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KNOWLEDGE, PERCEPTIONS, AND ATTITUDES OF ORAL HEALTH AMONG  
THE LATINO POPULATION AND THEIR EFFECT ON DAILY DENTAL HABITS

MARIA HERNANDEZ  
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Reviewed and approved\* by the following:

Raffy Luquis Ph.D.  
Professor of Biobehavioral Health  
Thesis Supervisor

Sara Imanpour, Ph.D.  
Assistant Professor of Health Administration  
Faculty Reader

Gina Brelsford Ph.D.  
Director of Capital College Honors  
Honors Adviser

\* Signatures are on file in the

## **ABSTRACT**

The Latino culture is the fastest growing population in the U.S., and the dental health of this population is substantially deteriorating. The purpose of this paper is to expose the behavioral patterns of the Latino population surrounding dental care with the goal of constructing programs that are tailored for Latino communities for the spreading of information and prevention practices that will ultimately lower their dental costs and improve oral health. The present research paper investigates the social, economic, and educational disparities of the Latino adult population surrounding dental care, along with cultural influences and previous knowledge surrounding oral health. The dental Latino provider population, along with access to insurance, is also going to be taken into account to study the factors that affect their approach toward the dental health system.

The proposed study will use statistical analysis to look into common factors relating perceptions and demographics with habits and knowledge surrounding dental care. Significant findings of this study are that the Hispanic population prioritizes at home preventive oral care more than dentist appointments and that there are knowledge gaps in terms of dental conditions and terms.

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## **Introduction**

With the Latino population steadily growing, it's becoming increasingly crucial to delve into the various obstacles personal and systemic that contribute to oral health disparities. Dental issues may be complex, but they are largely preventable.

However, prevention relies heavily on a mix of habits, perceptions, and access to treatment (Health, 2022). Moreover, cultural beliefs within different racial or ethnic groups play a pivotal role in shaping attitudes towards dental care, influencing behaviors that ultimately affect oral health outcomes. These cultural factors not only impact individual practices but also have broader implications for systemic health.

Factors such as limited financial resources, lack of access to health insurance, transportation difficulties, mistrust to the providers that stem from cultural beliefs, communication barriers, and the stigma associated with seeking dental care all play significant roles in hindering both the prevention and treatment of oral health problems. These challenges are particularly pronounced within the Latino community, where they contribute to disparities in oral health outcomes.

Understanding and addressing these barriers is essential for developing effective strategies to improve oral health within the Latino community and beyond. By recognizing and mitigating these obstacles, we can work towards creating a more equitable healthcare system that ensures everyone has access to quality dental care.

## **Literature Review**

### **2.1. Introduction**

With the expanding Latino (In this text, the term Latino refers to individuals of Hispanic or Latino heritage) population, there is a greater need to comprehend the individual, provider, and institutional barriers that contribute to oral health inequalities. While dental issues are multiple and complicated, they are avoidable; nonetheless, prevention is mainly based on the combination of habits, perceptions, and treatment accessibility (Health, 2022). Additionally, cultural health beliefs about dental care of a racial or ethnic group motivate these attitudes and actions, which eventually impact the state of the dental health of the individual through disparities in lifestyle, preventive behaviors, and the detection of caries and other dental diseases. As a result, cultural variables significantly influence oral practices and, consequently, systemic health. Limited financial means, the need for health insurance, transportation challenges, and social stigma by dental providers are all important elements in the prevention and treatment of oral disorders. Each of these factors has been highlighted as a significant impediment to oral health treatment in the Latino community.

### **2.2. The Latino population in the United States**

#### **a. Demographics**

According to the 2020 census, the Latino population in the U.S. is a fast-growing population group and is projected to grow from 62 million in 2020 to 111 million by 2060 (Zong, 2022). The US Latino population is made up of people whose ancestors originated

from a variety of North American countries, Central or South America, the Caribbean, and Europe. Mexicans were the largest Hispanic group in 2019 (61.4%), followed by Puerto Ricans (9.6%), Central Americans (9.8%), South Americans (6.4%), and Cubans (3.9%). Texas, New York, California, New Jersey, Georgia, Florida, Arizona, and New Mexico have the largest Hispanic populations, and Hispanics are now the majority in a rising number of U.S. cities. Hispanics are also the country's youngest demographic group. In 2020, over 24.7% of Hispanic Americans were below the age of 18, compared to 53% of non-Latino Whites (The Office of Minority Health, 2023). Much of Latin American immigrants often come to the United States for financial or political reasons. Even though most of the Latino population in the United States speaks the same language, there is substantial distinction across subgroups in terms of dialects, ethnic backgrounds, socioeconomic status, and approaches to the healthcare system. These differences may result in inequities in the availability and use of dental procedures among Latino people. Understanding these differences can assist in determining target demographics for oral health awareness and education among Hispanic or Latino communities.

