DENTAL HEALTH EDUCATION OF MIGRANT WORKERS AND CHILDREN IN N.J. 1966

In 1966, the United States Public Health Service's Apprenticeship Training Program for medical and dental students sponsored a program for dental students to work with the Migrant Health Program of the New Jersey Department of Health. After orientation to the Department's role and its relationship to local health and social services, the trainees worked out techniques in dental health applicable to the migrant population as well as to similar socio-economic groups. The interrelationship between the migrant, the farmer, and the community was closely inspected to find clues to successful ways of modifying the health habits of seasonal agricultural workers.

Health Education

Health habits generally reflect those of the community or social population of which one is a part. For the seasonal agricultural worker, the migrant camp is his community and many home remedies, patent medicines, magic-religious beliefs, and the supersitions are the basis of medical attention. The conscientious direction of the Migrant Health Program is responsible for much needed education and retraining in this area.

Education can change the habits, behavior, and the very life of a social group. U.S. education has been defined as the development of individuals "who will fulfill themselves, and who in turn will freely serve a society which also values the worth of the individuals." (Thomas Roberson, Health Education Consultant, Migrant Health Branch, U.S. Public Health Service).

Health education, which is a part of general education, has been defined to include three aspects: (1) Attitudes—The sum of one's experiences regrading a particular health problem. (2) Behavior —The translation of health knowledge into desirable individual and community behavior through education. (3) Process—Information plus motivation plus application plus satisfaction equals health education.

The State Department of Health uses the knowledge and skills of physicians nurses, sanitarians, and other health workers to make health concepts acceptable to people who stand to benefit from them, including the migrants. The goal is not merely to inform people about health habits and persuade them to practice them, but rather to interest them sufficiently in health to develop the necessary competence so that they can achieve good health through self-propulsion and develop a sense of responsibility for their own health and that of their family and of their society.

To modify or change behavior, the values, attitudes, beliefs, interests, present knowledge, and resources of those to be educated must be taken into account. Sound principles of education and learning emphasize faith in people and in their ability to help themselves. People learn more effectively and accept change more willingly if they are involved in identifying their own problems and in finding ways to solve them. To achieve these ends, health workers must become better acquainted with the migrants personally, getting to know their habits, attitudes, feelings, and the aspirations they have for themselves and their families.

The Migrant

Agriculture, one of New Jersey's largest and most vital industries, employs more than 20,000 seasonal agricultural workers from the southern United States and Puerto Rico. Many of these migrants bring their wives and children. State law requires that no worker in the fields may be under 12 years of age. The children over 12 often work in the fields with their parents, leaving the still younger children to care for themselves and their infant brothers and sisters.

Facilities for proper sanitation, health, and recreation are usually poor, if at all present, in migrant camps. Surrounding communities are not prepared to meet a large influx of people. Hospitals, welfare agencies, day care centers, recreation and public

This is another is a series of papers reflecting efforts of the Migrant Health Program in 1966 to provide preventive and protective health services to migrant workers and their families while at the same time encouraging them to help themselves by developing good health habits.

This paper was the product of six dental health students who worked with the Program in 1966: Neil Bryson, University of Maryland Dental School; Michael Glogoff, University of Pennsylvania Dental School; and the following from Temple University Dental School: Roger Friedlander, Richard Jones, David Pinkus, and Lawrence Siegel.

of Labor, with the cooperation of the State Departments of Health and Education and the dedicated efforts of a few determined, hard-working individuals, the school gathered these children together to continue and, in some cases, to begin their school experience. Dining facilities were located at a nearby church and students and staff were transported by bus to and from lunch each day.

Nineteen years later, the Court Street School is no longer in existence, but has been replaced by five other strategically located schools operating five days a week for a six-week period. In 1962, the State Department of Education took over this program. A full-time director coordinates the school program and works closely with the State Departments of Health and Labor.

The staff includes a principal, teachers, teachers' assistants, a full-time dentist, dental assistant, dental health educator, and registered nurse. A physician comes in for a few hours several times a week. Children are grouped according to educational level rather than by chronological age because most migrant children are below the educational level expected for their age.

