

Nuestra Sonrisa Hispana: Exploring Disparities in Hispanic Oral Health

CareQuest Institute Continuing Education Webinar

Thursday, September 15, 2022

Housekeeping

- We will keep all lines muted to avoid background noise.
- We will send a copy of the slides and a link to the recording via email after the live program.
- We'll also make the slides and recording available on carequest.org.

To receive CE Credits:

- Look for the evaluation form, which we'll send via email.
- Complete the **evaluation by Friday, September 23**.
- Eligible participants will receive a certificate soon after via email.

We appreciate your feedback to help us improve future programs!



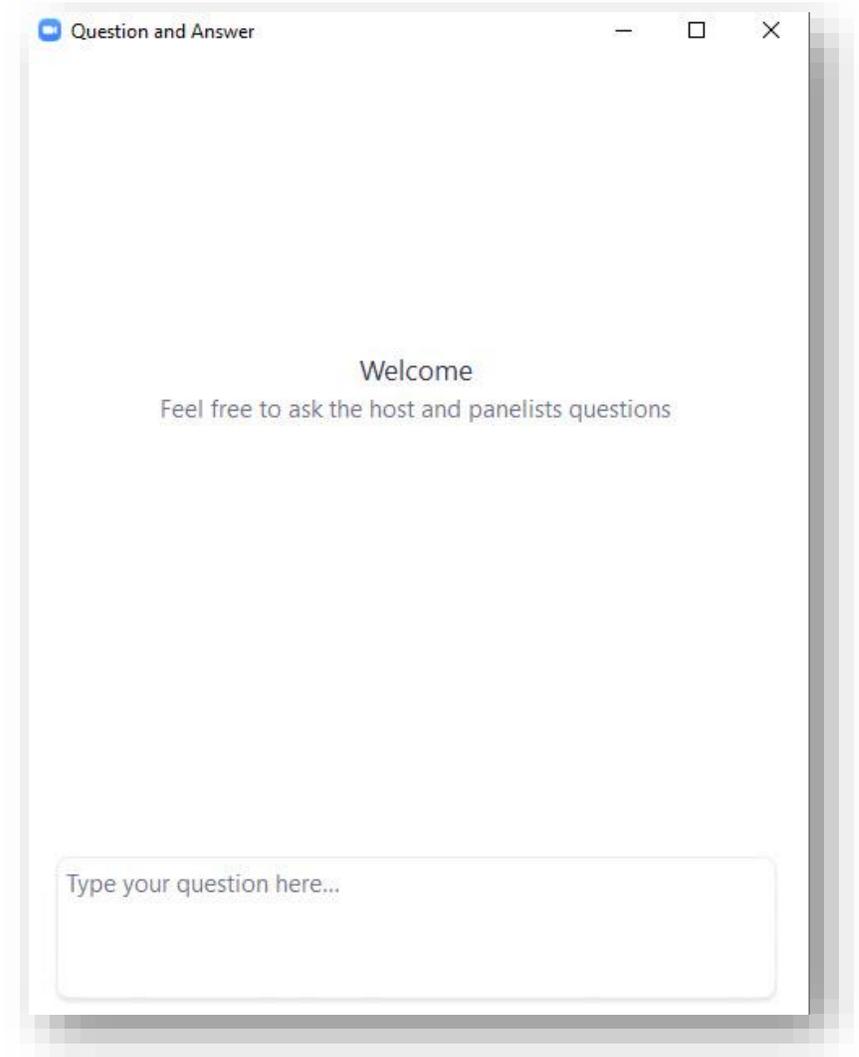
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*Full disclosures available upon request



Question & Answer Logistics

- Feel free to enter your questions into the **Question & Answer box** throughout the presentations.
- We will turn to your questions and comments toward the end of the hour.



Learning Objectives

At the end of this webinar, you'll be able to:

- Recognize the differences between Hispanic and Latino populations.
- Summarize the research revealing the oral health disparities facing Hispanic and Latino communities.
- Discuss how and why to provide culturally competent care.
- Identify the importance of diversity and inclusion in the dental profession and how to incorporate them into your workplace.

Our Strategy

Vision

A future where every person can reach their full potential through optimal health

Mission

To improve the oral health of all

Purpose

To catalyze the future of health through oral health



Today's Presenters

Nuestra Sonrisa Hispana: Exploring Disparities in Hispanic Oral Health



WEBINAR | Thursday, September 15, 2022 | 1–2 p.m. ET | ADA CERP Credits: 1

MODERATOR & PRESENTER



Rosa Chaviano-Moran
DMD, FICD

Immediate Past President Hispanic Dental Association and Associate Dean for Admissions, Rutgers School of Dental Medicine

PRESENTER



Amber Lovatos
RDH, BSDH, MAADH

“The Latina RDH” Founder of Latin RDH, *Un Cuento De Dos Higienistas* Podcast Host, & *Smiles Por Vida* Children’s Book Author

PRESENTER



Eugenio Beltran
DMD, MPH, DrPH

Adjunct Professor, Epidemiology and Health Promotion, New York University College of Dentistry

Culturally Competent Care

Amber Lovatos, RDH, BSDH

The Latina RDH

Smiles Por Vida Author

Un Cuento De Dos Higienistas podcast host



Latino 101

Hispanic

Hispanic - refers to people, cultures, or countries related to Spain, Spanish language, culture, or people. Relating to people of Spanish-speaking descent.

Latino

Latino - refers to a person of Latin American origin or descent.



Latinx & Latine

- Gender-neutral, pan-ethnic label
- **One in four** U.S. Hispanics know the term Latinx
- Only **3%** Hispanic/Latin people identify as Latinx
- **51%** of Hispanic Latino/a/e/x say they most often identify themselves by their family's country of origin



Hispanic-Eurocentric Terms

- Mexican
- Mexican-American
- American
- Latino/a
- Indigenous Mexican American

Culturally Competent Care

- Better outcomes
- Improving accuracy in patient medical records
- Reducing the risk of medical errors
- Helping prevent being readmitted to hospitals for complications
- Improving the efficiency of care
- Increased trust and mutual respect

"Translanguaging acknowledges multilingual/multidialectal practices as communicatively full and valid."



Contact Information

Amber Lovatos, RDH, BSDH

"The Latina RDH" Founder of Latin RDH,
Un Cuento De Dos Higienistas Podcast Host, and
Smiles Por Vida Children's Book Author
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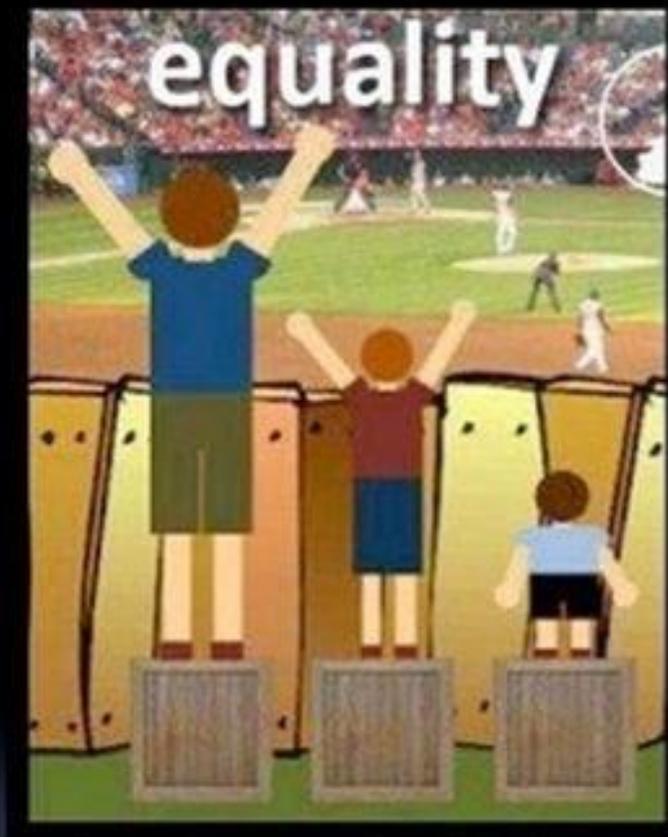
Inequities in Hispanic Oral Health

Eugenio D. Beltrán
DMD, MPH, MS, DrPH

Clarifying Terms

- Equality — Inequality
 - Parity — Disparity
 - Equity — Inequity
-
- Igualdad — Desigualdad
 - Paridad — Disparidad
 - Equidad — Inequidad

Equality vs. Equity



EQUALITY = SAMENESS

GIVING EVERYONE THE SAME THING → It only works if everyone starts from the same place



EQUITY = FAIRNESS

ACCESS to SAME OPPORTUNITIES → We must first ensure equity before we can enjoy equality

