

## Speak Spanglish: Caring for the Latin Community

### Video Transcript

Buenos Dias, I am Amber Lovatos.

So, I like to start my presentations by telling a story, my story. So, I am first generation Mexican American. My parents immigrated to this wonderful country before I was born. This is me in La Palma, Mexico, with my grandmother. And just like me, my parents also like to tell stories.

So, my dad tells me how proud he is that he never had to beg for food. My dad always worked for his food, so even at 8 years old on the streets of Mexico, my dad was working for his food and my mom tells me about having one underwear, one underwear that she would wash every day. So, if you think about that, if you think about the fact that my dad had to work for his food and my mom had one underwear, do you think that they have floss? No, my parents didn't have floss. My parents didn't even know what floss was and so they didn't know to teach me to brush and floss and do the things, and as a consequence, I developed a lot of dental problems. The first time I went to the dentist I was 13 years old. I had holes in 19 and 30 and I was in extreme pain, that dentist told my mom that I needed root canals, which we couldn't afford. So instead, my mom took me home, we ground up cloves, we mixed it with water and then I would stick them into the holes of my teeth. And then I would try to sleep with the pain.

The time after that that I went to dentist, I was 15. My cousin told my mom that the reason

my teeth were so crooked was I had too many teeth. So, what's the solution to too many teeth? Take some of them out. Yeah, easy. So, Mom sent me to Mexico and for 200 pesos or \$20.00 at that time, they extracted my maxillary permanent healthy canines. So, I don't have maxillary canines, and so I talk to my mom about that, now, you know. Did they not tell you about the resources available to your, yes, low income, but American citizen daughter?

I now work with a nonprofit who's been around 100 years, and I could have called quite for services at that clinic. Did they not tell you that extracting my teeth would not make them straight? And she says "pues mija, en ese tiempo no te educaban". "Daughter, back there they didn't educate you", and that's not that true, because I'm not that old. I think they were doing OHI when I was a teen. Either that dentist didn't know about the resources available to me or didn't communicate to my mom in a way that she understood. My mom only speaks Spanish. My mom only has a fifth-grade education, so even if they spoke to her in Spanish, were they talking to her in layman's terms?

The next time I receive care, I'm 18 years old. It's the first time I've received restorative or preventive dental care. At 17, I became a teen Mom and through Medicaid I was able to get dental care. So, I had 19 and 30 extracted so I don't have mandibular molars, first molars, I have one on each side and obviously I don't have canines, but they had root canals, crowns, onlays, fillings - pretty much all the things. I'm pretty sure I had some form of perio treatment,

and I say that because I remember as a young girl I would wake up in the morning and there would be blood on my pillow and there would be dry blood on my commissures and the mouth would taste thick and of iron and I knew that wasn't normal. But I also knew there was no point complaining because I wouldn't be able to get care anyways. But I made the connection that after I received whatever care was that I received that went away.

Since then, I became a dental hygienist, the first dental hygienist in my family, specifically a public health dental hygienist. The first college graduate in my family, my sister is now a hygienist and my cousin who grew up with me is also hygienist. They will tell you that I did not influence that, but I think the name Lovatos carries some weight. But I am very much an advocate for my community, for "mi gente". I do call myself the Latina RDH. Not because I think that I represent all Latinas or Latinos or Latinx, but more because I believe in vocal representation of "mi gente". Because I'm so blessed in my career that I can give lectures that I can write that I can do the things, and as I'm doing those things, I want to be a vocal representative for us. So that's why I call myself the Latina RDH.

But I'm gonna talk to you today about a couple populations that, I kind of really oversimplified this. So we have three groups. One; those who are U.S. born and raised. I was U.S. born and raised here. My cousin who's also a dental hygienist wasn't born here, but she immigrated here when she was five years old. And then went to hygiene school. You would treat us the same way. Then we have those who are foreign born, like my parents who immigrated later in life. So, for my mom, you would only speak to her in Spanish because she only speaks Spanish. My dad speaks English but prefers his care in Spanish. And then you have those who are foreign living. So those who are living in Latin America. I'm not going to talk about them because really, I'm here to talk to you about populations that you would be seeing in your day-to-day practice. And I want to talk about the HDA. I'll say I'm a bad member of the HDA. I do pay my dues, but I don't do much besides that, but they've always been really, really good to me. They're always supporting me, even

though I don't give them much. They give me a lot, so if you haven't checked them out, I would encourage you to.

So, I am going to give you a Latino 101. Does anybody know the differences between Hispanic and Latino? Did you know that there's a difference between Hispanic and Latino? Yeah, so you hear them a lot interchanged. So, Hispanic refers to somebody who comes from a Spanish speaking country. I come from Mexico. We are considered Hispanic because we speak Spanish, but if you came from Brazil, you wouldn't be considered Hispanic, because what do they speak in Brazil? Portuguese, not Spanish. They're not Hispanic. Latino refers to somebody who comes from a Latin American country. So, somebody from Brazil would be classified as Latino, but somebody from Spain would not be Latino because Spain is where is in Europe. Yeah, it's not in Latin America. Mexicans, we're both where can be categorized as Hispanic and Latino. So that's why you hear those interchanged a lot, because countries like Argentina, Bolivia, Chile, Colombia, Costa Rica, Paraguay, Peru, Uruguay, Venezuela, all of those they overlap, they're categorized as both. But then you have Brazil, who is only Latino or Haiti, that's only Latino and then Spain that's only Hispanic.

Oh, so all these images are of Hispanic Latinos, Latinas in Dentistry? I did get a complaint that didn't have enough men in my presentation, but that's not my fault. I asked people to send them, and the men didn't send any pictures, so that's on the men.

Let's talk about Latinx and Latina. Has anybody heard of the term Latinx?

