

Nadeen Salhadar¹, Monica E. Ochoa¹, Isabella A. Cruz², Loren N. Taylor³, Michael Vang³, Anaya Chatterjee³, Andre L. Geers³, Laura D. Seligman¹, & Joseph D. Hovey¹ ¹University of Texas Rio Grande Valley, ²University of Texas San Antonio, ³University of Toledo

BACKGROUND

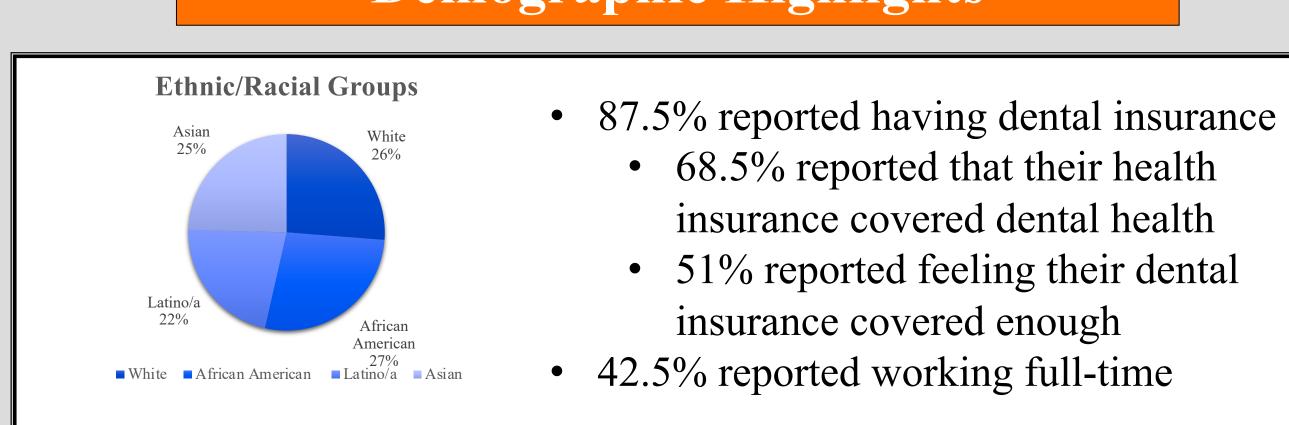
- Cavities are one of the leading unmet health needs in the US and about 25% of adults in the past year have at least one untreated cavity. Additionally, 40% of adults have experienced oral pain and 40% of adults have shown signs of gum disease over the past year (CDC, 2023).
- The CDC (2023) reports that people who come from ethnic/racial minorities and fall into a lower socioeconomic status experience higher rates of untreated tooth decay compared to non-Hispanic Whites.
- There are significant racial/ethnic differences in oral health care disparities among ethnic minorities compared to Whites. Hispanic populations are 5 times higher in fair or poor oral health compared to White individuals (Fisher-Owen et al., 2012).
- Oral health literacy can be defined as the skills that necessitate an individual's access to information about oral health, which influences one's maintenance and promotion of good oral health and hygiene in themselves and others (Valdez et al., 2022).
- Past research has observed ethnic minority populations to lack oral health knowledge and have low rates of oral literacy which likely contributes to the difference in oral health care behaviors and beliefs between populations (Valdez et al., 2022).
- Cultural beliefs regarding oral health care may influence the frequency of oral care and oral literacy, which later contributes to dental anxiety (Seligman et al., 2017).

PURPOSES AND HYPOTHESES

- The purpose of this study is to closely examine the influence cultural beliefs have when understanding racial/ethnic differences in oral health care and behaviors.
- By looking at specific behaviors and beliefs that each population endorses based on their own cultural values and views, our data can add to the understanding of existing research on the oral health disparities in various racial/ethnic minority populations as well as highlight how the beliefs affect other aspects of an individual's life (e.g. dental anxiety).

Hypothesis:

- (1) Latinos, followed by African Americans, will have the highest cultural influence on dental care.
- (2) White participants will have the most dental education and, therefore, seek preventative measures at a higher rate than the other ethnic groups.
- (3) Beauty and perceived social status will be a strong predictor of prevention and hygiene.
- (4) Treatment will be most significant among minority ethnic groups that have had bad experiences or financial difficulties.



Demographic Highlights

A Qualitative Examination of Dental Care Beliefs across Racial/Ethnic Groups

METHODS

Participants

 \rightarrow 200 adults (*M* age = 29.9; 45% females) evenly distributed across White, Hispanic, African-American, and Asian individuals.

