Improving Oral Health Access for migrant farmworkers

Michigan Primary Care Association
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The mission of the Michigan Primary Care Association is to promote, support, and develop comprehensive, accessible, and affordable quality community-based primary care services to everyone in Michigan.
Since the early 1970s, the cases of dental caries in permanent teeth have declined dramatically among school-aged children. (CDC, 2000)

This decline is the result of various preventive regimens such as community water fluoridation and increased use of toothpastes and rinses that contain fluoride.

Dental caries, however, remains a significant problem in some populations, particularly certain racial and ethnic groups and poor children.
FIGURE 4.2
A higher percentage of poor people than nonpoor have at least one untreated decayed tooth

Source: NCHS 1996.
Children With Untreated Dental Decay
(Aged 6 to 8 years, by race and ethnicity and education*, United States 1988–94)

<table>
<thead>
<tr>
<th>Race and ethnicity</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>44%</td>
</tr>
<tr>
<td>African American, not Hispanic</td>
<td>45%</td>
</tr>
<tr>
<td>Mexican American</td>
<td>52%</td>
</tr>
<tr>
<td>White, not Hispanic</td>
<td>40%</td>
</tr>
</tbody>
</table>

Less than high school  | High school  | At least some college  | Total children
---|---|---|---

*Educational attainment of family reference person.

Migration Pattern and State Fluoridation Ranks
Migrant Oral Health

- Dental disease ranks as one of the top 5 health problems for farmworkers aged 5 - 29 and among the top 20 health problems for farmworkers of other ages.
- For children ages 10-19, dental disease is their chief complaint.
- Only about 50% of Caucasian children, 39% of African American children, and 32% of Mexican American children have dental insurance.

Source: National Center for Farmworker Health, Inc.
In the 2005/2006 Count Your Smiles Screening, completed by the MDCH, parents of children who had not had a dental visit within the last 12 months were asked why they were unable to get care. Of the parents surveyed, 50.7% reported lack of insurance, 36.3% reported they couldn’t afford it, and 13.7% reported that they couldn’t find a dentist willing to take their insurance. (MDCH, June 2005)
Barriers to Care

- A NHANES (Hispanic National Health and Nutrition Examination Survey) listed the barriers to care for migrant families as:
  - Cost.
  - Time factors.
  - Perceptions that diagnosis and treatment would be ineffective.
### Barriers to Care

<table>
<thead>
<tr>
<th>Reported barriers to care</th>
<th>N=119</th>
<th>% of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Limited clinic hours</td>
<td>68</td>
<td>57</td>
</tr>
<tr>
<td>High fees</td>
<td>39</td>
<td>33</td>
</tr>
<tr>
<td>Lack of transportation</td>
<td>20</td>
<td>17</td>
</tr>
<tr>
<td>Fear of dental work</td>
<td>6</td>
<td>5</td>
</tr>
</tbody>
</table>

†Respondents could select more than one option; therefore, percentages do not total 100%. 
Barriers to Care

- Categorical eligibility for certain groups of low-income people, in particular, childless working-age adults without disabilities.
- Financial eligibility barriers.
- Legal status requirements.
- Application and enrollment barriers.
- Barriers related to lack of state (and county) residency.
Barriers to Care

- Access alone is not enough, health care provider must be able to understand the farmworker’s language, as well as the cultural assumptions and practical circumstances that influence their worldview and the actions they choose to take.
Barriers to Care

A study at a Southern Illinois Migrant Health Center revealed the following barriers to oral health care:

- limited clinic hours (57%)
- high fees (33%)
- lack of transportation (17%)

Source: Oral health issues among migrant farmworkers, Department of Health Care Professions, College of Applied Sciences and Arts, Southern Illinois University, Carbondale, Illinois, USA.
Migrant and Seasonal Farm workers

- Michigan has 5 organizations designated as Migrant Health Centers (MHC).
- A total of 20,550 MSFW were seen in centers in 2006
  - 23% of MSFW in the State
- 15,809 were in MHC
- 4,741 were in Community Health Centers
Role of Health Centers

- Since 1962, federally-funded Migrant Health and Community Centers have served farmworkers. However, only 15 to 20 percent of farmworkers utilize these services.
- Follow-up and continuity of care present additional challenges; many farmworkers relocate several times each year and do not maintain permanent addresses or phone numbers.

Source: Migrant Health Promotion
Michigan Migrant Health Programs
Community/Migrant Health Center Delivery Sites
MSFW Head Start Centers
Oral Health Workforce

According to 2004 MDCH dental licensing information, Michigan has 6,366 licensed dentists for an overall population to dentist ratio of 1561 to 1.

The overall population to dentists ratio is based on dentists licensed to practice in Michigan and is not adjusted for those who are not currently practicing in the state or who are working part time.
Oral Health Workforce

- There is a shortage of providers willing to serve low-income populations. According to the Michigan Department of Community health, 8% of Michigan counties (7 out of 83 counties) have zero enrolled Medicaid dentists (MDCH CDC, 2004).
- 43% (36 out of 83) of the counties have only one enrolled Medicaid dentist with paid claims above $10,000 per year.
- Sixty-five out of 83 counties were designated in 2005 as a full or partial county Dental Health Professional Shortage Area (HPSA) for low income and Medicaid populations.
Role of Community Health Workers

- Outreach and enrollment
- Navigation
- Member of care delivery team
- Screening and health education
- Cultural and social understanding
Partnership with NWMHS
Annual program – June 30-July 25.
16 Dental students provide free services.
Services to be provided to migrant workers and families at the Suttons Bay Elementary School
Portable equipment.
In 2007 – 320 children and adults received services ranging from screenings to x-rays, extractions and fillings.
What More Can Be Done?

- New models of care
  - Allow dental hygienists to deliver preventive oral health care
  - PA 161, CDHC, PH Certificate, ADHA Model
- Increase Medicaid funding for preventive services and restorative services
  - School-based/school-linked dental sealant program
  - Fluoride varnish program for Early Head Start and Head Start
What More Can Be Done?

- Encourage screening and application of fluoride varnish by non-dental professionals.
- Fee reimbursement for preventive services provided by non-dental professionals.
- Encourage local dental hygiene and dental schools to increase outreach dental programs.
- Expand innovative public-private relationships that may involve private practitioners collaborating with FQHCs, local health departments and academic centers.
What More Can Be Done?

- Legislation.
  - Dental care delivery models.-(current CDHC Legislation pending)

- Recruit dentists.
  - Michigan State Loan Repayment Program.
  - HPSA designation.

- Fund Oral Health Program to allow for Migrant dental programs and organization of existing programs.
  - Prevent dental caries through community programs (i.e. sealants and varnish).
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