and vans; or (3) offsite through contractual arrangements with local private dentists, state or county health department dentists or hygienists, dental schools, or similar entities. Risk assessment for caries and periodontal disease can be performed either onsite or offsite, e.g., at local schools or migrant camps. Training of non-dental staff in the principles and techniques of risk assessment will be provided, when needed, through an audiovisual package available from the regional and central offices.

If you are interested in applying for MH/Dental Initiative funding to develop a new dental prevention system, or to expand an existing prevention program, please submit an application addressing the attached guidelines. Forward one copy to your Regional Program Consultant for Migrant Health and one copy to Mrs. Sonia M. Leon Reig in Central Office.

Migrant Health Program
FY 1986
Guidelines for Applications for Programs on
Environmental Conditions

The availability of handwashing, drinking water and toilet facilities in the work area are important to protect migrant and seasonal farmworkers from infectious diseases.

On October 21, 1985, the Secretary of Labor issued a Notice of Proposed Rules Making (NPRM) which suspended the Department of Labor's April 16, 1985 determination not to issue a field sanitation standards to federally regulate the provision of handwashing, drinking water and toilet facilities in agricultural fields. The October NPRM affords the States an opportunity to take adequate action to protect farmworkers, and offers assistance to the States in understanding this task.

We would like to join the Secretary in encouraging States to adopt such regulations. Migrant Health Centers are in a position to assist State Health Departments and State Departments of Labor in supporting State legislation to provide for these facilities. State legislators will need background data on the need for such legislation. Many projects have diagnostic data which highlights the need for field sanitation facilities. The Farmworker Justice Fund, Inc. has developed model State laws. We encourage Migrant Health Centers to use them as a resource in working with State legislatures. Copies can be obtained by writing to Charlie Horwitz, Farmworker Justice Fund, Inc., 2001 S Street, N.W., Suite 312, Washington, D.C. 20009. His telephone number is 202 462-8192.

Many growers are willing to provide field sanitation facilities on a voluntary basis, but there is a lack of information regarding the acquisition, maintenance and cost of these facilities. Health centers can work directly with growers and local health departments to assist them in obtaining the necessary equipment to provide facilities which meet the field sanitation regulations of the State. In addition, health centers may carry out educational campaigns advising farmworkers on the dangers of drinking non-potable water, such as irrigation water, and not washing after toilet use. Growers can also be advised on the benefits of providing better facilities for their work force. To assist Migrant Health Centers in carrying out these tasks, the Migrant Health Program provides funding to the National Demonstration Water Project (NDWP), a nonprofit organization that assists rural communities throughout the country with water and sanitation matters. Health centers that wish to work toward field sanitation improvements should contact this organization for assistance in developing programs dealing with environmental conditions. The contact person is Edwin L. Cobb, Executive Director, National Demonstration Water Project, 1725 DeSales Street, N.W., Suite 402, Washington, D.C. 20036. His telephone number is 202 659-0661.

If interested in applying for funding in this area, an application addressing these guidelines is to be submitted to the Regional Office for review and recommendations to the Central Office.