



**ORAL HEALTH IS A SOCIAL JUSTICE ISSUE**  
**Results from Surveys and Focus Groups with Promotores in California**

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# Executive Summary



Visión y Compromiso has been engaged in a grassroots strategy to better understand

the oral health landscape for promotoras/es in California. Funded by the DentaQuest Foundation, the geographic scope of The Community Engagement Project for Latino Community Health in California (Community Engagement Project) is defined by our Network of Promotoras and Community Health Workers (Network) representing approximately 4,000 promotores in 12 regions of California: 1) Los Angeles County, 2) San Fernando Valley, 3) Inland Empire (Riverside and San Bernardino Counties), 4) Orange County, 5) San Diego County, 6) Coachella Valley, 7) Kern County, 8) Central Coast, 9) Stanislaus County, 10) San Francisco Bay Area, 11) Napa County, and 12) Fresno/Tulare Counties.

Promotores belong to the communities they serve and share similar characteristics as other residents. Thus, the experiences of the promotores who participated in our surveys and focus groups reflect the experiences of other Latino families who have limited access to dental care, limited dental insurance, experience with Medi-Cal/ Denti-Cal, inaccessible treatments, or travel to Mexico to seek care. During 2015–2016, Visión y Compromiso held interviews with 4 key informants, surveyed 380 promotores throughout California and conducted three focus groups with 32 experienced promotoras. Findings presented in this report include:



- ✓ The unaffordable cost of dental care is a huge driver and includes the costs of care, some services that are covered and others that are not, inconsistent information about what will be covered, and co-pays that are inconsistent and variable.
- ✓ In a survey of almost 400 promotores, only half (54%) say they have dental insurance. Despite that fact, 74% of promotores surveyed say they saw a dentist in the past year.
- ✓ While many communities have access to local dentists, there are also long waiting lists, little or no free care, treatments that are initiated but not completed, unaffordable orthodontia, and mobile clinics where people line up for 24 hours only to see the limited appointments fill immediately.
- ✓ Many people live with fear of going to the dentist that goes back to their childhood.

- ✓ Parents don't always prioritize oral health, not because they don't care, but because they don't have the information they need about the consequences of not taking care of their teeth/their children's teeth, and may see dental care as cosmetic and not a part of health. For many, it is a luxury they cannot afford.
- ✓ Many people go to Mexico for dental care if they can because care is affordable, comprehensive, personal and high quality. In fact, many employers in Imperial County provide their employees with ACA compliant insurance they can use in either California or Mexico. In LA County, people may seek out clandestinos, unlicensed dental care providers, for extractions or other treatments.
- ✓ Less than 30% of promotores have ever had any training about oral health; however, 71% talk about oral health at least "sometimes."
- ✓ 69% of promotores say they can integrate oral health messages into their community work, but 30% say they are not sure how. Most promotores are willing to get involved in some way such as sharing information with the community.
- ✓ Social media, Facebook, and Twitter are good tools to help deliver supportive messages but promotores need more training about how best to use them.
- ✓ Advocacy is needed for the programs and services in each community and for public policy changes to fix systemic problems with how Medi-Cal/Denti-Cal pays for care, to help people access care when they need it, to promote preventive care and ensure care for all.



Promotores called for a comprehensive community campaign in California focused on oral health, similar to campaigns related to immunizations or healthy fruits and vegetables, that includes:

- ✓ Basic ABCs of teeth brushing and dental care
- ✓ A holistic approach that connects oral health to other diseases, nutrition, pregnancy, etc.
- ✓ Beginning with pregnancy (even preconception) through breastfeeding, nutrition, pacifiers, sugar-sweetened beverages (0–5 years), first check up before age 2, fluoride treatments, etc., and continuing with age-appropriate messaging
- ✓ Parents as role models
- ✓ Focus on prevention and future costs/consequences
- ✓ Promotores who are trusted messengers can deliver one-on-one and small group discussions to share information, support parents to change behaviors and provide follow up support