#### **b. Prevention**

Early identification and management of caries and preventive dental health care are crucial to promoting oral health. Dental caries is caused by dental plaque (bacteria) that has been present on and around the teeth for a long time. Cavities are more likely if you eat a lot of sweets, have a dry mouth, and have poor dental hygiene. (Ritter, 2001). According to Marino, Worthington, Walsh, and Chong (2015), caries can be avoided by a mix of measures implemented at home, in the dentist's office, or other care settings. It is critical to address the substantial disparities in access to preventative oral

health care that exist among some ethnic groups. Oral health-related quality of life assesses the extent to which dental disorders impair normal social functioning and cause significant changes in everyday activities, such as the capacity to work or attend school (Jackson, Vann, Kotch, Pahel, & Lee, 2011). While individual behavior is important to maintaining good oral health, access to routine dental services is likewise vital for maintaining oral and systemic health.

### **c. Accessibility**

According to a study, those who do not have health insurance are less likely to obtain critical preventative medicine and diagnostic services, have much less access to treatment, and have poorer health outcomes than those who do (McWilliams, 2009). Factors leading to oral health inequalities among Latinos may include a lack of access to care caused by structural and systemic barriers (Hoeft, Rios, Pantoja Guzman, & Barker, 2015). Hispanics' high school graduation rates are rising, yet they remain last when compared to Blacks and Whites. Hispanics rank at the bottom in postsecondary enrollment due to their poor high school graduation rate (Carnevale & Fasules, 2017). According to the United States Bureau of Labor Statistics (2021) 2021 data, the average Hispanic/Latino family income in 2020 was \$55,321 compared to \$74,912 for non-Hispanic white families. According to the United States Census Bureau (2021), 17% of Hispanics were impoverished in 2020, compared to 8% of non-Hispanic whites. It is worth mentioning that Hispanics have the greatest rate of uninsured persons in the United States of any racial or ethnic group. Further, in 2020, 36% of Hispanics and 34% of non-Hispanic whites acquired Medicaid or public medical insurance. In 2020, uninsured Hispanics made up 18% of the population, contrasted with 5% of non-Hispanic whites (The Office of Minority Health, 2023).



Latinos are far less likely to utilize a regular source of care and are more worried about medical costs. A lack of information and comprehension about Medicaid and Marketplace eligibility remains a barrier to acquiring health coverage (Office of the Assistant Secretary for Planning and Evaluation, 2021). Working in hazardous jobs is seen as the primary reason why Hispanics have poorer health outcomes than other U.S. adults by Hispanic Americans. Hispanic people are evenly divided on how simple it is to grasp the medical treatment process: 50% believe the procedure of seeking medical treatment at hospitals and medical centers is very or relatively simple to comprehend, while nearly half (49%) say it is very or very difficult to grasp (Funk & Lopez, 2022). Undoubtedly, coverage and healthcare access can contribute to better health for Latinos, which is an essential step toward achieving health equity in the United States. Lower levels of educational attainment along with employment conditions lead to a reduced number of people approaching health insurance, which affects the access of the Latino population towards dental care.

### **2.3. Health beliefs in the Latino population**

#### **a. Approaches to the healthcare system**

According to the 2013-2020 National Health Interview Survey (NHIS, 2021), not having a regular source of healthcare, postponing medical care due to cost, worrying about medical expenditures, delaying prescribing medications to save money, or having trouble paying medical bills were among the access concerns. Seven out of ten Hispanic Americans had seen a doctor or other healthcare practitioner in the last year. Three out of 10 people say they have not done this. Further, Hispanic individuals are less likely than all other adults in the United States to have seen a healthcare provider in the previous

year (Funk & Lopez, 2022). According to Casanova, Hughes, and Preshaw (2014) poor dental health has been linked to systemic chronic illnesses such as stroke, heart and lung disease, and diabetes, as well as lowering the quality of life. The perception of the urgency for oral healthcare predicts the likelihood of seeking dental treatment. Oral health education, while not the sole step in prevention, is a crucial and important role in preventing tooth decay and severe dental problems. Because many Latinos have limited access to other established tooth decay therapies, such as professional oral health care, education is especially crucial for this vulnerable demographic (Ramos-Gomez & Kinsler, 2022).

