

## Honors Thesis Proposal

### The Limitations and Capabilities of Hispanics and Dentists in Improving Hispanic Oral Health in the U.S.

#### **Statement of Intent**

I intend to accomplish two primary objectives in my Honors thesis.

**Objective one:** I will briefly present three significant factors that cause Hispanics living in the U.S. to have worse oral health than the rest of the population. The three factors I will explore are the language barrier, a general lack of financial resources and being non-citizens. Given these three challenges, I will research and identify the primary action steps that Hispanics can reasonably take to overcome these difficulties and achieve improved oral health.

**Objective two:** I will uncover both the barriers and the potential reach of dentists living in the U.S. in helping Hispanics improve their overall oral health. In other words, what are the primary factors that make it difficult for dentists living in the U.S. to improve the overall oral health of Hispanics? And what are the primary steps that dentists living in the U.S. can reasonably take to improve the overall oral healthcare of Hispanics?

#### **Background and Significance**

Below are some of the findings from that research paper that set the stage for me to begin my Honors thesis.

According to a study done by the Hispanic Dental Association, 45% of Hispanics living in the United States do not have access to health insurance (Hispanic Dental Association 3). In another study, done by the Pew Hispanic Center, it was found that of the Hispanics who don't have health insurance, the reason that 41% of them don't have

health insurance is that they consider themselves to be almost always healthy, and therefore do not need it (Livingston).

Additionally, in 2011, it was found in a self-evaluation of their personal health, that 67% of Hispanics said that their health is “good” or “excellent”. At the same time, however, 65% of Hispanics say that they have had at least one dental problem in the past year, compared to the percentage of the rest of the population at 53% (HDA, Crest, and Oral-B 3).

In an article from 2015, results show that almost 80% of Hispanics prefer to communicate in Spanish regarding issues of health, but that nearly 30% report having difficulties in obtaining health information written in Spanish (Gonzalez). Additionally, results of a study done in 2014 showed that 21% of Hispanics wrongly thought that brushing one’s teeth would remove cavities (P&G).

While the majority of the sources above illustrate the “what”, or the actual barriers that Hispanics face in obtaining good oral health, throughout my thesis, I will instead focus significantly more on the “how”, or how these challenges may be improved or resolved.

### **Methodology/Procedures**

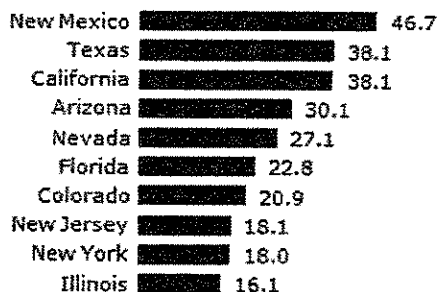
**Objective one:** Poor English skills, living near the poverty line and being non-citizens of the U.S. are the three challenges I will research and discuss. I will research and gather information pertaining to these three topics from published, reliable sources such as books, scholarly journals and online articles.

**Objective two:** In the second area of my thesis, which will uncover both the limitations as well as the ways in which dentists can reasonably help Hispanics as a

general population achieve better oral healthcare, I will gather my information in two primary ways. First, I will research and gather key information from reliable sources as described above in step one. Secondly, I will conduct my own personal research by setting up and conducting conversations by phone or through Skype with ten dentists who are currently practicing in the United States. The particular fields of practice may vary amongst these key informants, as I am looking for a well-balanced study (for example, the key informants may be general dentists, orthodontists, oral surgeons, etc.). I will interact with one dentist from each of the top ten states in the U.S. that were reported in 2011 to have the highest Hispanic shares of the state population (New Mexico, Texas, California, Arizona, Nevada, Florida, Colorado, New Jersey, New York and Illinois).

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Figure 4  
**Hispanic Shares of State Populations,  
 2011**  
 (%)



Note: The states shown are the 10 largest by Hispanic share of the state population.

Source: Pew Research Center tabulations of the 2011 ACS (1% SPUMS)

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I will contact and explain my thesis to representatives from the American Dental Association and the Hispanic Dental Association and will ask them for names of dentists in the above key states who have particular experience with helping Hispanics. In this way I will compile and finalize my list of ten key informants to speak with. Additionally,

my faculty advisor, Dr. Gene Cole has connections with dentists who are involved in the Haiti Health Initiative (a nonprofit organization that serves the public health needs of the rural Haitian people). These dentists will be a great resource in networking to find other dentists who have served and helped Hispanics throughout their careers.

It is important to me to speak with dentists who have a general desire to help Hispanics because I want to speak with professionals who are knowledgeable and have experience with the topics of my thesis.

I will thoroughly explain my thesis to each key informant before conducting the call and make sure they understand that I am not conducting a personal information survey or a questionnaire, but that I will simply regard them as key informants qualified to expound upon the broad field of dentistry. If they give me permission, I will record the call to be able to more effectively gather information later on in my thesis. If they do not want the call to be recorded, I will take more general notes on their opinions and beliefs to be able to reference the items we discussed at a future point.

I will use the following three key discussion questions as a starting point for each phone call, but will largely let the key-informant discuss what they would like to discuss regarding these issues.

