*Children's Dental Services*

# Bringing School-Based Comprehensive Oral Health Care to Immigrants and Refugees Attending Edison High School

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## School-Based Comprehensive Oral Health Care Services Grant Program

- Funded by MCHB and HRSA
- Integrate comprehensive oral health services into an existing school-based health center (SBHC); within Schools, Head Start Centers and Community Centers
  - Increase access to oral health care
  - Assure delivery of quality education and preventive and restorative care
  - Targeted to children and adolescents from underserved populations, immigrant and refugee community, and at-risk for oral disease.

## CDS History

- Began in 1919 as a women's charity that supported the provision of oral health care services to orphans living in Minneapolis
- Became the first provider of Head Start-based oral health care in the United States in the 1960s
- Quadrupled in size since 2000 due to lack of access to affordable dental care for low-income children and families
- Is currently the single largest provider of on-site oral health care in Minnesota schools and Head Start programs
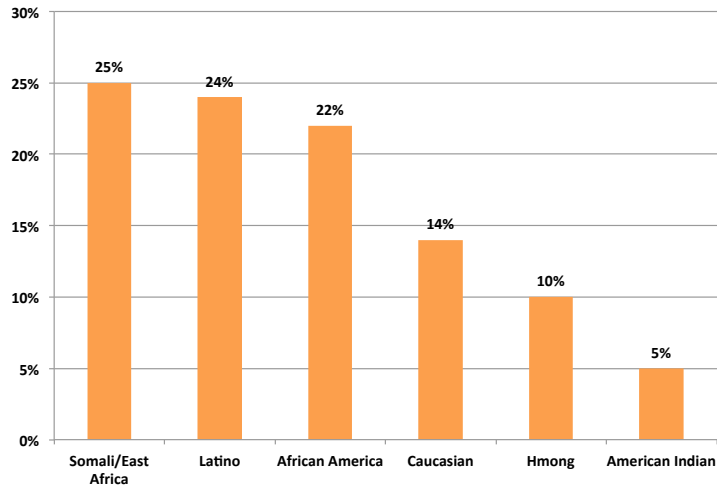
# CDS Target Population

- Children from birth to age 21
- Pregnant women with low incomes
- Individuals with low incomes, the uninsured, and the under-insured
- Individuals with special health care needs
- Individuals who are chemical and alcohol dependent

- Homeless individuals and families
- Members of the gay/ lesbian/bisexual/ transgender community
- Racial and ethnic individuals including those from East Africa, Central and South America, Southeast Asia, and Native American communities
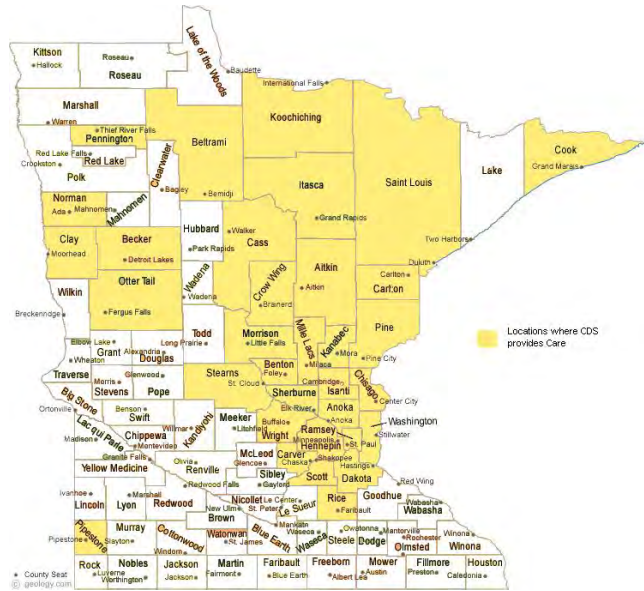
# Oral Health Care Services

- Outreach
- Oral health education
- Preventive oral health care (prophylaxis, fluoride, sealants)
- Restorative care (restorations, extractions, pulpotomies, stainless steel crowns, and root canals)
- Hospital care, if needed