#### **b. Familism in the Latino community**

Familism is defined by a sense of duty, loyalty, and unity among family members and relates to an individual's connection with and dedication to family (Sabogal, Marín, Otero-Sabogal, Marín, & Perez-Stable, 1987). It is often assumed that engagement in Latino culture is required for strong familism views and more adaption to American society and more time in the U.S. are beneficial and are connected with reduced levels of familism (Smokowski, Bacallao, & Buchanan, 2009). In the Latino community, family is highly valued, and personal connections within social networks impact health-related care and activities. (Maupome, Marino, Aguirre-Zero, Ohmit, & Dai, 2015). Research looked into familism in the setting of oral health by addressing health discussions among persons of Mexican descent, and they discovered that family members with better awareness about dental problems were more likely to exert social control over other family members regarding oral hygiene and dental disorders. Familism and community dependence are likely to be particularly important for less well-adjusted Mexican American immigrants. Since dental treatment consumption is mediated by peers, health talks within networks may

impact perception and tactics to manage oral health concerns, with those connected to oral health being a primary example (Maupome, Marino, Aguirre-Zero, Ohmit, & Dai, 2015).

## **2.4. Dental health issues in the Latino population**

### **a. Prevalence of dental health problems**

Research shows that race/ethnicity, socioeconomic position, and poor oral health are linked, with Blacks, Hispanics, and low socioeconomic status groups having the most risk for caries, mouth-related chronic illnesses, and lower overall health status. Beck et al. (2014) conducted a study with a large population of Latinos from different countries or regions; and found that Hispanics have greater rates of dental caries, periodontal disease, and tooth loss compared to non-Hispanic White people. Further, Latinos had the lowest average number of dental visits compared to other racial and ethnic groups (Beck et al., 2014). Further, Hispanic children had the worst oral health and the lowest usage of preventative dental treatment, followed by Black and White children. Lower socioeconomic position explained about 30% of the greater frequency of dental issues and 54.6% of the lower utilization of preventive dental treatment among Hispanic children compared to non-Hispanic whites. Even after adjusting for race, only 33% of Hispanic children receive dental treatment in a year, compared to 53% of white children. socioeconomic status (Carol, Guarnizo-Herreño, & Wehby, 2012). Additionally, Latino children had the most significant prevalence of untreated dental decay and caries (Gupta, Vujcic, Yarbrough, & Harrison, 2018)

### **b. Dental provider population**

It is critical to assess the diversity of the dental working population and the relationships between provider diversity, training patterns, and access to healthcare for

underserved communities to inform policymakers, teachers, and professional organizations about this critical component of the dental workforce (Council Institute of Medicine and National Research, 2011). Latino dental providers are drastically underrepresented in the dentist population, making up only 7% of all dentists in comparison with 70% of white dentists. (Wright, Vujicic, & Frazier-Bowers, 2021). A 2007 study that explored the supply of Latino dentists in California by analyzing the dentist license file found that Latino dentists were twice as likely to serve in high Latino population areas compared to non-Latino dentists. This study also found a severe underrepresentation of Latino dentists in the growing Latino population and, after examining the dental school pipeline for Latino dentists, concluded that this disparity was likely to increase (Hayes-Bautista et al., 2007). The lack of diversity in the dental workforce and severe inequities in oral health have been identified as key issues for the discipline (Council Institute of Medicine and National Research, 2011). According to the hypothesis of racial concordance, minority individuals are more inclined to get medical attention from a clinician of a similar race or ethnicity to their own, therefore, this represents an important factor in decreasing health disparities. Doctor-patient race discordance can lead to underutilizing health services and non-compliance with physician recommendations. As a result, this would lead to less optimal health outcomes and ethnic disparities (LaVeist, Nuru-Jeter, & Jones, 2003).

### **c. Language barrier and discrimination**

According to 2019 census data at home, 71% of Hispanics speak Spanish at home, while 28% acknowledge they are not fluent in English (The Office of Minority Health 2023). When it comes to accessing the healthcare system, 44% believe that communication issues caused by linguistic or cultural barriers are a key reason why Hispanic persons

typically have lower health outcomes than other adults in the United States. Furthermore, 46% of Hispanic individuals say they have a personal friend or family member in need of the assistance of a Spanish-speaking healthcare practitioner or interpreter (Funk & Lopez, 2022). Further, Himmelstein et al. (2021) contrasted weak English proficiency and healthcare spending in, Hispanic adults without English proficiency, Hispanic adults with English proficiency, and non-Hispanic adults, and found that linguistic disparities in healthcare cost and use have generated concerns that language difficulties may be limiting access to treatment, leading to the underutilization of healthcare services by persons who do not speak English well. Discrimination also frequently plays a role when Latinos seek dental treatment; 30% perceive that health care professionals are less likely to provide Hispanic persons with the most sophisticated medical care, while 27% perceive that hospitals and medical facilities prioritize Hispanics' well-being less (Funk & Lopez, 2022). This needs to be addressed since systematic discrimination against members of minority groups limits the pool of potential minority health professionals (Institute of Medicine, 2005) and this as a result, limits the Latino provider population.