Equality



Equity



Justice



Oral Health in America:
A Report of the
Surgeon General

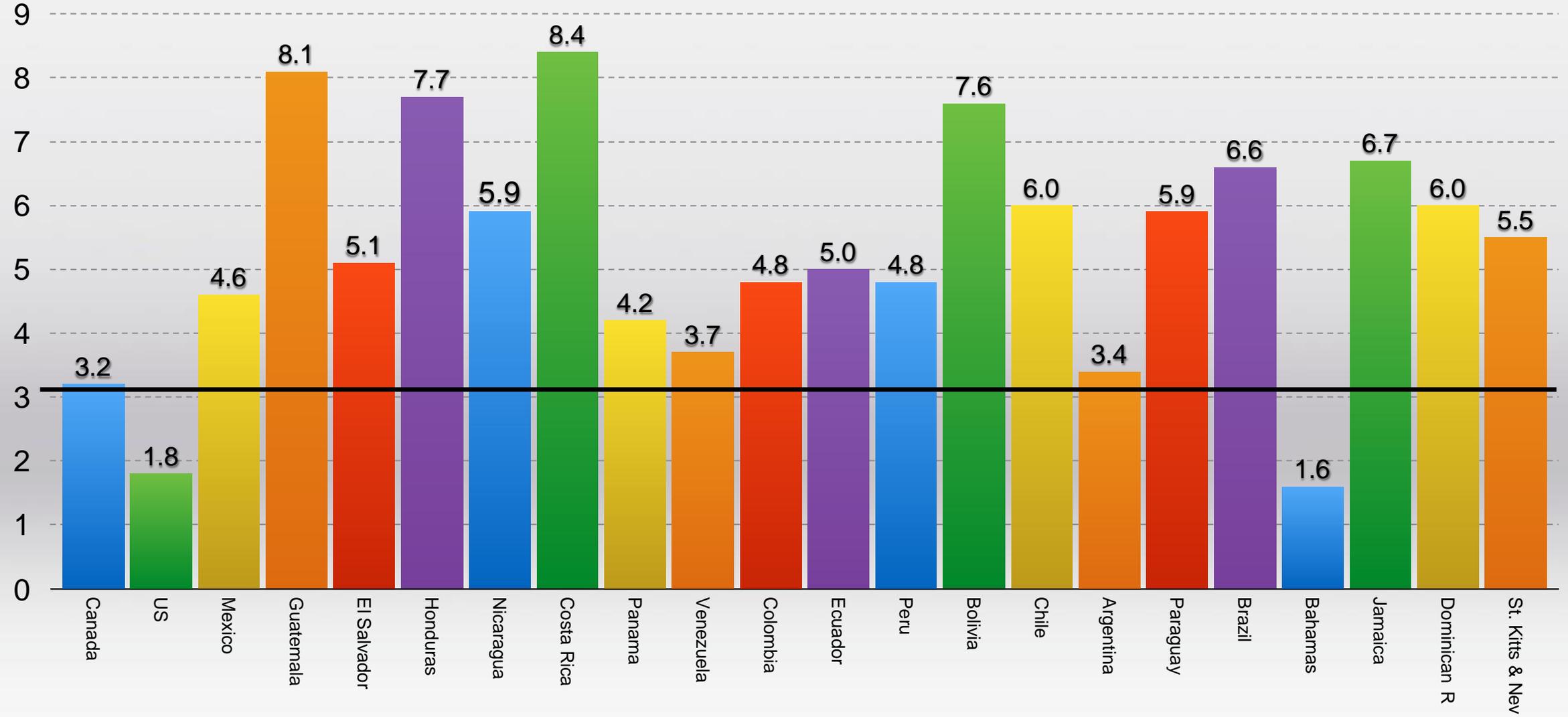


Department of Health and Human Services

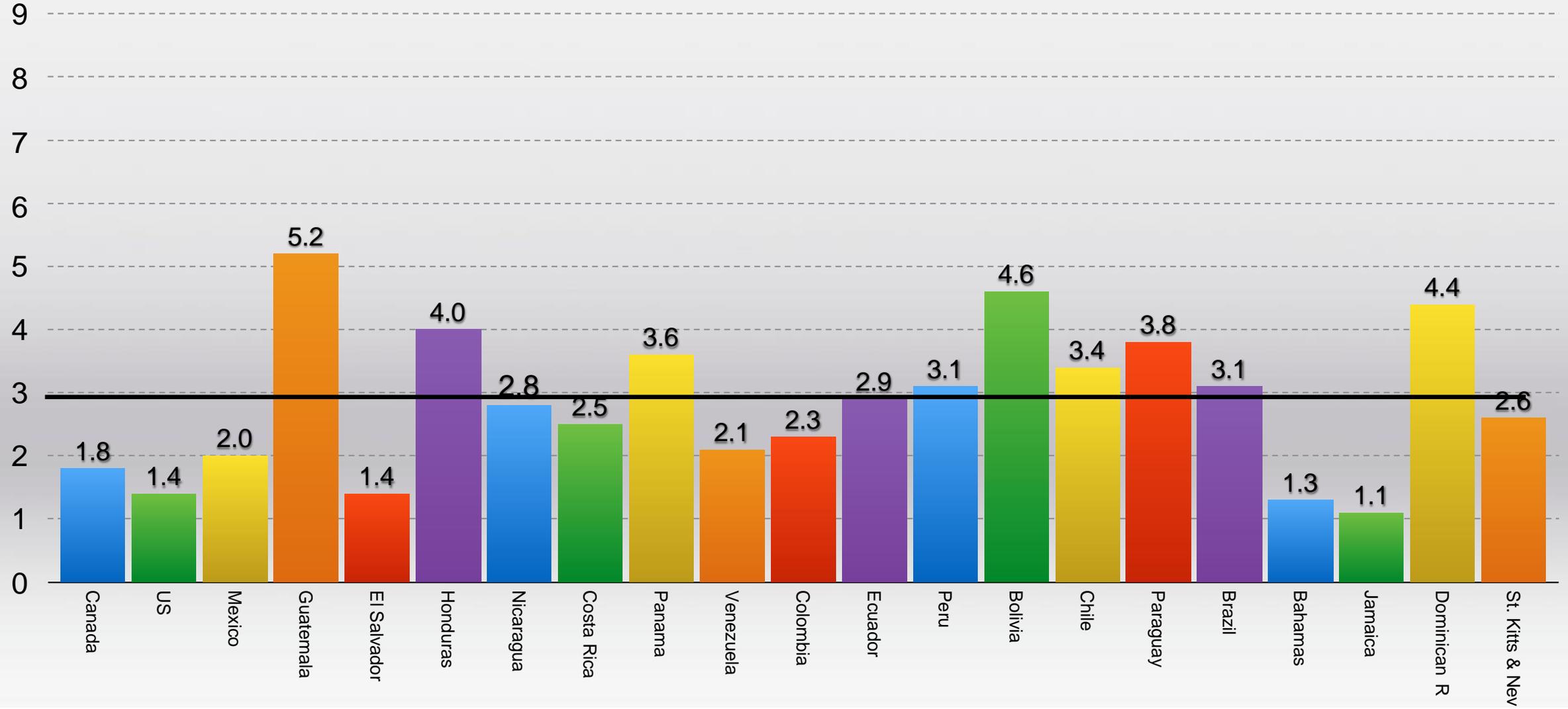
“Disparities in oral health are associated with income, age, sex, race/ethnicity, or general health status . . .

. . . reduction of disparities require a wide range of interventions focused on the population and those at high risk . . .”

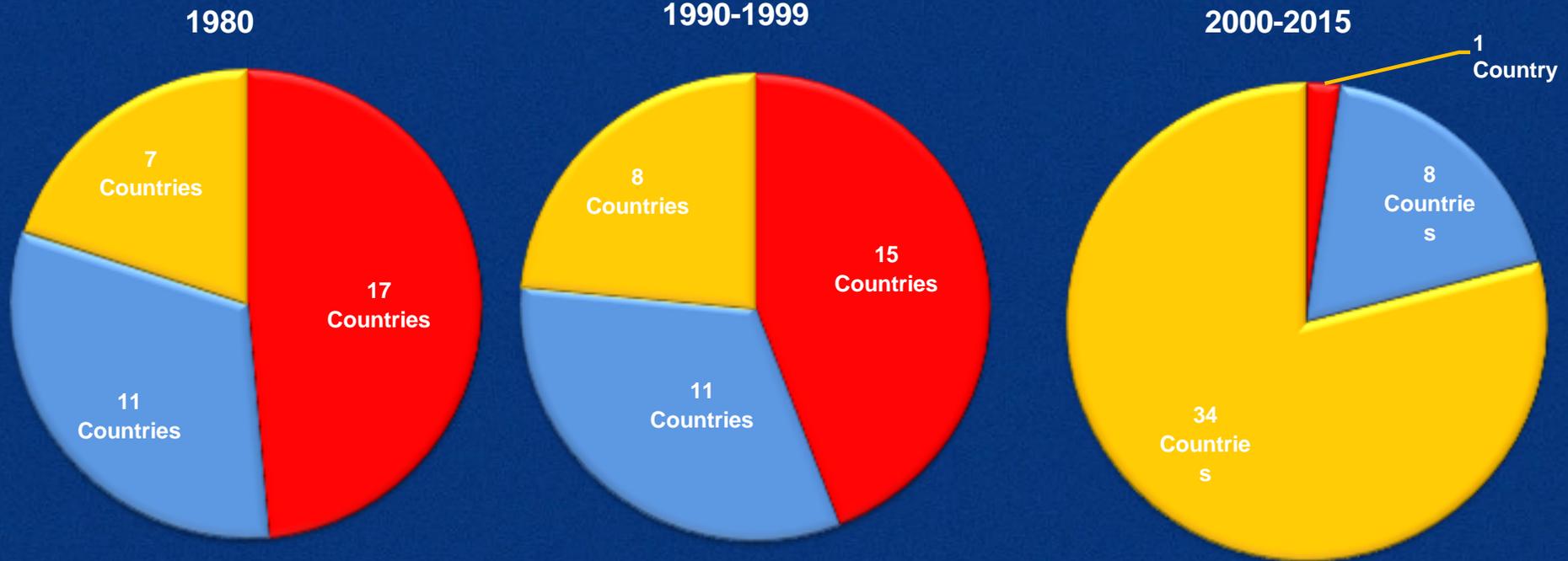
Mean DMFT(12) in Selected Countries in the Americas in the 1980s



