

South Texas Oral Health Network

Exploring Dental Practitioners and the South Texas Community Members' Attitudes and Behaviors Towards Smokeless Tobacco Use and its Cessation Practices, A South Texas Oral Health Network Study

Rahma Mungia BDS, MSc, DDPHRCS, Faith Ortiz (presenting), Melanie Taverna RDH, MSDH, FADHA, MAADH, Caitlin Sangdahl BS, Moshtagh Farokhi DDS, MPH, The University of Texas Health Science Center at San Antonio

Background:

- Smokeless tobacco (SLT) is defined as a type of tobacco product that is not burned but chewed or placed in the mouth (snuff, snus, dip).
- Cultural SLT products, a non-mainstream subset of SLT, include tobacco combined with paan/betel quid, naswar, and chimo.
- These are highly addictive nicotine products that increase the risk of oropharyngeal cancers, oral diseases (periodontitis), and precancerous lesions, which are risk factors for pancreatic cancer, cardiovascular diseases. diabetes, reproductive health effects, and overall mortality.

Methods:

- N=25 oral health practitioners recruited from the South Texas Oral Health Network (STOHN) answered an **11-question REDCap** survey that collected their demographics, attitudes, and behaviors regarding SLT.
- Four focus groups were conducted across five months to gain insight into their knowledge, practice behaviors, and attitudes towards SLT and cultural SLT use, and cessation.
- Focus group information was transcribed. qualitatively analyzed, and coded through Delve software.

Results:

- In discussing the 5 A's (Ask, Advise, Assess, Assist, and Arrange) with the focus groups, most practitioners were confident about Asking and Advising but found Assisting and Arranging cessation more challenging.
- **Recurring themes found** throughout the four focus groups held were:
 - Continuing Education/Education materials
 - Cultural barriers
 - Lack of knowledge/ awareness about cultural SLT products
 - 5 A's

Discussion:

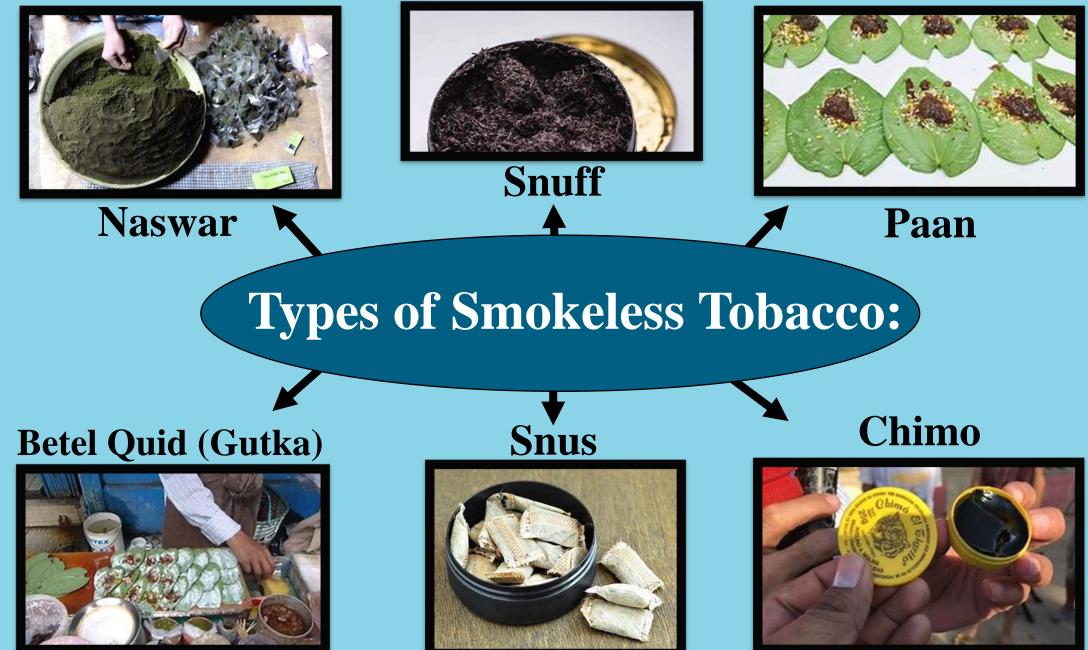
- Most practitioners lacked familiarity with cultural SLT, others were more familiar due to their cultural background.
- The use of cultural SLT in practice varied, mainly depending on the location of the practice.
- Practitioners agreed that culturally sensitive education courses could improve their ability to effectively implement the 5A's in patient care and enhance their ability to assess and approach a broader range of patients who use cultural forms of SLT.

