

Advancing Equity in Hispanic and Latino Communities: Strategies to Integrate Compassionate Care

September 19, 2024

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 within 24 hours.
- Complete the evaluation by **Friday, September 27**.
- Eligible participants will receive a certificate soon after via email.

We appreciate your feedback to help us improve future programs!



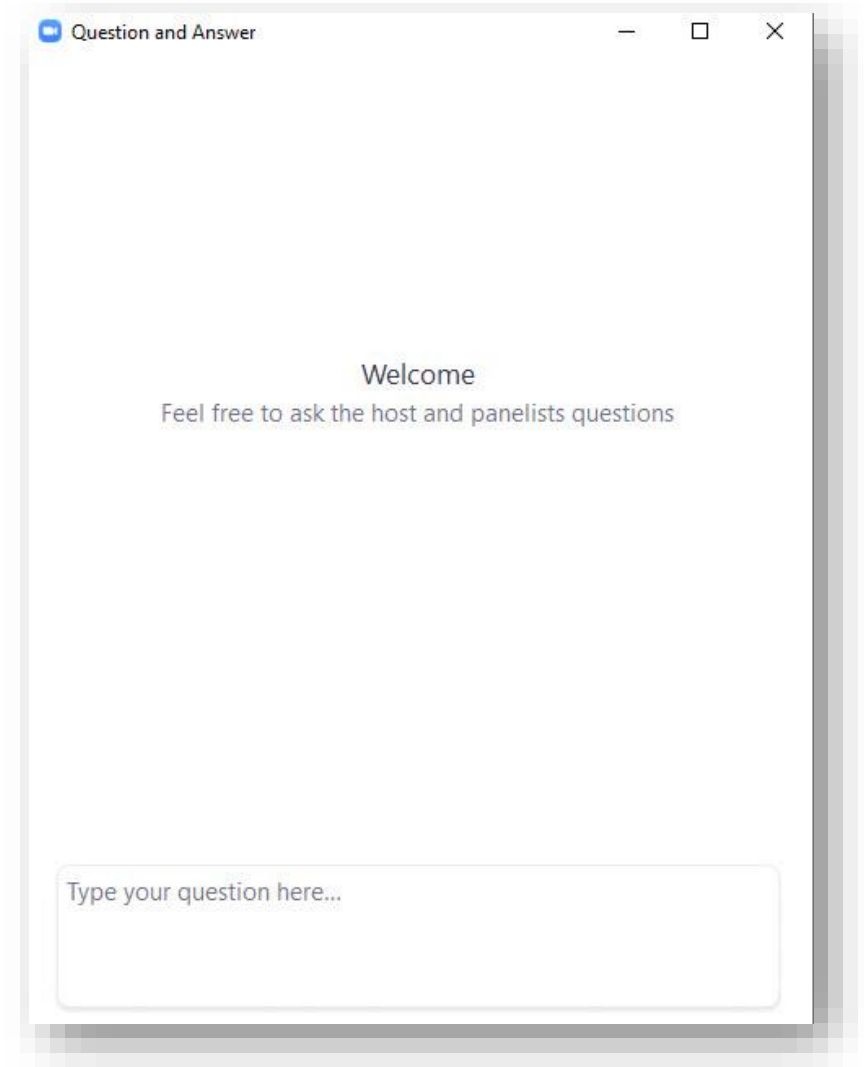
The CareQuest Institute for Oral Health is an ADA CER-P Recognized Provider. This presentation has been planned and implemented in accordance with the standards of the ADA CER-P.

*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.



Thank You



Learning Objectives

- Evaluate equity-driven strategies to increase representation and promote diversity in the oral health profession.
- Assess the needs of diverse communities and develop actionable plans to integrate compassionate care into daily operations within a dental practice.
- Recognize opportunities to collaborate with nonprofit community clinics and formulate strategies to expand access to care for underserved populations.



Webinar

Advancing Equity in Hispanic and Latino Communities: Strategies to Integrate Compassionate Care

Thursday, September 19, 2024 | 7-8 p.m. ET

ADA CERP Credits: 1



Moderator

Cristina Godoy, DDS, MPH, CCRP

Interim Dean of Research,
Nova Southeastern University



Presenter

Carlos Sanchez, RDH, BSDH, MPH

Clinical Associate Professor,
Dentistry School Herman Ostrow School of
Dentistry of University of Southern California



Presenter

Esther Lopez, DDS, MPH

Healthy Tooth Dental,
Adjunct Professor, UIC - College of Dentistry,
Lead Dentist, RefugeeOne



Improving One Child's Smile at a Time: *Accessing Vulnerable Populations through Mobile Dentistry*

September 19, 2024

Carlos Sanchez RDH, MPH
Clinical Associate Professor
Herman Ostrow School of Dentistry of USC

~Presenter has no conflict of interest relative to any material contained in this presentation~



Learning Objectives

- Learn how a mobile clinic and school-based program is impacting vulnerable populations
- Identify the barriers to access to care affecting large cities and underserved communities
- Identify the need for mobile dentistry in the community
- Assess the effectiveness of school-based preventive dental care





Americans are more likely to skip needed dental care because of cost than any other type of health care, researchers report. - **ADA**





Oral Health in America

By Surgeon General David Satcher, 2000

- Dental caries (tooth decay) is the single most common chronic childhood disease
- **50%** of decay in low-income children goes untreated





Oral Health In America Cont.