# Promotores Surveyed About Oral Health

**T**hree hundred forty-eight (348) promotores at Visión y Compromiso's 2015

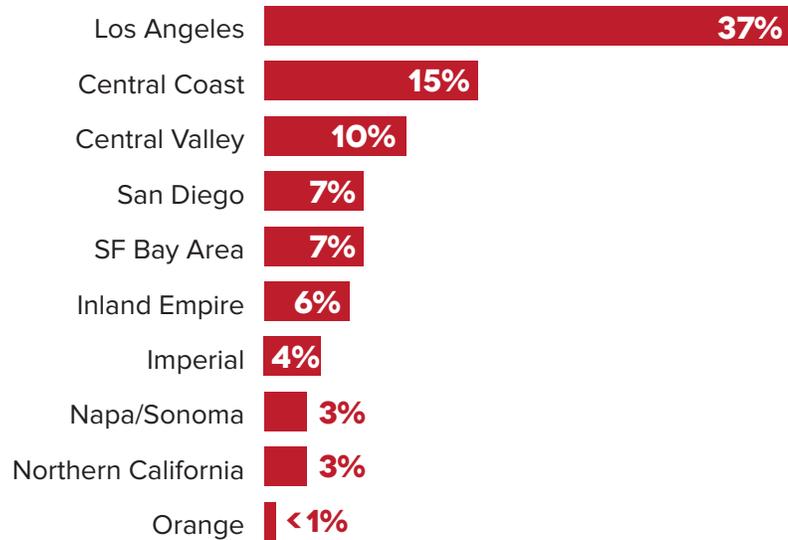
conference completed a brief survey about their oral health practices and training (see Appendix A). Survey respondents were from regions throughout California (Figure 1).

They represented health services (47%), social services (11%), schools/education (8%), advocacy organizations (7%), government agencies (5%), and churches (< 1%).

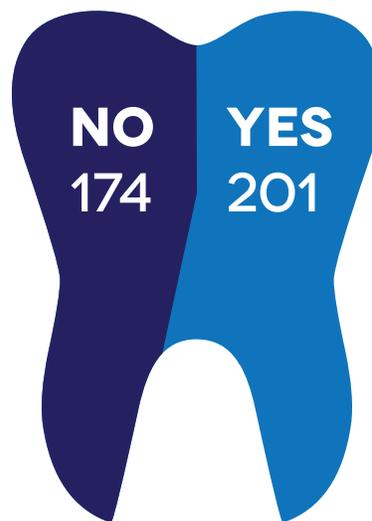
An additional 32 promotores from Imperial, Los Angeles and Kern Counties participated in three focus groups and completed a similar survey. Among 380 promotores surveyed:

- ✓ 85% said oral health was “very important”; 14% said it was “important.”
- ✓ Just over half of promotores surveyed (54%) have dental insurance (Figure 1) and slightly more (64%) say they have a regular dentist.
- ✓ 74% of promotores visited a dentist in the past 12 months (Table 1).
- ✓ Among promotores surveyed, 55% have children < 18 years; most of their children (89%) have a dentist and 78% of their children have dental insurance. (Table 1)

**FIGURE 1**  
**REGIONS REPRESENTED BY PROMOTORES SURVEYED**



**FIGURE 2**  
**PROMOTORES WHO HAVE DENTAL INSURANCE (n=375)**



**TABLE 1**  
**ORAL HEALTH PRACTICES OF PROMOTORES AND THEIR FAMILIES**  
**(n=348)**

	Yes	No
I have a dentist	64%	36%
I have dental insurance	54%	46%
I have children under 18	55%	45%
My children have a dentist n=195	89%	11%
My children have dental insurance n=208	78%	22%

When was your last dental visit?			
0–6 mos	6–12 mos	1–3 yrs	> 5 yrs
46%	28%	16%	8%
2% have never seen a dentist			

The most common barriers keeping Latino families from prioritizing oral health are related to cost and access to care including: lack of dental insurance (78%), inability to pay for dental care (54%), no regular dentist (30%), and can't take time off work to go to a dentist (28%) (Figure 3).