Mean DMFT(12) in Selected Countries in the Americas Around the Millennium



Trends in Mean DMFT at 12 Years in the Americas and Caribbean



■ DMFT ≥ 5



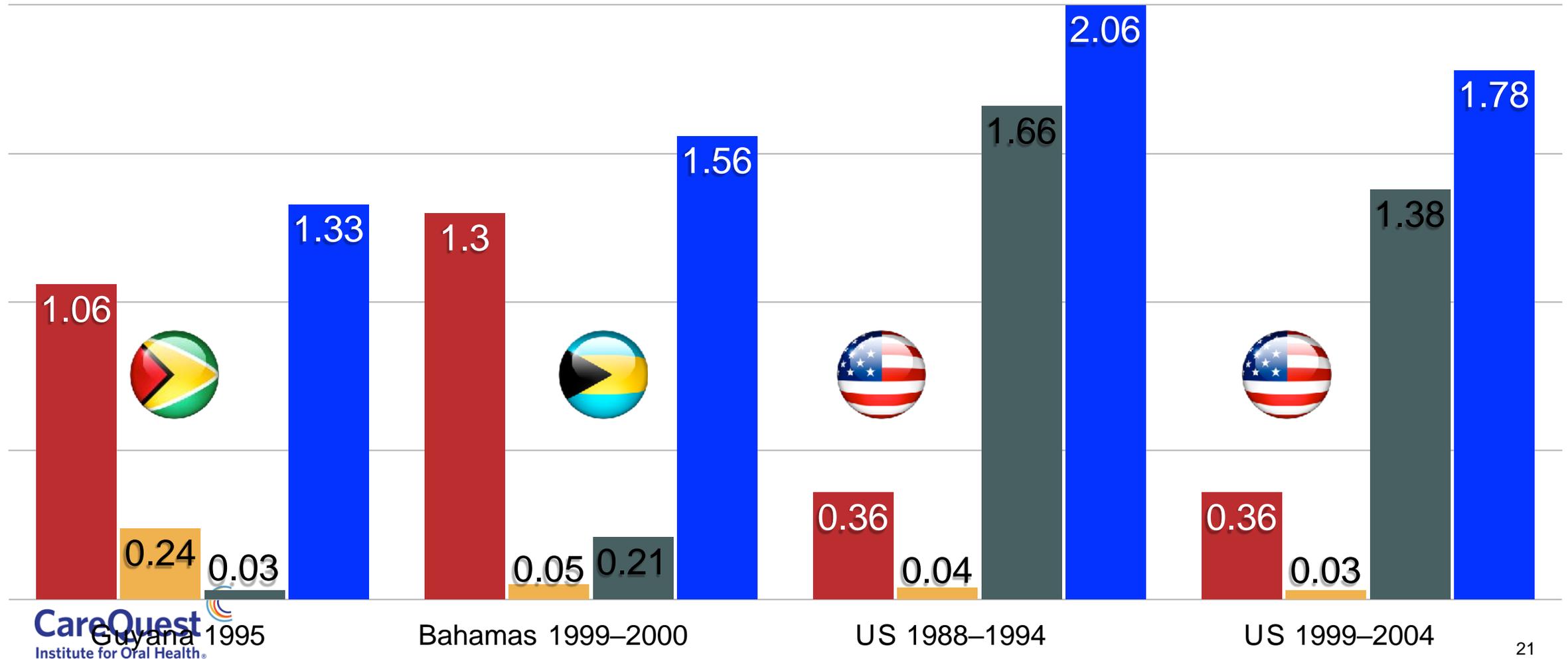
■ DMFT 4-3



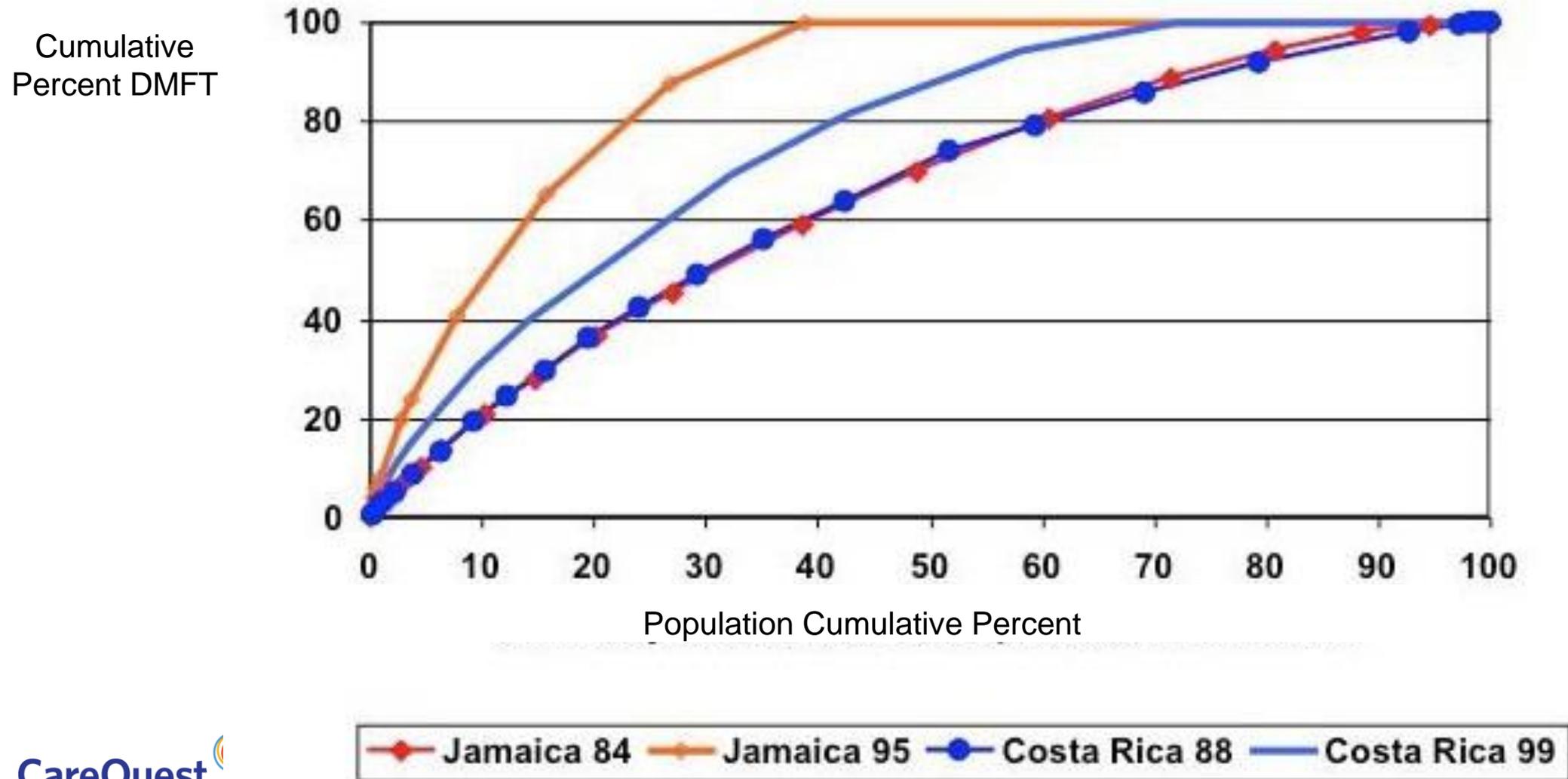
■ DMFT ≤ 3

Mean DMFT (12-15) in Three Countries in the Americas 1990-2000

■ Decayed
 ■ Missing
 ■ Filled
 ■ DMFT

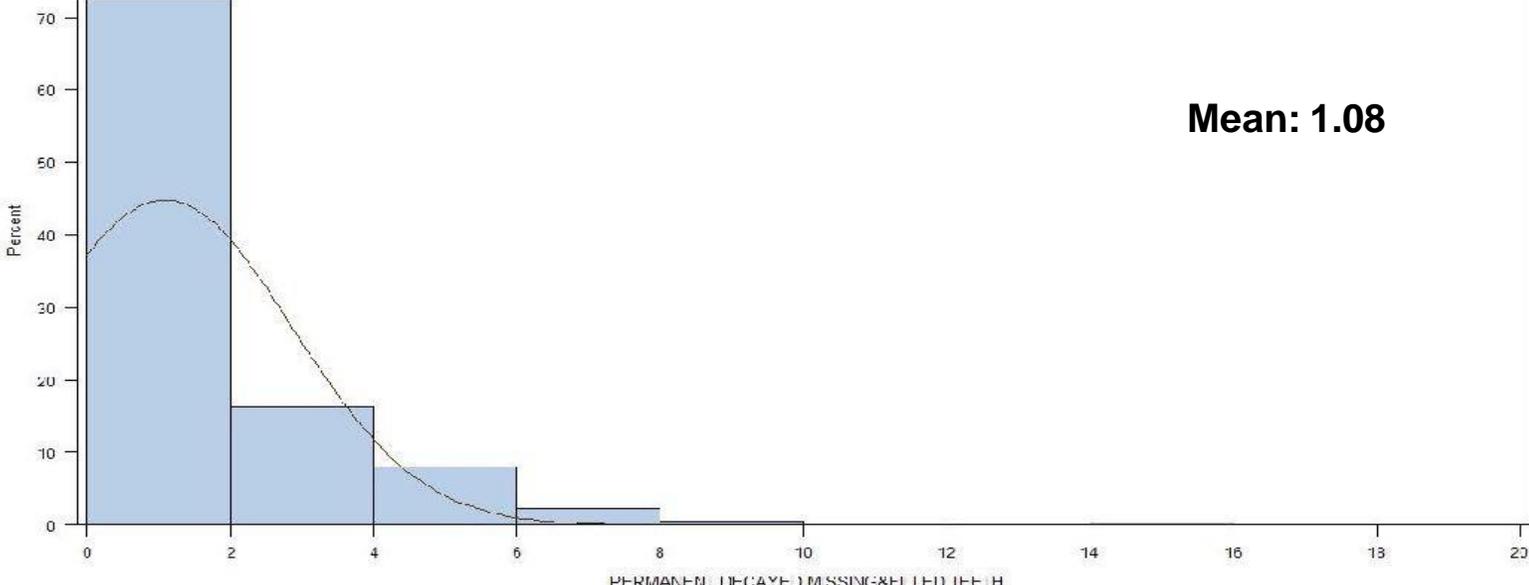
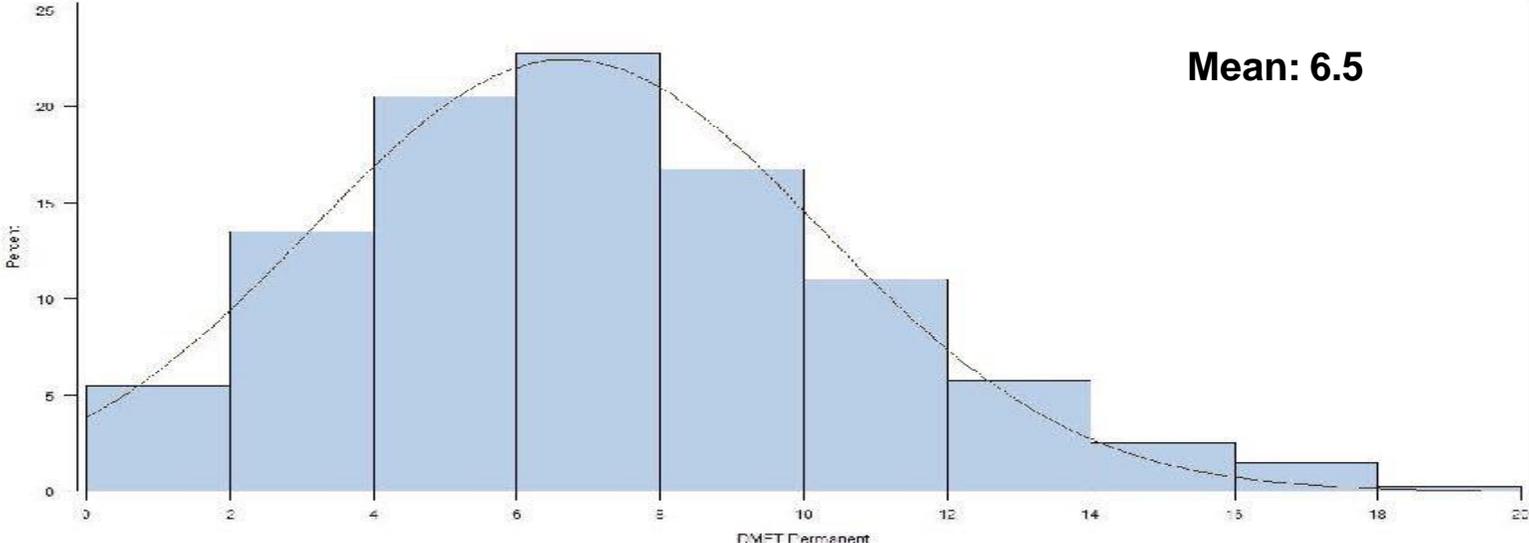


Cumulative Percent of DMFT (Lorenz Curve) in 12-year-olds from Costa Rica (1988 & 1999) and Jamaica (1984 & 1995)



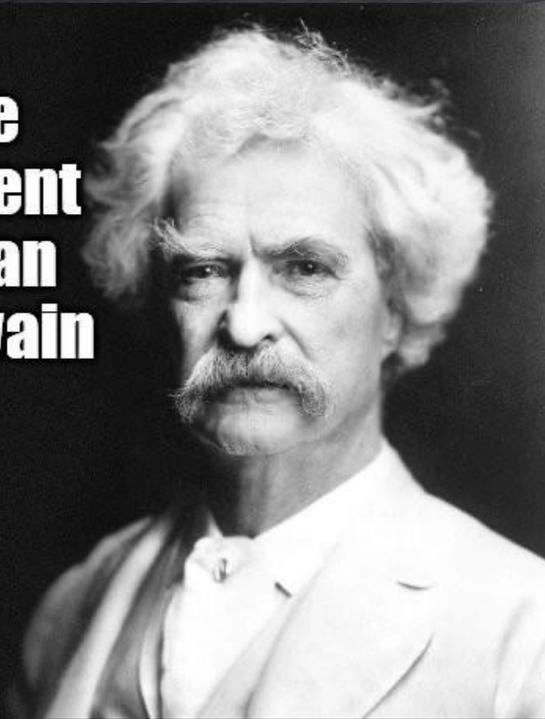
DMFT at 12 Years in Jamaica, 1984 and 1995

Are inequities an expected consequence of some preventive interventions?



Commercial Determinants of Health

"We have the best government that money can buy." - Mark Twain

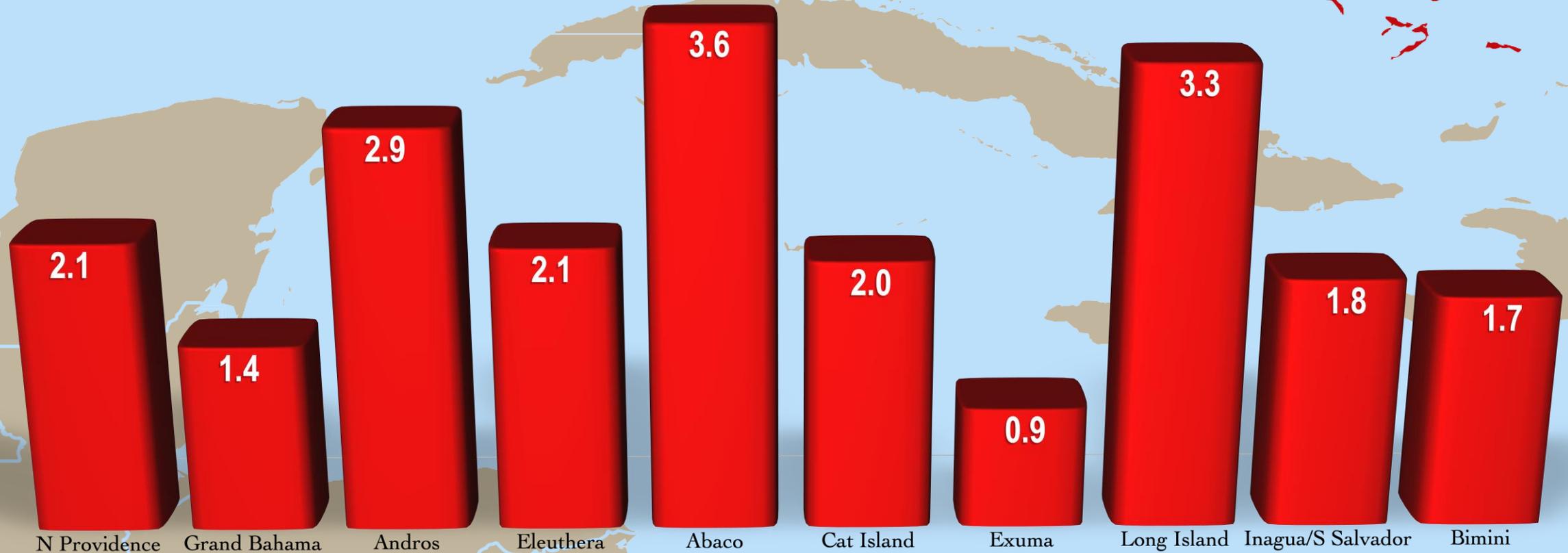


“Strategies and approaches used by the private sector to promote products and choices that are detrimental to health”