- More than **52 million school hours** are lost each year
- Financially disadvantaged children suffer **twice as many** dental caries as their more affluent peers and their disease is more likely to go untreated
- Lack of understanding and awareness of importance
- Socioeconomic Factors
 - Lack of resources to pay
 - Inability to take time off from work
 - Lack of transportation
 - Physical disability or other illness that limits access



2012 Surgeon General Report, Regina Benjamin

- Renewed call to action to expand access
- ACA provides opportunity to increase dental benefits to more than **5 million children**
- Must expand provider numbers quickly
- Addition of mid-level practitioner and expanding dental auxiliary's scope of practice



Barriers

- Cost:
 - ✓ Lack of insurance
 - ✓ Lack of money to pay
 - ✓ Few dentists accept Medicaid (aka Denti-Cal)
 - ✓ Not enough dentists for U.S. population
- Time/convenience: Parents can't take time out from work for their children to be cared for
- Very few dentists are open on weekends or evenings
- Lack of transportation
- Language and lack of cultural humility

Vulnerable Populations & Oral Health





What can we do to help?

- Improving the way we can deliver care
- Bringing services directly to the community

Mobile Dentistry



Herman Ostrow School
of Dentistry of **USC**

University of Southern California



Why mobile dentistry?

- Majority of underserved individuals with dental diseases do not take advantage of the traditional dental care delivery system
- Alternative delivery system of dental services needed
- Bring the services to the patient
 - *By us going to them we are helping to eliminate certain barriers (e.g. access, cost, time, convenience)

History of Mobile Dental Clinics at USC



Charles M. Goldstein, DDS

- Hailed as the “Father of the Dental Mobile Clinic” for his energy, enthusiasm, and leadership in expanding the clinic’s services and ensuring sustained support.
- Championed oral health for children and care for the underserved.
- Inspired generations of students and colleagues with the spirit of giving back



History of Mobile Dental Clinics at USC



1965: The USC School of Dentistry founds its mobile dental clinic, now the oldest and most extensive self-contained facility of its kind.

Mobile Dental Clinics at USC

We now have four mobile clinic programs:

- Hollenbeck-Palms Geriatric Program
- Queens Care
- Neighborhood Mobile Dental Van
 - Prevention Program (NMDVPP)
- USC Mobile Clinic





Neighborhood Mobile Dental Van

- Established in 2002
- Target audience K-5th grade
- Dedicated to improving oral health to inner-city school children in central L.A.
- Focuses on preventive dental services and education



Neighborhood Mobile Dental Van



- Connecting the children with a dental home for any follow up services needed
- Became a signature program amongst all other USC outreach programs





In 2023-2024

Services

Individuals Impacted

- | | |
|---------------------------------------|-------|
| • Children receiving oral health care | |
| • preventive services in the NMDVPP: | 406 |
| • Total individual sealants placed: | 468 |
| • Total # of Prophys | 181 |
| • Oral Health Education Program: | 715 |
| • Health Fairs & Outreach Events: | 3,880 |



From 2010-Present

Services

Individuals Impacted

- Children receiving oral health care
- preventive services in the NMDVPP: 12,180
- Total individual sealants placed: 14,040
- Oral Health Education Program: 21,390
- ALL Community Outreach Efforts via NMDVPP: 116,400



Effectiveness of School-Based Sealant Programs & Mobile Clinics

- Sealants effective in reducing tooth decay by **80% for 2-5 years.** (CDC)
- **1/3** the cost of fillings (ADA, 2013)
- Sealant programs based in schools are an optimal way to reach children
- Yet only four out of ten **six- to 19-year-olds** had even one sealant (National Center for Health Statistics, 2015)