Does anybody identify as Latinx? Anybody heard of the term Latine? No. OK, so let me explain Latino/Latina to you first. Latina refers to somebody, a female that comes from Latin America. Latinas refers to a group of women from Latin America. Latino refers to a male from Latin America. Latinos refers to a group of men or a group of people from Latin America. So, say we're in a room with 100 Latinas. Then one man joins us, now we are Latinos. And so talking about like women and empowerment we don't like that so much. So, we started talking

about equality, and I started doing Latin@ so it's neither an "A" or a "O". But then there are those who don't identify as either male or female, so they started crossing out that "O" or that "@". So Latin "X".

The issue with Latinx, I'll tell you, I post a lot on social media and there are three times that I will get hate on social media. Any time I talk about fluoride I will get hate. I've actually turned off my comments because of fluoride. Anytime, I post about Latinx, I get hate comments. That's because people feel very strongly that they are not Latinx. Mostly because they feel like it's an American term, like an English term, a term that was kind of imposed on them. It's supposed to be more about equality a gender-neutral term and not a gender conforming term. But a lot of Latinos feel like, "well, I've never identified as this". And even in Latin America, they don't use the term Latinx. I asked my mom. "Mamá, have you heard of Latinx? She said, "Qué es eso?" What's that? "Stop making things up. Amber", I was like, "no, mamá it's a thing".

But in Latin America, they use Latine a not Latinx. So, I'm more OK with the term, Latine than in the Latinx, mostly because at least in Latine we use "E" in Spanish we don't really use "X" in Spanish. They say that only one in four U.S. Hispanic knows the term, and only 3% of Hispanic Latinos identify as Latinx. I give this lecture all over and I've yet to have a person raise their hand saying that they identify as Latinx. So, I think that is very telling, especially of how people feel that like this term is now imposed. I think a lot of people are OK if you identify as Latinx, but they don't want that term imposed on them.

Now say it is really difficult to classify us, to give us one term. That's because we come from 20 different countries. There's not one way that we look or talk. I'm gonna read a quote to you. Everybody knows Selena. Yes, not Gomez, Italia. Yes, going to school too though. Everybody see the Selena movie? I am going to read you a quote from the Selena movie. Her dad, Abraham says, "being Mexican-American is tough anglos jump all over you if you don't speak English perfectly. Mexicans jump all over you if you don't speak Spanish perfectly. Japanese-Americans, Italian-Americans,

German-Americans, their homelands are on the other side of the ocean. Ours is right next door, right over there and we got to prove to the Mexicans how Mexican we are, and we gotta prove to the Americans how American we are. We got to be more Mexican, than the Mexicans and more American than the Americans, both at the same time. It's exhausting, man. Nobody knows how tough it is to be Mexican-American". And that's not just Mexican-American. Right. That could be Salvadorian-American, Puerto Rican-American. But I think that's very true, right? A lot of times we feel like we're not from here or from there. Nobody like truly accepts us.

We're our own and so really the best thing I think would be to ask people how they identify, right. They say that 51% of people from Latin America identify with their family's country of origin. But when I'm talking with my friends, especially my latino friends. "Like where you from? I'm from Mexico, right?" Sometimes when people outside of the community asked me that, I get a little suss, but for the most part, I'm very proud of be a "Mexicana", so identify as Latino, Latina Mexicana, Mexican American, very much an American, very much a "Tejana" a Texan.

My friend Amy Lava. She was born in Nicaragua and then she immigrated here, joined the army, she said. She's Nicaraguense, she's Latina and she's an American.

My friend Bell Angie here, she's also dental hygienist. She's from Puerto Rico, so if you're from Puerto Rico and I'm Mexican, you probably would tell me "so, Porto Rican" Yeah, I'm from Puerto Rico. But if somebody from Puerto Rico talking to another person from Puerto Rico would say they're Boricua, and that's to honor their indigenous ancestry.

Alright, so I say that we come in shades A1 to D4. We do. We come in all the shades, so some things that are inappropriate to say. "You don't look X". "You don't look Mexican". "You don't look Salvadoreña". Or "you're not a real Mexican". Using generalized terms like "Spanish people". I speak Spanish, but I'm not from Spain, "I am Mejjicana". Using generalized terms like Mexicans. I am Mexican, but not all of us are Mexican. And so, those of us who

come from Latin America, we do look a variety of ways. We were first indigenous people, then we had the conquerors come over right, the Spaniards, the Portuguese and they were lighter skinned, the Europeans. We became "mestizos" mixed. But then they brought African slaves. Right, so we have a little bit of everything. That's why we don't look one way. If you've ever done one of those ancestry DNA things, for people in America it's really all over the place because we're very much a mixed race.

So, talking about indigenous people, people from Bolivia, Peru, and Guatemala, they have the highest percentage of indigenous people. In Mexico has the highest number of indigenous people, but a lower percentage because Mexico is a larger country. The thing with indigenous people, though, is that if they're truly indigenous and come from an indigenous community, they may not speak Spanish. They may speak one of the 500 to 800 indigenous languages. That is definitely a barrier to care because we say that even having Spanish speakers it's hard for providers to find out and more for the indigenous population.

We have Afro-Latinos and not just Haitians and Dominicans. Brazil is the second biggest country in the world, but we also have black or Afro-Latino in Colombia, Puerto Rico, Cuba, Venezuela, Peru and yes, the Dominican Republic and Mexico. You know when they brought slaves over, they brought them everywhere, and they might not identify as African American. They may just identify as Afro-Latino or black.

You know we have Asians in Latin America. So, with the abolition of slavery, they needed to find a way to have cheap workers, so they brought over men from China to Cuba and they told them, "Hey, you'll work once you're done with your work, we'll send you back". But when they were done with their work, they weren't sent back. They took their passports. It was, really, an early form of human trafficking, and they brought them in to supplement slavery. And so, they didn't send them back. And so, then we've had they had 250,000 Chinese men in Cuba and in Peru. Also, sometimes you see

that can be like, "Oh, you look, (I get that a lot), you look Asian". Are you half Asian? "No, I'm full Mexican". But whatever that means, right?