(Kirkbush et al. Lancet Glob Health 2016;4:e895-896)

Examples

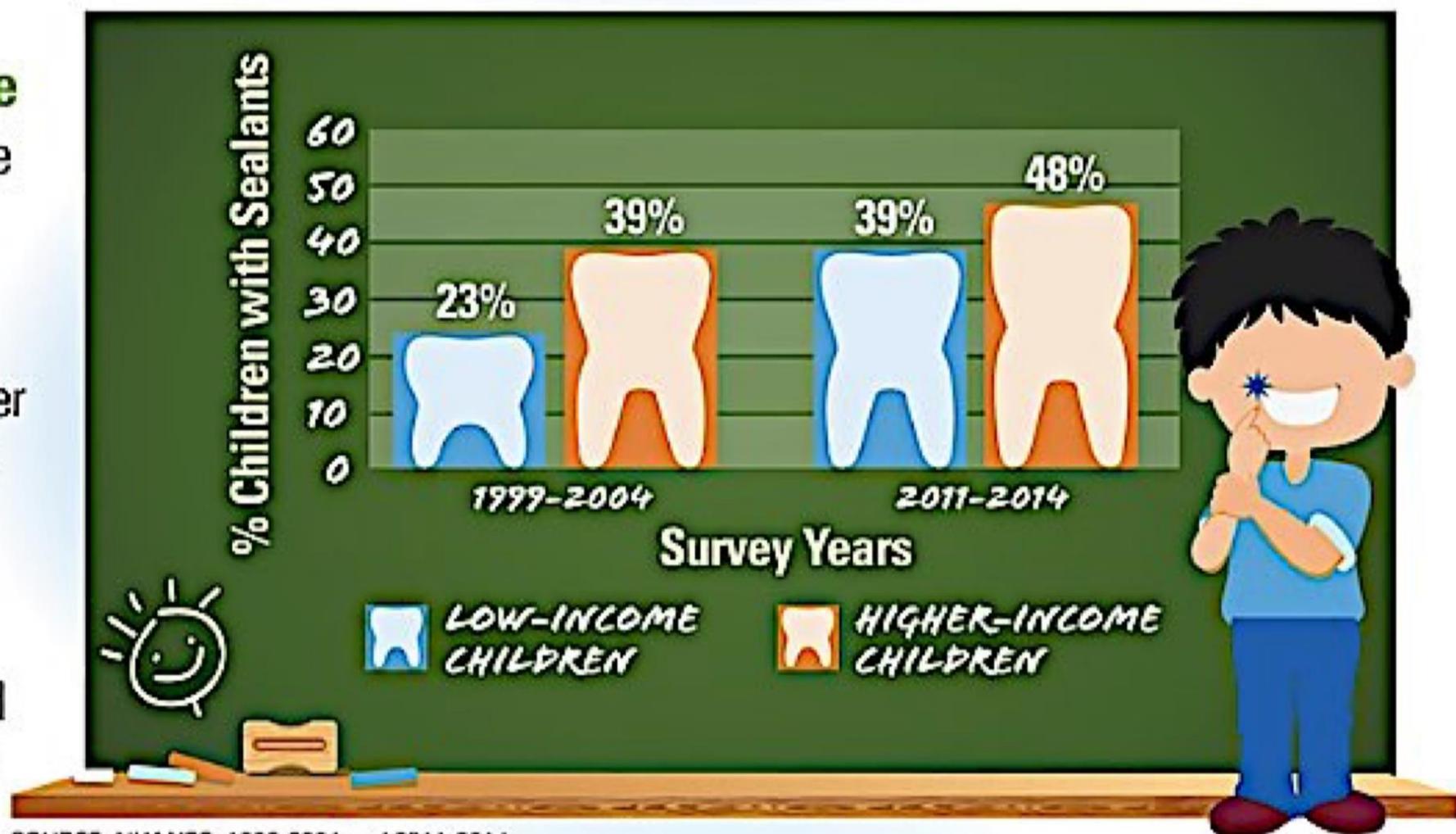
Geographic Variation in DMFT (12) The Commonwealth of The Bahamas 1999-2000



Sealant Use

Disparities are decreasing over time

The number of low-income children with sealants increased by about 70% from 1999-2004 to 2011-2014, and the number of higher-income children with sealants increased by 23%. The increase in sealants among low-income children prevented almost 1 million cavities.*



SOURCE: NHANES, 1999-2004 and 2011-2014.

*Journal of Public Health Dentistry, 2014: <http://bit.ly/2cZXOYh>

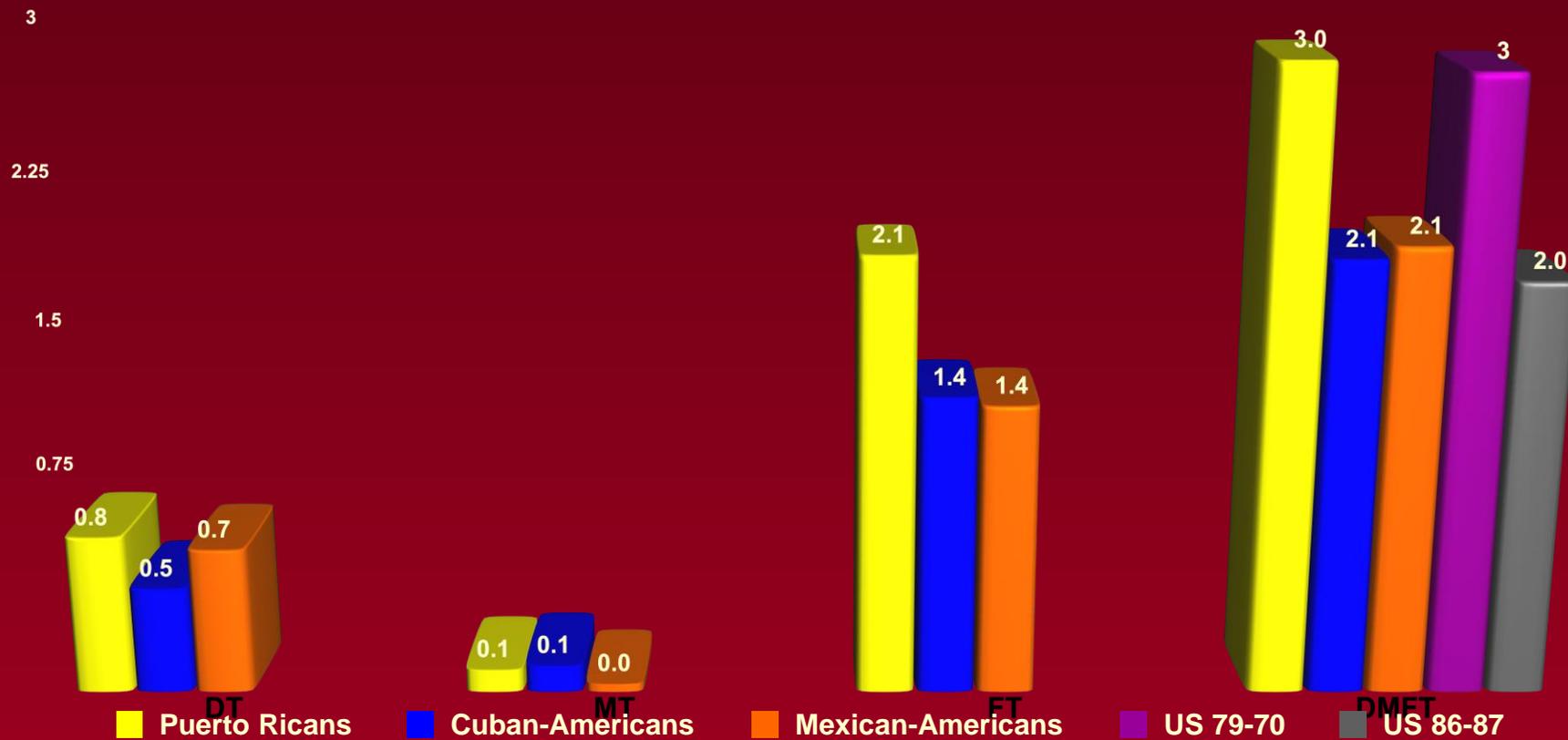
*Salud Oral de los Hispanoamericanos
que viven en los EEUU*

*Oral Health of Hispanics in the
United States*

Hispanic Dental Association 1999 & 2003

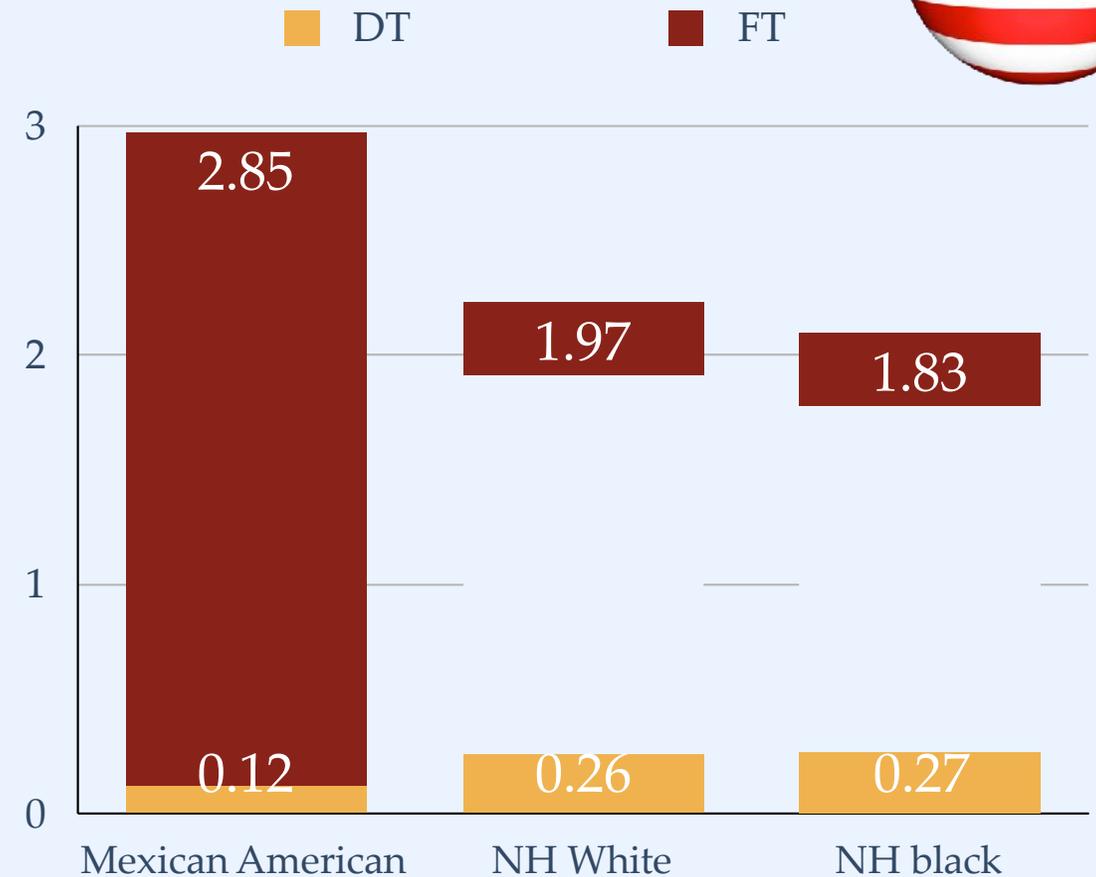
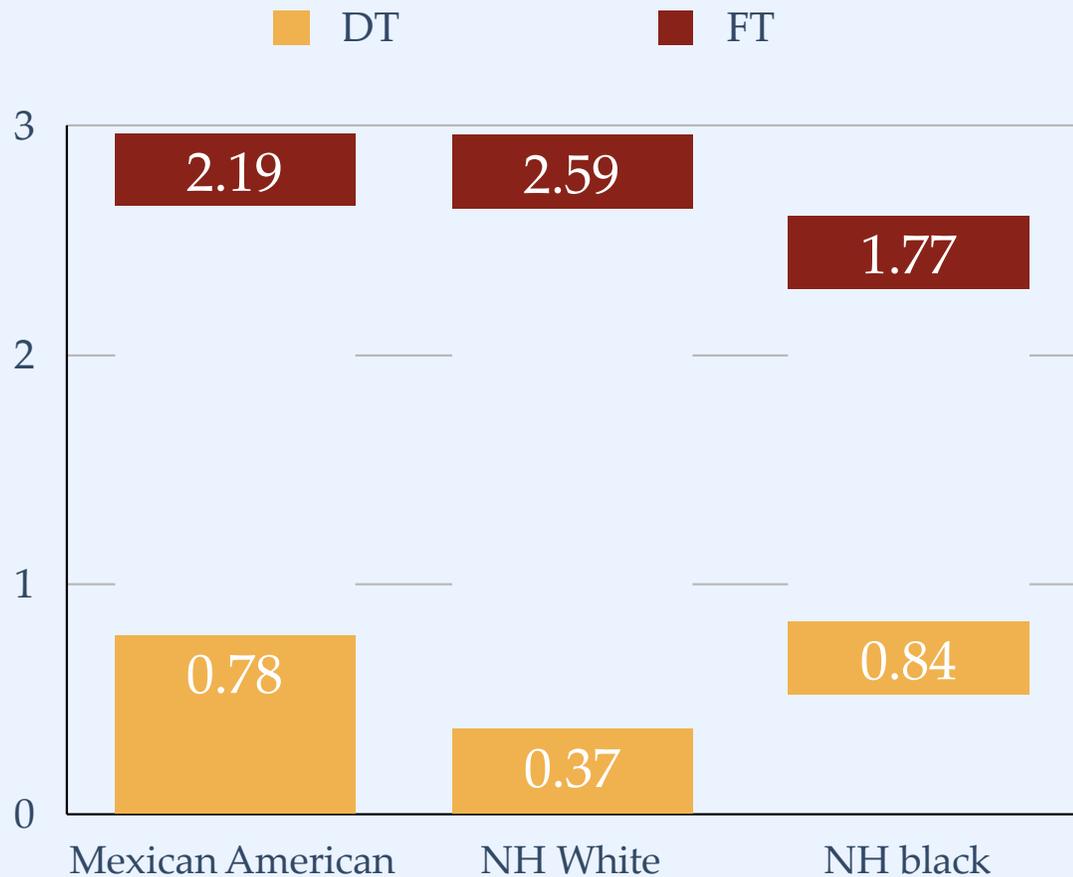


