



Oral Health Knowledge, Attitudes, and Practices of Haitian Families in South Florida

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Introduction

Nearly half of the Haitian-identifying population in the United States lives in the Miami-Fort Lauderdale-West Palm Beach areas, yet there is scarce information available about the oral health status of this group. The available studies, most of which focus on the adult population, have shown that unmet dental needs are disproportionately higher in the Haitian population. While there is virtually no information on the oral health status of Haitian children in the U.S., studies have shown that American-born and foreign-born Black children in the United States tend to have higher rates of unmet dental need and poorer dental health compared to white American-born children. Closer examination of South Florida's Haitian-American subgroup may reveal distinct patterns of oral health knowledge, attitude, and behavior that are driving the existing oral health disparities.

Objectives

The purpose of this study is to assess the oral health knowledge, attitudes, and practices of parents of Haitian children compared to non-Haitians at Nicklaus Children Hospital and Borinquen Medical Center. Specific objectives included exploration of:

1. Relationship between knowledge and demographics for both cases (Haitian) and controls (non-Haitian).
2. Relationship between knowledge and practices for case and control groups (and demographic variables).
3. Education and acculturation and practices for case and control groups.

Methods

A fifteen-question survey was distributed to families at Nicklaus Children's Hospital and Borinquen Medical Center dental clinics. The survey was available in English, Creole, and Spanish. Any adult guardian accompanying a child at the clinic was invited to participate in the survey, with only one survey completed per household. The sections of the survey were as follows: Demographic, Knowledge, Attitudes, and Practices. A total of 158 surveys – 77 cases (Haitian), 81 controls (non-Haitian) – were compiled and analyzed using linear regression analysis ($p < .05$) and Pearson's test to examine relationships between the survey variables and the strength of those relationships.

Results

Table 1: Demographic summary of sample population

	Number of Participants	Average Age of Participant	Relation to Patient	Years Living in U.S.	Highest Education Level	Child's Dental Insurance
Case	77	37	Mom (75%)	>5 Years (71%)	High School or GED (44%)	Medicaid (82%)
Control	81	43	Mom (78%)	>5 Years (74%)	High School or GED (36%)	Medicaid (63%)

Knowledge and Demographics

- The mean number of correct responses was significantly higher in the control group (4.07 +/- 1.49) compared to the case group (3.62 +/- 1.31) ($p < 0.05$), as seen in Figure 1.
- Knowledge score was strongly associated with case-control status after adjusting for a age and education level ($p < 0.05$).



Figure 1: Distribution of Knowledge scores of cases and controls

Knowledge and Practices

- Statistically significant correlation between knowledge and practice scores ($p < 0.05$), but with a poor strength of relationship.
- Education was a key significant factor associated with practice score after adjusting for case-control status and age ($p < 0.05$).

Education, Acculturation, and Practices

- No significant relationships were found between years living in U.S. and case-control status, education, or oral health practices.

Discussion

The data from this study suggests that on average, Haitians were less knowledgeable than non-Haitians on oral health, and that a relationship does exist between knowledge and actual oral health practices. This finding has been documented in previous studies, wherein migrant and ethnic minority populations have exhibited lower oral health literacy, lower oral health knowledge, and negative oral health behaviors compared to their peers. In contrast to previous studies that have found a positive relationship between acculturation and oral health knowledge, attitudes, and practices, there was no such correlation noted within our sample. Worthy of note in our sample population is that most of the non-Haitian families from both dental clinics would identify as Latino. This calls into question the generalizability of our study to the greater U.S. population, which is a limitation of the study. Further limitations of our study included the relatively small sample size as well as the multiple-choice format used for the surveys, which limits the ability to fully capture the knowledge, attitudes, and practices of the participants. Lastly, the self-reported bias that is inherent in this study design provided yet another limitation. Further studies to clinically assess the oral health status and needs of the Haitian community, namely the pediatric population, may show a relationship between the adult caretakers' knowledge, attitudes, and behaviors, and the resultant outcomes. These findings may inform strategies for improving the oral health status of this group.

Conclusion

- The mean knowledge score of the control group was higher than that of the case group.
- Oral health knowledge was correlated with correct oral health practices, but with a weak association.
- No significant relationships were found between acculturation (measured as years living in the U.S.), education, and oral health practices.
- Future studies should investigate the clinical oral health outcomes between Haitians and their non-Haitian peers.