



Bridging Gaps: School-Based Dental Programs for Migrant Children with ECC

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Introduction/Background

Over the past year, more than 90,000 asylum seekers have arrived in New York City, fleeing their home country looking to find safety. An estimated 14,000 children have enrolled in NYC public schools, giving them access to an education and enrollment in school health programs including medical, mental, dental, and vision services. The purpose of this case is to explore the impact of our school-based dental program on improving access to care for migrant children with severe ECC. The subject of this report is a 5yo hispanic female pediatric patient, K.L. who was born in Lima, Peru. In December 2022, her family migrated to the USA seeking asylum. She lives at a shelter with her parents and three siblings. The patient attends kindergarten at a NYC public school that has a partnership with our Bringing Smiles school based dental program.

We are presenting the dental treatment provided from December 2022- September 2023, highlighting how school-based dental programs positively impact all pediatric dental patients (regardless of immigration status) by halting the increasing numbers of untreated tooth decay, provide early diagnosis of oral pathology and reduce the lack of dental education in the pediatric population made up of minorities and low-income communities.

Patient History

5 year old Hispanic female patient (KL) presents to NYU College of Dentistry School Based Dental Program for her first dental visit.

Status: Asylum seeker/ Migrant

Chief Concern: "My back teeth hurt and my friends make fun of my front teeth."

Medical and Surgical History:

- Medical history unremarkable
- No known drug allergies
- Does not take any medications

Dental History:

- First Dental Visit
- Cavitated lesions on #A-O, #B-MODLF, #D-FMIL, #E-MFLD, #F-MFLD, #G-MFLD, #H-F, #I-MOFLD, #J-O, #K-O, #L-DOL, #S-DOLM, #T-O
- Non- restorable teeth #D, E, F and G

Clinical Case



B



Figure B: Pre-Operative Maxillary and mandibular arches



C

D



Figure C: Preoperative Right and Left Bitewings
Figure D: Preoperative Periapical #F and G and O



A

Figure A: Facial and lateral profiles of Patient V.R

Treatment Planning

Table 1: COMPREHENSIVE Treatment Planning

Phase 1	Phase 2	Phase 3	Phase 4
<ul style="list-style-type: none"> • Examination • Radiographs • Prophylaxis • Fluoride varnish 	<ul style="list-style-type: none"> • Restorations #A-O resin, B- SSC Hall Crown, C-F resin, H-F resin, I- SSC Hall Crown, J-O resin, K-O resin, L- SSC Hall Crowns, M-F resin, R-F resin, T- O resin 	<ul style="list-style-type: none"> • Planned to have the rest of txt completed under nitrous in 9W - patient never came to the appointments 	<ul style="list-style-type: none"> • Extractions D, E, F, G and #S- SSC + pulpotomy - completed at School Based Program the following year.

Table 1: Comprehensive Treatment Plan for Patient KL– Phases 1- 4



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Results and Outcomes

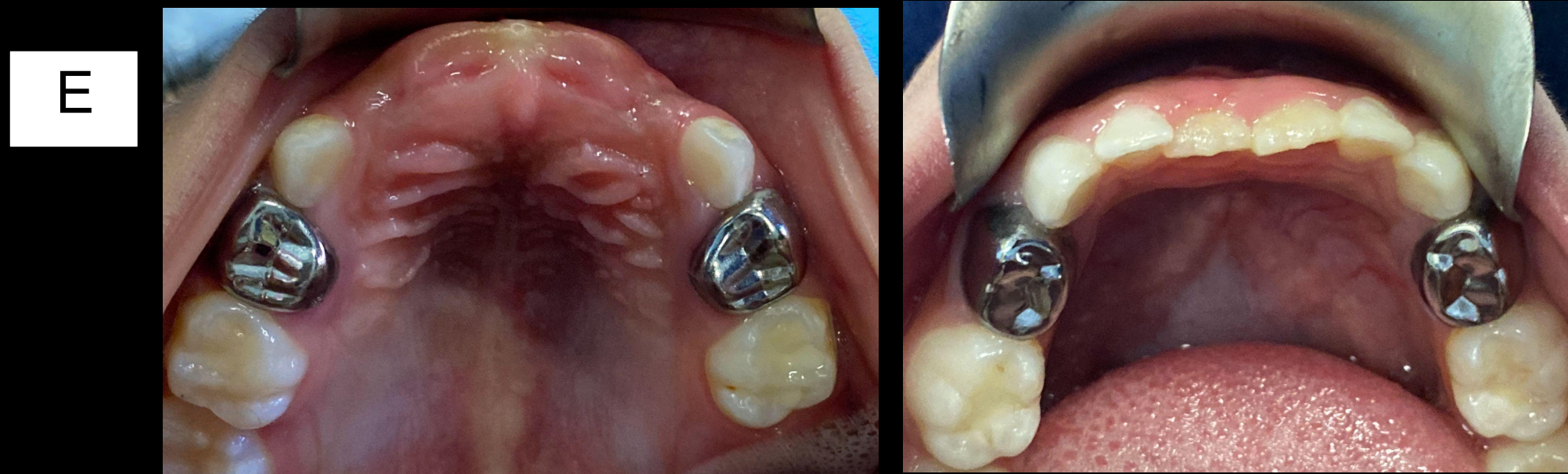


Figure E: Post-Operative Maxillary and mandibular arches



Figure F : Facial and smiling post- operative

Discussion

- 1. Identified Barriers:** Lack of transportation, limited availability of dental appointments after 4:00 PM, school and work permissions, and childcare for other siblings.
- 2. School-Based Dental Program Solutions:** Eliminates transportation needs and minimizes missed school and work days by providing treatment at the child's school. Language barriers are reduced with bilingual staff. Patients only miss a maximum of one hour of class.
- 3. Challenges for Asylum Seekers and Migrant Families:** Lack of insurance due to immigration status, difficulty in obtaining Medicaid, and lack of permanent residency causing communication and tracking challenges.
- 4. Communication Challenges:** Many families only have access to WhatsApp and face difficulties with WiFi availability. Language barriers also exist for families from diverse backgrounds.
- 5. Cultural Beliefs Impacting Dental Care:** Some parents underestimate the importance of primary teeth care, leading to severe dental issues in children.
- 6. Socioeconomic Factors:** Unemployment and changing job schedules make it challenging for some families to commit to dental appointments.
- 7. Treatment Duration:** Overcoming barriers extended the treatment duration for a patient to about a year, with efforts made to accommodate the patient's needs and constraints.

Conclusion

- Despite numerous barriers, the school-based dental program has proven effective in addressing many challenges faced by children from low socioeconomic status families, asylum seekers, and migrant families. However, ongoing efforts are needed to address communication, cultural beliefs, and socioeconomic factors to ensure access to adequate pediatric dental care for all children.
- **Preventative and Educational Benefits:** In addition to addressing immediate dental needs, school-based programs also play a pivotal role in preventative care and education. By intervening early, we can prevent tooth decay, diagnose oral pathology sooner, and educate both patients and parents about the importance of dental care, thus promoting long-term oral health.
- **Continuous Program Evaluation:** Regular evaluation of school-based dental programs is essential to ensure their effectiveness. By identifying and addressing new barriers or challenges faced by patients, we can adapt and innovate to ensure ongoing accessibility to dental care for all children, regardless of socioeconomic status or background.

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