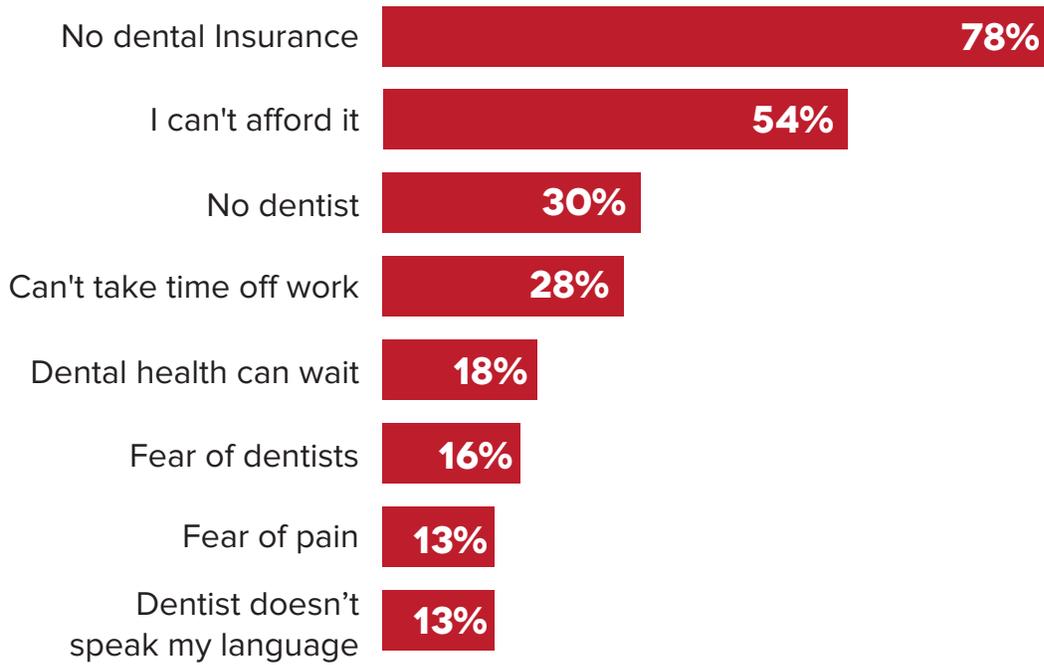
Promotores were asked about the oral health training they have received and whether they integrate oral health in their community work.

- ✓ Only 30% of promotores say that have ever received training about oral health (Table 2).
- ✓ When asked how often they talk with the community about oral health, 28% say they talk about oral health “frequently” or “all the time”; 43% talk about oral health “sometimes”; almost one-third (29%) say they do not talk about oral health at all (Figure 4).

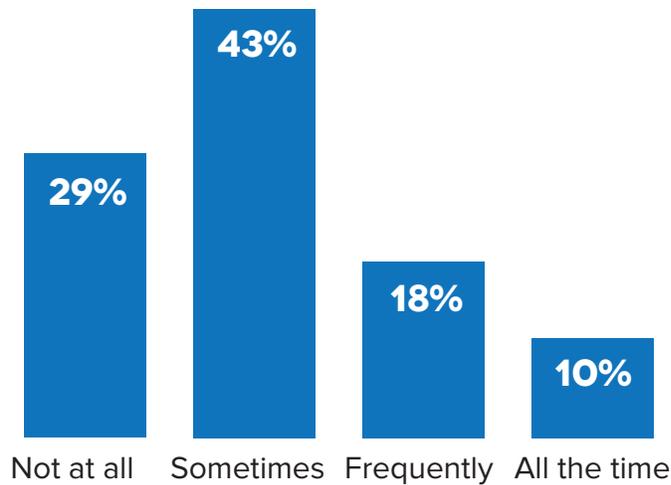
Most promotores surveyed (69%) say oral health messages can be integrated into their work; 28% were “not sure” and 4% said “no” (Table 2). Strategies promotores say they can use to integrate oral health messages into their work are listed in Table 3. Promotores say that enrolling community members into dental insurance programs and sharing statistics about oral health are ineffective strategies on their own.

