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Dental Health - "Comments from Interested Persons"

04/24/14

Most communities and organizations use a deficit model to address poverty, education, and health issues. This assumes that someone is doing something wrong or lacking in an area and something needs to be fixed. Most people from poverty don't need to be fixed. They need the "inside scoop" as to how to navigate a system, cover the costs, and access services.

Dr. Ruby Payne says that "to survive in poverty, individuals must have reactive, sensory, and non-verbal skills. This means they need the ability to read situations, establish relationships, and solve immediate and concrete problems quickly. In that environment, individuals have a full glass; they have the assets and strength to survive."

In regard to dental health, most people in poverty are reactive rather than proactive - a middle class trait. When I have a request from a family in poverty, it isn't about where can I go to get my teeth cleaned, have a checkup, or get a fluoride treatment. It is about where can I go as my face is swollen and my teeth hurt. The situation is read, the relationship is contacted for help, and the question is asked how can I get this taken care of? In most middle class and wealthy homes, a more proactive approach is taken with dental health care. Visits are made to the dentist every six months, x-rays are taken routinely, free toothbrushes, toothpaste, and flossing tools are provided, and instruction is given on tooth care each time so learning is on-going.

When individuals in poverty encounter the middle-class world of institutions and/or services, they do not always have all the assets necessary to survive because they are not typically proactive. Thus the glass is half full. What we need to determine is how to offer insight into how hidden rules work, along with a framework for building resources or a way to fill up the glass. What things could we add so that dental health is accessible to people in poverty?

Many of the barriers of poverty hinder utilizing dental health services: lack of financial means, transportation, time with an agency, hours of operation, taking off of work to go to an appointment, and the ability to navigate the systems to gain access to services.

The children from poverty (or the parents) that I work with in Fargo Public Schools do not see dental health as an ongoing need. They see it as a "fix" for when your mouth hurts. I have had a child that stuck a paperclip into an abscessed tooth as it made it feel better and others with swollen cheeks and aching teeth and ears. I have calls from teachers, community members, and parents requesting resources for dental services. Many refuse to go to the few options that I have for them as the only options are usually to fill the tooth or pull it. I had a teenage girl who struggled with the pain of having a bad tooth in her mouth for a year rather than a gaping hole.

In conclusion, how do we fill up the glass for students in poverty in regard to access to dental health? Find ways to access preventative services for children so that they can learn the importance of dental health care and have a healthy mouth. That going to the dentist does not have to be a dreaded and painful visit, but a time of celebration for taking good care of your teeth.