

Monographs

Migrant Health Issues

Dental / Oral Health Services

by

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Monograph no. 1

DENTAL / ORAL HEALTH SERVICES

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According to an analysis of migrant health center encounter data, dental disease ranks as one of the top five health problems for farmworkers aged 5 through 29, and remains among the top twenty health problems for farmworkers of all other ages presenting for care. For children aged 10 to 19, dental disease is the chief complaint (Dever, 1991). Over the last eighteen years, numerous local-level studies of the oral health of farmworker children and adults have been conducted. Across both time and geography, 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 (Koday, Rosenstein, and Lopez, 1990; Entwistle and Swanson, 1989; Woolfolk, Hamard, Bagramian, and Sgan-Cohen, 1984; Woolfolk, Sgan-Cohen, Bagramian, and Gunn, 1985; Cipes and Castaldi, n.d.). The poor level of oral health for farmworkers was generally found to correspond with lack of access to information that could help prevent oral health problems and lack of access to preventive care and restorative services.

Over the last two decades, the prevalence of dental decay has declined significantly in the general population. This is largely attributed to the success of preventive practices, such as fluoridation of water, improved oral hygiene, and the application of sealants to the teeth of children, in order to protect teeth from decay. This improvement is not reflected in the oral health of farmworker children who experience a rate of dental decay that is approximately twice that of children in the general population (Koday, et al., 1990).

Of 231 adult Hispanic migrant and seasonal farmworkers who participated in a 1986 study in

Colorado, 22% had never seen a dentist, and 56% had not received regular dental care. Eighty-five percent indicated that they were in need of dental care at the time of the survey, and the same percentage was found to have one or more decayed teeth. Comparing these data to the Hispanic National Health and Nutrition Examination Survey (NHANES), the farmworkers appeared to exhibit more advanced periodontal disease than other Hispanic groups. Crisis care for emergencies was identified as the typical approach to seeking oral health care. Most participants noted that they would seek care for a variety of oral health symptoms; however, in practice, few actually did so. The factors identified as barriers to accessing care were cost, time factors and perceptions that diagnosis and treatment would be ineffective (Entwistle and Swanson, 1989).

More recently, in 1999, the California Agricultural Worker Health Survey (a population-based study of California farmworkers) revealed that poor dental outcomes persist among farmworkers. In a clinical assessment of 652 adult workers, the study documented that 33.5% showed evidence of at least one untreated decayed tooth (Villarejo, Lighthall, Williams, Souter, Mines, Bade, Samuels and McCurdy, 2000). Thirty percent of male subjects and 37.5% of females presented missing or broken teeth at the time of the physical examination. Gingivitis was the third major dental problem, affecting 14.4% of total subjects. Rates of untreated dental caries, missing teeth, and gingivitis are indicative of a continual inability to access preventive oral health services among this population. The lack of access to care and even inadequate knowledge of how to maintain oral health were shown in utilization rates for 971 workers who completed the main survey instrument. Of these subjects,

a dentist) (National Migrant Resource Program, 1990). Those migrant health centers that have managed to establish dental programs that provide comprehensive care often have long waiting lists because there is such heavy demand for their service. The need for farmworker families to relocate for employment means that they may have to move out of the service area before they can benefit from available programs. This caused one researcher to note that farmworker children may be screened, but often do not receive comprehensive oral health treatment after their needs have been determined (Cipes and Castaldi, n.d.).

Access alone is not enough. The health care provider must be able to understand farmworkers' language, as well as the cultural assumptions and practical circumstances that influence their worldview and the actions they choose to take. Cultural and linguistic competence on the part of health care providers is essential in encouraging farmworkers to seek healthcare when they need it and in helping them understand and implement preventive measures to improve their own health and that of their families.

The case of BBTB illustrates the importance of having healthcare providers who are culturally and linguistically competent to work with farmworkers. It also highlights the importance of assuring that health care providers working with farmworkers have an understanding of the essential circumstances created by the culture of agricultural labor. The recommended practice to prevent baby bottle tooth decay is to give the baby only water in the bottle, or preferably, to wean the child from the bottle completely. It is often assumed by practitioners that parents fully understand that the benefit to the long-term health of the child will offset the days or weeks of crying of an angry baby not willing to give up the bottle. It is important here to have an understanding that practical necessity and cultural expectations may make it either impractical or undesirable for families to comply with the advice of the health care practitioner.

The incidence of BBTB in poor families has been associated with the fact that working parents are exhausted at the end of the day. In the case of farmworker women, it has been documented that they

usually have primary responsibility for household tasks and childcare following a full day of hard physical labor in the fields (Rodriguez, 1993). Allowing babies to fall asleep with the comfort of milk or sweet juice in the bottle makes it possible for the parents to attend to other needs. Although early weaning is socially acceptable and desirable in Anglo culture, other cultures do not view it as an acceptable child rearing practice. Thus, working poor Hispanic farmworker parents may feel guilt at the prospect of weaning their child at what is perceived to be an early time. Living in overcrowded housing and labor camps, they may also be unwilling, or from a practical standpoint, unable to engage in a practice that could cause the infant to cry through the night and prevent household members and neighbors from sleeping.

The BBTB study concluded that the lack of access to care resulted in farmworker dental visits once every 2.8 years. This resulted in low levels of knowledge, or as the author put it "low dental IQ," underscoring the need both for oral health education for farmworkers and culturally acceptable alternatives to risk behaviors (Weinstein, et al., 1992).

When migrant health centers are able to provide comprehensive dental services in adequately staffed clinics, a positive health outcome has been documented in at least one study. In 1988, the Yakima Valley Farmworkers Clinic in Yakima, Washington maintained a dental clinic staffed with five dentists to serve farmworkers in a three county area. The clinic provided direct patient care and also organized a community prevention program. In a report authored by the clinic's dental director, the ability of the clinic to staff the dental program was due in large part to the assignment of National Health Service Corps (NHSC) dentists. The NHSC is a valuable mechanism for recruiting healthcare professionals to migrant health care. For decades, many of the 121 Migrant Health Center grantees have had to depend on the placement of health care professionals assigned to them by the NHSC in order to maintain an adequate clinical staff. One of the main reasons for this dependency is that many migrant health centers are located in rural areas where it is difficult to pay salaries that are competitive with those offered in urban locations. A benefit of

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