## **2.5. Knowledge of dental care in the Latino community**

### **a. Oral health literacy**

Cultural background impacts how immigrants and ethnic minorities perceive and evaluate health. Limited oral health knowledge may be a barrier to optimal oral health. Oral health literacy is defined by the National Institute of Dental and Craniofacial Research as "the degree to which individuals have the capacity to obtain, process and

understand basic oral health information and services needed to make appropriate health decisions" (National Institute of Dental and Craniofacial Research, 2005, p.176). Hispanic communities are often a highly diversified people with various oral health knowledge, beliefs, and attitudes that are molded by their culture and past history with the respective healthcare institutions in their native countries. According to Patino (2018), Hispanics have a lack of understanding of periodontal disease, children's oral health, and oral cancer. Moreover the findings prove that that 51% of all participants had poor oral health knowledge (Patino et al., 2018).

Similarly, individuals with high oral health knowledge and low acculturation were more likely than those with low oral health knowledge and low acculturation to have seen a dentist in the previous year (Nguyen et al., 2022). The Latino population has a poor level of oral health understanding. Improving oral health literacy may assist in the reduction of oral health inequities and the improvement of oral health outcomes. These findings would assist dental practitioners to identify knowledge gaps and enhance communication skills while delivering care to Latinos to improve oral health. Minority communities, such as Latinos, may face additional challenges due to cultural variations among this ethnic group.

#### **b. Acculturation**

According to the literature, acculturation is a continuous process in which immigrant families' actions, attitudes, and knowledge transform as they get familiar with the new environment (Tiwari, Poravanthattil, Rai, & Wilson, 2021). Acculturation is defined as lifestyle and behavioral changes of people as they move from one culture and adapt to another, usually due to immigration (Gao & McGrath, 2010). An assessment of acculturation research and its impact on dental health discovered that, in general, higher

acculturation leads to better oral health. Cultural customs and behaviors of immigrant groups affect their healthcare-seeking and preventative habits, which may affect their health outcomes (Gao & McGrath, 2010). Moreover, research has been conducted to examine how parents approach dental health. Acculturation has been connected to parental attitudes, beliefs, and behaviors toward oral health. Less acculturated parents were more concerned about their children's dental health, felt greater hurdles to reaching the dentist for preventative dental treatment, and reported higher chronic stress. More acculturated parents, as acculturated parents reported better oral and general health, higher income and education, insurance coverage, and more frequent access to a car than less acculturated parents (Tiwari, Poravanthattil, Rai, & Wilson, 2021). Additionally, low levels of acculturation, particularly greater use of the Spanish language, were related to poorer access to oral healthcare for orofacial pain, greater pain severity, and significant issues with physical and emotional functioning in a sample of Hispanics residing in South Florida (Riley et al., 2008). Language was consistently the best predictor of having a pain-related oral healthcare visit among the acculturation characteristics. The more often people spoke Spanish, the less likely they were to report a healthcare visit for orofacial discomfort. That is, those who strongly identified with Hispanic culture or spoke Spanish were less likely to have a regular dentist (Riley et al., 2008).

### **c. Perceptions**

Hispanics have expressed how American cultural norms and expectations for dental treatment varied from those in their native country and how difficult it was to navigate the American medical system. Their deeply established prior experiences shaped their ideas and habits once they arrived in the United States (Floríndez et al., 2019). Hispanics are less

likely than other populations to believe in the importance of regular dental care, are more prone to misconceptions about dental health, and are less likely to have the ability to obtain treatment (Lugo, 2014). Also, familism plays a role, with Hispanics expressing difficulty overcoming peer and familial pressure when taking their children to the dentist for preventative care. They stated that their relatives and friends advised them to take their child to the dentist if the kid was uncomfortable and that preventive dental visits were unnecessary (Tiwari, Rai, Colmenero, Gonzalez, & Castro, 2017). A highly familial environment linked with the lack of knowledge about dental care brings a perception of hesitation when trying to explore the healthcare system; further, due to the strong beliefs the Latino community lives by it can represent a challenge to shift these behaviors surrounding oral care.