Mean DMFT in 5-17 Year-Old Children (NIDR 79-80; HHANES 82-84; NIDR 86-87)

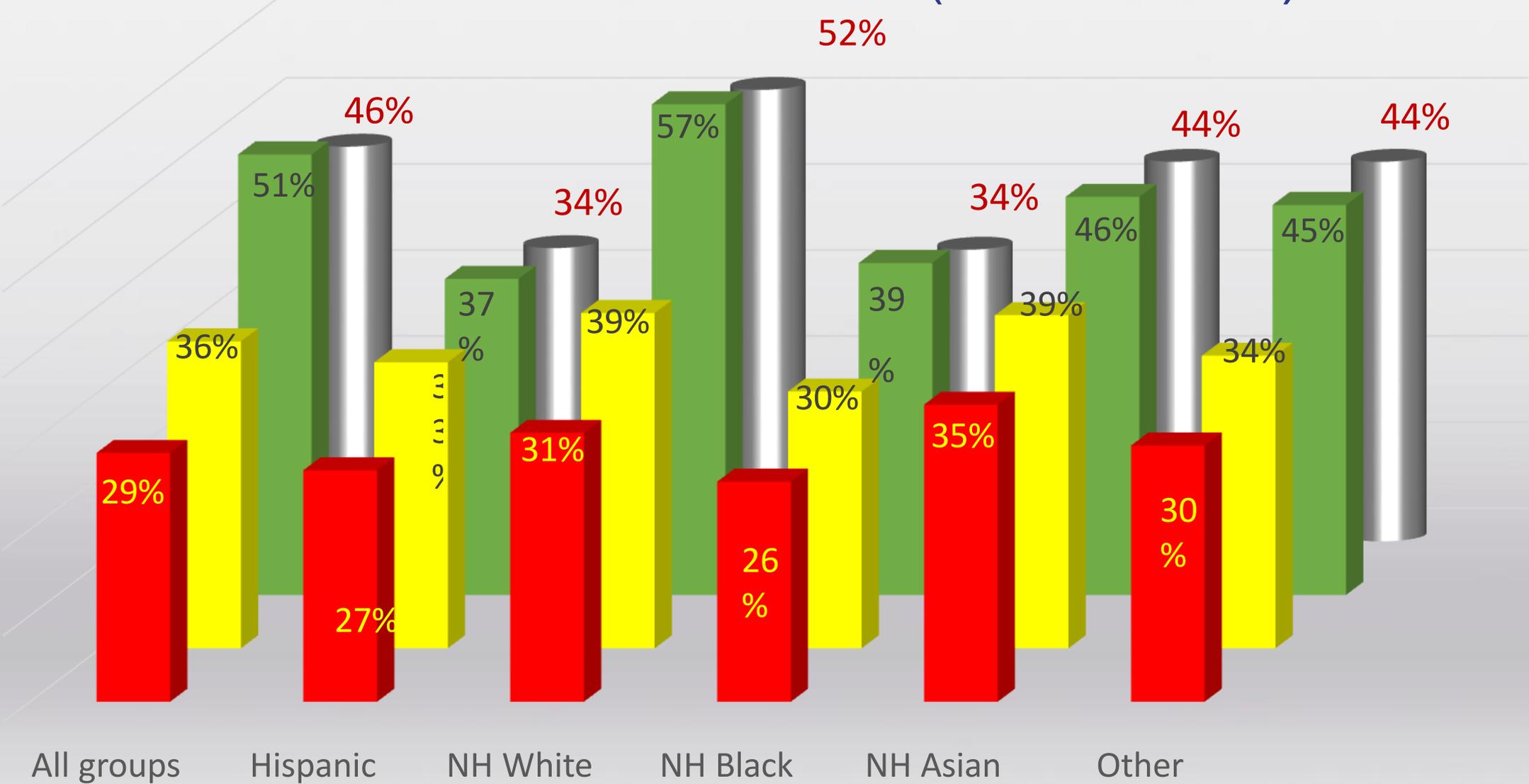


Source: Ismail AI & Szpunar SM. AJPH 1990; 80:66-70

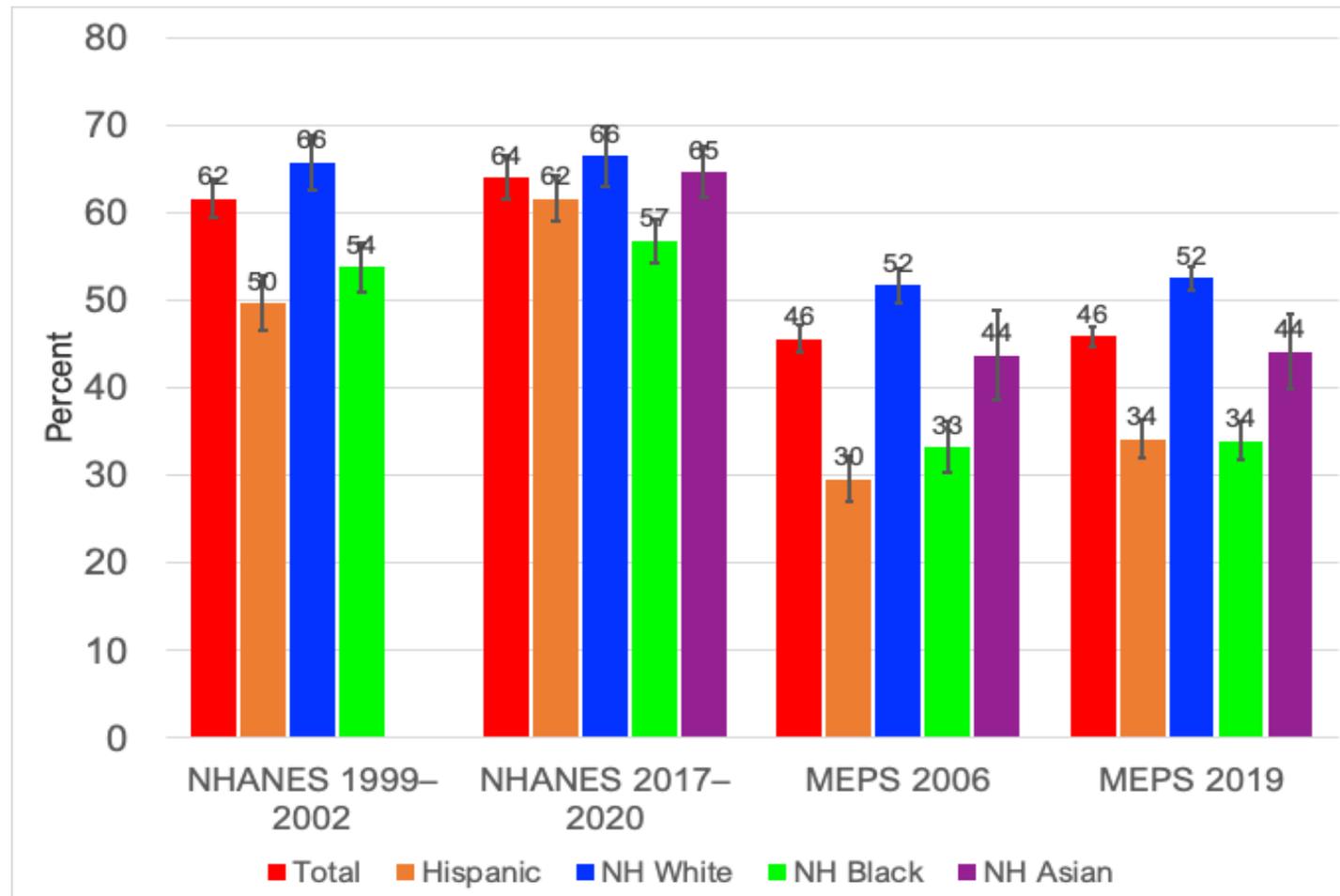
Inequities in Mean DT & FT by Race/Ethnicity in 12-19 y/o. United States, 1988–1994 and 2017–2020



