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Poorer Students Suffer From Poor Dental Care  
Part 1

Brush up from the bottom  
Down from the top  
Around all the teeth  
Before you stop.

This simple childhood rhyme is probably pleasantly familiar to many readers. You may be nodding with memories of lessons in proper teeth brushing techniques. Maybe this instruction came from your parents and was reinforced in an elementary classroom experience. Remember those red tablets that, once chewed, graphically illustrated where tooth brushing had missed areas of plaque - a gross but effective teaching tool. Many of us take learning basic dental hygiene in our early school years as a given.

For many families in Alameda, however, this crucial life lesson cannot be taken for granted. For many families in Alameda a routine dental visit is a luxury, not a twice yearly ritual. And the sad truth is that for many children, in particular the younger generations of some recent immigrant groups, retaining a full mouth of healthy teeth throughout life, is not necessarily an expectation. Family income also plays key role in daily dental habits, scheduled dentist appointments, and specialized care. When other priorities are more pressing, the dental health of many children, and their adult family members, takes a back seat.

Not only can poor childhood dental health and habits create lifelong, negative impacts on individual physical and emotional wellbeing; but school children with sick mouths constitute a major group of students with behavioral problems and high absentee rates. And this hurts the entire school system.

It may be surprising to learn that cavities are the most common chronic childhood disease. According to the US Department of Health and Human Services, "The incidence of dental caries is five to eight times that of asthma, the second most common chronic childhood disease." In addition, nationwide "51 million school hours are lost each year to oral conditions and dental visits." "More than 50 percent of all second graders have dental caries; by the end of high school, about 80 percent of teens have them."

And although we Californians like to think of ourselves as healthy trend setters, Jared Fine D.D.S., Dental Health Administrator, Alameda County Health Care Services Agency, Public Health Department, says it just isn't so when it comes to dental health. In fact, "California has twice the national average of dental health problems."

On a more local level, according to the Alameda County Oral Health Survey, 50 percent of kindergarteners and 69 percent of third graders had cavities/and or fillings. Thirty-three percent of kindergarteners and 31 percent of third graders had untreated cavities.

So how, exactly, does this state of poor dental health impact on school attendance and behavior issues in Alameda? Unfortunately, it's hard to say exactly. Pam Stevenson, District Nurse for the Alameda Unified School District notes that the district does not, "track attendance by specific illness." Due to budget constraints school health programs are directed toward health conditions that directly interfere with the learning process, such as vision and hearing problems. She adds that, "Health is never an up-front top priority service budget-wise."

In fact, it may surprise Alameda residents to learn that no school in Alameda has a school nurse on-site. There is only one nurse for the entire district.

Severe budget constraints have resulted in a nurse to student ratio of one nurse for over 10,000 students in Alameda public schools. The recommended ratio is 1:750. . Historically school nurses have played a key role in monitoring dental health in school populations; and in identifying and requesting available dental care programs for students. Now, instead of nurses, schools have staff Health Clerks, many who only serve their schools on a part-time schedule.

A recent conversation with Mary Michadlides, the Health Clerk at Haight School, put this issue in a more personal light. Although Michadlides is not a nurse, her background as a dental assistant played a crucial role in the potentially lifesaving aid she was able to offer a student with a severe dental emergency. Michadlides had been observing a young girl with an abscessed tooth, tracking the condition on a daily basis. She became quite concerned as she noted the quickly deteriorating state of the student's health as the infection grew more serious. She contacted the parents of the child, urging them to seek immediate care. Unfortunately, the family lacked the financial wherewithal to respond to the situation.

Lacking the funds for an emergency dental intervention, they asked Mary what would happen if nothing were done. Michadlides' response? "Your child could die."

This story does have a happy ending. Michadlides was able to locate a dentist willing to provide the critical care at no cost to the family. She was able to respond to this crisis thanks to her previous experience. Not all Alameda schools have Health Clerks with that kind of training.

Another downside to low levels of staffing available to address dental health in schools is more difficulty in accessing dental programs offered through the Alameda County Health Department. This past year three Alameda schools – Haight, Longfellow and Woodstock – participated the Alameda County sponsored Dental Sealant Program, which is funded by Federal, State and local grants. The criterion used to select schools for these programs is based upon the percentage of students receiving free or reduced price lunches. This program brings dental exams and teeth sealing procedures into the school setting.

According to Michadlides, there has been a three to four year gap since the last Sealant Program at Haight and other schools in Alameda. Because the program targets second, third and fifth graders, numerous at-risk students lost the opportunity to benefit from this

evaluation and prevention effort. Michadlides had nothing but praise for the County program citing the fact that it enabled students to view the nurse's office, and the dental care offered there, as positive and caring experiences. Michadlides noted that the fact that various ethnic/cultural lifestyles do not emphasize the habit of teeth brushing, combined with serious family budget shortfalls, produces a real dilemma in the attempt to create an atmosphere of ongoing dental health and prevention vs. repair.

Eileen Hamlin and Yvonne Davis of the Alameda County Public Health Department, Office of Dental Health, energize the Dental Sealant Program with a real can-do attitude. They echo Michadlides' observation that overcoming some cultural/ethnic family beliefs and attitudes that tooth loss is inevitable, proves to be key in instilling a proactive approach to childhood dental health. They, too, note that providing dental evaluations and sealants in the school setting goes a long way to reduce the intimidating effect a visit to the dentist's office can have – particularly with the knee-to-knee approach used in the exam process.

The catch is that overworked and overwhelmed school Health Clerks must request this program - coordinating mailings to families, scheduling exams, and the follow-up sealant process.

So what can parents, schools and health care providers do to stem the tide of dental health problems that may be plaguing many children in Alameda? Fortunately, quite a lot.