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DENTAL HEALTH AS A SOCIAL PROBLEM*

By Alicia P. McKinney, D. H.

THAT dentistry is a social problem of the greatest magnitude is becoming increasingly more apparent to those who are studying existing health conditions.

It is not only true that decayed and abscessed teeth and diseased gums cause various diseases in other parts of the body, but it is also equally true that disease of the teeth and gums results from poor general health habits and from improper diet. Mouth health and body health, or mouth disease and body disease, usually go hand in hand.

No health department is complete without a well defined mouth health educational program as one of its chief objectives.

By the time a child has started to school he has, or soon will have, his "sixth year molars", which are the most important teeth in his mouth. They are also the most neglected.

In a report given in 1923 of a very extensive study by the State Board of Health of the mouth conditions in the State of North Carolina, it is stated that 75% of the children examined evidenced the beginning of decay of the teeth; less than 10% of them had ever visited a dentist; and that ninety out of every hundred parents had never made any attempt to have the dental defects of their children corrected.

This year the State of North Carolina increased the appropriation to double the amount provided for dental services in 1929.

The school dentist of North Carolina takes mouth health messages to all children attending school, colored and white. He teaches dental health in such a way that children can understand. He relieves the suffering of children from poor families, some of whom very likely have never heard of a dentist before. He also instills in the minds of the children of parents who are able to pay for dental services, but had themselves not been taught the importance of mouth health, the immediate and constant need for periodic visits to the family dentist, as well as the importance of personal care of the teeth.

The North Carolina school dentists are believed to be definitely improving health conditions by removing diseased teeth, relieving infections, saving the permanent teeth of those children whose

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parents are unable to pay for dental service; teaching the value of proper foods grown at home, the value of milk, and the value of cleanliness inside and out. In this manner "repeaters" are reduced in schools, thereby saving the North Carolina taxpayer many dollars.

Mouth hygiene is a business proposition. We are all in the business of educating children. To manage this business we employ a superintendent, but in no other business, as is so often the case in this, would we allow our interests to cease with his employment.

The per capita cost of educating a child is obtained by dividing the total school budget by the number of children in attendance. If a child fails to make the grade, the situation is exactly the same as though a manufacturer found that after passing through the plant an article was defective and unsalable. Furthermore, if it were found that a large proportion of products of the plant were unmarketable, would not immediate steps be taken to remedy the condition? The establishment of school dental clinics and the teaching of mouth hygiene are two of the important remedial steps which should be taken in school systems. A reduction in the number of retarded children not only means fewer school buildings and overhead charges, but would make it possible to employ more health teachers. As a matter of dollars and cents, mouth hygiene offers splendid returns for each dollar expended in the better growth and development of the children, and by assuring better physical types. The dental hygienist and dentist have been accepted by educators as a part of the school staff. The public school of Bridgeport, Connecticut, have a very fine system for carrying on their mouth health programs.

The Dental Hygiene division of the Bridgeport Public Schools functions under the Board of Health. Eleven dental hygienists are employed, one acting as supervisor.

During the school year 1934 they worked in all grades of the Public and Parochial Schools. The kindergarten, first, second, third, and special grades, received mouth examinations, dental prophylaxes, toothbrush drills, classroom talks in health, diet, and mouth hygiene. Fourth, fifth and sixth grades received mouth examinations, toothbrush drills, classroom lessons in health, diet and mouth hygiene. Moving pictures were shown and extractions were done in all grades.

When school closed in June, they resumed the regular summer

clinic. This clinic is held for the purpose of extending to the pre-school child and the upper grade and high school pupils the privilege of having their teeth cleaned and examined and receiving instructions in the home care of the mouth. Clinics are held in four school districts.

The dental society is most cooperative in assisting the dental division in any possible way.

The Bridgeport Medical Society and Dental Society, with the approval of the Bridgeport Health Department, sponsor a series of dental-health lectures. Various phases of dentistry are discussed by a dentist from a dental point of view and by a physician from a medical point of view. Leading men from the dental and medical professions donate their services for these lectures, which are illustrated by slides and moving pictures. These talks are at the services of all parent-teacher groups and all church and civic groups.