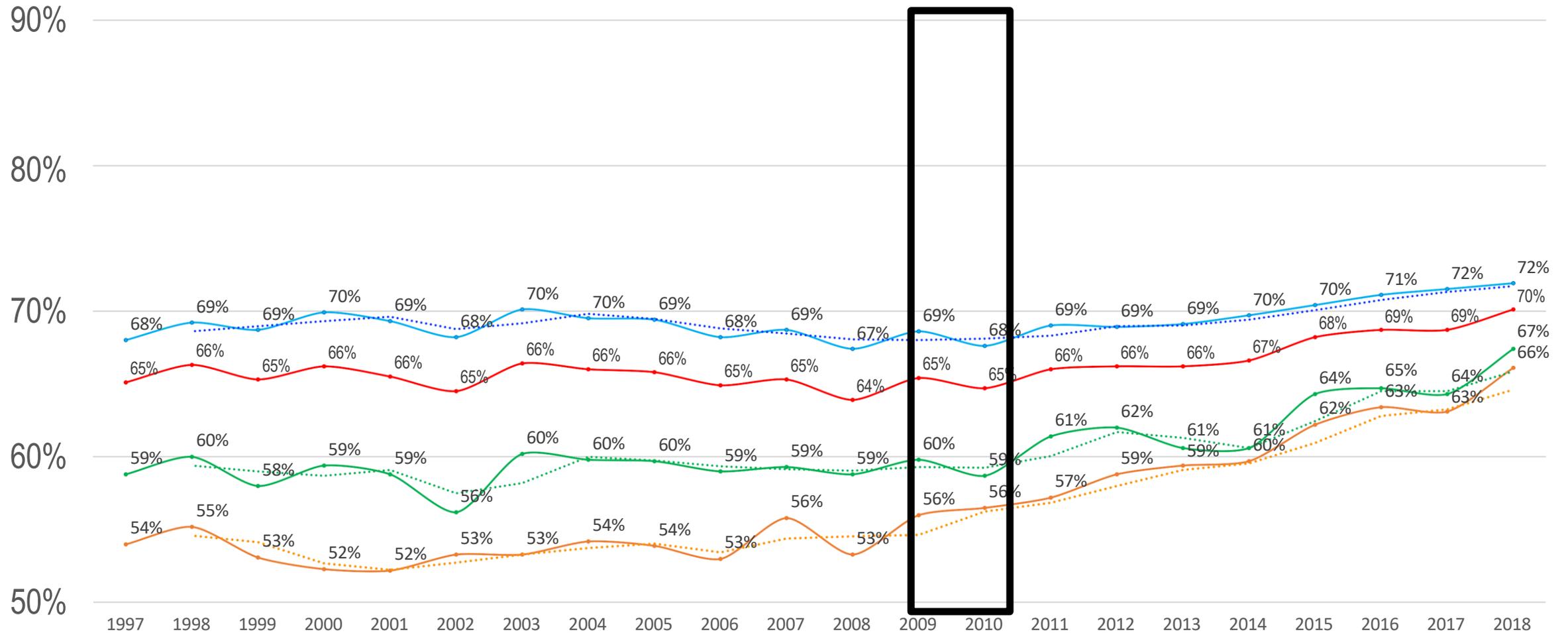
MEPS Participants Aged 2 years or Older Reporting Having Dental Visits in the Previous Year. (MEPS 2019)



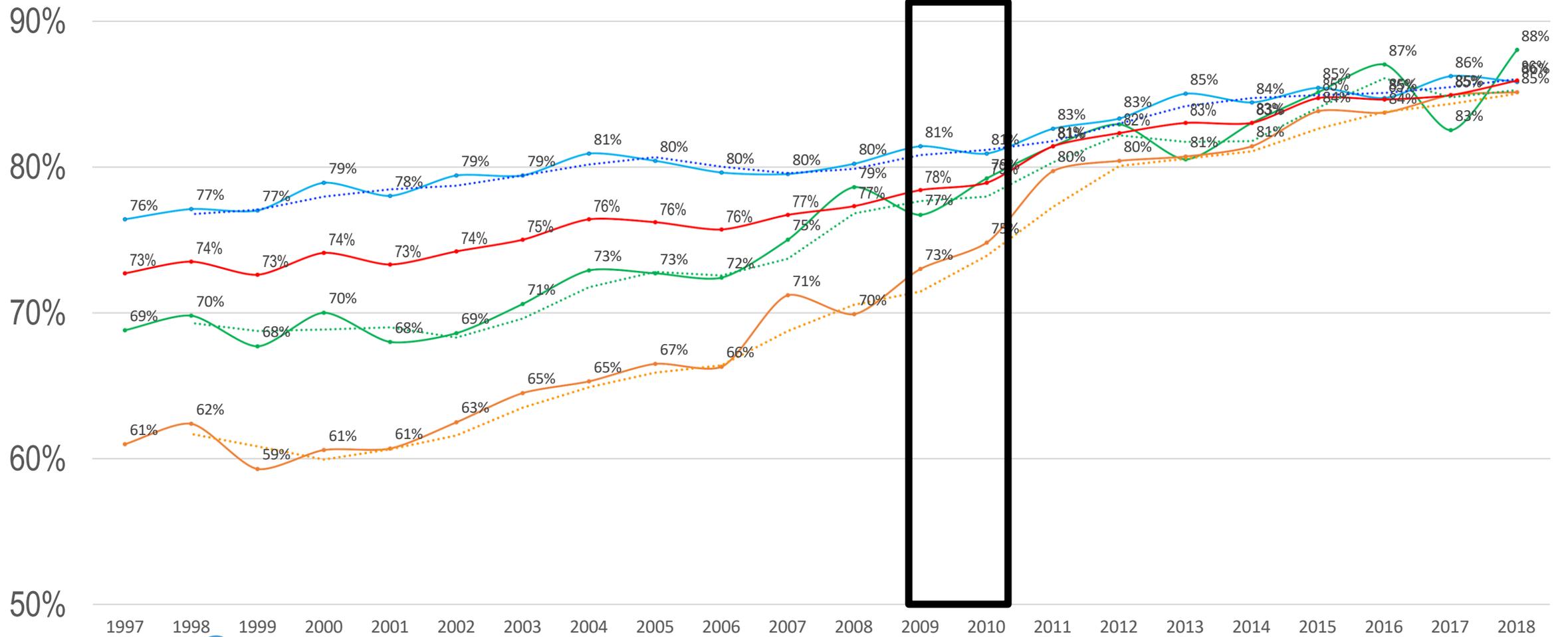
NHANES and MEPS Participants Aged 2 Years or Older Reporting Having Dental Visits in the Previous year by Race/Ethnicity, US, 1999 to 2020

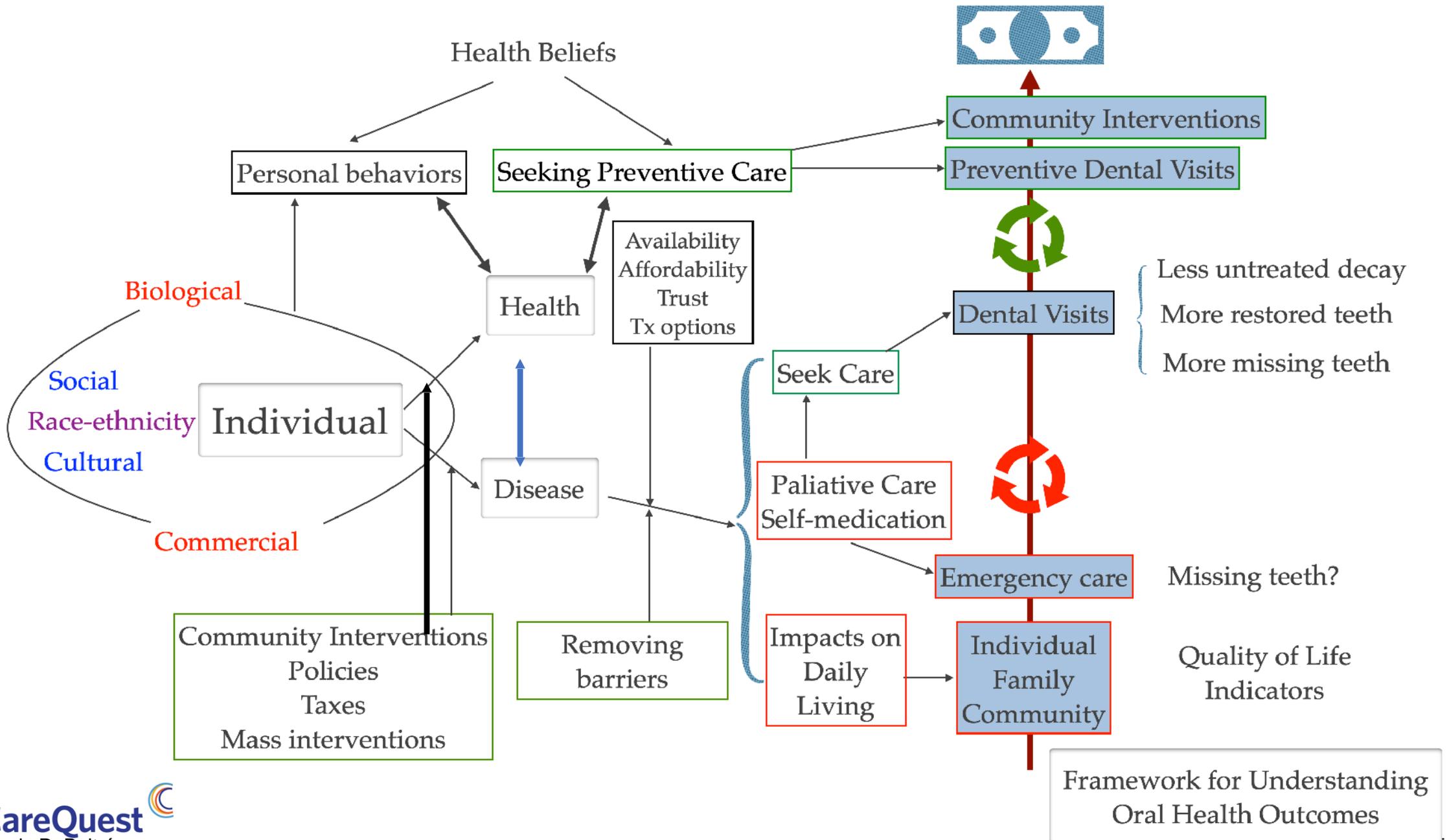


Dental Visits in the Previous Year, Age 2+ Years, by Selected Race/Ethnic Groups. NHIS. US, 1997 to 2018

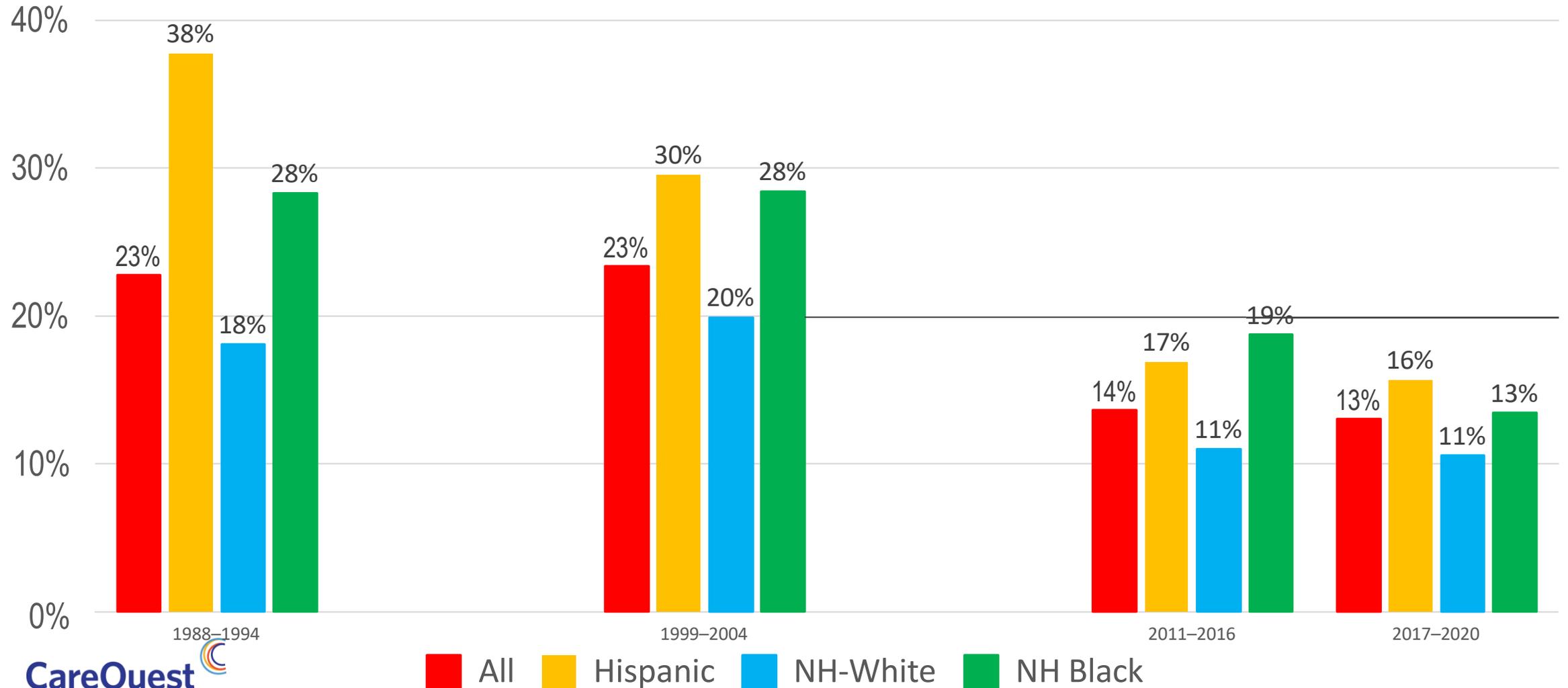


Dental Visits in the Previous Year, Age 2–17 Years, by Selected Race/Ethnic Groups. NHIS. US, 1997 to 2018