Evaluation of Program

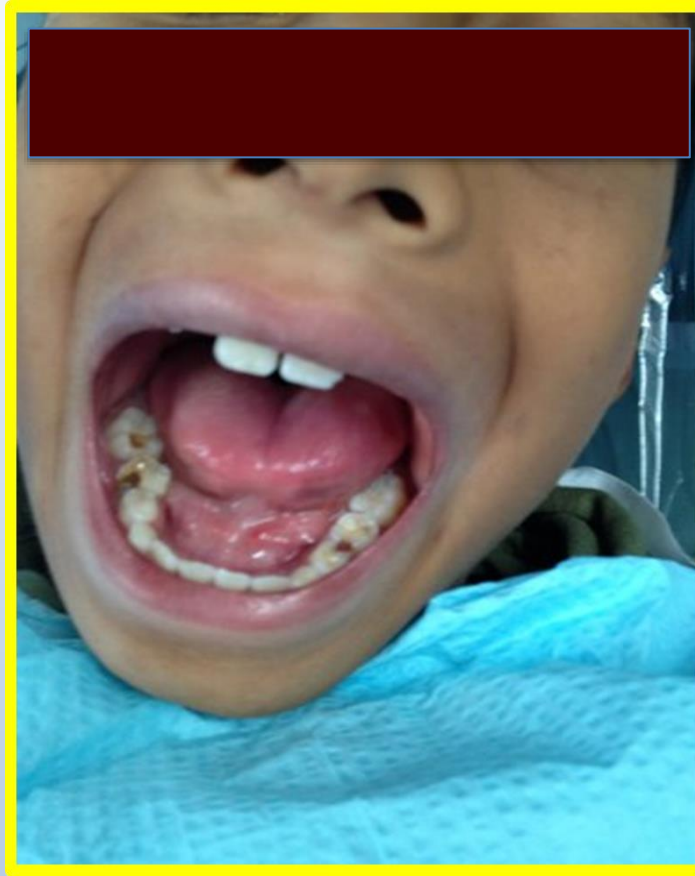


- How does this benefit our students?
- Long-term, how does this impact the community?



Evaluation of Program

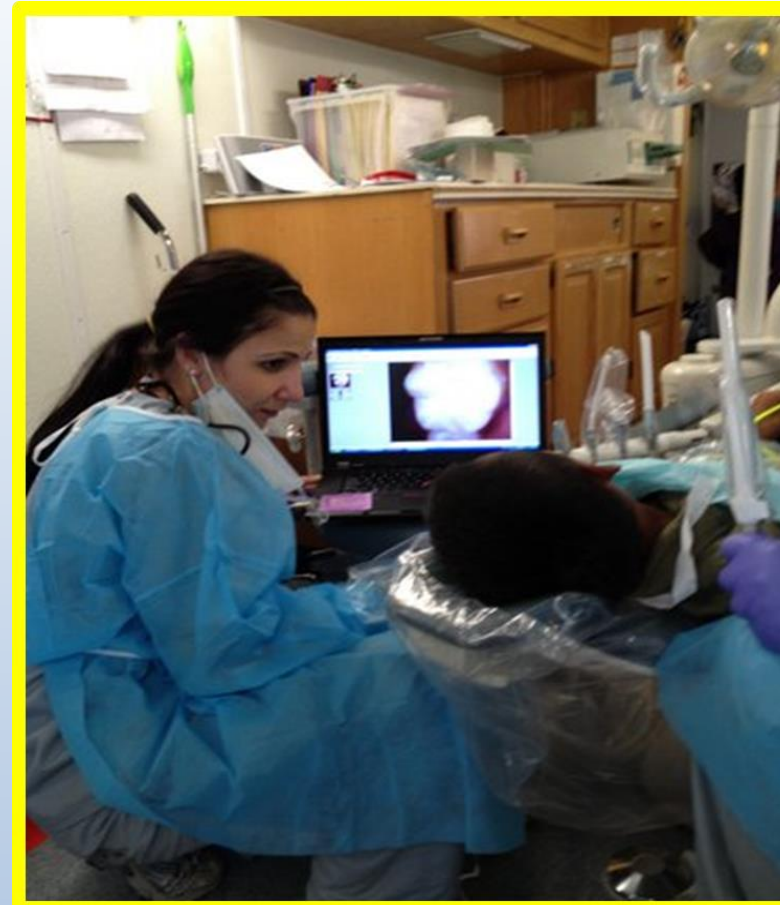
- *Where can we improve? We Need to . . .*
 - ✓ Meet with parents to educate them on Oral Health for their children
 - ✓ Meet with school nurses as a group
 - ✓ Partner with summer programs
 - ✓ Improve follow-up plan if child has dental caries



Obvious dental decay



Intra-oral Camera



Patient education & teledentistry



Placing protective dental sealants



A happy patient!

Thank You!



Carlos.Sanchez@Ostrow.usc.edu

Herman Ostrow School
of Dentistry of **USC**

University of Southern California

Advancing Equity in Hispanic and Latinx Communities: Strategies to Integrate Compassionate Care

Esther Lopez, DDS, MPH

There are no conflict of interest relative to any material contained in this presentation. Any information presented does not represent any leadership organization that I am a part of except for the Hispanic Dental Association.