#### **d. Attitudes**

Influence on oral care tends to come from family and social connections. Latinos described the mother's influence on decisions about taking children in for dental care. Parents also learn from their parents culturally based remedies and ways for executing in-home oral care regimens and resolving oral problems. Some examples are home remedies such as baking soda as an alternative to toothpaste or chewing cloves for toothache. It has also been demonstrated that going to the dentist is not considered until pain is involved. Health needs, such as bleeding, bad breath, and the lack of past-year dental visits, suggest that more priority is given to treating pain over non-pain-related oral health problems (Akinkugbe et al., 2020). A community-based study of dental health awareness reported that most participants were dissatisfied with their dentist. They expressed that contacts with the hygienist and the dental assistants were more frequent than



with the dentist; they also expressed that they would want the dentist to spend time teaching the parents oral hygiene practices. Further, several parents were dissatisfied with the appointment at the dentist because they felt judged (Tiwari, Rai, Colmenero, Gonzalez, & Castro, 2017).

Furthermore, as a consequence of their ethnic minority position and, in certain cases, their immigration status, Hispanic families indicated anxiety and mistrust in healthcare personnel. Some families were scared that attending a doctor's visit might result in them being identified as illegal immigrants and being handed over to immigration officers (Floríndez et al., 2019). The participants expected the dentist to show oral hygiene practices or to explain why a suggested oral health behavior was advised (Tiwari, Rai, Colmenero, Gonzalez, & Castro, 2017).

## **Conclusion**

While variables such as dental care costs, familism, acculturation, oral health literacy, and lack of accessibility all contribute to poor dental care usage, the significance of personal factors, notably the perceived need for dental care, and its influence on dental care habits have yet to be well explored. Individual dental care can substantially prevent high dental care costs, decreased productivity, and systemic diseases. Thus, a closer analysis of the Latino community to explore daily dental behaviors and further understanding the perceptions surrounding dental care is needed. The intent is to gain a deeper understanding of the Latino community's approach to personal oral care with the goal of developing programs that target this community and influence oral health behaviors.

## **Methodology**

The primary aim of this study was to assess the knowledge, perceptions, and attitudes regarding dental care among the Latino population and its effect on their daily dental habits. Specifically, the study aims to answer the following questions: a) What are the current perceptions and knowledge the adult Latino community have surrounding dental care? b) What are their dental habits? c) Do these perceptions align with previous studies focused on their perceptions? The results of this study could answer questions about what influences Latinos to engage in preventive behaviors and what the problem areas are in terms of dental care behaviors. Further, the results could be used to develop future dental care programs for this population.

### **3.1. Sample**

A sample of 50 self-identifying Latino men and women aged 18 to 40 residing in Pennsylvania were recruited to participate. Community-based organizations, churches, colleges, and other organizations that serve the Latino population were targeted for recruitment.

### **3.2. Measurements**

A survey developed by the author includes 35 questions to assess dental health knowledge, perceptions, oral health, and dental habits. The survey also includes demographic questions including age, marital status, education level, employment, income, Hispanic origin, time residing in the U.S., language spoken at home, and English proficiency. The dental knowledge, perceptions, oral health status, and dental habits questions were taken from other established surveys, including the Comprehensive

Measure of Oral Health Knowledge (CMOHK), Short Acculturation Scale for Hispanics (SASH), and the National Health and Nutrition Examination Survey (NHANES) (Patino, 2022). Knowledge questions asked participants to respond to understanding of dental terminology regarding common diseases and preventive care. Questions regarding perceptions asked about how important dental care is for the participants, where they would go for treatment, and what they consider when approaching a dental office. The questions about the participants' oral health status asked to rate the health of their teeth and gums along with existing oral diseases. Lastly, the questions regarding dental care habits will asked participants about their frequency of teeth-brushing, materials used, flossing frequency, and dental appointment compliance. This instrument will be submitted for IRB review to ensure validity and reliability.

### **3.3. Data collection**

Each person interested in participating in the study were asked to provide their name and phone number. The author then contacted each potential participant to determine his/her eligibility, explain the purpose of the study, and send the survey to them. Subject recruitment was done through the Summer and Fall of 2023. The survey was available in both English and Spanish, and participants chose which language they preferred to complete the survey in. The author sent link to an online survey for participants who chose to complete it online. It took no more than 15 minutes to complete. Data collection was completed once reached 50 participants.

### **3.4. Data analysis**

The data analysis was performed using the Statistical Package for Social Sciences (SPSS) software. Frequency analysis was performed to determine the responses of the participants.