But we all have different "culturas", just like here in Texas. I'm from Houston. Houston has a very different culture than San Antonio, right? San Antonio has a very different culture than Austin, and we all have a very different culture than Dallas. No offense. So same things we have these 20 Latin American countries in those countries, they have their own states, their own cities, they have their own cultures, their different forms of food. I love the tamales and my mom makes tamales all the time and so sometimes I post on my Instagram like stories about tamales and they're like, that's not this type of tamale or I've never heard of that tamale, I'm like, well, this how they make tamales in Hidalgo, OK; but it might be different where you're from. So, the different foods, different dialects. I think we all have very much pride in our communities and where we come from. I do think it is important to know those differences, though. Part of that is because of those different cultures, different things that you might eat like a quesadilla, is anyone in here Salvadorian? No, so a quesadilla for you looks like what? What do you think of a quesadilla? A tortilla with cheese, right? That's very much in Mexican thing. So, for Salvadoreños, a quesadilla is like a bread, like a sweet bread. So, it's different. Boricua people from Puerto Rico are more likely to be smokers.

So why do we care? They say there are 60 million Latinos Hispanics in the US, we contribute to 18% of the US population. Over the last 10 years, 50% of the US population growth was attributed to us. So, we're the largest minority group.

We should care because of cultural competency because it leads to better care. If that doesn't matter to you, I'll tell you that US Hispanics-Latinos, we contribute to a huge part of the economy. But studies show that the majority of our needs are not met, that we're not really that happy with the products that are given to us that are sold to us, especially when compared to our white counterparts. So, if you care from a business standpoint, the money that we have,

the needs that aren't being met for us in the economy, in sales, that should say something to you. To say something to you that if you are truly caring for our population, it could be a way for you to make more money for you and your practice. But it does lead to better outcomes, improve accuracy and patient medical records, reducing the risk of medical errors. Helps prevent being readmitted to hospital, improves the efficiency of care, and it increased trust and mutual respect. So, I worked for a nonprofit dental clinic and we were a medical and dental clinic. We didn't have any fully Spanish speaking doctors in our clinic, but we were sort of people who were low income and uninsured, very low prices. Yet my patients would still go to a clinic in Houston that was for profit, called La Clinica Hispana, where you'd have to wait all day long and they were charge you a bunch. Why? Because I knew they would get a provider who spoke their language, because they knew they would get provider who would understand them. I think that's very telling and I don't think that you have to be Hispanic-Latino, to be able to connect with our community. I think part of it is really trying. I worked with a doctor at that nonprofit, Dr W. and all my patients loved her. They all wanted to be seen by Doctor W. Part of that is because she attempted the language, she couldn't fully speak it, but she would try, you know, and they could feel the love and care that she had for them. So, it doesn't have to fully do with speaking the language fully.

Let's talk about disparities. They say that 33% of Mexican Americans from 2 to 5 years have caries in primary teeth, 70% of Mexican American children from 12 to 19 have had caries in the permanent teeth. Me right. I was at 70%, the majority of teens, Mexican American teens in the US have cavities. So that black children are almost twice as likely to have fair or poor oral health. And Hispanic children are nearly four times as likely.

So why is that? Is it our diet? Part of it is our diet, right? And that's not just sweets, but we do tend to eat a lot of carbs, love sugary things. A lot of sweet beverages. In some parts of Latin America, it is more affordable

to buy soda than it is to buy water. Soda is more accessible, where we where I come from, there's a truck that comes by weekly and you can hear the music and they will sell you a big thing of water or you could just walk to the store and buy a soda. It's also very much a cultural thing. When people come over you give them soda, right? If you're gonna spend some money on something which I want something that tastes like nothing or do I want something that tastes sweet, right? Part of it is the sweets. It is our oral habits. It's simply not knowing, not knowing how to brush and floss, or not having those products. Receiving dental care is a factor. Acculturation is not a factor. So, what we mean by acculturation is somebody's ability to speak English or whether somebody is more Americanized or not. What is a factor is people's levels of understanding and knowledge. So, what does that mean it means that if you take the time to educate a patient in their language and fully help them understand their needs, them not being from America or not being super Americanized would not be a barrier they're equally likely to accept care if they understand care. It's the same thing for an English-speaking person or American person. If I were to go to the dentist or a medical doctor and you don't explain my treatment to me, then am I likely to get that care. No, it's the same thing, acculturation is not a factor. Perceived need is a factor where they truly think that they need it, but also there's social network. What their community is saying. A lot of times I do outreach work with Crest + Oral-B and I'll have patients who say, hey, we're doing these free screenings, free fluoride, free product. It's all free. OK. So, then you don't need my information. Well, I still need consent. No, you want something? It's like, no, truly it's free, but it's this idea that maybe you're trying to put one over them. So, I do think it's important for us to go into our communities and educate them, right. We need to be that resource for them.

My mom went to her "comunidad", my cousin, who told her, gave her the advice to extract my teeth. Why? Because she had done the same thing too, because that was the belief. And you know, I was talking to one of my patients recently and and I said, you know, my mom did this to me. She's like, yeah, that's how that works! That they still have this idea that extracting teeth is

gonna make them straight. So we do need to be, I think those that are in these communities educating. Health insurance, dental insurance that is a factor. Education income are factors, and I will talk to you about those.

So, health insurance is a factor. A lot of times I hear like "oh, well they they're low income, they'll have Medicaid". Not always. I was low income. I was a US citizen, and I didn't have Medicaid until I was an adult. Part of that is because we have pride. I was taught that we came to this country to work, not to be a burden. We're here to contribute to society, not take from society. I was so I was a teen Mom twice had a son at 17 and a son at 18. It was a single mom for a long time, and I'll tell you when my first son was born, I qualified for WIC. You know what WIC is? It's like milk dairy products for women who've just had children and for their children. My son was born on a Monday. I left the hospital Thursday. My WIC appointment was Monday, the following Monday and I couldn't, afford to make it to Monday. I didn't have enough money that \$10.00-12.00 to buy a thing of powdered milk. So, I had to get emergency WIC.