1. As a part of the oral healthcare world, do you sense that there is a general understanding amongst oral healthcare professionals that Hispanic oral health is worse than the general U.S. population?
2. For dentists who have a desire to help Hispanics achieve better oral health, what have you seen them do, or in what ways have you seen them make a difference?

In other words, what lies in the power of the dentist in regards to helping Hispanics receive improved oral health?

3. Regarding dentists with a desire to help Hispanics achieve better oral health, what barriers stand in their way? What makes it difficult for a dentist to make a positive difference?

After my research is finished and gathered, both from reliable sources and my own research, I will use it to present my findings and make conclusions, thereby fulfilling the two objectives of my thesis, as listed in my statement of intent.

### **Preliminary Outline or Prospectus of the Finished Thesis**

1. Introduction:

In the introduction, I will briefly present significant facts and statistics illustrating the current state of Hispanic oral health in the United States, showing that there is a significant need for improvement and change. I will then present my two specific objectives or research questions (found in my statement of intent).

2. Research Questions/Review of Literature for Objective One:

I will then proceed to tackle my first objective by presenting and expounding upon literature pertaining to the matter. Using the applicable literature, I will analyze and make conclusions that will provide solutions to the questions posed in objective one of my statement of intent.

3. Explanation of methods or design for Objective Two:

After I have finished discussing objective one's topics, I will use this section to give context for objective two. This section will serve to explain the specific methodology I

used to gather the information from current dentists living in the United States and the ways in which I conducted the phone calls.

#### 4. Research Questions/Review of Literature for Objective Two:

In this section, I will fulfill objective two by presenting and analyzing the findings I obtained from talking with my chosen key informants.

#### 5. Conclusion:

The conclusion will be an opportunity to thoroughly tie my two objectives together into one concise piece of writing. I will use this as a chance to take a step back, to see things in a broader perspective, to comment on the changes for good that dentist's with a desire to help can make in today's world and to apply my findings to my personal future as a dentist.

### **Preliminary Research**

*Relating to objective one:*

#### **1. Language barrier:**

Brandenburg, Katie. "Students hope to break barriers to medical care." *Bowling Green Daily News (KY)* 02 Apr. 2013: *Points of View Reference Center*. Web. 19 July 2016.

Katie Brandenburg, the author of this article, sets out to illustrate how student, Chaz Arnold of Western Kentucky University, is striving to help Hispanics who struggle with English receive better medical care. Arnold organizes a free local community health fair with Spanish translators in an attempt to make the medical experience more comfortable for those who face adverse affects from the language barrier. Brandenburg's audience is the general public

interested in the area of health care and language barriers, as she uses language and terminology that are easy to understand. Brandenburg gears her article to show that there exists a significant need for health care professionals who are willing to work to diminish the many challenges that the language barrier presents. Hannah Johnson, a nursing major at WKU is quoted to say, "Language can be a barrier that prevents people from getting information about fighting or preventing such conditions."

Mutchler, Jan E., Gonzalo Bacigalupe, Antonia Coppin, and Alison Gottlieb. "Language Barriers Surrounding Medication Use among Older Latinos." *Journal of Cross-Cultural Gerontology J Cross Cult Gerontol* 22.1 (2006): 101-14. Web. 20 July 2016.

The authors of this article, professors from The University of Massachusetts Boston, conduct research to show the many challenges that senior Latinos who are not proficient in English face in obtaining and maintaining good physical health. Due to the specific topic and the high level of thought required to understand the article, the research is intended for health care professionals. The authors firmly conclude that the language barrier presents challenges in fully understanding one's health conditions, in properly dealing with one's medications and in feeling comfortable and valued at health appointments. For example, one Hispanic patient of a physician reported, "I felt very bad because ... (the doctor) asked, 'How long have you been here?' I said, so many years. 'Well, why can't you speak English?' Because I came here to work, to raise my family, and time slipped by. I didn't know that was a sin. That's what I told him".

## 2. Lack of financial resources:

Alfredo Corchado and Alfredo, Carbajal. "Mexicans Travel Back Home For Cheaper Health Care In Their Language." *Dallas Morning News, The (TX)* (n.d.): *Newspaper Source Plus*. Web. 20 July 2016.

Alfredo Carbajal, editor of *La Prensa*, and Alfredo Corchado seek to expose the trend in which many people living in the U.S. near the south border, who can't afford U.S. medical care, travel to Mexico to receive cheaper medical and dental treatment. Carbajal and Corchado address themselves to professionals who have the ability to make health care more accessible, affordable and comfortable for immigrants. They conclude that the language barrier, cultural differences and a lack of financial resources are the main contributors to this border-crossing trend. There is evidence that the article takes the side of immigrants, in that multiple examples are presented of those who could not afford health care for a particular need in the U.S., but could in Mexico.

Kim, Young O. Rhee. "Reducing Disparities in Dental Care for Low-income Hispanic Children." *Journal of Health Care for the Poor and Underserved* 16.3 (2005): 431-43. Web. 20 July 2016.

