Thursday Memo – April 18, 2019

This week I share with you a reflection from a 4th year UMMS student, Chase Henry Bradford, who just completed my oral health elective. With April being Oral Cancer Awareness month, it seemed tangentially relevant. His comments about health equity I think will resonate with most on the list serve who I know are constant advocates for their patients in other realms - I hope this inspires you to add oral health to you that list to fight for.

You can respond with comment to Chase at Henry.Bradford@umassmed.edu to the list-serve directly. Enjoy.

An eye-opening experience

The Oral Health elective has been an eye-opening experience for a number of reasons. The most obvious pattern recognizable throughout the various sites and populations is the increase in oral pathology associated with the decrease in socioeconomic status.

During my first day at the New England Kids Pediatric clinic in Auburn, the amount of ECC (early childhood caries) and tooth decay was variable, though, the more severe cases were noticed among children with parents who appeared to be socioeconomically disadvantaged. Whether it be parental education, single parent homes, unemployment, or poor health habits exhibited by the parents, it was evident that their children suffered. I recall one child, around the age of 7, who required no less than five separate procedures to correct their oral ailments. When asked about diet, the parent responded as if it was surprising that copious amounts of sugary drinks and foods and little to no parental supervision of their child’s brushing was to blame for the child’s oral disease – they truly had not learned this. Contrast to the upper-middle class family with three boys between the ages of 10-15 all wearing private middle/high school athletic apparel, none of which had any significant oral concerns.

This pattern was repeated throughout the various sites I visited during my elective. While at the Souza-Baranowski Correctional Center, the inmates that visited the on-site dental suite had multiple oral complications requiring several follow-up visits to address them all. Most noticeable was the prominent brown staining of their teeth, associated with smoking various harmful substances throughout their lives. It is no surprise that the same socioeconomic status of these gentlemen both contributed to their risk of incarceration as well as their risk of oral disease. Contrast this population to the high price of comprehensive care at Dr. Cairo’s Restorative and
Aesthetic Dentistry, where the patient population was vastly different. Most of Dr. Cairo’s patients appeared to be socioeconomically advantaged consisting of professionals including a physician, two nurses, a retired college professor, etc. who were able to not only attain baseline oral care, but sought out procedures uncovered by most insurances for vanity purposes. Most of these patients had excellent oral health. Even the elderly patients still had most of their own teeth with expensive implants or dentures custom made to perfectly match their existing smiles. The stark differences between patient populations and their oral health was remarkable and consistent.

While it is well known that oral disease is associated with poor overall health outcomes, the more difficult problem to address is how to better educate and engage people of low socioeconomic status to take better care of their oral health both in terms of diet and seeking regular dental care. I think UMass has certainly taken this matter seriously and provides tremendous services to the community and this at-risk population. Two clinics that demonstrated this outreach by UMass included the Mobile Care (I attended that day they were parked at Plumley Village) and the Craniofacial Multidisciplinary clinic at Shriners in Springfield. Both of these services did an incredible job at providing free or at-cost care to those most in need. The patients and families at both sites were incredibly appreciative of the services and likely would be unable to attain any measure of dental care without them. I think it would be wise for other institutions to model their outreach programs similarly to these at UMass in order to address this major health concern for the socioeconomically disadvantaged.

Overall, I think the Oral Health Elective provided a great variety of dental sites, procedures, and populations served. Despite having an oral health interstitial day during the formal medical school curriculum, I think most students would benefit from taking this elective to better understand oral disease and the populations most at-risk so that we can incorporate preventative guidance and care for patients in our practice.