So, I truly had nothing. I remember I had an uncle of mine who came over and brought me \$40.00 and I thought, Oh my gosh! like this is so much money for me at that time, yet I never applied for anything like TANF, for food stamps, for Social Security, I didn't apply for any of those things. The only thing I applied for was for Medicare for my kids and for WIC. Because again, I was taught not to be a burden on the system. Another thing would be immigration status in the fear of deportation. I've had adults who I've served now who are American citizens, who would have qualified for Medicaid, but their parents never applied for Medicaid or CHIP because they were afraid to be put into a system. And even though that child might be a U.S. citizen and would qualify, maybe the parent wasn't a resident, and they were afraid that they would be deported. And so, for those reasons, they don't apply for these services. So, my advice to you would be, you know when you're talking to these communities and they don't want to give you their information, letting them know like, hey, this is just because we need to have it for consents. That it's not

going to be put into a system. We're not going to be sharing this information with anybody else, that will help to reduce some of that fear. There's definitely a mistrust and then a fear, my mom says this a lot "Si voy, me van encontrar algo". If I go, they're gonna find something. It's just better not to know. Language is a barrier, my mom had COVID a couple years ago and her blood pressure started getting really high. She, one night she was on the ground in the fetal position crying because she was afraid that she was going to go to the hospital. It wasn't because my mom was afraid of dying. My mom doesn't fear death. My mom's a very spiritual woman. My mom's fear was that she would have to go to the hospital. That she would not be able to have her daughters there with her, that she wouldn't be able to communicate, that she would be intubated and not have a voice. And I'll tell you that I've had people who've told me similar stories of their parents because of the fear of language they didn't get medical care. So, if they won't get medical care, do you think that they will not get dental care? Absolutely, right. They're already avoid going to dentist. It's easy for them to ignore dental pain. If they're willing to ignore their healthcare, the possibility of dying, they are definitely ignoring dental right, so language is a huge barrier to care.

So say there's a variety of Spanish dialects. I think that makes it kind of hard, right? I might say something one way and you say something a different way, so I want you to know that Spanglish is not derogatory. Like I've kind of been hearing that around speaking a little bit of English, a little bit of Spanish, but it's kind of how we've evolved and definitely very much Antonio thing right to speak a little bit, just throw some Spanish words in there. But also understanding that not everybody from Latin America speaks Spanish and not all of it, and none of us speak Latin. So, they, so they say, since 1980, that Spanish English speaking has gone down in the household, say, 42% of immigrants say they speak Spanish at home. You know when I'm talking to dental professionals and like I really want to learn Spanish, but I'm so embarrassed. You know, I sound kind of funny when I speak Spanish. I don't have anybody to practice with. Well, same thing for Spanish speaking community,

right? It's embarrassing for them. They want to learn English, but who do they practice with? They might be a little embarrassed. You know, people might make fun of them, but they say those who have people in their household who speak English are more likely to know English because they have somebody to practice with. But if everybody at home speaks Spanish, there's less likely to them pick up English.

And so, I have some resources for you a little bit about dialects. Anybody know how to say swallow in Spanish? OK, so that is what I was looking for "traga o trague", right? It's a little aggressive.

We have this saying "no más estas tragando". You're just gluttonous, you're just swallowing, indulging with food. A "trago" is a shot, right? Also in Mexico, there's this a sexual term for swallow that's also "Traga". Imagine telling my super uber conservative christian mother to "tragar", that didn't go over so well. But if you did Google Translate, Google Translate would tell you "Traga o Trague". So, I prefer saying things like "pase la saliva", and so I teach very basic dental Spanish on Instagram. I make one-minute videos and that's kind of the things I teach, like alternative ways of saying things in Spanish. Now my Spanish is not perfect. I'm very much a Mexican American, very much a "Tejana" but it's free so you shouldn't complain.

Okay, I'll give you some general Spanish resources for DentalCare.com. But the NHI has free pamphlets, the Hispanic Dental Association has on their website if you're a member, also has free resources, PowerPoint and things that you can use. There's a pocket-book called Spanish terminology for the dental professionals, I'll share with you. It's not a bad resource, it's an okay resource. Anybody know how to say periodontist in Spanish? OK, what did you say? "Periodontista". Anybody else have something other than that? Wow! Yes, he's correct. It's "Periodonsista", because it's "sista" is Doctor of the Periodoncia, not periodontia. But that's very much a Spanglish term here look, I'll reward you. I'll give you, my book. But this book will tell you it's "periodontista" not "periodonsista", but I am right and they wrong. So, it's funny I gave this lecture at a national

conference, and I was talking smack about Elsevier, the Spanish terminology book, and the editor was in the audience, and so now they have me editing the new version. But it's not, it's not a bad resource. It's not, is it perfect? No, but it's not a bad resource. I will pass, it she'll pass it around, but it's not that. It has like some good sentences, if you need something your patients would understand.

So dentalcare.com has some great free resources. If you dentalcare.com then you click on patient education on top, then come patient education materials, you'll be able to select the language. So, for us Spanish and then things like bleeding gums and then it will have a list of articles that you can print with instructions for your patients. So, when you talk to patients about perio the first time, do they fully understand it? No. Even when I go to the doctor and they explain something to me, I'm like, OK, I think I'm good and then I get home and I have all these questions, same thing. So, this is free. You can select, I think it's better to explain to them, yes, and then give them a handout they can take from home and then read at home as well. But they have things on gingivitis, braces, calculus, hygiene, wisdom teeth, all sorts of things, and they have multiple languages, not just Spanish.

