



# Giving a Voice to the 'Silent Epidemic': Examining Existing Barriers and Oral Health Outreach for Low Income Mexican American Children

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## 1. Topic and Objectives

### Topic

The education and empowerment of marginalized Mexican immigrant families to improve and maintain healthy teeth.

How? Using home-based meetings as community outreach.



### Objectives

1. Identify what Mexican immigrant communities value in home-based oral health outreach.
2. Identify what barriers remain for parents in maintaining the oral health of their children.

## 2. Background and Significance

A 2000 Surgeon General Report declared oral health disparities among low-income minority children a 'silent epidemic.'<sup>1</sup>

**Mexican American children have the lowest level of dental visits in the U.S.<sup>2</sup>...**

- Mexican American children have disproportionately high occurrences of oral disease compared to European Americans.<sup>3</sup>
- Only 60% of 12 - 17 aged Mexican Americans have had their cavities treated or filled, compared with 87% of same aged European American children.<sup>4</sup>

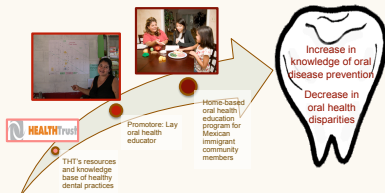
To better understand and address oral health disparities in this fast-growing population, community interventions that promote preventative oral health must be evaluated.

### Community Partner:

The Health Trust (THT) is a non-profit dedicated to addressing this 'silent epidemic' and implemented an home-based oral health program using the Promotores de Salud model. This model both empowers and educates Latino community members by:

1. Empowering community members to become lay oral health educators (Promotores)
2. Educating families via Promotores who visit local homes to teach oral health practices

See Figure 1 below, which demonstrates how THT uses its resources to pool together skills from the community to promote healthy dental practices in the Mexican immigrant community.



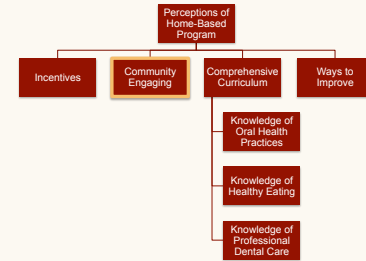
## 3. Methods

1. Participants: All participants participated in THT's home-based oral health program within 2007-2008 and all of them were immigrant Mexican parents of children between 2 and 12 living in Santa Clara county.
2. Qualitative: Conducted two focus groups (n= 19) in Spanish that concentrated on how the outreach program addressed barriers parents experience in keeping their children's teeth healthy.
3. Quantitative: The Health Trust, THT, administered 168 phone surveys focused on evaluation of THT's oral health outreach program and four additional questions related to oral health barriers. Statistical analysis of survey data was conducted by THT staff.
  - Focus group responses informed survey results
4. Analysis: Focus group data was translated into English and transcribed. The data was analyzed using the classical analysis strategy creating themes based off of:
  - a) Comment frequency and extensiveness
  - b) Nuanced idea
  - c) Emotional statements
  - d) Detailed and specific statements

## 4. Focus Group Results

### 1. How was the Home-Based Outreach Program Received by Participants?

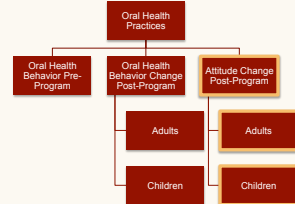
The results from coding focus group data are displayed in the charts below to show the theme (at the top of the chart tree), the categories that emerged within each theme, and subcategories when applicable. Below the charts are quotations from focus group participants related to a particular category. The category that corresponds with the quotation is highlighted in orange.



When reflecting on her impression of THT's outreach program, one mother said:

**Well, for a while I had an impression of comfort. They go to your home, you feel comfortable, you don't have to go out or anything. That was an impression of community and comfort. And, well, the people can be confided in, they are from the community.**

### 2. What Effect Did the Program Have on Participant's Oral Health Practices?



## 4. Focus Group Results (Continued)

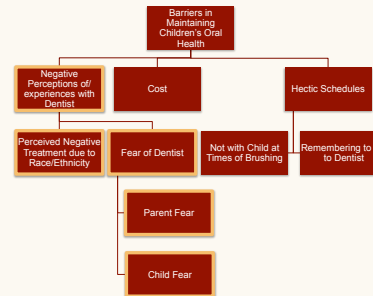
Participants were asked how their oral health practices had changed, if at all, after participating in the program:

**...First my children brushed their teeth, but not with the importance that they saw after the class. Because, they brushed because we sent them to...because you have to keep washing them. But, after taking the class, they saw the importance, how the teeth can become damaged...they began to take more responsibility in taking care of their teeth.**

### 3. What Oral Health Barriers do Parents Still Experience?

The most compelling and under-examined barrier arising from focus group discussions was the interaction between ethnicity and oral health.

Two under-examined concepts that shed light on oral health in Mexican immigrant families emerged. The chart below shows the barriers participants identified.



Below are comments in response to questions that asked parents what got in the way of keeping their children's teeth healthy:

### 1. Negative perceptions of experiences with dentists:

**You have to check the dentist that one goes to a lot, because sometimes they are very negligent with people and are racist.**

**...What impacted me most, were my rights to go to the dentist. Because my boy of 2 years...I took him [to the dentist] since he got his first tooth. And they always told me, oh he's fine, he's fine. And when I learned [from THT's program] that those little black points, my boy had cavities on all of his teeth and the dentist told me that he was fine. And there [at THT's program], they gave me the information. They helped me...to go to a dentist for children...they had to work on all of his teeth. But now, well, now he doesn't have any cavities - through the information we received [from THT's program].**

### 2. Fear of dentist compounded with cultural differences:

**...a dentist told me, she explained to me, and I even more don't want to take my children. Well, there's a place where they tie them...I've struggled a lot because [my children] say, "...No I won't go to the dentist..." Because they are afraid of the dentist - even the youngest one's hands tremble when we are about to take him. That's the problem that I have, that they are afraid of going to the dentist.**

## 5. Conclusion

Home-based oral health outreach combined with the Promotores Model de Salud is a promising structure for intervention programs because it builds trust and works within the community to both educate and empower.

However, important under-examined barriers still remain to be studied and addressed.

1. Perceived negative treatment due to race/ethnicity emerged as a barrier that Mexican immigrant focus group participants experienced in taking their children to the dentist:

- a) There is a lack of research examining this dynamic, however, this topic has been explored in the medical field, such as doctor perceptions of patients and doctor conscious and unconscious bias.
- b) Future studies that examine dentist perception/treatment of minority patients should be modeled after successful research already conducted in the medical field.

2. Fear of the dentist:

- a) Studies show that fear of the dentist often stems from fear of strangers in general.<sup>5</sup>
- b) Cultural differences between dentists and patients may complicate this fear.
- c) More studies need to be conducted to examine Mexican cultural ideas/fears of dentists and the relationship between this possible Mexican cultural fear and how cultural differences between dentists and patients affect this dynamic.

Moving Forward:

More dentists need to practice cultural humility to better serve their patients. An increased diversity of both dental school curriculum that covers cultural humility and dental school students is needed.



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