These schools aim to give this very important group of children a good, happy, and memorable school experience and at the same time further their knowledge. Teachers strive to instill in the children a feeling of worth, security, and belonging; and to improve their abilities and potentials, so that they may be moved to perpetuate their own education.

The health team is an integral part of school philosophy. The nurse keeps weekly height and weight records; gives vision and hearing tests; administers first aid and tends to sudden illnesses. She also assists the physician, who does a complete physical on each child and carries out a comprehensive immunization program against diphtheria, pertussis, lockjaw, polio, and measles, as well as Tine-testing for tuberculosis.

The full-time dentist gives each child an examination, prophylaxis and fluoride treatment, followed up with treatment, where necessary, in the form of amalgam and silicate restorations, and extractions where restorative measures are not warranted.

One of the most important jobs of the health team is education of the migrant children to understand, accept, and seek the treatment available to them. If these concepts are absorbed, the children will learn to value and protect their health. This is where the role of the dental health educator enters the picture.

Cranbury Migrant School

The dental health trainee stationed at the Cranbury Migrant School gave the following account of his philosophy and method of educating the migrant children:

The Cranbury Migrant School began its seventh year of operation on July 11, 1966. The six-weeks' session had an enrollment of 120 children. Their parents hoped that some of the voids of a fragmented education might be filled, and also wanted to free themselves of concern for their children left alone at the camp. Seasonal agricultural work leaves little time for a stable education in one place. The five migrant schools of the 1966 New Jersey Migrant Program, of which the Cranbury School was the most northern, were established to help fill this gap. The school day ran from before 9 A.M. to 3:30 P.M. Bus transportation was provided.

In addition to teaching the rudiments of reading, writing and arithemetic, Cranbury principal Carl Jeakel emphasized that the program attempted to lay a foundation for a personal set of values. The children at Cranbury were not an average school population. All were Negro, with permanent homes in Florida, Georgia, or Alabama. They had no stable, permanent environment to which they could relate. Disciplinary problems were rooted in a broken and storm-tossed home life. The teachers' respect, love, and genuine interest won the children over.

"An attempt was made to teach a Spanish speaking group basic English so they would be able to communicate with the community. Greetings, directions, the use of a drugstore, the month of the year, numerals, and basic arithmetic were taught. After a long day's work in the field, attendance of about 50 percent of those in the camp must be considered excellent."

The dental health program helped the children develop an interest in their own dental health and taught them how to take care of their teeth. Each child received a thorough dental examination, prophylaxis, and topical fluoride treatment. The children were also given toothbrushes and individual instruction in personal daily dental care according to the Modified Stillman Technique. They were asked to show their proficiency on the Lactona Demonstration model and on their own teeth.

Restorative services were greatly needed by the majority, but were deferred until they could be educated in the reason for operative dentistry. Once the dental health educator had won the children's confidence by participating in many of their activities, it was easier to convince them to accept restorative services and exodontia. A first-name basis was established and found to be highly successful.

Classroom presentations of dental health education were geared to the children's level. Their home experiences in oral hygiene left much to be desired. Total dental neglect was commonplace. Many had never owned a toothbrush before.

The children responded most favorably to this chart and voluntarily came to the school dentist for the cleaning and fluoride treatment so that their pictures would appear on the chart with the rest of the class.

At a later session, in which the children were divided into small groups, each child demonstrated how to brush an area of his mouth while the others watched. This gave each student a chance to exhibit his talents before his classmates and instructor.

As an introduction to the care of teeth, *Your Coloring Book for Healthy Teeth,* was used. The instructor read the picture story to the children, asking simple questions as he proceeded. The children were then asked to name the three steps to healthy teeth: Brush your teeth correctly after each meal; eat the proper foods; see your dentist twice a year.

Further questioning about the importance of teeth usually led to agreement that teeth are essential for speaking, chewing, smiling, and good looks, and that they were worth the extra effort needed to care for them.