Population Served by Race and Ethnicity, 2013
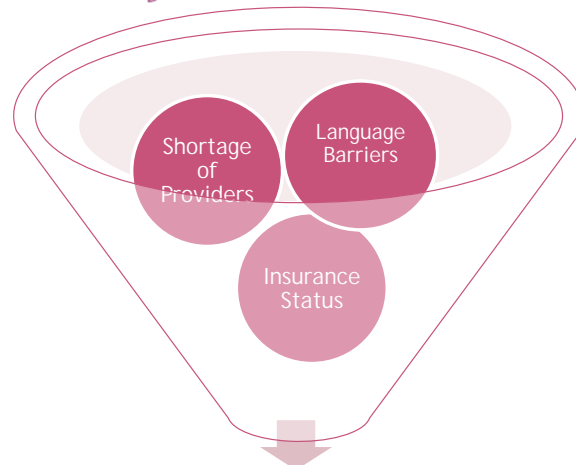


Map of CDS Service Area

## Focus on Culturally and Linguistically Competent Care



- Language fluency: CDS staff speak over 16 different languages and hail from 20 countries

- Representing cultures served: Understanding the cultural norms, religious needs and diets of target communities staff create culturally targeted and translated curriculum for care in school-based settings

## Unmet Needs Faced by the Community



Shortage of Providers
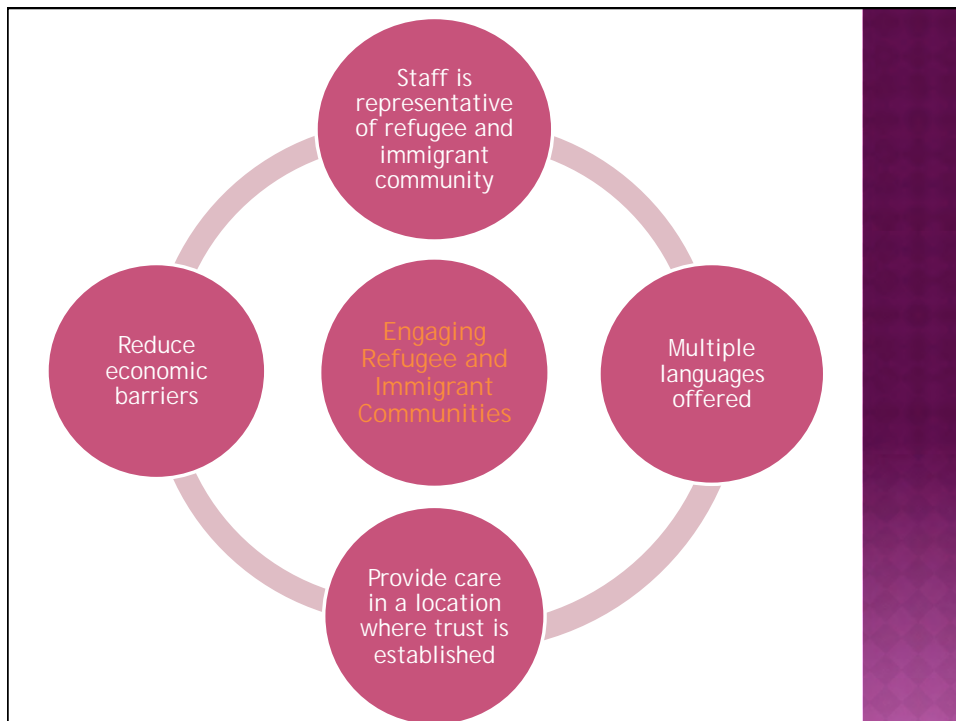
Language Barriers

Insurance Status

Children and pregnant women go without needed services

## School-Based Oral Health Care

- Providing portable oral health care services at SBHCs, Schools, Community Centers and Head Start Centers
- Decreasing multiple barriers affecting families' with low incomes access to oral health care
- Serving as a model for delivery of school-based oral health care services for other Minnesota cities