Increasing diversity in oral health care providers can promote or enhance the ability of the oral health workforce to effectively provide optimum care for the most vulnerable populations in the U.S. 1



Representation Matters

Commentary

Why representation in dentistry matters

Esther Lopez, BS, DDS, MPH

In 2020, the American Dental Association's Health Policy Institute reported that the racial and ethnic mix of the US dentist workforce did not reflect the US population.¹ Only 3.8% of US dentists are Black and 5.9% are Hispanic/Latino. This disparity was apparent when I was a dental student at the University of Illinois Chicago College of Dentistry. In my 2008 dental class of 69 traditional students, there was a combined total of 7 underrepresented minority students (admissions department, University of Illinois Chicago College of Dentistry, personal communication, February 1, 2023). As a Latinx woman, I felt like a minority amongst my classmates but definitely not among the patients who visited our dental school. In the lounge area, students would congregate and discuss their patient care cases. At times, I would hear students remark, "how did they let their teeth get so bad?" or "I bet their parents let them eat candy all day." Many times, comments would sound judgmental. No consideration was given to the fact that the disparities in oral health presented in the clinic could be rooted in other factors such as social and economic backgrounds. Frequently, those visiting the dental school for services had limited access to resources with healthy food. I do not believe that my classmates were callous in these conversations and comments; instead, I feel that many of them were never exposed to a community of people like those that the University of Illinois Chicago College of Dentistry sees.

Comments or queries from classmates and professional colleagues that question patient responsibility allow for healthy discussions on race, economics, health care distribution, and other social determinants of health, and yet we do not always have them. The cornerstone of these conversations is the central concept of privilege.² This highlights the varying, or stark, health disparities people in the United States experience due to privilege or lack thereof. Journal of Public Health Dentistry published a collection of articles on diversity, equity, and inclusion (DEI).³ One article in particular, by Borrell and Williams,⁴ suggested going beyond the biomedical sciences and incorporating social determinants of health, health equity, and public health issues that may affect oral health.

I find myself in a unique position to share my humble beginnings and diverse experiences with the dental community. I share my personal story in the hope that it could help my professional community understand that individual choices do not exclusively shape oral health outcomes. Other factors also contribute to visible oral health issues, and in many cases, negatively affect vulnerable communities. It is accompanied by having twice a day and eating healthy foods, especially in underserved communities. It is accompanied by several variables that oftentimes are overlooked or not included in the curriculum for health care professionals. For instance, many of these communities have food deserts, limited access to quality medical and dental care, and community members who lack insurance or are underinsured, have chronic diseases that put them at risk of poorer oral health outcomes, or both.⁵ Even though there has been an increase in private and public

Comments or queries from classmates and professional colleagues that question patient responsibility allow for healthy discussions on race, economics, health care distribution, and other social determinants of health, and yet we do not always have them.

Commentaries represent the opinions of the author and not necessarily those of the American Dental Association.

expenditures for oral health care services in the United States, there is still persistent poorer oral health outcomes in these communities. Stronger systemic solutions are needed to address these. I became involved in organized dentistry because I believe that my dental colleagues want to be allies in finding and creating these solutions. I learned that dentists who wish to be allies are, at times, unsure how to move forward with action and progress. The Illinois State Dental Society invited me to be part of a task force looking specifically at diversity and inclusion among our membership. Our leadership team was composed of dentists from different backgrounds who genuinely wanted to learn more about DEI. Our work commenced in February 2022, and in September 2022, our House of Delegates passed a proposal to include our DEI policy statement and a DEI standing committee.⁶ We would become the fourth state dental society in the United States with a DEI standing committee. As a daughter of immigrant parents, I am optimistic that we are equipping ourselves as oral health care professionals to continue serving diverse populations via a diverse workforce.

The best practices that our leadership team used to create our DEI policy statement and standing committee within the Illinois State Dental Society are:

- Create a task force. Bring together a diverse and inclusive team of open-minded leaders who are willing and ready to be ambassadors. Set ground rules when meeting so that all team members feel comfortable being open and honest.
- Know your starting point. Assess the organization's current culture for DEI by conducting structured interviews of current members. Improvement can only happen if we know what needs to change.
- Check your bias. Be willing to be uncomfortable with being uncomfortable. Defining terms of what diversity, equity, and inclusion mean is a good place to start.
- Bring everyone in, because representation matters. Board members must be fully committed and set the tone for the rest of the organization to follow their lead. Our president at the time, Dr. Stacey Van Scoyoc, was present and engaged at every meeting. This had a positive impact; it communicated that our DEI taskforce mattered and was being taken seriously by our state board.
- Draft a DEI policy statement and proposal to create a DEI standing committee. This will allow your organization to set goals and objectives toward a more welcoming organization.

On a final note, kudos to Maryland, Pennsylvania, and Texas for incorporating a DEI committee within their respective state dental societies. Our efforts in Illinois make us the fourth in the nation to join in, and I am hopeful that more dental societies will follow.