## **Findings**

### **4.1. Participants Demographics**

Of the final sample (n=54) only 76% (n=41) completed the whole survey. As seen in Table 1, the majority of participants (84%) were between the ages of 18 to 35. Almost one-third of the participants (30%) reported having a high school education, followed by some college or associate degree (21%) and bachelor's degree (6%). The majority did not have kids (64%) and were never married or widowed (65%). Most participants worked part-time (35%) or full-time (30%). Almost half of the participants earned less than \$15,000. When asked which their Hispanic/Latino origin, over half reported being from the Dominican Republic (55%) follow by South American countries (31%). The majority of participants were born outside the US (72%) and speak Spanish at home (79%). Most of them expressed not speaking English well (49%) and have lived in the US for more than 10 years (54%). Lastly, most have dental insurance, either commercial or private health insurance (37%) and Medicaid or Title 9 (19%). (See Table 1)

**Table 1.** Participant Sociodemographic Characteristics (N=41)

	n	%
Age (in years)		
18 - 35	36	84
36 – 40	7	16
Education Attainment		
Some high school or less	2	5
High school/GED	13	30
Some college/Associate degree	21	49
Bachelor's degree	6	14
Graduate/professional's degree	1	2
Marital Status		
Married/living with a partner	11	26
Divorced/legally separated	4	9
Never Married/widowed	28	65
Do you have kids?		
Yes	15	36
No	27	64
Employment		
Full-time	13	30
Part-time	15	35
Self-employed	8	19
Not Employed	7	16
Income		
Less than \$15,000	20	47
\$15,000 to less than \$20,000	5	12
\$20,000 to less than \$25,000	4	9
\$25,000 to less than \$35,000	9	21
\$35,000 to less than \$50,000	2	5
\$50,000 or more	3	7
Hispanic Origin		
Puerto Rico	1	2
Dominican Republic	23	55
South America	13	31
Mexico	5	12
US Born		
Yes	12	28
No	31	72

Primary language spoken at home		
Spanish	34	79
English	6	14
Other	3	7
How well they spoke English		
Very well	1	2
Well	14	31
Not well	22	49
Not at all	8	18
What is your time in the United States?		
Less than 5 years	10	23
Between 5 and 10 years	10	23
More than 10 years	23	54
What type of dental insurance do you have?		
Medicaid or Title 9	8	19
Commercial or private (ex. Delta Dental)	16	37
None	11	26
Other	3	7
Not sure/don't know	5	12

#### 4.2 Knowledge about dental health

To assess knowledge a set of pictures was shown where the values shown denote the number and percentage of participants that answered correctly. Table 2 shows the percentage of those who answered the questions correctly. The majority of the participants correctly answered the questions regarding brushing/flossing as a prevention method (92%) and that dental hygiene affects overall health (90%). Around two-thirds of the participants knew how to identify tooth decay and gingivitis from the pictures. Furthermore, more than half were aware that it is recommended to visit the dentist at least two times per year. Less than half knew what a root canal was and only one-third of participants were aware that periodontal disease is more likely in individuals with diabetes.

**Table 2.** Participant Knowledge of Dental Terms and Conditions (N=41)

	n	%
What is the best way a person can prevent tooth decay at home? Brushing and flossing every day	37	93
Do you think oral hygiene affects overall health? Yes	37	90
According to the American Dental Association, how often should adults who have their own teeth visit the dentist? Two times per year	27	68
This picture shows some gums that are puffy and red. What do you think this condition is called? Gingivitis	26	63
This picture shows the inside of a child's mouth. What do you think is wrong? Tooth decay	25	61
This picture shows some teeth with receding gums. What do you think this condition is called? Periodontal disease	19	46
When a person has a large cavity, sometimes he or she needs a root canal. Which of the following describes what a root canal is? Removing the tooth nerve	18	44
Periodontal disease is more likely to occur in people with which of the following conditions? Diabetes	14	34

### 4.3 Oral Health Status

In terms of the oral health of the participants about half rated their oral health as good (51%) followed by very good (29%). About three fifths (59%) of participants visited the dentist more than 6 months, but not more than 1 year ago. Majority never had been told that they had tooth decay (76%) and even more participants have never been told they have periodontal disease (83%). Most participants reported that they have not any teeth (93%), and most participants would go to an emergency room for a toothache (64%). Lastly, most get their dental care knowledge from the dentist (71%) followed by friends and relatives (15%). (see Table 3)