And I have my book. My book is called Smiles Por Vida, it's a Spanglish children's book. So, I'm a public health dental hygienist and during (you can pass this around) during 2020 I couldn't do the typical things that I do. I couldn't do the fluoride days. I couldn't do the sealant days, so my friend Maxine Cordova, who's also a public health dental hygienist, we thought, well, we'll reach your children. So, we partnered with a nonprofit called "Esperanzas de Tejas" and we thought, OK, we'll read to them, but we couldn't find a book, that one that looked like us. Look the variety of ways that we look. So, our book comes in a variety of shades because we look a variety of ways. Our book is in Spanglish and Spanish, and it's about Mateo's first dental visit and his first dental visit is in a school setting. Because that's what we do. We go into schools and provide care. We want kind of normalize that type of care. Our book is not for profit. We don't make any money of our book. We

make like 2 bucks of Amazon, and then, we use that money to buy more books to give out to the community or to give out to other dental professionals that are doing outreach work. I usually post about it on my Instagram, and I just give them away. The other thing that we were very intentional about was our hygienist in the book was the darker skinned character. I had somebody, a hygienist asked me like “you’re not gonna make the character look like you?” and then, like, no, because in Latin America there’s a lot of colorism. There’s the idea that the lighter skinned people are the main characters, that the darker skinned people are the servants, right? So, trying to normalize the fact that you can be the darker skin character. My youngest son is darker skinned, my dad is darker skinned. That doesn’t mean that he’s less likely to be that provider, but you see that you don’t see that representation, and it makes it harder for them to see themselves in that. So, we want to make sure that our character was the darker skinned one.

OK, so say that I don’t care how you say cleaning or prophy or SRP or deep cleaning. I’ll tell you different ways. Cleaning is “limpieza dental”, prophylaxis is “profilaxis dental”, SRP is “raspado y alisado radicular”. Have you ever heard of that? No, has your patient ever heard of that? No. Have they heard of “limpieza profunda”? Yes, right. And so, I know that we get this a lot of this hygiene talk about like we are hygienists, use the correct and scientific terms. But what’s the point if your patient doesn’t understand, right? Honestly, I don’t care what term you use. Regardless, you need to explain to your patient what that term means, because even if you’re saying “limpieza dental” a dental cleaning, they may not know what that is. In their country they may have only had polishing. They may have only had scaling on the outside, you know, on their facials, they maybe have never been probed. So, you need to explain to them what those things are and not just say the words.

Translanguaging or Spanglising or Chicanoisms, they are appropriate ways of providing care. So, “translanguaging, acknowledges multilingual/multidialectal practices are communicatively full and valid”. They have had a lot of studies in medicine,

in medical providers using Spanglish and just incorporating words like “Hola, soy tu higienista”, Hi, I am your dental hygienist or your “dentista” dentist. And what does that do? That makes us feel like you’re accepting, you’re trying. A lot of times when we go in to get care, people like my mom are afraid that they’re gonna be judged because they don’t speak English. My mom is that she doesn’t want to speak English. My mom only has a fifth-grade education, but it’s also been kind of our cultures fault. My mom’s role has been to be the stay-at-home wife to raise the children, right, and my dad’s role is to be the provider. So, my dad was able to go out and meet people, learn English. But society and the way that approach works meant that my mom would stay home. My mom would cook and clean and take care of the kids and all the kids speak Spanish. So, who does she learn from? Who does she practice with? She doesn’t have that same opportunity. I don’t think that means that my mom deserves lesser care or not equal care, right?

So, education, if you’re gonna provide education to our population, we recommend an elementary to middle school reading level. This is because a lot of people who have immigrated from Latin America, especially those who are impoverished, have 5th to 6th grade reading level. Part of this is because around that age, they’re able to start working, and so if you are coming from an impoverished community, impoverished family and now you can work, they’re gonna put you to work, right. From my mom, the school after fifth-grade was a 2-hour drive. She lived in a “Pueblo” This makes sense, right? How is she going to get there 2-hours to go to school and then 2-hours to come back? You know, it also costs money when they don’t have. Obviously, you tell, show, do understanding they have a low dental IQ. So, you might say “empaste o relleno” and they’re like, okay, I kind of understand that. But they might not know what that really means. So, explain to them the why. Why they need the treatment, but also the consequences of not getting the treatment, the consequences of their disease.

Another barrier would be they often times rely on remedies first before traditional medicine. I was in the car with my dad recently and so for



a little more background. So I'm a hygienist, a public health hygienist. I'm probably the most well-known public health hygienist in my city of Houston. I'm very well connected. My husband is a dentist. My sister's also hygienist and I have a lot of cousins who are dental assistants. So, my dad gets a call, and his friend is calling him because his son has a toothache. And so, my dad says, "okay, so here's what you're gonna do. You're gonna go to the store. You gonna buy some cloves, grind them up. You're gonna mix it with water" or I was like "papa, or you could give me the phone." Right?. And dad was like "ohh, but no, home remedies first". So that's very much still ingrained in them to go to home remedies. I think and partially it's still kind of ingrained in me too, right? My niece was telling me like, "ohh my stomach hurts", like, okay, we will make you a "Té de manzanilla". Then I am like, I guess I could give you some medicine, but it is very much ingrained to give them like, teas or to do home remedies. So, if they are doing these things, talking to them about why they are doing them. If they're using hydrogen peroxide for pain, well, that's that is not gonna help, right. Making sure that then, if they're doing that, they're diluting it. If they're using antibiotics, ask who prescribed those antibiotics. Was it somebody who did they bring it recently from Latin America? From Mexico? Was it their leftovers from their cousins? Having to explain to them that, not all antibiotics are the same or treat the same thing, right. To take them the proper way? You know the full amount.

And you know, I don't know if you know for those of you who are not like in the community, but you can go to "La Carniceria Meat Market" and buy antibiotics. That is not uncommon. So, talking to them about that. Culturally, Males Hispanic men are more likely to get their primary care from emergency rooms than they are from a medical provider. So, they're more likely to wait till the last minute to wait till they're absolutely in pain to seek care. Part of this is very much a culture, it's economics, they are the providers, right? They have to work and if they miss work to go to the doctor, then they're not making money. They're also taught a very like "macho" kind of mentality, like you're supposed to be tough. So, educating and letting them know that it is okay to get care that they should

get care, because then they're out of work there's a larger consequence to that.