Copyright © 2023 American Dental Association. All rights reserved.
<https://ada.org/10.1016/j.jada.2023.04.006>
Dr. Lopez is in private practice, Healthy Tooth Dental, Oak Park, IL; an adjunct clinical assistant professor, College of Dentistry, University of Illinois Chicago, Chicago, IL; a member of the Diversity, Equity, and Inclusion Committee and the Communications Committee, Illinois State Dental Society, Springfield, IL; and a member, National Coalition of Dentists for Health Equity, Dublin, OH. Address correspondence to Dr. Lopez, 719 Lake St, Oak Park, IL 60301, email: estherlopez@icloud.com.

Disclosures. Dr. Lopez did not report any disclosures.
ORCID Number. Dr. Lopez: <https://orcid.org/0000-0001-6765-4365>. For information regarding ORCID numbers, go to <http://orcid.org>.

1. Racial and ethnic mix of the dentist workforce in the U.S. American Dental Association, Health Policy Institute. Accessed February 1, 2023. <https://www.ada.org/10.1016/j.jada.2023.04.006>

2. Unacknowledged race and privilege. National Association of School Principals. Accessed February 5, 2023. <https://www.nasip.org/race-and-privilege>

3. Diversity, equity, and inclusion. Journal of Public Health Dentistry. Accessed February 5, 2023. <https://www.jphd.org/>

4. Borrell LN, Williams DR. Racism and health equity in the United States: identifying its effects and providing future directions. J Public Health Dent. 2022; 2023. <https://doi.org/10.1016/j.jphd.2023.04.006>

5. National health expenditure projections: 2022-2032. National Health Expenditure Accounts and Annual Report. Accessed April 12, 2023. <https://www.hhs.gov/ohr/nha>

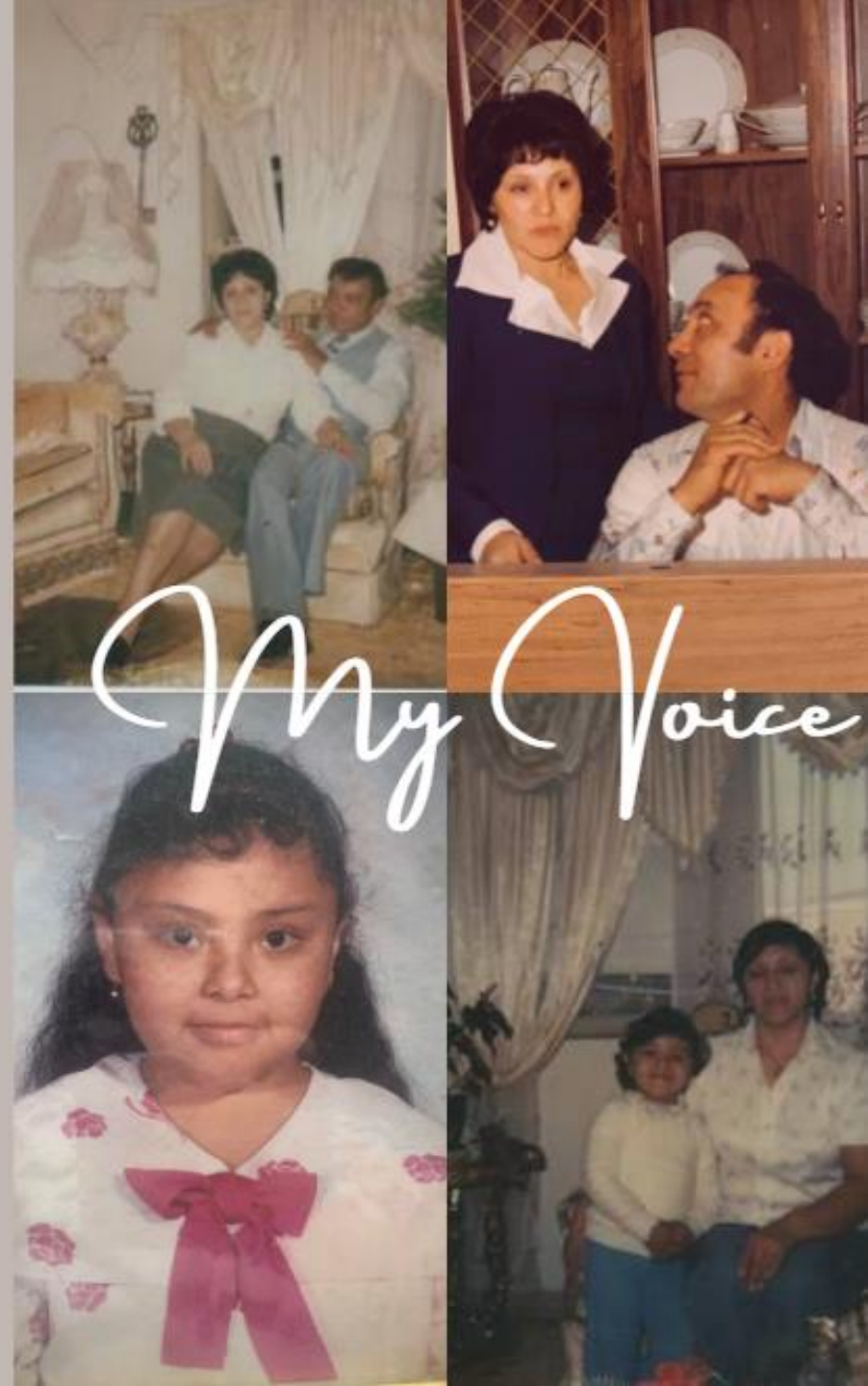
6. 2022 endocrine society taken by the House of Delegates. Illinois State Dental Society. Accessed April 12, 2023. <https://www.isds.org/>