Among promotores surveyed, 78% say they are willing to help raise awareness about oral health in their community (Table 2).

**FIGURE 3**  
**MOST COMMON BARRIERS TO ORAL HEALTH CARE**  
 (n=348)



**FIGURE 4**  
**HOW OFTEN DO YOU TALK ABOUT ORAL HEALTH?**  
 (n=376)



**TABLE 2**  
**PROMOTORES' TRAINING AND COMMUNITY PRACTICES**  
**(n=348)**

I have participated in oral health training				30%
Oral health can be integrated into my work				69%
I talk about oral health with community members				
<b>All the time</b>	<b>Frequently</b>	<b>Sometimes</b>	<b>Not at all</b>	
10%	18%	43%	29%	
I am willing to raise awareness about oral health in my community				
<b>Yes!</b>	<b>Fairly interested</b>	<b>No thanks</b>		
53%	25%	22%		
I would be willing to:				
Share information about oral health with the community				66%
Come to a meeting to brainstorm program ideas				43%
Participate on an Advisory Committee with other promotores				33%
Recruit community members to get involved				30%
Share my own oral health story				22%

**TABLE 3**  
**STRATEGIES TO INTEGRATE ORAL HEALTH MESSAGES INTO PROMOTORES' WORK**  
**(n=338)**

Receive training with specific messages to use	51%
Use flyers or handouts with basic information and/or pictures	46%
Advocate for improved dental services	41%
Refer community members to dentists/dental clinics	40%
Demonstrate good oral health practices	35%
Receive training on how to integrate oral health messages into my work	34%
Promote Denti-Cal enrollment	34%
Share statistics about oral health	27%

# Summary of Focus Groups

**V**isión y Compromiso hosted three focus groups about oral health with promotores during November 2015 and January 2016. Thirty-two (32) experienced promotores (94% women) participated in Los Angeles, (34%) Imperial (37%) and Kern (28%) Counties. All focus groups were conducted in Spanish and recorded to ensure accuracy (see Appendix B for focus group questions). Transcripts of each group were developed and coded for common themes.

## Early Experiences Have Lasting Impact

Participants were asked to reflect back on early memories about their teeth:

### GRANDMOTHERS AND HOME REMEDIES

Many promotores talked about grandmothers as the early messengers who helped them learn to care for their teeth, took them to the dentist for the first time, and applied home remedies to help them care for their teeth or ease their pain (i.e. lemon, salt and warm water, cloves, baking soda, oranges, strawberries or tortillas for cleaning/whitening teeth).

*My grandmother was the one who always talked to us and once a week she would give us a tortilla to clean our teeth— otherwise, she said, ‘They are going to fall out.’ So we would rub our teeth with the tortilla to clean and whiten our teeth. And because my grandmother said it, we did it.*

*My abuelita was the one who told me to brush my teeth every night. I heard, ‘Take care of your teeth—they are very important.’ She reminded us, ‘Don’t eat candy—it is bad for your teeth.’*

### LACK OF EARLY CARE

Promotores remembered little education about how and how often to brush teeth and not much preventive care. “Visiting the dentist was usually the last resort.” “We did not really think about the health of our teeth” and indulged in sweets frequently. Today, they say they wished they had known how to care for their teeth at an earlier age. Some people learned about dental care at school and still remember catchy songs or cartoons they saw on TV.

### PAINFUL EXPERIENCES

Many people shared stories about teeth that needed to be pulled, rural areas with limited access to dentists, and painful experiences with not enough anesthesia. These experiences affect their care-seeking behavior today, including feeling anxious and nervous at the sound of the drill.

### THREATS AND PUNISHMENT

A few promotores even heard, “If you don’t behave you’ll have to go to the dentist and he will take out all your teeth!” They grew up with a fear of the dentist that continues today and stressed educating parents about how threats can have a lifelong affect on health behaviors and outcomes.