Measures

 \rightarrow Participants were asked free-response/narrative questions about the types of

Procedure

- \rightarrow Data was collected via the Prolific research platform. → Identified 21 themes across groups for thoughts/behaviors and created operational
- definitions using thematic analysis (Braun & Clarke, 2021).
- \rightarrow Participants were asked about how often their cultural group visits the dentist. \rightarrow Students operationalized the definitions for consistent versus inconsistent visits. A secondary set of coders, trained in content analysis techniques, then reviewed the

MAIN THEMES

Hygiene	"Typically, we all kn brush twice a day"
Beauty	"I believe it has a lar around having nice to down for having "ba
Prevention	"Individuals from my floss, use mouth was for a cleaning." (33 y
Financial	"we visited every 6 Otherwise, we could r skipped years due to 1 old East Asian female
No Impact	"I don't think culture old Hispanic female)
Not a Priority	"Well in my culture t priority" (37 yr. ol
Education	"I just do mostly wh learned from her mo thing." (35 yr. old Ar
Appearance	"Having bright white have, even if it mean get that look." (23 yr
SES	People want to fit in looking teeth. (21 yr
Treatment	"When problems ari that affects their live

Fear and Experience

"Individuals from my culture hardly ever practice dental hygiene. They don't get checkups every six months because of the fear of going to the dentist based on past experiences that were bad..." (30 yr. old Hispanic female)

behaviors/beliefs people from their cultural group have about teeth and dental health.

narratives and assessed the presence or absence of each theme for each participant.

now we should floss twice a day and (39 yr. old Hispanic male)

rge impact. There is a lot of marketing teeth and it is often people are looked ad" teeth." (22 yr. old East Asian male)

y culture brush their teeth twice a day, sh and go to the dentist every 6 months yr. old White female)

months as soon as we got insurance. not go. There were times that we lack of access to dental care." (42 yr.

greatly impacts dental health." (33 yr.

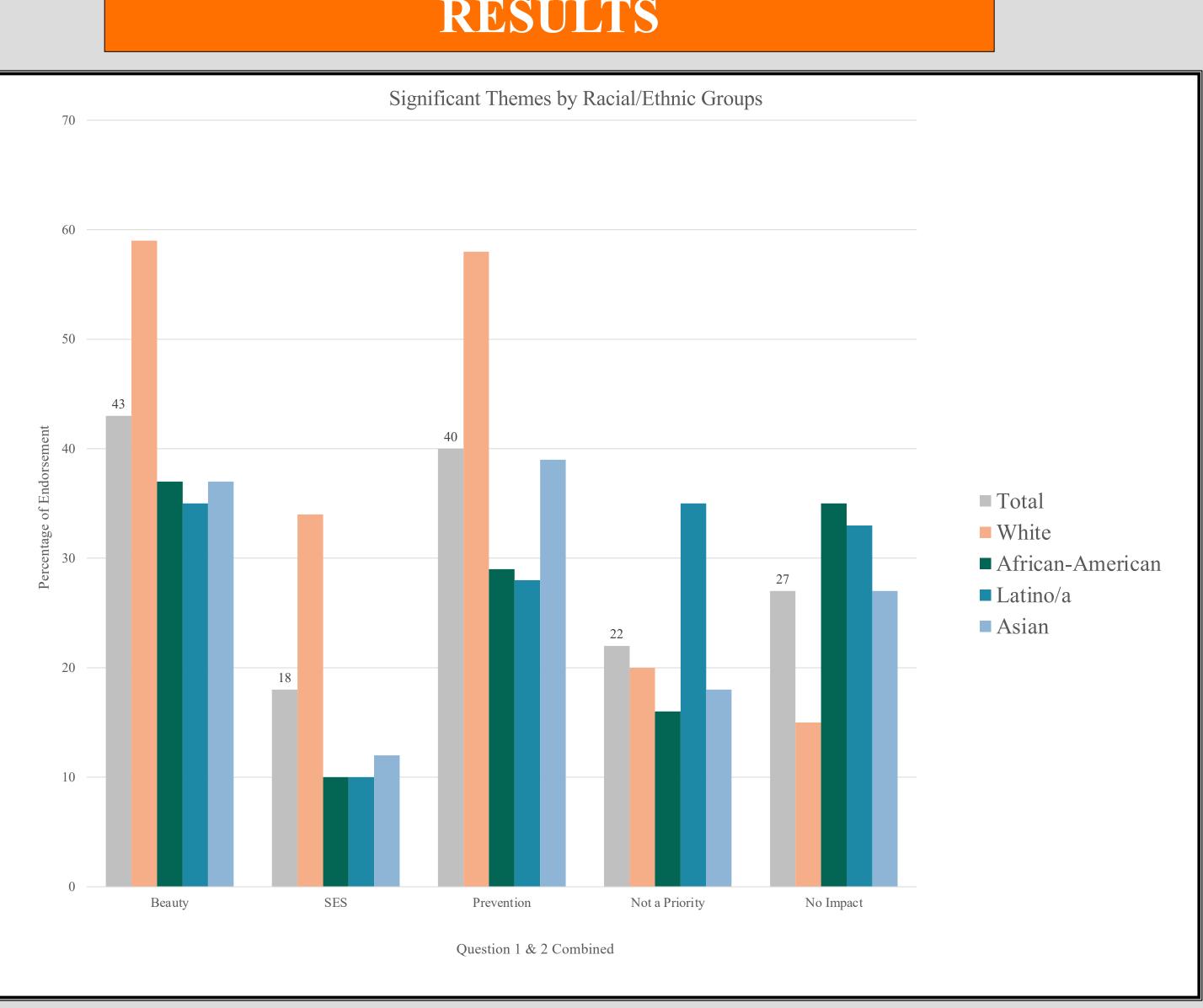
teeth and dental health is not a main ld African American female)

nat my mother taught me. I'm sure she other. And so on. That's a cultural frican American female)

e teeth is what most people strive to ns having very expensive work done to old White male)

and have the status symbol of good r. old Hispanic male)