Objectives

- Evaluate equity-driven strategies to increase representation in the oral health profession and their effectiveness in promoting diversity.
- Assess the needs of diverse communities and develop actionable plans to integrate compassionate care practices into daily operations within a private practice setting.
- Recognize opportunities for collaboration with nonprofit community clinics and formulate strategies to expand access to care for underserved populations.



- Private practitioner - Oak Park, IL (16 years)
- Adjunct Professor at UIC-College of Dentistry
- Leadership roles: Council on Diversity and Inclusion ADA, Taskforce committee member Government Affairs CDS, President of Greater Chicago - Hispanic Dental Association, National Coalition of Dentists for Health Equity
- Founding student of AAPHD-SC and first Student run dental clinic 2007 at UIC-College of Dentistry
- Daughter of a political refugee from Cuba and immigrant from Ecuador
- Member of community that was severely underserved
- Language broker
- Ward of the state at 17 yo



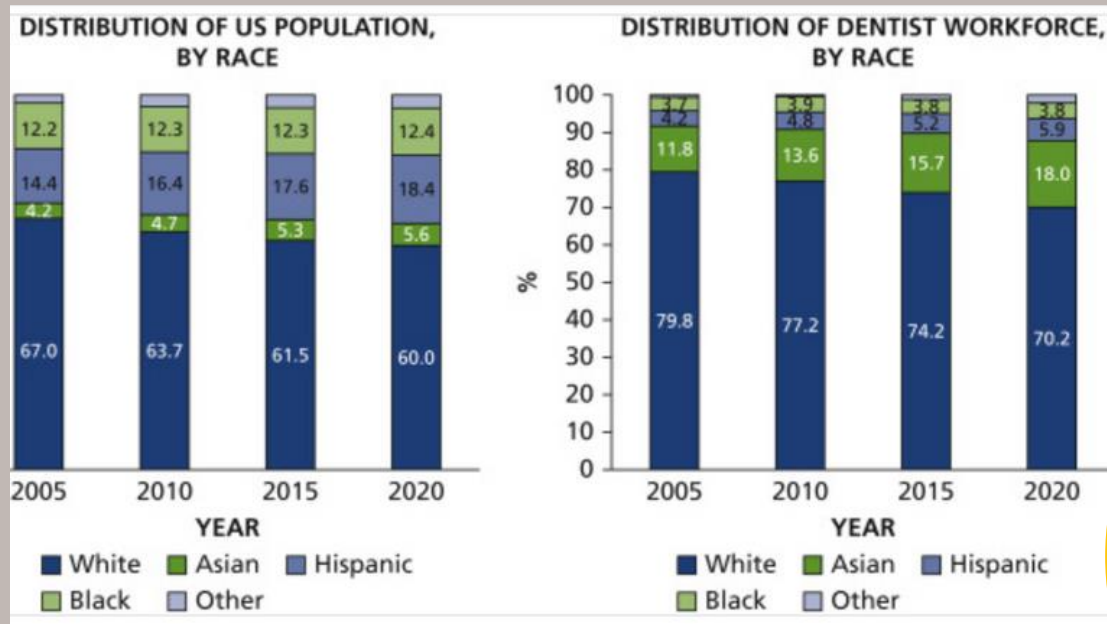
Say Ya ...



What's in a name?

- “Hispanic” and “Latino” have been traditionally controversial because of the history of oppression they signify for some population groups throughout the American continent. These terms often are not inclusive of our Indigenous and Black brothers and sisters.
- Another controversy arises because such terms are not necessarily inclusive or representative of all the people they intend to portray, for example peoples or individuals from countries where official languages are not Spanish, Portuguese, or even French.²
- For the purpose of this presentation and how our diaspora is described in research **Hispanic will denote people who speak Spanish** and **Latinx will denote people from Latin American** countries. So, for example, someone from Brazil may be Latinx but is not considered Hispanic because the official language in Brazil is Portuguese and not Spanish. Similarly, someone from Pachakutik, Ecuador does not speak Spanish and so would be inaccurately labeled Hispanic.