**Table 3.** Participant Oral Health Status and Dental Habits (N=41)

	n	%
How would you rate the health of your teeth and gums?		
Excellent	3	7
Very good	12	29
Good	21	51
Fair	4	10
Poor	1	2
How long ago was your last visit to a dentist, dental hygienist, or other dental care provider?		
6 months or less	24	59
More than 6 months, but not more than 1 year ago	5	12
More than 1 year ago, but not more than 2 years ago	3	7
More than 2 years ago, but not more than 5 years ago	6	15
More than 5 years ago	3	7
Has a doctor or dentist ever told you that you had tooth decay?		
Yes	10	24
No	31	76
Has a doctor or dentist ever told you that you had periodontal disease?		
Yes	4	10



No	34	83
I don't know	3	7
Have you lost all of your upper and lower natural permanent teeth?		
Yes	2	5
No	38	93
I don't know	1	2
If you had a toothache, where would you go for treatment?		
Emergency Room	5	12
Private dental office	26	63
Community Health Center	3	7
I would use home remedies	6	15
Other	1	2
Where do you mostly get your knowledge about dental care?		
Radio/TV/Internet	3	7
Health newsletters/pamphlets	1	2
Dentist/dental personnel	29	71
Physician/nurse	1	2
Friends/relatives	6	15
Other	1	2

#### 4.4 Perceptions about dental care

Regarding perceptions about dental care most participants think it is very important to brush their teeth (88%) and that flossing is very important (71%). The majority are likely to ask questions trying to understand the dentist (83%) and over half of participants considered dental care in general to be very important (54%). In terms of appointments, less than half considered attending dental appointments fairly important (46%) followed by very important (39%). (see Table 4)

**Table 4.** Perceptions about dental care

	n	%
How important is dental care for you?		
Very important	22	54
Fairly important	16	39
Slightly important	2	2
Neutral	1	1
How important is for you to go to your dental appointments?		
Fairly important	19	46
Very important	16	39
Neutral	3	7
Not at all important	2	5
Slightly important	1	2
When you do not understand the information presented to you by your dentist, how likely are you to ask questions?		
Very likely	34	83
Somewhat likely	5	12
Not very likely	2	5
How important do you think brushing your teeth is?		
Very important	36	88
Fairly important	4	10
Slightly important	1	2
How important do you think flossing is?		
Very important	29	71
Fairly important	5	12
Neutral	5	12
Slightly important	2	5

## **Interpretation of results**

The primary aim of this study was to assess the knowledge, perceptions, and attitudes regarding dental care among the Latino population and its effect on their daily dental habits. In light of this goal the following questions are being looked at a) What are the current perceptions and knowledge the adult Latino community has surrounding dental care? b) What are their dental habits? c) Do these perceptions align with previous studies focused on their perceptions?

As previously mentioned, cultural background impacts how immigrants and ethnic minorities perceive and evaluate health, and this can represent barriers in terms of dental knowledge and care. While most participants recognized the importance of brushing and flossing as a prevention method and that dental hygiene affects overall health, the participants in this study lacked proper knowledge regarding dental health. According to the results, most participants knew how to identify tooth decay and gingivitis from the pictures, and more than half are aware that is recommended to visit the dentist at least two times per year. On the other hand, less than half knew what a root canal is and only one-third of participants had knowledge about periodontal disease. Therefore, from this data, it is perceived that more routine treatments are known than isolated long-term oral conditions. In this same manner, a study by Patino (2018) noted a lack of awareness among Hispanic individuals concerning periodontal disease, children's oral health, and oral cancer which reinforces the idea that there is a greater understanding of regular or preventive treatments and a lower understanding of long-term oral diseases. In light of this, it is essential that dental providers inform about these long-term oral conditions since it can also aid in compliance with preventative measures by the patients.

In terms of perceptions around dental care, the majority of participants expressed a high level of importance regarding tooth brushing, with a notable percentage considering it crucial. However, a slightly lower percentage considered flossing as very important. Additionally, a significant portion of participants indicated a likelihood to ask and understand recommendations from the dentist. These findings indicate that, whereas teeth brushing is widely considered essential for dental care, there may be some variation in the perceived importance of flossing. However, the fact that a considerable proportion of participants are willing to seek and understand suggestions from their dentist demonstrates a willingness to seek guidance from professionals, which is critical for encouraging overall oral health and preventative care practices. Other studies had different outcomes where it was found that recommendations on oral care tends to come from family and social connections (Akinkugbe et al., 2020), further, Hispanics are less likely than other populations to believe in the importance of regular dental care and are more prone to misconceptions about dental health (Lugo, 2014). These differences can be attributed to the limited pool of participants in the study.