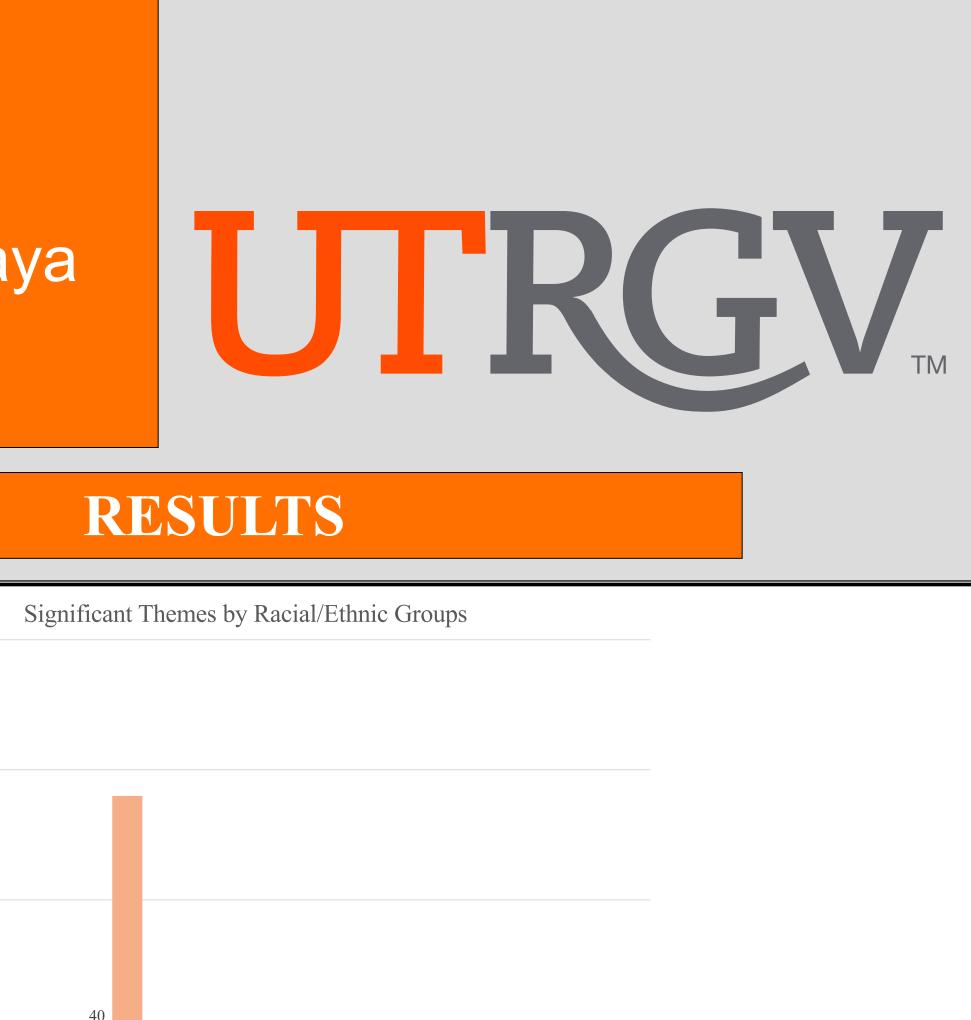
ise and start to become a serious issue ves." (27 yr. old East Asian male)



- our study.
- preventing oral problems.

- dental experiences.

or if you would like a copy of the presentation.



SUMMARY & CONCLUSIONS

• Varying levels of oral health, oral literacy, and experiences of dental anxiety can be better explained with the notable racial/ethnic differences in oral health and behaviors found in

• Oral health care is a precursor for other health problems, such as cardiovascular disease, cancer, diabetes, and stroke.

• Participants of ethnic/racial minorities believed culture to not have a significant impact on their oral health care. Yet,

our data suggests that Hispanic individuals endorse only

visiting the dentist when necessary, as opposed to White

individuals who visit the dentist with the intention of

Sharing our data with educators and community officials can help increase the quality of oral health education and care in racial and ethnic populations who lack the proper tools and knowledge regarding oral health care.

• The lack of importance for oral health in ethnic/racial minorities depicts the potential ramifications for health impairments and potential dental anxiety.

Future research should ask questions that target fear-related