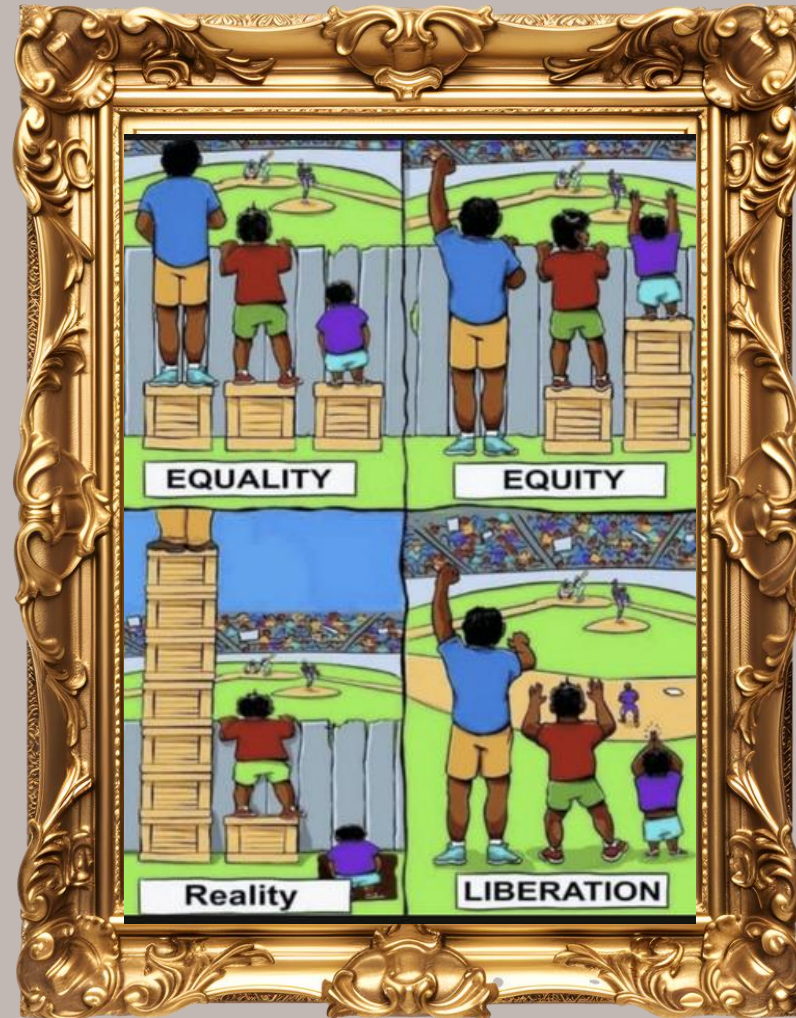
Blacks and Hispanic/Latinx have a disproportionally lower presence in the dental workforce compared to the U.S. population overall and are cumulatively referred to as underrepresented minorities (URM)¹



- Date of 2020 shows that although the US population is 60% White, the White workforce distribution of dentist make up 70%
- Hispanic Dentists only make up 5.9% when our distribution of Hispanics in the US is 18.4%. 3

Equity

Health Equity is the state in which everyone has a fair and just opportunity to attain their highest level of health. Making this happen requires ongoing societal efforts to address historical and contemporary injustices; overcome economic, social, and other obstacles to health and healthcare; and eliminate preventable health disparities. 4



Cultural Competency Vs. Cultural Humility

- Don't aim for cultural competency, if you do, you'll never reach the finish line.
- Aim for a change in mindset instead of goals.
- Be ok with not knowing all of the answers instead of “knowing all of the facts”.
- Cultural humility offers an opportunity to engage in a continuous process of curiosity and discovery.





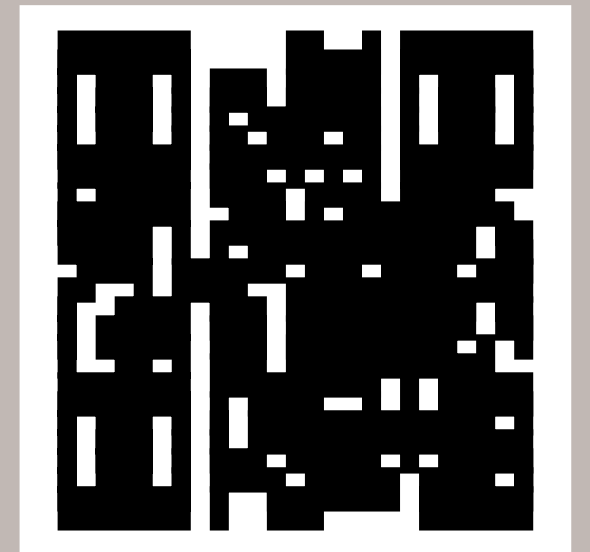
MISSION STATEMENT

“As the leading voice for Hispanic Oral Health, we provide service, education-research, advocacy, and leadership for all healthcare professionals, to promote overall health of the Hispanic/Latinx and underrepresented communities.”

VISION STATEMENT

“Empower healthcare professionals to increase oral health equity and improve health care quality in the Hispanic/Latinx, and underrepresented populations.”