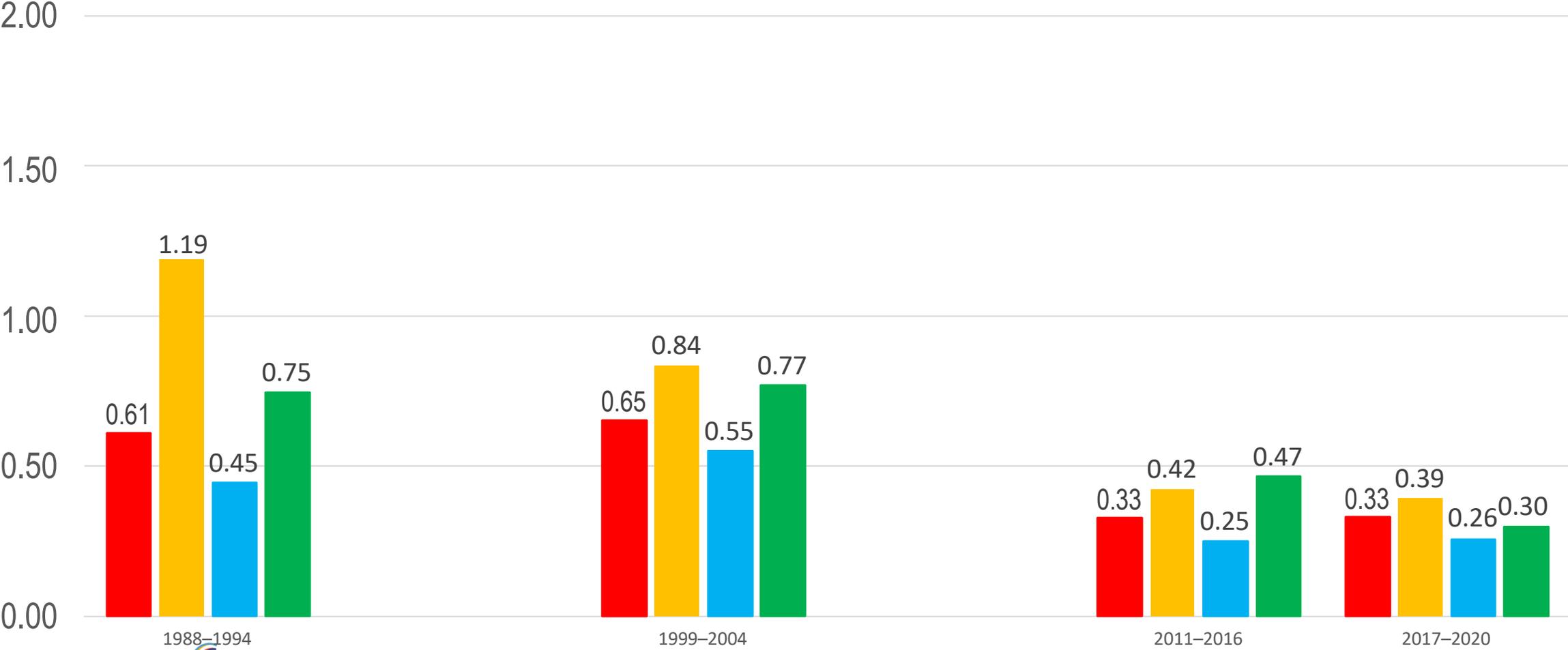




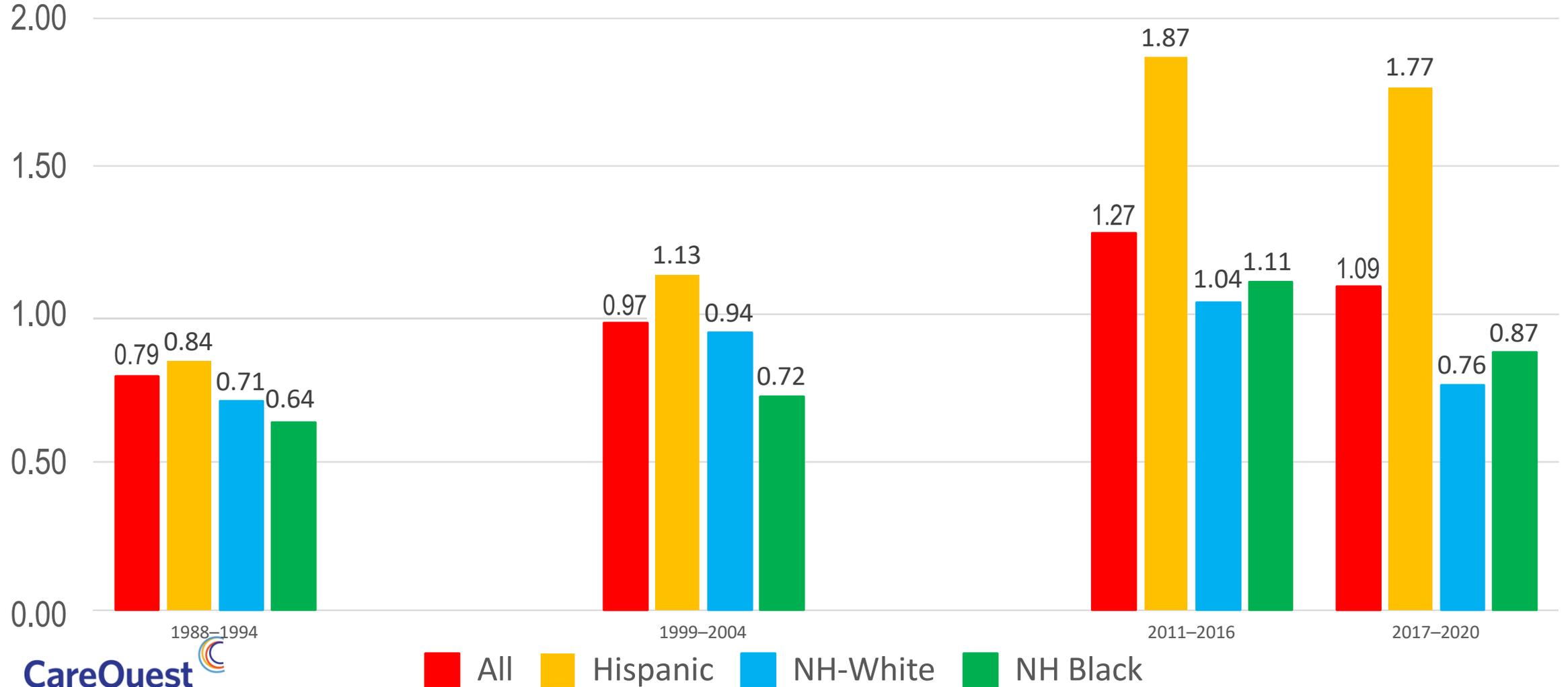
Prevalence of Untreated Dental Caries in Primary Teeth, Age 2–11, by Selected Race/Ethnic Groups. NHANES. US, 1988 to 2020



Mean Number of Decayed Primary Teeth (dt), Age 2–11, by Selected Race/Ethnic Groups. NHANES. US, 1988 to 2020



Mean Number of Filled Primary Teeth (ft), Age 2–11, by Selected Race/Ethnic Groups. NHANES. United States, 1988 to 2020



Conclusions

- NHIS data show steady increase in dental visits since 1997: among children 2–17 of all race/ethnic groups and among Hispanic and NH-Black adults and senior adults.
- NHIS shows that inequities by race/ethnicity may be reducing, especially for children and adolescents aged 2–17.
- Increase in utilization of dental services among children 2–17 years paralleled a decrease in the prevalence of dental caries, a small decrease in the mean number of teeth with untreated decay, and a small increase in filled teeth.
- Hispanics aged 2–11 had the highest mean number of filled primary teeth compared with other race/ethnic groups.
- Factors affecting utilization of dental services and delivery of care are having an effect in reducing inequalities by race/ethnicity among young children.



Nuestra Sonrisa Hispana: Exploring Disparities in Hispanic Oral Health

Rosa Chaviano-Moran, DMD, FICD

What I'll Cover

- How to create an inclusive, thriving environment for the Hispanic/Latinos in our institutions and our communities
- The need to recruit and retain Hispanic/Latino students
- The need to increase the number of Hispanic/Latino providers in the oral health workforce
- Everyone's role in providing better care for Hispanic/Latino patients

Hispanic Dental Associations' Historical Perspective

Founded in 1990, the history of the Hispanic Dental Association is one of inclusive nature driven by our mission. Incorporated in Texas with a national scope, the HDA's founding members shared a common commitment to improve the oral health of Hispanic and other underserved communities.



“As the leading voice for Hispanic Oral Health, we provide Service, Education, Advocacy, and Leadership for promotion of Overall Health of the Hispanic and other underserved communities.”

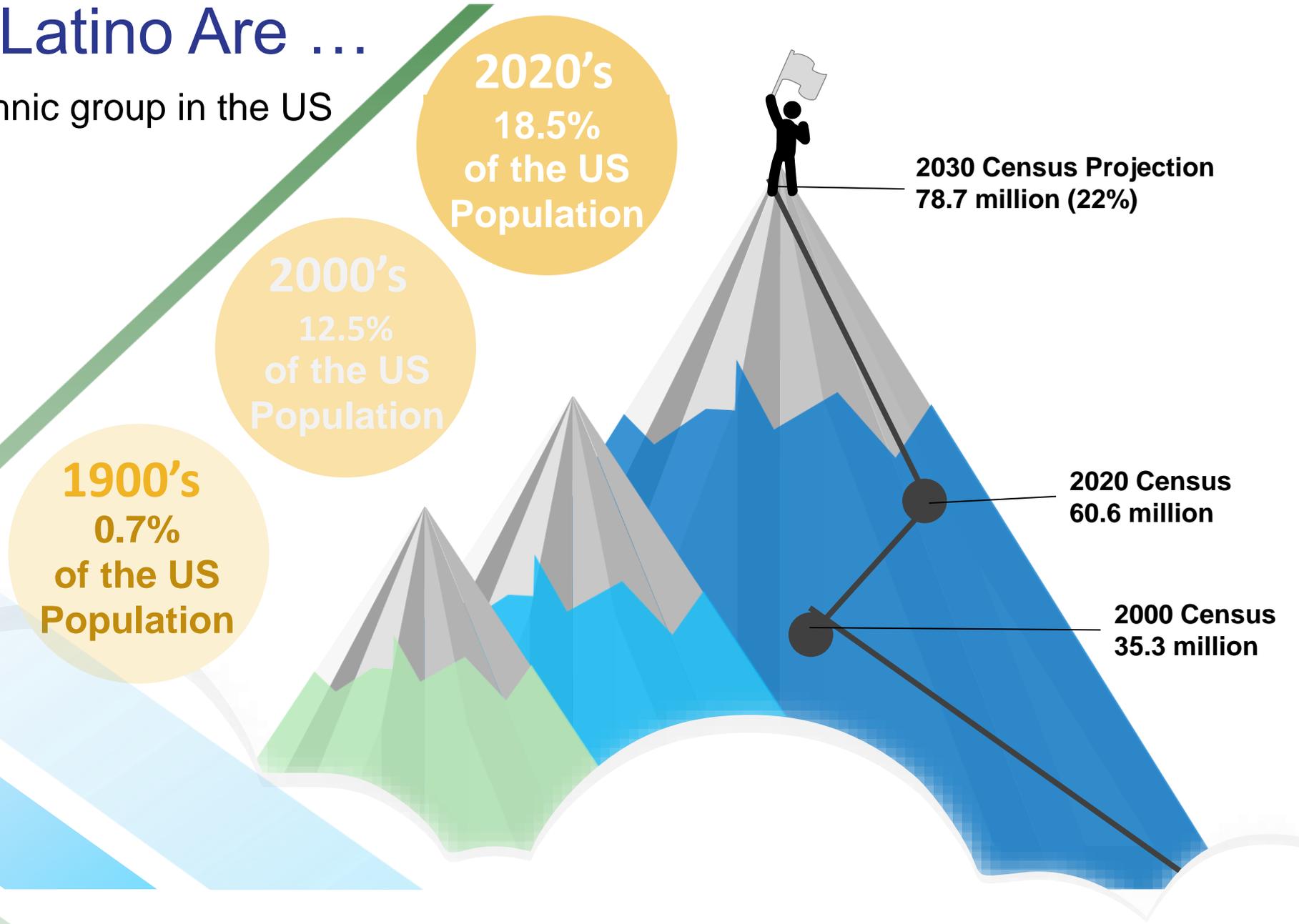
Hispanic and Latino Are...

