

Background

One of the greatest disparities in maintaining overall good oral health in communities can be accounted to the disadvantaged, low-income population. Poor oral health in low-income communities has attributed to much of the population's general health irresolution, causing diseases and even fatal illnesses. Competency of these issues in society must permanently address the relationship between socioeconomic status and poor oral health.

Objective

1. Is there a difference in the way that oral health practitioners and the general public perceive the association between oral health practices and family income?

Methods

- Obtained quantitative data by contacting four accredited dental schools (UT Health, Meharry, Howard and UNC Chapel Hill) asking for resident dental students to distribute and answer the questionnaire.
- Distributed survey to non dental students in different places, using either paper survey or online i.e: (survey monkey).
- Survey consisted of 10 questions and asked participants to rate each question based off literature review.
- Based on the number of response for each question and using the average response that was rated.

Contributing Factors to Poor Oral Health in America

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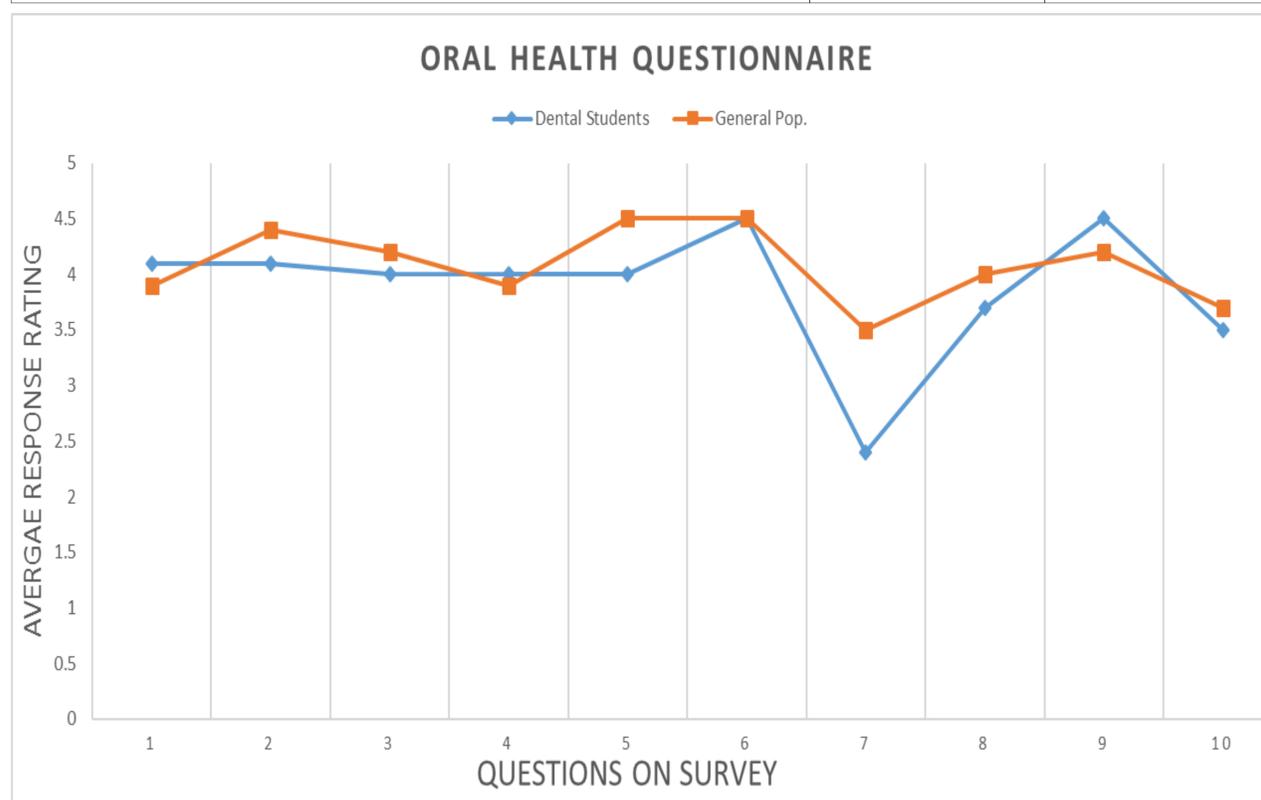
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Questionnaire Scale Item	Dental Students, Mean Score	General Population, Mean Score
Association of poor oral health with poor overall health.	4.16	3.90
Better parent knowledge about oral hygiene	4.16	4.45
Lack of insurance having a negative effect on oral health	4.08	4.27
Access to better produce	4.08	3.90
Availability to dental providers in communities	4.08	4.54
Emphasis on oral health during childhood	4.50	4.54
Less involvement of community based programs in a poverty area	2.41	3.54
Better parenting skills	3.75	4.0
Better oral health programs in school	4.58	4.27
Better school snacks	3.58	3.72



Discussion

Findings

- Difference in the way that health providers and the general public view oral health and overall health.
- The accessibility to fresh produce and emphasis on oral health in childhood would improve childhood poor oral health.

Barriers

- Sample size was difficult to obtain due to time restrictions.
- Survey participants may have not been truthful.
- Opportunities for improvement at the end of study should be addressed.

RECOMMENDATIONS

- Continue to educate community and professionals about childhood poor oral health issues.
- Provide more educational based programs in schools to help in early childhood oral health disparities.
- Create a public health awareness campaign to help give people in low income community the tools they need to change their lifestyles.

References

- Blake, H., Dawett, B., Leighton, P., Rose-Brady, L., & Deery, C. (2014). School-Based Educational Intervention to Improve Children's Oral Health Related Knowledge. *Health Promotion Practice, 16*(4), 571-582. doi:10.1177/1524839914560568
- Edelstein, B. L., & Chinn, C. H. (2009). Update on Disparities in Oral Health and Access to Dental Care for America's Children. *Academic Pediatrics, 9*(6), 415-419. doi:10.1016/j.acap.2009.09.010