JOIN
NOW



Community Leadership Fellowship Hispanic Dental Association

Provided fellows with workshops, seminars and lectures on information that could help HDA leaders explore possible projects to help improve the oral health outcomes of the Hispanic/Latinx community.



Our Youth ...

Chosen topic and proposed solution:

- Create a comic book/strip with characters that are more representative of our rich diversity
- Create material that is diverse with linguistic content of oral health targeting Hispanic/Latinx youth (Spanish, Portuguese and English)



SMILE HEROES UNITE!



Dr. Denton, is the leader of the Smile Heroes. Together, they help protect the smiles of children. She is worried of children can get cavities, especially if they often eat sugary and sticky foods that can damage their teeth. Dr. Denton decides to call her fellow Smile Heroes, Fluoride Fairy and Nutrition Ninja, to help her stop the Cavity Gang.

The Cavity Gang, is a group of villains who form cavities and cause dental problems. The Cavity Gang consists of The Caries Man, Tartar Girl, Plaque Man, Cavity Boy, and Gingivitis Gal. They use their weapons, such as candy, soda, and chips, to attack the teeth of the children and make the teeth weak and unhealthy.



Dr. Denton decides to call her fellow Smile Heroes, Fluoride Fairy and Nutrition Ninja, to help her stop the Cavity Gang from causing cavities.



Fluoride Fairy is a magical character who can fly and sprinkle fluoride on the teeth of the children.



Nutrition Ninja is a fitness enthusiast who knows a lot about the link between overall health and oral health.



After a fun day of giving children the tools necessary to keep healthy smiles, the Smile Heroes unite to plan for another day of protecting children from the Cavity Gang.

DENTISTS WEAR WHITE COATS AS CAPES



Dentists are superheroes and they look just like us! We need YOU to help us make a difference together.

I'm smart, an artist and creative. One day I will grow up to help people learn how to keep healthy smiles.



I look forward to helping my community learn how to take care of their bodies through their mouth. I can do this in English and Spanish!!

What I look forward to the most is to work with my hands. I love creating things with my hands and know that this will help me be a good dentist. My white coat will be my cape.



Take on the go!



#BOLD

Influencers

Young Professionals

ABOUT

#BOLD *Influencers*

Our #BOLDInfluencers aren't just trendsetters, they are magicians enticing others from our community to join our dental field. They're like BFFs, not just promoters, which makes it a walk in the park to highlight one of our objectives at HDA - increasing diversity in dentistry. By sprinkling their online magic on different platforms, our #BOLDInfluencers give us insights as to what being a pre-oral health, oral health student and active practitioner is all about.



HDA
HISPANIC DENTAL ASSOCIATION

Follow Their Lead



Intentional, compassionate, equitable strategies...



As oral health professionals, we would be contributing to helping our patients optimize their overall health.



Compassionate care in the operator

Thank You!



Esther Lopez, DDS, MPH
estherlopezdds@gmail.com

outreach@hdassoc.org

Question and Answer

2025
Save The Date

*"Embracing the Power of Diversity:
Celebrating Hispanic Excellence in Dentistry"*

HSDA
HISPANIC STUDENT DENTAL ASSOCIATION

REGIONAL CONFERENCE
Sept. 18, 2025
NSU Florida College of Dental Medicine

HDA
HISPANIC DENTAL ASSOCIATION

ANNUAL MEETING
Sept. 19-20, 2025
Ft. Lauderdale, FL

856-353-9459

*NSU Florida
College of Dental Medicine*

FOLLOW US.

 hispanicdentalassociation

 @HDAassoc

 HDAassoc

 @HDAassoc

**JOIN
TODAY**



"Become a leading voice for
Hispanic Oral Health in your
community and be a member of
the only organization that unites
all members of the oral health
team to represent Hispanic and
other underserved
communities."

CONTACT US.



+856-353-9459



421 Huguenot St.
Suite 54,
New Rochelle, NY 10801



membership@hdassoc.org



**WHY BECOMING A
MEMBER OF THE
HDA IS WORTH IT!**



**HISPANIC
DENTAL
ASSOCIATION**

www.hdassoc.org



Dr. Cristina Godoy
Interim Dean for Research
College of Dental Medicine
Nova Southeastern University
cristina.godoy@nova.edu

Webinar Evaluation

Complete the evaluation by **Friday, September 27** to receive CE credit. You will receive a link to the survey within 24 hours.

Next Webinar:

Minimally Invasive Care: Pediatrics and Adolescents on **October 24 at 7 p.m. ET**

And we invite you to take a minute to sign up for our newsletter to get more information on future webinars!

Sign up for News and Updates

Email*

CareQuest Institute for Oral Health uses the information you provide to share updates on work and offerings to improve the oral health of all. You may unsubscribe at any time (See Privacy Policy).

Submit



Stay Connected

Follow us on social media



@CareQuestInstitute



@CareQuestInstitute



@CareQuestInst



CareQuest Institute

