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John A. Turner

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By JOHN A. TURNER, D. D. S., M. A.,
Chairman of Committee on Dental Health,
National Student Health Association

THE National Student Health Association at its annual meeting held in New Orleans, La., April 11th and 12th, 1941, provided time for extensive discussion and reports on dental conditions among Negro college students. The executive committee, realizing the place of dental health in a student health program, organized a committee to study and report on the problem. The interest exhibited by the members of the committee and by the body was most encouraging.

The Committee on Dental Health discussed and proposed the following program to be used as a scale for the advancement of dental health in colleges:

1. That dental health be made an integral part of the college health program, and that the dentist be reorganized as a part of the health organization.
2. That a plan for organized dental science be developed in colleges and that this science be both diagnostic and corrective; i. e., that it consist of examination and diagnosis, and also of the correction of defects.
3. That facilities be provided on the college grounds, whenever practicable, for the correction of defects and for follow-up examinations.
4. That the suggestion that the program be financed through an increase in the student health fee and through the payment by the student of a nominal fee to defray the exact cost of materials for each operation be given consideration.
5. That students be required to avail themselves of facilities for dental care, or receive treatment privately before being graduated.
6. That definite instructional units in dental health be included in courses dealing with health education, regardless of designation or in what department they are offered.

Dentists practicing in college communities can be of great assistance in convincing those concerned of the need for dental care and in solving the many problems confronting administrators who wish to provide this service for their students. They should take the lead in the movement and be willing to launch the program, even though it may mean an initial sacrifice of time and effort. Dentists must remember their obligation to local public health projects. They must bear in mind also that in these times when the trend is toward the socialization of medical and dental services, it is far better for them to participate in the organizing of a unit than to visit until a body of laymen plans all details.

The college health service is far-reaching. It is aimed directly at college students, but if these students can be made dental health conscious they will be in a better position to teach the coming generation these principles and, consequently, motivate their charges to the creation of a desire to have healthy mouths. This may be considered a long range program, but it should lead eventually toward the Utopia of those interested in the dental health of the public.

The plan for solving the problem of providing dental care for college students must be developed with reference to the specific requirements of each situation. In other words, the economic status of the student body and available funds of the college must be given primary consideration. Two plans may be instituted: (1) maintaining a diagnostic and advisory service, and, (2) maintaining both a diagnostic and a corrective service.

Under the first plan students are given thorough clinical and x-ray examinations which are followed by reports with recommendations for correction. These examinations may be conducted by a dentist employed for this work, or by dentists in the college community who might volunteer their services. A very wholesome arrangement exists at Carlton College. "There are seven dentists in Northfield, and each man gives on an average of an hour a week without remuneration. There is an understanding with each man that if anything is said which might influence the student to go to him for work, he will be dropped from the service. The high standards of loyalty, good workmanship and cooperation of every man engaged in the work is noteworthy."* This plan has merit, but it would be impractical in most Negro colleges or in any college

*William A. Gray, "Carlton College Dental Health Service," Journal of the American Dental Association XXVI (October, 1939) p. 1731.

whose student body is composed largely of representatives of underprivileged families and of totally self-supporting students. Defects are demonstrated, but no provision is made for correction.

The latter plan, that of conducting both a diagnostic and a treatment service, appears to be the best solution of the problem. Complete clinical services under the auspices of the college will meet the need, and this is the only way in which adequate care can be assured.

The treatment to be rendered by the college dental service should be limited to the removal of dental foci of infection, the extraction of teeth, the treatment of oral diseases, and the filling of cavities. Prosthetic appliances should be constructed as a part of the service only if examination shows that there is insufficient masticating surface and that digestion is impaired.

There are several plans which may be followed in the execution of a college dental treatment service, but the plan selected must be one which is adaptable to the situation at hand. It is here that dentists can demonstrate their public health interest and their spirit of cooperation through their suggestions and their willingness to align themselves with the plan agreed upon. While each plan has certain objectionable features, one of them with possible modifications can be utilized.

I. *A panel system among local dentists.*—Under this system a group of dentists in the community who are interested in public health dentistry band themselves together and constitute a panel from which the student will select the one whom he wishes to render prescribed treatment. They reach an agreement as to special fees to be charged students for the various operations and all adhere to this scale. These services may be rendered in private offices, or in a clinic room on the college campus. If the latter arrangement is possible, it is better that the materials be furnished by the college and that the dentists rotate according to a fixed schedule.

If dentists agree to care for students at a special fee under this arrangement they should not be expected to treat the faculty and personnel and their families for the same consideration; neither should they be expected to treat those students who are known to be independent financially. The plan is primarily for the aid of those who are unable to receive care at normal fees, and a variation could be considered an imposition and would surely disrupt what might be otherwise a wholesome arrangement.

II. *Resident denitst.*—A plan whereby a resident dentist is

available for routine service seems to be the most effective. He can be part-time or full-time according to the requirements of the particular situation.

Where a college needs full-time service but is unable financially to secure the exclusive service of one dentist the plan of having several part-time dentists may prove to be a solution. Under this plan several dentists rotate to equal full-time service, but the total salaries would not equal that which a full-time dentist would require.

A cooperative arrangement is possible where two small colleges are near each other. One dentist may serve both colleges and receive salary from each according to time spent. This would enable the colleges to have adequate service available and also enable the dentist to devote himself to the problems of student health and health education.

The full-time resident dentist can render a service which should be superior to that under any other plan. He is in a position to assist in the program of hygiene and health education in addition to his duties, and is able to integrate the dental health program into the general student health plan.

A suggested routine would consist of (1) a thorough examination which should include an x-ray study, (2) classification of students according to their individual dental conditions, (3) correction of defects and, (4) routine follow-up examinations.

Just a word about classification. A system similar to that employed by the Army Dental Corps should be effective in situations where a large number of persons must be cared for by limited personnel. All students will be included in one of four classes. Class I would include those students who present emergencies such as acute or chronic infection about the teeth, and teeth with exposed pulps requiring immediate extraction. Students with extensive caries which should receive early attention are placed in this class also. Class II would take in those students who have active caries but do not need immediate care. Students who have no foci of infection and no active caries, but who have insufficient masticating surfaces would be in Class III. Students placed in Class IV would be those who have no dental defects, have sufficient masticating surfaces and represent those with normal or near normal dentition.

It is hoped that the interest already created will develop until the inclusion of dental care in each student health service will be

one of the major considerations in the perfection of college health programs.

Data concerning incidence of dental defects among college students, and suggestions which might aid in the solving of problems incident to the organizing or improving of college dental services will be furnished by the committee upon request. Address the writer at Howard University College of Dentistry, Washington, D. C.

I have told you of the man who always put on his spectacles when about to eat cherries, in order that the fruit might look larger and more tempting. In like manner I always make the most of my enjoyments, and, though I do not cast my eyes away from troubles, I pack them into as small a compass as I can for myself, and never let them annoy others.—Robert Southern.