## Demographics:
## Why Care is Needed

- Minneapolis:
  - 65.8% of residents are of a race or ethnicity other than European American
  - 69% of students are enrolled in free and reduced lunch program
  - Family income is <185% of federal poverty guidelines
- Edison High School (where CDS provides Care)
  - 89.1% of students are of a race or ethnicity other than European American
    - 61.1%: African American
    - 16.7%: Hispanic American
    - 8.5%: Asian American
    - 2.8%: American Indian
  - 92.4% are enrolled in free and reduced lunch program

## Representative Staff



"One important means to promote oral health in diverse populations is to develop a workforce that is both culturally and linguistically competent, as well as one that is as culturally diverse as the American population."

Patients feel comfort and trust in staff who:
- Understand from where they come
- Understand their cultural norms and language

Garcia R, Cadoret C, Henshaw M. 2007. Multicultural issues in oral health. *Dental Clinics of North America* 52(2):319–332.

## Multiple Languages Offered



- ⊙ CDS acknowledges the need to speak the same language as their patients
- ⊙ Staff offer verbal and written communication in:
  - Somali
  - Spanish
  - Hmong
  - Karen
  - Oromo

## Provide Care in a Location of Established Trust



CDS provides on-site care in elementary schools

- ⊙ Clinical settings can be intimidating
- ⊙ Families know and trust in the education system
- ⊙ No additional transportation required

## African Immigration to Minnesota

- Number of African-born residents in MN increased by 580% between 1990 and 2000
- By 2002, ~9,000 immigrants arrived in MN directly from various African nations.
- 13% of MN's foreign-born residents are from Africa.
- Most came as refugees from Liberia, Somalia, and the Sudan.
- Recent immigrants arriving from Nigeria, Ethiopia, and Eritrea.

## Minnesota's Somali Community

- MN has the largest population of Somali residents in the U.S.
- Most Somalis live in the Minneapolis metro area. Fewer numbers live in Rochester, Owantonna, and other suburban and greater MN communities.
- Nearly 1/3 of student who speak Somali at home attend Minneapolis public schools.
- Somalis immigrants are diverse; coming from urban, coastal, agricultural and/or nomadic regions.

## Provide Financial Assistance

"Children in non-English-primary-language households are significantly more likely than children in English-primary-language households to be poor (42% vs 13%)".

- CDS Offers:
  - Coordinated assistance for families applying for Medical Assistance
    - Certified MNCAA agents can assist families and submit insurance application on behalf of eligible families

Flores G, Tomany-Korman SC. 2008. The language spoken at home and disparities in medical and dental health, access to care, and use of services in US children. *Pediatrics* 121(6):e1703–1714.

## Oral Health Care for East African Community

- 60% of students served by CDS are African, including those who self-identify as East African.
- East African immigrants do not place high importance on oral health and preventive health.*
  - Dental checkups are not the cultural norm
  - Caries is not considered a health issue

*  Obeng CS. 2008. Dental care issues for African immigrant families of preschoolers. Early *Childhood Research and Practice* 10(2).

## Special Considerations for African Immigrants

- ⊙ Impact of refugee camps
  - ▪ Poor diet
  - ▪ Limited or no access to oral health care
- ⊙ History of torture
- ⊙ Effective oral health practices that are not the norm in the U.S. (e.g., brushing with the miswak)



## Considerations After Immigration

- ⊙ Lack access to preventive and restorative oral health care
- ⊙ Inadequate or no interpretative services in dental care settings
- ⊙ Unfamiliar with the dangers of western diet on oral health (e.g., high sugar in food and drink)
- ⊙ Potentially unfamiliar with tooth brushing and flossing

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Flores G, Tomany-Korman SC. 2008. The language spoken at home and disparities in medical and dental health, access to care, and use of services in US children. *Pediatrics* 121(6):e1703–1714.

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## Questions?

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