*I was very mischievous. When I misbehaved they would say, ‘Behave or we will take you to the dentist!’ I didn’t have a great perception of the dentist, it was more like a punishment. I don’t know if people still do that today. But if you grow up with this fear of going to the dentist and you don’t have a really good idea about how to take care of your teeth... I have always been afraid to go to the dentist and I think that if people say this to their kids they are just frightening them and don’t realize the affect it will have. This is something we must change.*

## What Does Oral Health Mean to Your Family?

### ORAL HEALTH IS PART OF OVERALL HEALTH

Promotores discussed how primary care physicians and pediatricians need to view health holistically and connect general health to oral health too. “I never knew oral health was related to the heart or arthritis.” People may not prioritize dental care because they simply don’t realize everything is connected.

*Everything is connected, the ear, the throat, the eyes. Honestly, I had no idea how connected everything was until I took a workshop and began to learn more about diabetes. I always thought dental care was about hygiene, plaque on the teeth, stains, and cosmetic improvements. I did not realize how important it was to our health.*

### PARENTS ARE ROLE MODELS

Parents role model attitudes and behaviors for their children. If parents care for their teeth and teach their families to do that too, it continues.

*For me, it's important and I take my children regularly and me too. I want them to know how to take care of their teeth and I want them to see me doing it too. If I have a toothache it makes me worry and I'm afraid, but I try not to show the pain or my fear in front of my kids.*

Promotores say it’s easier to talk about oral health care with parents who have young children and much harder when those kids become teenagers or young adults, particularly when they can no longer access Denti-Cal or other health coverage. “After 18, no one goes to the dentist anymore.”

## What Does Oral Health Mean to Your Community?

### DENTAL CARE IS UNAFFORDABLE

Many people can only access care when there is an emergency, “They know they need it but it is not accessible to them because it is something they cannot afford.”

*How much money you have affects the kind of care you get, but low-income families spend a lot of money on dental care relative to the resources we have. This is a health equity issue.*

There was a lot of discussion about the cost of care, the lack of services, confusion about what is and is not covered, frustration about treatments that are initiated but not completed due to cost, and treatments that take years to pay for. “People are really worried about how they are going to be able to pay the bill” which can be twice what they anticipated. Many feel taken advantage of: “Dentists just want your money so they find all kinds of things wrong with your teeth if you go.” Others said that by the time you pay off the bill, “you could have bought a car or even paid for college!”

*When I enrolled they told me everything was covered. I just want to know what I have to pay, what it will cover and what it won't. Then I can budget for it. I'm a single mom. I have a long list of things I need to pay for. They told me that my insurance would cover it and so I started my treatment. Then I got the bill...not everything was covered! If they had told me that from the beginning, I wouldn't have started it. Now I am in the middle of a treatment and I can't afford to go back. If I had had all the information, I could have decided to do it or not.*

## LIMITED SERVICES

Those who have Medi-Cal say that it does not cover all the care they need, it takes a lot of time to get a referral, and they are often confused about co-payments and deductibles. Promotores say they have noticed a decreased in the availability of services and for those who are undocumented, they have no dental insurance at all.

*Over time, services have become more restricted. I remember in 1997 I had a couple of teeth pulled. I didn't have to pay anything—I had Medi-Cal. Now, it just covers one cleaning. And it doesn't cover extractions anymore. Surgery is not covered. Little by little, they have taken away certain benefits.*

## PARENTS LACK INFORMATION

Parents need more education and more information about the importance of early care, preventive care, and the consequences of not caring for their teeth. Many people see dental care as mostly cosmetic and not connected to health. Others say, “It doesn’t matter since I will lose my teeth anyways,” or “Baby teeth are not important because they are just going to fall out.”

*Everyone knows that immunizations are important but there is not really a culture of caring for our teeth. I think most people don't really have the information about their teeth that they need to make good decisions for themselves and for their kids. They know kids need to brush their teeth but most people don't have a dentist. They don't floss and they don't have a plan to make sure that their children go to the dentist regularly or even that their kids brush their teeth.*

Passing out pamphlets and handouts is just not good enough—information must be offered via one-on-one encounters and delivered in easy to understand language.

