

Heartland International Health Center

A Dental Hygienists' role in Public Health Dentistry

By Sara Hallowell, RDH, BS

As a dental hygienist in Illinois, I was always aware that there is a discrepancy in oral care based on a person's socioeconomic status, many of those being children. But what could I do to help? As a dental professional, I was frustrated with the communication gap between medicine and dentistry. Dental issues seeming less important than medical issues, and often public perception of dental was the same. I was also frustrated that our dental hygiene general supervision duties were not utilized more to alleviate this discrepancy.

Three years ago I met Heartland International Health Center (HIHC). HIHC is a Federally Qualified Community Health Center (FQHC). They actively address socioeconomic discrepancy concerns with their medical and dental care in the four school based health centers in North Chicago. They believe health care is a human right and help their patients obtain this human right.

I was impressed by their unique stand on the importance of oral health, and their active pursuit to alleviate two major problems with health care today: Firstly: *"Change health providers' perceptions on the importance of oral health.* Too little time is devoted to oral health and disease topics in the education of nondental health professionals." But HIHC blends oral health with general health by allowing dental staff to work side by side with medical staff. Dental health is part of a comprehensive patient well being and a very real aspect of healthcare to alleviate human suffering and disease. Secondly: *"Change public perceptions.* Many people consider oral signs and symptoms to be less important than indications of general illness. As a result, they may avoid or postpone needed care, thus exacerbating the problem. If we are to increase the nation's capacity to improve oral health and reduce health disparities, we need to enhance the public's understanding of the meaning of oral health and the relationship of the mouth to the rest of the body. These messages should take into account the multiple languages and cultural traditions that characterize America's diversity." HIHC does this by striving for patients to feel HIHC is their medical and dental "home". A place where they, not only, receive comprehensive medical and dental care, but education on the preventative aspects of dental and medical care to keep the patient as healthy as possible regardless of the ability to pay. And by having interpretation services and assistance with benefits enrollment. This requires a huge effort on medical and dental staff to educate parents, teens, and children on the various aspects of disease prevention. And thirdly: I am using my general supervision duties as an RDH to provide preventative care to children when the dentist is providing care at another HIHC school clinic helping to further alleviate discrepancy in oral care.

On a personal note, let me introduce my "curve ball" in all this. How do I obtain effective patient communication, comprehension of care, and trust for this population of patients? As a dental hygienist for many years in the NW suburbs, I achieved effective patient communication, comprehension of care, and patient trust. The difference was that my suburban clientele was mostly white, and American born. Therefore, we spoke the same language and understood and trusted the American culture and its Western based medical philosophy. Not so with the majority my patients at HIHC. This takes dental hygiene to an entirely new level. I would often say to my husband: "At HIHC I take everything I know about dentistry, say it in Spanish (the

majority of our patients primary language) to an immigrant who may not understand the significance of dental care and prevention. And it is not that they don't care; their culture and lifestyle in their homeland may not have addressed this aspect of health.

But, for me, *I love this!* It fulfills something inside me that I cannot commit to words.

All this effort is an attempt to reduce the problems of:

- “52 Million school hours are lost each year to dental problems.”

About 70 % of HIHC dental population has active (and often profound) carious lesions at the time of their initial examination with HIHC dental.

Please join me during the November NSDHS meeting. I will be discussing my role as a dental hygienist with HIHC and more about this not for profit organization that is helping heal children in North Chicago.

Also, please bring a gently used or new small (beanie baby size) plush toy or action figure toy for a donation to HIHC dental toy box and get a raffle ticket for your chance to win a \$50 gas card!

You can follow HIHC on facebook

<http://www.facebook.com/HeartlandInternationalHealthCenter>

And the web at: <http://www.heartlandalliance.org/hhc>

Sources:

1. www.idph.state.il.us/
2. <http://www.nidcr.nih.gov/nidcr2.nih.gov/Templates/CommonPage.aspx?NRMODE=Published&NRNODEGUID=%7b7A6ABF55-F4F9-4FF9-9FC4-3BF6A423CD4F%7d&NRORIGINALURL=%2fdatastatistics%2fsurgeongeneral%2freport%2fexecutivesummary%2ehtm&NRCACHEHINT=Guest#partTwo>
3. HIHC Powerpoint , August 10, 2010