The Watchman's Club was established in the fourth week. To become a member, the child had to show that he could brush properly with the model and brush as well as with his own toothbrush. He was then allowed to recite the Watchman's Oath and his name was placed on large poster in the health office. During the final two weeks, every child at the Indian Mills School became a member of the Watchman's Club. Armed with a toothbrush, toothpaste, and the Watchman's Oath, each student has a good start towards healthy teeth.

Rosenhayn and Cedarville Schools

All the dental trainees conducted their presentations as informal discussion and question-and-answer sessions to elicit the children's own ideas. An example of this type of approach, designed to lead the child to his own conclusions, is the following, used at the Rosenhayn and Cedarville Schools:

First came introduction of the trainee and the children, to establish communication on a relaxed first-name basis. *Question:* Did you brush your teeth this morning? Although most of the children answered yes, many did not own a toothbrush. It is significant that they knew they should have brushed their teeth even though most of them had not done so. *Question:* Why did you brush your teeth? Many children could not answer this question. *Question:* Why do you want to keep your teeth clean? What do you need them for?

Further questioning and prompting elicited answers establishing the importance of teeth for eating, appearance, and speech, and showing the necessity for brushing teeth after meals. Using the mouth model and toothbrush, each child then had the opportunity to show his personal toothbrushing technique, and the trainee made necessary corrections. At follow-up visits, the children pretended to brush, using cotton swabs (limited facilities prevented the use of brush and paste after each meal) so that the trainee could continue to supervise.

With the help of a pictorial chart, the process of decay and resultant pain were explained, as was the dentist's part in preventing and arresting decay.

Discussions included the cleaning action of certain foods as well as the importance of proper nutrition to total health and to dental health. Most of these children do not have such a basic food item as milk in their daily diet. This is not directly due to any financial problem but, rather, to a lack of refrigeration in the migrant camps. The migrant schools supply milk twice a day during the program and it is not unusual to see a child drinking his second or third container at a meal.

Each child received a toothbrushing chart and a toothbrush. The chart was to be brought back at the end of a two-week period for an evaluation of the child's progress. After the prophylaxis has been completed on the second visit to the dentist, the child was shown a mirror and asked to promise to try to keep his teeth as white and clean as the dentist had made them. By then, the dentist had gained the children's confidence. When the time came for restorative treatment, they understood what he was about to do and showed very little fear.

"Meager wages force migrants to live on a day-to-day basis on the barest of essentials. They exceed the national level in their rate of infant and maternal mortality, nutritional deficiencies, diarrheal diseases, communicable diseases, and accidents."

Auditorium programs were designed around the dental health film "Winky the Watchman." The children were introduced to the film's characters with the help of posters constructed for the purpose. The word "watchman" was explained, and the concept of the child's function as watchman of his own mouth. To encourage identification with the leading character, the children were asked to pretend to be "Winky" while watching the film. After the film, individual children were asked to describe one of the film's characters, who was then related to personal oral hygiene by the instructor. Finally, toothbrushing technique was reviewed and the trainee described the decay process that would occur in their own "wall" if they were not "wide-awake watchmen." The program needs more dental health films of this calibre and comprehension level.

brushing technique was taught and questions answered. Toothbrushes were distributed and were warmly accepted.

Among the many problems facing the program were the lack of printed teaching material geared to the needs of this population and lack of an adequate testing method for pre-testing and progressive testing to evaluate the amount of learning.

Conclusion

Our work as dental health educators must not be measured only in the number of restorations placed in migrant children's mouths and the number of toothbrushes distributed, but rather in whether a true comprehension of dental health has been absorbed by our students, whether children or adults.

We will not be present to make our daily or weekly check-ups in five years, but if motivation has been accomplished, the student will have been caring for his mouth with a knowledge of "how" and "why" and will seek the dentist's aid without apprehension.

On a deeper level, if the program has been successful, the students have experienced the learning process, which is applicable to all phases of life. So we have not "simply" tried to improve their oral habits, but have introduced them to an appreciation of their entire well-being and stimulated them to maintain it by effective and available services and methods.

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