And so, we talk about that poverty rate is an impact on dental care. We know that that is true. But are we truly impoverished? So, we see that Blacks and Hispanics are overrepresented in poverty for all age groups. Hispanic Latinos were less likely to have money for college. We're also less likely to take on debt, less likely to take on debt for college, and so then there's that cycle. Well, I need to go to college to get out of this situation, but I have no money and we also are less likely to take on debt to help us get through college. We also usually don't know about resources available. There's no way to follow. I was the first person in my family to graduate from college, and I definitely got a lot of pushback. I was a single mom of two kids and my cousins were very much like "porqué no se calma?", calm down and get married find herself a man from a ranch to provide for her. And I was like, you know what? I am a little crazy, but that's okay. I'm gonna go out, and they're like, there's no jobs in this dental hygiene. What is that she's going to do? I'm like, you know what, that's fine I'm still gonna do it and we'll see. But was it a longer journey for me? Yes. Was it harder? I think so. Yeah, I took classes that I didn't need to take. I did take on debt and I think that's part of my "locuras" that I was able willing to do that, but we're also more likely to drop out of high school to provide for our families. So, during COVID, do the bills stop coming even if you get sick? No, the bills keep coming, right? And so, if Mom and Dad are parents, can't work, who's gonna work? The kids are gonna work. I was a high school teacher. I worked at a Title 1 high school, primarily low-income students, Hispanic and black students, and I worked on this committee called the Attendance Committee. The "A" team. And the number one reason that students had attendance problems was because they came in late because they were tired because I had to work overnight, right? Or because they had to leave school early to go and work. In my family? We all only had one male cousin graduate from high school, one, and he then later died due to gang violence. So, we have zero men who have graduated from high school and my family. So, I tell you these statistics are very real to me. And so, while my sisters will say that I wasn't an impacted into them going to hygiene, I do

think it had some impact, right? The fact that I was, they saw me do it so then they did it too. So, we would like to have guidance, I'll say that even though we are more likely to be impoverished, we still deserve choice, right? I still deserve for you to tell me what my options are. I still deserve for you to recommend that electric toothbrush to me. I still deserve for you to tell me that I need a scaling and root planning and laser and all those things. And then I make the choice whether I can afford that or not, and I'll tell you that was something hard for me. When I got out of hygiene school I was like "ohh man, I don't know like I don't wanna sell to people", but it's not about selling. It's about giving people the opportunity to make informed decisions, right, whether they choose to or not that is up to them. But that is their right and their choice.

I'll think here, things like things are not appropriate to say are illegals, right? We hear undocumented a lot that seems to be still like the norm, but the new term is unauthorized because somebody, even though they're coming from Latin America, they may be unauthorized, but we all have some sort of documentation. Alien, also not an appropriate term to use, understanding that not all unauthorized people come from Latin America, there is unauthorized people from Canada, from Europe, from Asia, is not just Latinos, Latinx. And they say that 25% of US foreign born are unauthorized. The majority of Latinos here in the US are authorized, so this idea that the majority of us are not unauthorized or undocumented is false.

In our older population, those who are 20 to 64 years old, non-Hispanic Black or Mexican American adults are two times more likely to have untreated cavities as non-Hispanic Whites. Those 65 and older, more than 9 in 10, have had cavities. So almost 100% of our population has had cavities. 1 in 6 have untreated cavities. Older, non-Hispanic-Black or Mexican American adults have two to three times the rate of untreated cavities.

So, what are the factors? Genetics is not a factor. We're not genetically more prone to have cavities or to have period. We are more

genetic contributes to comorbidities like diabetes and hypertension, and those have an impact. But we are not destined to have perio. We're not destined to have cavities. We're less likely to have access to healthcare, less likely to have access to healthy foods. A lot of people who are in poverty tends to go to food pantries and food pantries have a lot of canned foods, high sodium, high sugar. We're less likely to have access to culturally competent care.

So, talk about diabetes. Mexicans are 14.4% likely to have diabetes, but we're more likely to have diagnosed diabetes than those from South America. Puerto Ricans are two times more likely to have diabetes compared to those from South America. Hispanics 12.5%, Black, non-Hispanics 11.9%. But American Indians/ Alaska natives, are the highest at 14.7%.

Talking about nutritional counseling. I love me some food. I love "pupusas, empanadas and mofongo" and all other things. All the carbs, right, and in Latin America we have a lot of carbs, a lot of sugar in our community's food. So, while we eat those from Latin America do come from 20 different countries. They say that it doesn't matter all of us consume a lot of sugar. A lot of cabs, so at least we have like, one thing in common.

I'll tell you a story and my niece, she's six years old. This is maybe a couple years ago. We went to this arcade place for a birthday party, and they had fruit, and so I see my niece like walking with her "fruta" and she walks to my mom's purse and she pulls out this big old thing of Tajin, right. It's like chili, and she starts putting it all over her fruit. I was never more proud of her, but in that, in that moment I was like and also equally concerned, right? Why does my mom have a full-size of Tajin in her purse? and how does my niece know that? You know, I mean, but those are things. Do I have acid erosion from my addiction to extra flaming hot Cheetos? Yes, yes, very much so. During COVID, on TikTok there was this trend where they would peel a lime and they would dip it in chamoy and then put it in Tajin and they would bite directly into the lime. Yeah, I didn't. I didn't ever do it, okay. But I wanted to, like should I

want to? I wanted to, but I mean there's some truths in those things, right? So, let's talk about diabetes and perio. So, we know that people with diabetes are more likely to have perio, right, but people who have perio are also more likely to have uncontrolled diabetes and diabetes can lead to complications. And those are things, conversations that we should be having with our patients.