The following is a summary of the work accomplished by them during last year:

Dental Prophylaxis	.....	11,017		
Dental Examinations	....	26,852		
Extractions	.....	4,497	....No. of Children	... 2,689
Toothbrush Drills	.....	882	....Attendance	..... 32,458
Classroom Talks	.....	1,427	....Attendance	..... 50,828
Moving Picture Shows	..	43	....Attendance	..... 21,000
Home Calls	.....	5,619		
Adult Groups Addressed.		35	....Attendance	..... 1,314

Of the 26,852 children examined, 7,333 were referred to their private dentist and 5,872 to the municipal clinic.

Five thousand six hundred nineteen home calls were made for the purpose of explaining to the parents the condition of their children's mouths and to urge them to take their children to a private dentist, or to the municipal clinic for dental care.

Many communities have the tendency to copy the Fones plan in Bridgeport, but the stimulation is usually on an inadequate basis, with too few dental hygienists and little or no educational program.

The coordination of the dental hygiene program with the school and home programs is therefore essential.

In order that the community may reap the maximum return from expenditure incurred in operating school dental clinics, and good results from health instruction, the work in school should be

accompanied by "follow up" visits to the homes in order to impress upon parents the importance of proper diet in securing sound teeth and in preserving them, the value of mouth hygiene from the standpoint of the growth and development of their children, and the necessity for securing dental attention for children of pre-school age. If the interest and cooperation of the parents is thus secured, many children will be born with the tendency to sound teeth, will enter school in better physical condition and will not be compelled to lose time from school because of unsound, aching teeth. In fact, without the active cooperation of parents, the greatest benefits will not accrue to the children who receive instruction and attention in the school, because home supervision is necessary to insure that they will carry out, and put into practice, the teachings received in school.

Education is also the work of the teacher. Therefore, she must be given an appreciation of the dental needs of her pupils.

Pupils persuaded to go to a dentist by the teacher oftentimes break down parental indifference and develop a positive interest in their own teeth.

There should be a very definite training of teachers so that each one will have a knowledge and appreciation of the condition of teeth of the children in her classroom.

The teacher can help, both in developing habitual care of the teeth of their pupils and in the correction of dental defects.

An educational program must be felt by the pupils, the parents and teacher. More facts should be made public.

I am putting the most emphasis on the educational program because it yields the most lasting results.

An extensive prophylactic and dental service is a heavy burden on the taxpayer for service which should be taken care of by private initiative. The extreme policies, either of attempting more than the taxpayer will adequately support, or of extensive dental repair and prophylaxis by the dentist and dental hygienist that reaches too small a group for educational value, often result in a misunderstanding of the function of the public school clinic in the field of dental hygiene.

The cost in rendering this service will limit money for educational purposes and will lead teachers to regard it as a problem being met by the dentist and the dental hygienist.

Not only is support needed from the child, parent and teacher, but also from the dental practitioner.

There are some practitioners who give little or no instruction to their patients regarding tooth brushing. Patients become dependent upon instructions given out by tooth paste manufacturers. Here they become confused; for if the patient changes from one type of brush or paste to another, he is quite apt to be greeted with a change in instructions in brushing technic.

The most widely accepted methods of tooth brushing are Charter's method and the rotary method. The rotary method is usually demonstrated to the child, since Charter's method is a little difficult for him to understand. For adults, the Charter's method is used.

If the practitioner will just do his bit in educating the public, another big step will be on its way toward solving the dental health problem.

That dental health is a social problem, just as traffic regulations and juvenile misdemeanors are social problems, must be instilled into the social consciousness in order to reduce the physical defects in children and thereby raise their efficiency in school. Healthier boys and girls will, in turn, mean stronger and more capable men and women, who will prove more efficient in the industrial or professional positions which they fill.

Through the work of the clinics, children of all classes will be taught the importance of mouth hygiene by the dental hygienists; they will also acquire in their early childhood such a wholesome interest in mouth health that they themselves will take the proper care of their teeth, through the advice and assistance of a competent dentist and dental hygienist. In this manner only can this or any other health problem be solved.



The President of the National Dental Association has a message for you on Page 62. The meeting is August 4, 5, 6, 7.