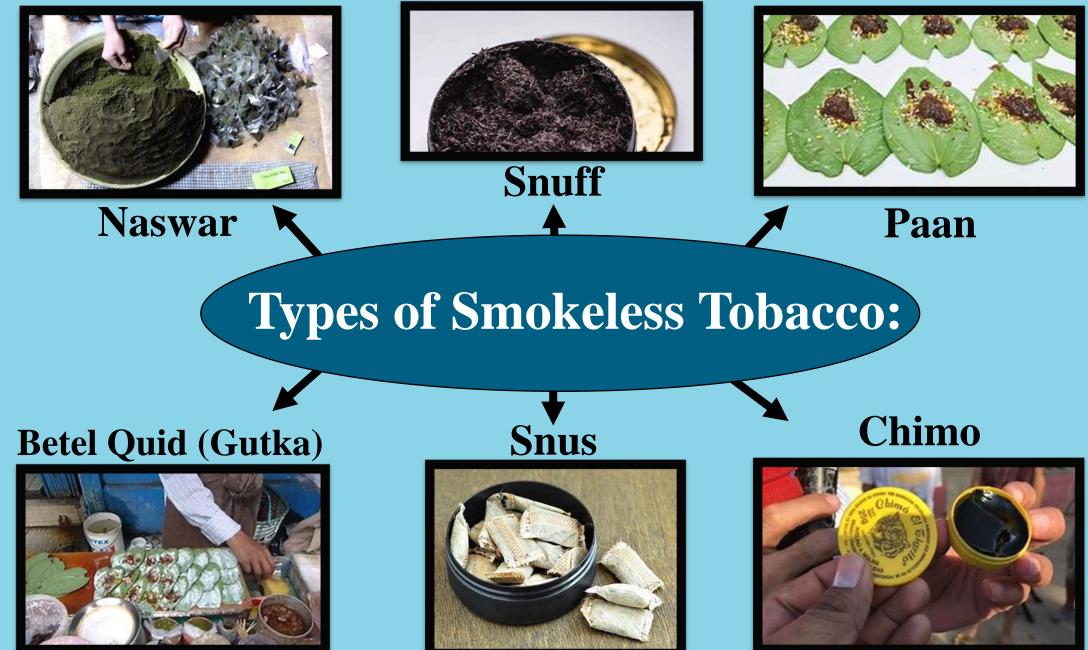
More Continuing Education programs needed for SLT,

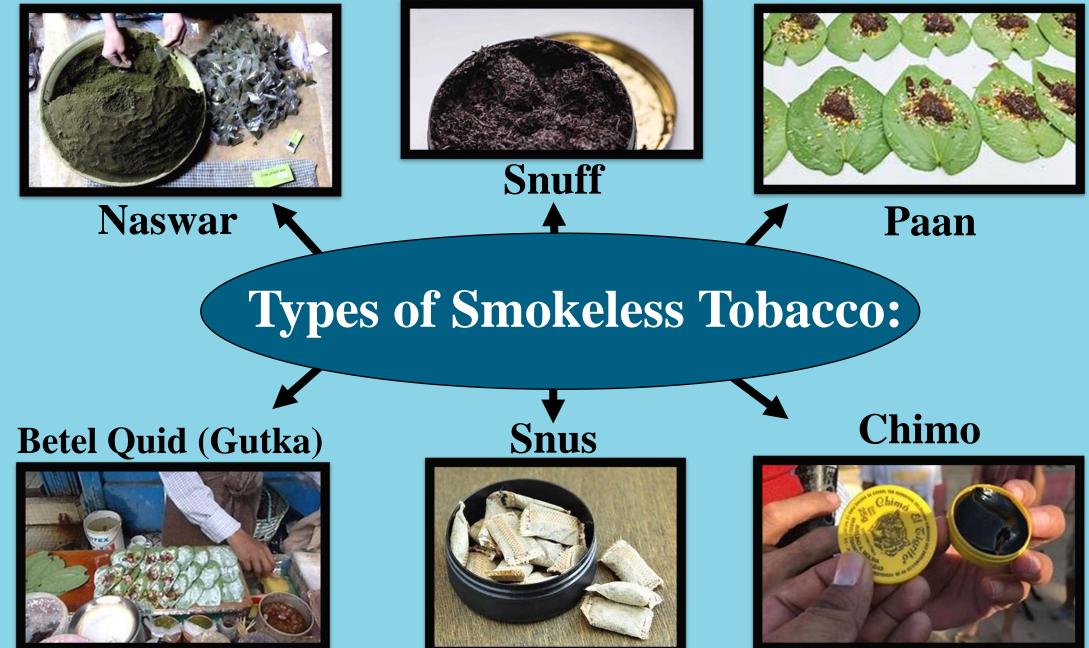
cultural SLT, and the 5 As to boost provider confidence



Quotes from the Focus Groups:







Support for this work was made possible with an IIMS Community Engagement Small Project Grant Award from the Institute for the Integration of Medicine & Science at UT Health San Antonio