This is my Papá. My dad has had diabetes for as long as I can remember. I did truly understand diabetes and its impact, but my dad also very much has perio. So, dad had diabetes, and then my dad developed fatty liver disease and that diabetes and combination with the fatty liver disease caused my dad to develop cirrhosis of his liver. And then that led to hepatocellular carcinoma. Now, if you Google HTC or hepatocellular carcinoma, it's a scary, scary cancer. For me, I will tell you the hardest part was feeling like I lost my dad before I lost my dad. My dad is a very smart man, although he only has a fifth-grade education. Umm, yet because of the disease, he was unable to filter the toxins in his body and it cost a lot of confusion. There was one time when we were at the doctor and they were getting blood work, and I'll say it was like here to that wall. He was getting blood work like, "okay, Mr. Lovatos, we need you to go and pee in this cup" and like, okay papá you hear that? We're going to go the restroom and going to pee in the cup, okay. So, I walk from here to the restroom. I open the door. Let my dad in. I get my dad the cup and like okay papá you are going to pee in the cup. Okay, close the door. I can hear my dad urinating. My dad comes out and I say "okay papá the cup", "What cup"? Like the cup, what cup? And so, I searched him and I was like papá you were supposed to pee in the cup. He's like, I didn't know, nobody told me. From here to there he couldn't remember such a simple thing like to pee in a cup. There were days that my dad could even put on a shirt, and it was hard for me to have this person who was very much my best friend. I know that's so corny, but I was very like connected to my dad. I became my dad's medical power of attorney. I do feel him lose his identity to become somebody who was like, so fun and calm, and I'm like the angry

one. I'm the hot one and now he was the hot one. He was the one getting angry and upset. Umm, that was hard for me. And so during that time 2020 to basically like 2022 was some hard times for me emotionally, hard times from him medically. But for me, emotionally was very difficult. I was caring for my dad. I was the director of a nonprofit dental clinic. I was going through infertility so, and that was hard. There was one time that I'm not proud of this, but a moment that kind of made me a couple moments made me kind of wake up. One was, I was I was going to an orange theory fitness class. Yeah, it's like a workout class. And they're very, like, strict on the time. And I knew they were strict on the time, you know, if you don't, if you're a little bit late, they don't let you in. And was I late? I was late and I knew that I was late. And didn't let me in, no. And was I a reasonable adult and decide to leave? No, instead I started to cry. It was like an 18-year-old, and I was so upset because she wouldn't let me in. And it wasn't even that, it wasn't that she didn't let me in. It was just that I was so overwhelmed. It was that, you know, it was Mother's Day weekend and my kids had COVID and had given it to my mom. And my dad was sick, and I was dealing with things at work, and it was becoming to be too much. At one point, my dad told my sister that he felt that Amber is always upset at me. And I was like, ohh that's not how I want my dad to remember. Like me, the reason that I decided to be my dad's medical power of attorney wasn't so that he could. It was so I could help him. Not so I could hurt him, right. And so, I had to start kind of checking myself, trying to work on me.

I did end up quitting my job so I could take care of my dad. And started focusing on the things that I could do. Could I control whether the fact my dad if my dad got a transplant? No, luckily, my dad did get a transplant last year, and my dad's on the mend. It's not like 100%, but you know what? He's with us. He can put a shirt on. He can remember to do the things that we tell him to do. But I started to focus on like, what can I do? Like what is in my control? My attitude is in my control, right, the way that I respond to things that's in my control, providing my dad's dental care that's in my control. My dad has perio and we

know that perio now leads to the development progression of things like cardiovascular diseases, like diabetes like adverse pregnancy outcomes, Alzheimer's disease, impaired cognitive function, gastrointestinal diseases. My dad has a gastrointestinal cancer. So we think about like, oh, it's just gum disease or just a cavity. It's not just a cavity. It's not just to gum disease, right? I wish that somebody had had those, like, hard conversations with me early on about the impact of diabetes on care. Or the impact of perio on care, on his diabetes and progression of diabetes? There was a study recently that was done on the connections from perio to hepatocellular carcinoma. It wasn't a very strong study at all, but at least it's to me, it told me like they're starting to be these links. They're starting to see these things. Umm, and I think that's very telling. So, what can we do? We can reduce that gram negative anaerobic biofilm, right? You can do that scaling and root planning. You can recommend that stannous fluoride.

So, we can educate our patients. So now when I have a patient who has diabetes and fatty liver disease, I talked to them about their risk of developing cirrhosis, right. About, you know, when my dad first got his tumor, the first tumor they saw, they didn't tell us that it was a tumor or that it could be cancer. They told us it was a lesion. And when I think about lesions, I know I think about like aphthous ulcers, about fistulas. I didn't think cancer and so when he got cancer, it was so quick and it wasn't a quick thing. It was something he had over years, but nobody took the time to talk to us about us, to educate us about the things. So educate your patient on perio on their caries on oral cancer. I think that's where the power lies as an education. Build relationships with those patients. Attempt the language you want to care about them. Recommend products to them. So whatever it is that they need, right, people deserve choice. I think they deserve the best possible outcomes. Don't make decisions for them. Don't just say like, oh, I don't think they can afford an electric toothbrush. You don't know if they can afford electric toothbrush, right? Recommend those things to them. Personally, I like to give things to my patients. Try to reduce that thing where they

have to, then go to the store and try to figure out of the millions of toothpaste that there are? Which one do they pick? We say that it's better in their hand than in their mind.

And if we can do one thing to maybe reduce that, that stress of things. Because our, our patients, they have a lot going on just like I'm sure all of you have something going on, right. So if you can do one simple thing by just having the product for them. If you want to help communities that maybe don't have access to dental care, some great resources would be the Association of Free and Charitable Clinics. There's a Texas Free Association of Free and Charitable Clinics and you can put your zip code in there or that patients zip code and you can find clinics that are nonprofit community clinics where people who are low income or uninsured. If you go to [hersa.org](http://hersa.org), you can also put in zip codes and it will have FQHC's listed on there. So I know that there's this idea that I'm not going to recommend my patient to go see a specialist, or I'm not going to recommend them to go see a different provider because then I lose money. That's not really true. When that provider, who I saw as a kid didn't refer my parents for me to go to San Jose clinic, did I go get dental care? No, I just went without umm. And really, when you do things for us at our communities a lot about relationships, it's about trust. And if you do something for me, I'm more likely to come back for you because I feel like you invested in me because you cared for me. You are referring me out doesn't mean that I would never come back when I'm able to.