## FAMILIES MUST BALANCE COMPETING DEMANDS

Many families do not have the information they need to prioritize oral health including awareness about health consequences, the role of prevention and the cost of care. There is limited access to culturally relevant care and parents have competing demands where they have to balance food or childcare with paying for dental care. It can be hard for parents to take time off work to go to the dentist themselves or to take their children. They may be more likely to use a home remedy instead of go to a dentist when they have a toothache. Sometimes, by the time the pain is so great and they are forced to seek care, infection has already set in, it is too late, and they lose the tooth.

*It's not that we don't think it is important. More than anything, I think it is a lack of awareness. And, there is so little access to services. People who are recent immigrants often haven't had any care, they don't have Medi-Cal, and community clinics are really hard to get into. If you need a crown, it is very expensive. Thus, some people think a crown is just for aesthetics.*

Promotores say that although some people may tend to prioritize material goods over health, dental care in this country is often “a luxury many people cannot afford.”

## FEAR

A lot of adults are afraid to go to the dentist. “It is easier to have a baby than go to the dentist!” Others have been traumatized by their own early experiences as well as the economic challenge of paying for dental care.

## What Is the Oral Health Landscape of Your Community?

Promotores were asked to think about the oral health landscape of their communities including what exists and challenges they see. According to promotores in these regions, their communities can be characterized by the following:

- ✓ Costs are too high, co-payments and reimbursements are variable and inconsistent, and orthodontia is not covered.
- ✓ Dental clinics have long waiting lists, openings for patients on a sliding scale fill quickly, there are not enough spaces for emergency patients, and mobile clinics are rare and cannot meet the need.
- ✓ Very few educational campaigns exist about basic tooth brushing or flossing, and children and parents receive little support to build strong habits for taking care of their teeth.
- ✓ Promotores need good materials and visual aids to teach people about their teeth, the inside of the mouth, and how it is connected to the throat and ears.

*We need a campaign and classes about the ABCs of teeth cleaning— the basics to prevent problems. It used to be the attitude that the only people who can eat healthy are those with money. Now, this consciousness is changing and people know they need to eat fruits and vegetables to be healthy because there is more information and a campaign to reach the community. That is what we need with oral health too.*

- ✓ Too many children have lost their teeth: sugar-sweetened beverages are common, many parents use candy as incentives and pacifiers to keep babies quiet, but they “don’t know not to put them in their own mouth.”
- ✓ Schools are a missed opportunity to educate children, parents and grandparents about oral health, dental care, prevention, and the consequences of not caring for their teeth. Education needs to begin during pregnancy.



- ✓ People who can and who cannot pay for health insurance, especially—but not limited to—those close to the border, go to Mexico for dental care because it is less expensive, comprehensive, more personal, and higher quality care.

*Many people in Imperial County have insurance they can use in the US or in Mexico. It is provided by their employers. Farmworkers, teachers, county employees all have insurance they can use in Mexico. You can go anywhere, but it is more expensive in the US, here you have to pay a co-pay, but not there. In Mexico, it is 100% covered. Most people, if they can, go to Mexicali.*

- ✓ In Los Angeles, there are unlicensed dentists known as “clandestinos” who work in their garage or a location in secret, they will do extractions and other treatments for people who cannot afford dental care.
- ✓ Promotores talked about impersonal care, rough treatment, and disrespectful or rude behavior from care providers.

*I was treated disrespectfully and brusquely – like a number, not a patient. I don't need to be treated like a queen, just a human being! But since I was bloody and felt mistreated, I am never going back to that clinic. And that's why the kids don't want to go, or go back, either.*

- ✓ Lack of a dental home leads to poor care where medical professionals have no consistent contact with families and families have no one to go to for advice.
- ✓ We can collaborate with nutrition programs, parent centers, churches and other faith communities, going out to WIC offices, prenatal clinics, food banks, and consulates.

## Statistics Demand Immediate Action

Focus group participants were asked to reflect on some statistics about the oral health of Latinos in California (see Appendix C). Despite knowing that awareness about oral health and access to dental services in Latino communities is limited; they were surprised and puzzled at the extent of the problem, “Why do our children, who have Medi-Cal and who are required to see a dentist before they go to kindergarten, have such poor teeth?”