This article, published in the *Journal of Health Care for the Poor and Underserved*, written by Young Kim, seeks to uncover the challenges that low-income Hispanic mothers face in helping their children (ages 4-8) receive dental care. This research was conducted for the purpose of "improving access to care and reducing barriers for low-income, urban Hispanic children". It is therefore directed primarily towards professionals who have power in making policy



changes to better accommodate the needs of low-income Hispanic families.

Results show that more affordable dental care is needed for low-income Hispanic families to obtain good oral care and that, “Family income, dental insurance coverage (including Medicaid), and provider availability on weekend hours were associated with the frequency of planned dentist visits”.

### **3. Being non-citizens:**

Fuentes-Afflick, Elena, and Nancy A. Hessol. "Immigration Status and Use of Health Services among Latina Women in the San Francisco Bay Area." *Journal of Women's Health* 18.8 (2009): 1275-280. Web. 20 July 2016.

Fuentes-Afflick and Hessol, M.D. and MSPH, conduct a study to uncover how immigration status affects the use of health services among Latina women. The study is directed to those who make clinical and policy changes, in an effort to have the barriers that undocumented Latinas face in receiving good health care diminished. Conclusions illustrate that “Undocumented women were younger, were less educated, had lower income, were most likely to be uninsured, and were least likely to have a personal doctor or nurse”. Additionally, it is noteworthy that, “Women who reported fair or poor health status were less likely to use dental care and more than three times as likely to use urgent and emergency care during the preceding year than women who reported excellent, very good, or good health status”.

Raymond-Flesch, Marissa, Rachel Siemons, Nadereh Pourat, Ken Jacobs, and Claire D. Brindis. ““There Is No Help Out There and If There Is, It's Really Hard to Find””: A Qualitative Study of the Health Concerns and Health Care Access of Latino

“DREAMers”.” *Journal of Adolescent Health* 55.3 (2014): 323-28. Web. 20 July 2016.

The authors of this study, faculty members of various Universities in California, conducted research to uncover and expose the primary barriers that undocumented Hispanics face in obtaining good health and dental care. The study was directed towards professionals who have power to make health care and immigration reforms and seeks to highlight an urgent need for such changes through holding focus groups where data and information was collected from undocumented Latino immigrants. The focus groups found that “participants discussed avoiding medical care out of fear that newly diagnosed health problems would limit their chances for citizenship or cause financial stress”. Additionally, the DACA (Deferred Action for Childhood Arrivals) is analyzed to uncover it’s effectiveness in helping non-citizens receive good health care.

*Relating to objective two:*

Guarnizo-Herreño, Carol Cristina, and George L. Wehby. "Explaining Racial/Ethnic Disparities in Children’s Dental Health: A Decomposition Analysis”. *Am J Public Health American Journal of Public Health* 102.5 (2012): 859-66. Web. 14 July 2016.

The authors of this article use data from the 2007 National Survey of Children’s Health to identify and quantify the primary factors contributing to disparities in children’s dental health. Findings show that while the reasons for disparities in children’s dental health are complex in nature and lack one fix-all solution, it is primarily through the amendment of policies that affect children on

a household and neighborhood level that will make a difference for good. In connection to my thesis, results show that, “Hispanic children have the highest likelihood of never having seen a dentist”, “Hispanic children were significantly more likely to be uninsured than were Black children and White children” and that, “compared with White children, Hispanic children had the poorest dental health and lowest preventive dental care use”. A clear need for improvement is concluded.

#### **Qualifications of the Investigator:**

My undergraduate major is Spanish, and through a variety of classes that I’ve taken within my major, I’ve learned that there are many barriers which Hispanics face while living in the United States that can be significantly weakened with certain course corrections. It is my hope and belief that the barriers discovered throughout my thesis will become easier to overcome as professionals are made aware of how to help in the future and act upon that knowledge.

I currently volunteer on a weekly basis at Community Health Connect, an organization that provides low-income people and families (predominantly Hispanics) with medical and dental care that they couldn’t otherwise afford. Being immersed in this organization on a weekly basis has further qualified me and has helped me learn more about the very issues that I’ll be uncovering in my thesis.

#### **Qualifications of Faculty Advisor**

My faculty advisor is Professor Gene Cole. Professor Cole teaches in the area of the health sciences and public health at BYU. In the school year of 2015-2016, Dr. Cole

served as a faculty advisor for a public health major who did their Honors thesis on *Assessing the Healthcare Gap in the Hispanic/Latino Community*.

Additionally, in the past year and a half, Dr. Cole has led a student-mentored research study on *Knowledge, Perception, and Use of Medications During Pregnancy in Hispanic Women in Utah County, UT*, which is currently in the process of being finalized for submission for publication.

Finally, last fall, Dr. Cole worked with students on a research study entitled, "*Investigation of Knowledge and Perception of Tuberculosis Among Hispanics in Utah County, UT*". This study was published.

#### **Schedule**

<b>Honors Program Deadlines</b>	<b>Projected Date to be Finished</b>
Honors portfolio submitted	November 4, 2016
Thesis draft submitted	November 4, 2016
Thesis defense completed	December 4, 2016
Final thesis copy uploaded	December 30, 2016

#### **Expenses/Budget**

I will not require outside funding for this project.