We partner with Crest + Oral-b, we do these outreach events called Closing America Smile Gap and we travel all over the US and we provide free screenings, free fluoride, free product education. We provide them opportunity to be able to answer their questions in an unbiased way. We're not there to sell them anything. We are truly just there to answer their questions. Help them identify problems and then help them get to you know, connect them to resources, to nonprofit clinics, to hygiene schools, to dental schools where they can get that care. I'm very much a public health, dental hygienist and so if you're in Texas and if you're interested in doing public

health work outreach work, you very much can. If you're a dentist, you can do it too, and they're different variety of barriers to care. I would think try to identify one and see what like tugs to your heart. Maybe it's children. Maybe it's adults, but we definitely need more help.

So I would say some solutions, mobile dental care, water fluoridation, the Texas oral health coalition, also a great resource. HDA is a resource with the bold program is great. I mean, what else? I like about the bold program is available year-round. A lot of these other organizations, they only have things open during certain times, like grants are only from a period to another period. The bold program is year-round, so if today you decided that you want to start a program, you need some funding that's available to you. Crest & Oral-B, we have the closing America Smile Gap initiative. It used to be the Conqueror cavities campaign, so I know that Dr. Minors has gotten it. I've gotten. Has anybody else gotten the program? But they provide product to hundreds of dental offices during February. So, you apply, it opens every year, you just have to remember February 1st to February 28th. During that month, you can apply the year that I got it, I got electric toothbrushes. So, you see, this is when I got it. And the great thing about the children's electric toothbrushes is that they grow with the child. So, you can do a Genius Toothbrush head on the child electric toothbrush. And so, even though I was giving it out to like teenagers, I was able to give them a brush head that fits their needs. But honestly, they get to hundreds of people and a lot of other programs only gave it to like a handful of people. So, you have, I would say, a higher chance of getting into this program, getting some free product.

And I say that we should care for all our community, and I mean all of our community, including our trans and LGBTQ+ community. Hispanic Latinos we have who are trans LGBTQ+, had the highest level of discrimination for the trans community. HIV plus an STD are more likely undiagnosed. 1 in 12 trans is HIV positive and 10% of them don't know it. Part of that is because of the "machismo". The misogyny in our community that you

have to, there's very much looked down upon to be LGBTQ+. So, there's less education or resources on how to prevent contracting things like STD's. How to know the symptoms of that? And so, because of that, then the more likely to get it. Less likely to know that they have it because they just don't know what it's like. My sister actually had a patient who ended who was Hispanic, Latino, in her dental clinic, who had Kaposi sarcoma. So, she could see it in his mouth. So, he ended up being HIV positive and so they are with the dentist and had that conversation with that patient. I do think that we, that is our role, to talk to our patients about these things. If they're coming to you more often than they're going to the medical provider, as men and Latino community are. Then we have that responsibility to talk to him about those things or to give them the resources so they can connect and get their questions answered. They are more likely to have unauthorized immigration status and more likely to have higher poverty rates, higher unemployment rates. They're also more likely to die of hate crimes. They're more likely to live here impoverished with high poverty rates and high unemployment rates than they are to live in Latin America because they're more likely to die in Latin America. I feel like that's, that's a strong statement, right, that they would rather be poor and alive than dead.

Mental health is a huge thing. They say over 16% of Latinos have reported mental health issues. That's over 10 million people and that's something hard to talk about. I think in any community, you don't have to be Latino to know the stigma of mental health. But part of the thing with Latin community is to have a strong belief in faith and prayer. So, if you're not mentally okay, maybe you're not praying enough. Maybe it's some demons. Maybe your faith isn't strong enough. Maybe it's your sinful behavior. So, we're less likely to receive mental healthcare care from health care providers than to seeking from primary care providers. So, it's important to encourage good mental health and help them treat and seek treatment. We have these sayings, "calladita te ves más bonita". You're prettier when you're quiet. "Estas Chiflada", you're just spoiled. Maybe you're just crazy. "Esta loca" or "loco" or just to

trust in God. Umm, I had some trauma when I was a young girl and because of this trauma I had a lot of mental health issues. I used to self-mutilate, and I was diagnosed with severe depression and anxiety and panic attacks at 9 years old, and it was so bad that my parents had to hospitalize me as a teenager. So, I was in a mental hospital a couple of times. I'll tell you that my parents love me so much and they care so much about me that they went bankrupt trying to get me mental healthcare. Now saying that, that is very telling to me. My parents very much understood the need for mental health care. They did everything they could to get me the care that I needed, right? So, I think that if they had understood the need for dental care, they would have given me that care, but they didn't know nobody talked to them. Nobody showed them. Nobody told them about the importance, but they understood that the importance of mental health care because they could, they could see it, right? So, when we think about education, think about like that impact that you're making.

So anyways, this presentation is for "Mi a'ma y mi a'pa", they are the reason that I can do the things are the reason that I'm dental hygienist because of the support that they've given me. So, this is this is for them. On just kind of on a light note, I'll have you guess their names, and I won't judge you. My parents have very

traditional names. What do you think? My mom's name is. Ohh, it's Rosa Maria. But what's my dad's name? Juan Jose. So that's a very much traditional names, but this is them. These are my parents. They are the most wonderful people.

I appreciate you all taking the time to come here. There's my friend Maxine Cordova, who Co-authored my book with me, but if anybody wants to contact me, you can find you can email me. I'm not the best at email, I'll be honest. You have better luck probably finding me on Instagram and sending me a DM if I don't respond then send me another one. But if anybody has questions, happy to answer any of your questions? Otherwise, I appreciate you all so much to for taking the time to take a course on. To "Mi Comunidad" to my community for taking the interest. And if nothing else, I think that's something about you, right? The fact that you chose to take a course on cultural diversity, on inclusivity. And I really thanks to Crest + Oral-B and the HDA for providing this for us for FREE today, right, for bringing me here to be able to have that talk. And I'm also very selective about who I work with. And I'm super blessed to work with Crest and Oral-B and they take pride and really, you know, support us year round. Not just during Hispanic Heritage Month. Those are my resources. If you have questions, I'm happy to answer.