*When I see these statistics, I see a woman who is a mother, earning minimum wage and taking care of everyone else. She has no insurance, there is no preventive care, she can't see a dentist when she needs to, she has poor teeth, her babies have poor birth outcomes, and now her kids have cavities.*

Focus group participants called for immediate action. But “not passing out information about oral health on a piece of paper. This does not work.”

*We need one-on-one, person-to-person platicas (dialogue, conversations), information about nutrition, and strategies to help us communicate to people the long-term consequences. But our communities also need more resources, more clinics and more low cost programs and services. We know what happens when we educate people but there is nowhere to refer them to. Or, what happens when we refer them but there is no space?*

Unfortunately, many parents are overwhelmed with families’ basic survival needs and they do not always have enough time to spend with their families. “Good oral hygiene demands time and requires patience. And not all parents have both of these things.”

## What Are the Messages to Improve Oral Health?

Focus group participants were asked to comment on the best messengers to share information about oral health with their communities. Promotores are ideal messengers who already “have the trust of the community—much more than the dentists do!” They are sensitive to the culture and know how to bring information to the community, presenting it one-on-one and in language that is easy to understand.

Promotores identified strategies to bring information to people in their homes or in small groups to start discussions, “We are available whenever people need us and we are in a good position to follow up, chart progress, and support parents to change behavior.”

Promotores reiterated that they need training, tools and messaging to “integrate oral health messages into all we do.” They said that social media, texts, Facebook, and Twitter are helpful tools to deliver supportive messages but that they could use training about how to use social media to deliver health messages. Also, door-to-door outreach works well in rural communities, and theater and social drama reflecting residents’ experiences work well too.

Promotores said that California needs a comprehensive community campaign about oral health that is focused on prevention (“Prevention costs less than extraction or a trip to the ER”), similar to awareness campaigns that have increased immunization rates or encouraged people to eat more fruits and vegetables. This oral health campaign must incorporate a holistic approach and connect oral health to other diseases such as diabetes, heart disease and arthritis (“Everything is connected.”) Beginning in pregnancy, even preconception, age-appropriate messaging should address breastfeeding, pacifiers, dental check ups before age two, ABCs of tooth brushing and flossing, fluoride treatments, sealants, nutrition, sugar-sweetened beverages, and sharing food/drinks among teenagers. A few strong basic messages works best. Suggestions included:

- ✓ Oral health is just as important as heart health.
- ✓ If you don’t care for your teeth now, what will they look like in the future?
- ✓ These are your teeth... these are your teeth with no dental care.
- ✓ Warning! Untreated cavities can kill!

Promotores said that “if dental care were more affordable, more people would use it” and recommended public policy changes to fix systemic problems such as how Medi-Cal or Denti-Cal provides and pays for care or improve how to help people access care when they need it (such as pregnant women, children or a diabetic who needs quarterly dental visits to stay healthy). They recommended obligatory dental visits for all grade school children just as they do for “sports physicals, kindergarten immunizations or drug testing when you get a new job.” Promotores say, however, that they need “more training about how to advocate for policy changes.”



## Oral Health Is a Social Justice Issue

These three focus groups identified the following social justice and health equity issues related to oral health:

- ✓ Some people have access to dental care and others do not, not because they don't need it and not because they don't want it, but simply because they do not have the money to pay for it.
- ✓ Not being able to take time off from work and limited access to transportation are big barriers to accessing dental care services ("people want to see dentists in Mexico because they can provide all the care you need in one day and you don't have to take another day off from work").
- ✓ More bilingual/bicultural dentists and other types of dental care providers are needed in clinics and to work in communities that have little access to oral health care.

- ✓ Many families do not have adequate access to good nutrition (often due to their economic circumstances or because they live in food deserts) and need to be supported to drink more water and reduce their consumption of sugar-sweetened beverages, which are heavily and disproportionately marketed to children and youth in their communities. Moreover, water quality in some communities can be questionable.

Years of neglect and little oral health leadership in California has had an adverse impact on the health of Latino (and other) communities but there is a moral imperative to act now to change that.



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