While over half of the participants valued dental care in general, less than half considered attending dental appointments fairly important. In this study participants have more awareness about preventive at home measures, but it is consistent with the research that are less likely to prioritize dental appointments. This is similar to a previous study that reported that Latinos exhibited the lowest average frequency of dental appointments when compared to other racial and ethnic groups (Beck et al., 2014). This can be attributed to a variety of factors; one major reason might be a lack of perceived urgency or awareness about the significance of frequent dental check-ups for preventative treatment. Financial

limitations or a lack of access to dental insurance may sometimes prevent people from getting normal dental care, and factors leading to oral health inequalities among Latinos may include a lack of access to care caused by structural and systemic barriers (Hoeft, Rios, Pantoja Guzman, & Barker, 2015). Furthermore, cultural factors or previous unfavorable experiences with dental care providers may lead to hesitancy in arranging visits. Ultimately, future studies should look at reasons why dental appointments are not a priority for the Latino community.

In the current study, approximately half rated their oral health as good, followed by a smaller percentage who rated it as very good. A significant majority indicated they had never been informed of having tooth decay or periodontal disease. Few participants reported having lost natural teeth, while a considerable percentage stated they would seek treatment for a toothache at an emergency room. Data indicated that a significant number of participants had a favorable perception of their dental health, with the majority claiming good or very good oral health status. Furthermore, the low prevalence of reported tooth decay, periodontal disease, and tooth loss suggests a degree of oral health consistent with these beliefs. A study by Beck et al. (2014) had a different outcome where they discovered that Hispanics experience higher rates of dental caries, periodontal disease, and tooth loss in comparison to non-Hispanic White individuals. Self-reported assessments may not always adequately represent underlying oral health issues since certain disorders are silent or untreated. Nonetheless, these findings may reflect a gap in the awareness or comprehension of oral health concerns of the Latino community. Efforts to encourage frequent dental check-ups and preventative treatment, as well as ongoing education on oral hygiene habits, may help to maintain and improve oral health.

### **3.5. Limitations**

The study encountered several limitations. Firstly, the majority of participants were under the age of 35, which indicated that the majority were college students, and they were recruited from those undergraduate Hispanic students enrolled at Penn State Harrisburg, thus excluding a significant portion of the Hispanic adult population in Central Pennsylvania. This exclusion notably impacts the data and findings of the study; hence, we cannot make any generalizations about the larger Hispanic population. Moreover, the survey was completed by only 41 individuals, further reducing the pool of participants. Additionally, since the data were gathered through self-reported surveys, participants may have responded based on perceived correctness rather than providing an accurate depiction of their dental habits.

### **Conclusion**

Although the population studied was not the most accurate representation of the Hispanic community, meaningful insight about the health status, knowledge and perceptions from this population surrounding dental care was gathered and this can help communities have a better understanding of the behavioral patterns of the community. Dental health affects overall health in many ways, in light of this, bringing awareness to this specific community and the struggles they face when approaching dental care is essential to cater to those needs and maintain a healthy population. The findings of this study might help health institutions realize the problem areas and what this community cares about. Future research should explore similar questions with a large sample to better

determine the dental knowledge, perceptions, and habits of the Hispanic population and investigate what methods can help alleviate or solve the problem areas such as dental care literacy and compliance with dental appointments.

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<https://latino.ucla.edu/research/latino-population-2000-2020>

## VITA

### EDUCATION

The Pennsylvania State University, Harrisburg, PA  
 May 2024 (Anticipated)  
 Schreyer Honors College  
*School of Public Affairs*  
**Bachelor of Science in Healthcare Policy and Administration**

### HEALTHCARE EXPERIENCE

**Mission of Mercy**

**Seasonal: 2022, 2021, 2019**

**Temple University Kornberg School of Dentistry, Philadelphia, PA.**

**Providence Community Health Centers, Providence, RI.**

**The Times Building, Pittsburgh, PA**

*Interpreter Volunteer*

- Worked with clinical staff to provide effective communication between the doctor and the patient while meeting patient needs through pedagogical conversations about the dental procedures being performed
- Provided support for families by promoting treatment-seeking behavior for preventive dentistry through education
- Managed and guided patients throughout the medical installations

Honors in Healthcare Policy and Administration

Thesis Title: Knowledge, perceptions, and attitudes of oral health among the Latino population and their effect on daily dental habits.

Thesis Supervisor: Dr., Raffy Luquis

Faculty Reader: Dr. Sara Imanpour

Awards:

Renaissance Scholarship  
 Bunton-Waller Scholarship  
 Ackroyd Family Healthier Days Scholarship  
 Capital College Honors  
 Hedgebeth Honors Scholarship  
 Nittany Excellence community service of the year

Activities:

Latino Club President, August 2023 – Present  
 Catholic Charities, June 2021 – Present