Multicolor ethnicity with a mix of different roots African roots



Hispanic and Latino Are ...

The fastest growing ethnic group in the US



Sources: US Census Bureau, 2020 Census and Projections

- As of 2020, **39.4%** of the US population, is composed of historically underrepresented racial and ethnic groups, HUREs. (American Indians and Alaska Natives, Blacks, and Hispanic /Latinos)
- Hispanic Americans are the largest ethnic minority: **18.5%** of the US population. African Americans are the second largest racial minority at **13.4%**.
- Non-Hispanic Blacks, Hispanics, American Indians, and Alaska Natives have the poorest oral health of any US racial and ethnic groups.
- **Only 16.4%** of the US current dental workforce is composed of HUREs.



Hispanics/Latinos represent more than **60.6 million** of the population and one out of every **6th person** identifies as Hispanic/Latinos; this segment of the population continues to be underrepresented in the dental, medical, and allied health professions.

There is a dire need to improve the overall health of Hispanic/Latinos

Therefore, we must focus on the growth of a health care and dental workforce that mirrors the population growth of Hispanic/Latinos communities in the general population.



- Although we have seen an increase of Hispanic first-time enrollees in the past decade, the percentage of Hispanic and other HUREs dental student enrollments remains significantly lower than the percentage of majority groups in the US population.
- Hispanic/Latino are viewed as not having the same “academic foundation or ability to navigate through the dental curriculum” and therefore will not be successful in dental school.



Barriers We Face



- Hispanic/Latino “racial profiling” or stereotyping during the admissions process
- Assumptions that “this applicant won’t or can’t make it”
- I have met many admission committee members that, even though are well meaning and not overtly biased, can nevertheless stereotype and make assumptions about an applicant ...
- **GOAL:** “Graduate qualified health care professionals that will, in turn, increase a diverse oral health workforce and access to care.”



HDA is here to represent :

NUESTRA GENTE!

- Diversity
- Inclusion
- Equity
- Advocacy
- Outreach

What We Can Do



- Leaders and educators must provide knowledge and interpersonal skills to improve access to professional health care careers.
- Empower students to provide care to vulnerable patient populations.
- Community-based programs can provide a sense of belonging and promote the importance of not only oral health, but also overall health.
- Provide proper, respectful, and nondiscriminatory care.
- Recognize that this is a lifelong commitment to our communities.

“Let’s be dedicated to a common goal: increase and build an inclusive and diverse health care workforce to advance health equity and make a profound impact on human health and oral health care.”



GRACIAS





Contact Information

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Immediate Past President of HDA

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Question and Answer

To Explore More Industry-Leading Research

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Title	Topic	Type
Improving Care Coordination Between Oral and Medical Providers	Care Coordination	Video
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2021 Oral Health Information Technology Virtual Convening	Care Coordination	Presentation
Dental Fear Is Real. Providers Can Help.	Expanding Access, Health Equity	Visual Report
Why We (Still) Need to Add Dental to Medicare	Adult Dental Benefit, Expanding Access, Health Equity	Report
A Cross-Sectional Analysis of Oral Health Care Spending over the Life Span in Commercial- and Medicaid-Insured Populations	Expanding Access, Health Equity	Article
Time Is on the Side of Change in Dentistry	COVID-19 and Oral Health, Health	Article

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Missed Connections

Providers and Consumers Want More Medical-Dental Integration

Oral health and overall health are inextricably linked. There is mounting evidence to suggest that poor oral health is related to a variety of chronic health conditions, such as high blood pressure, dementia, diabetes, and obesity. Despite this known connection, dental care is still largely siloed from medical care. The Centers for Disease Control and Prevention (CDC) estimates that integrating basic health screenings into a dental setting could save the health care system up to \$100 million every year.¹

CareQuest Institute for Oral Health conducted a nationally representative survey in January and February 2021 to assess consumers' perspectives on oral and overall health (n=5,320). CareQuest Institute also conducted a nationwide survey of oral health providers to assess perspectives and current behaviors related to interprofessional practice (n=377). Consumers and oral health providers described a lack of integration between medical and oral health care, and a desire for increased interprofessional collaboration.

Key Findings:
Medical-dental collaboration is currently uncommon.

- 63% of consumers report that their primary medical doctor "rarely" or "never" asks about their oral health.
- 33% of consumers report that their oral health provider "rarely" or "never" asks about their overall health.
- 45% of responding oral health providers report "rarely" integrating their care with clinicians outside of dentistry, with only 14% reporting it is part of their "daily" practice.
- Less than a third of consumers report receiving general health screenings from their oral health provider.
- A majority (89%) of adults report never receiving a referral from their oral health provider to a non-oral health professional.
- Almost a fourth (24%) of participating oral health providers report currently implementing interprofessional practice.

Webinar Evaluation

Complete the **evaluation by Friday, September 16** to receive CE credit.

Next Webinar:

Thursday, September, 22 2022, 7–8 p.m. ET
The Latest on Infection Prevention and Control
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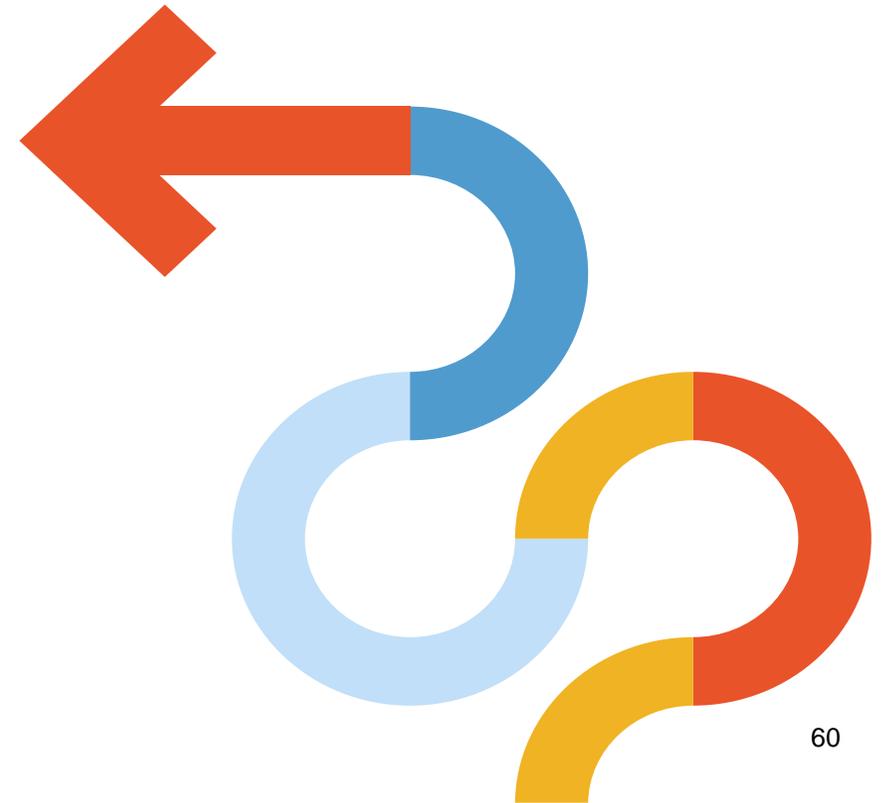
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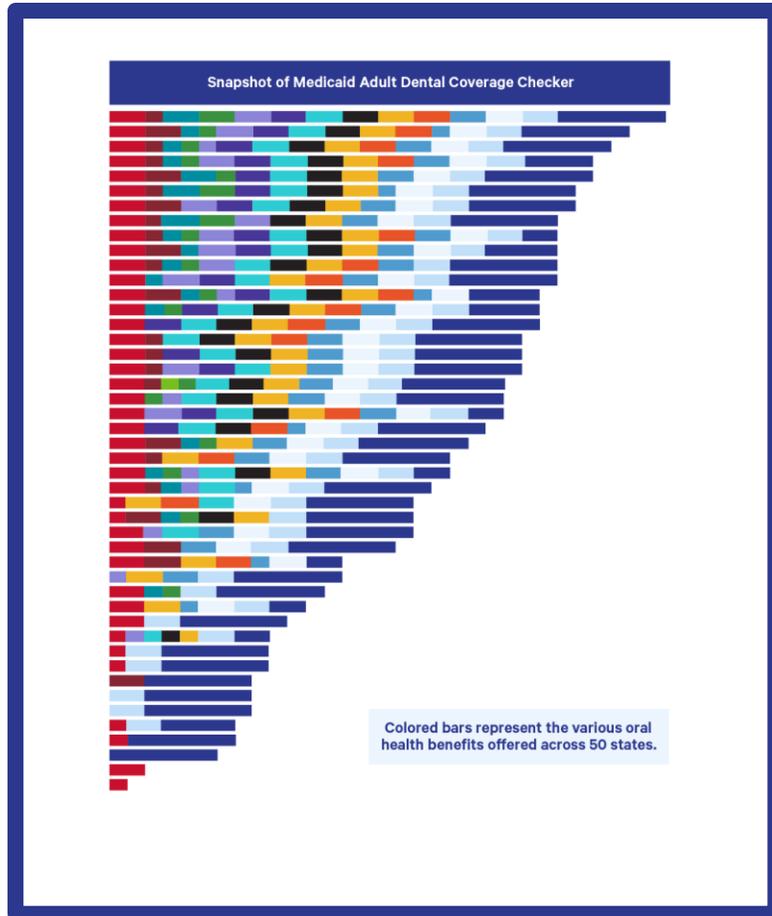


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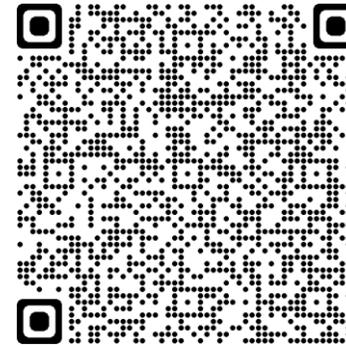
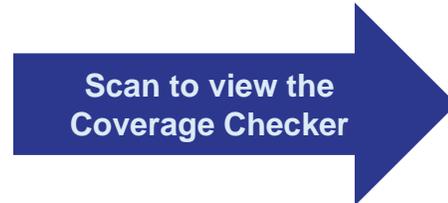


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Medicaid Adult Dental Benefit Coverage Checker



An interactive tool that displays where a given state's Medicaid adult dental benefits package falls on a continuum from no dental benefits to extensive benefits based on self-reported coverage of specific procedures and services in eight categories.



carequest.org/coveragechecker