I See Your True Colors Shining Through
Cultural Competence for the Dental Hygienist

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Definitions
CULTURE, RACE AND ETHNICITY

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The values, beliefs, attitudes and customs that are shared by a group of people and passed from generation to generation

An integrated pattern of human behavior that includes thoughts, communications, languages, practices, beliefs, values, customs, courtesies, rituals, manners of interacting and roles, relationships, and expected behaviors of a racial, ethnic, religious or social group, and the ability to transmit the above to succeeding generations.


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Ethnicity
A group's conception of cultural identity which includes a wide variety of learned behaviors that human beings use in natural and social environments to survive which may result in cultural demarcation between and within societies.

Race

Biological variation including phenotypical differences in stature, skin color, hair color, facial shape, and other inherited characteristics that may or may not be mutually exclusive in each individual.

Caveat:

There is as much variation within ethnic and racial groups as there is between them.

U.S. Population 2000

- White: 67.3%
- Hispanic: 20.5%
- Black: 12.5%
- American Indian: 0.8%
- Asian/Pacific Islander: 4.8%

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Caucasian majority culture

Decreasing

Aging

Cultural Competency in Healthcare

• The ability to provide care to patients with diverse values, beliefs, and behaviors
• Integrates health beliefs and cultural values, disease prevalence and incidence and treatment efficacy
• Professionals need to learn the culture of the groups they serve
• Is a dynamic, ongoing process

Cross Cultural Dental Hygiene

The effective integration of diverse cultural backgrounds of clients into the process of care
Listen with sympathy and understanding to the patient's perception of the problem.

Explain your perceptions of the problem and your strategy for treatment.

Acknowledge and discuss the differences and similarities between these perceptions.
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Recommend treatment while remembering the patient's cultural parameters.

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Negotiate agreement. It is important to understand the patient's explanatory model so that the treatment fits in their cultural framework.

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Tip: Don't expect to ever completely understand a culture that is not your own.
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World View

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Health Care Practices

Conventional

Alternative

May try a variety of home remedies before seeing a physician/dentist

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Stereotype vs. Generalization

Communication Variances among Cultures
- Nonverbal communication
  - Hand gestures, touching, proximity and eye contact differ depending upon cultural background
- Desire for information
- Decision-making
- Emotional expressiveness
- Healthcare Provider-Patient relationship
Physical Touch

Proximity

Eye Contact or Lack of Eye Contact
• Anglo/African American
• Asian
• Middle Eastern
• Native American
Desire for Information

Some, like many Anglo Americans, want a lot of information and will research their conditions. Others find information a burden and will prefer to know very little.

Some families, often Hispanic, Asian, or Middle Eastern, will want information withheld from the patient, particularly if it involves a negative prognosis.

Those from hierarchical cultures (most Asian cultures) may prefer a more directive approach. Those from egalitarian cultures (like the U.S.), may prefer shared decision-making.
Decision-making and Consent

Men & woman are equal.
Independence valued.
Males are dominant.
Interdependence valued.

Emotional Expressiveness

Health Care Provider-Patient Relationship

Some expect a warm, personal relationship
Others expect a more formal relationship
Effective Use of Face-to-Face Interpreters

- Brief the interpreter first, if possible.
- Introduce the interpreter to the patient.
- Position the interpreter behind the patient or behind you.

Effective Use of Face-to-Face Interpreters

- Speak to and look directly at the patient.
- Use first person and expect the interpreter to do the same.
- Avoid interrupting.

Potential Problems Using Interpreters

- Studies show that an average of 70% of the interpreted exchanges by ad hoc interpreters contain clinically important errors.
- Family members, especially, are prone to edit both the clinician’s and patient’s utterances.
Potential Problems Using Interpreters

- Children may be frightened or intimidated if asked to interpret. There are ethical problems involved.
- Confidentiality concerns must also be considered.

Tooth Mutilation/Modification

Intentional Pigmentation
**Betel Nut, Paan, Gulkha**
- Common among Indian, New Guinean, Southeast Asian populations
- Used with or without tobacco
- All are associated with oral submucous fibrosis and oral cancer
- Addicting


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**Miswak stick**
- Used for centuries in several countries
- Has anti-plaque and anti-gingivitis properties
- Can support use and introduce other OHI aids


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**Alternative therapies**
- Polish Amer-yarrow tea for “pyorrhea”
- Native Amer-ground lichens rub on inflamed gums
- Bayberry tea for gingivitis
- Some Irish may brush with ivory soap or salt
- Central Amer-lemon juice for toothache

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**Substances in home remedies**

- Bloodroot
- Clove Oil
- Garlic
- Home Remedies
- Fennel
- Lemon balm
- Soy

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**Anomalies**

- Palatal-gingival groove

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**Taurodontism**

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Shovel shaped incisors

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Courtesy Drs Langlais & Miller, Color Atlas Common Oral Diseases, 3e

Dens Evaginatus

Lukes CC

Courtesy Drs Langlais & Miller, Color Atlas Common Oral Diseases, 3e

Leukoedema

Lukes CC

Courtesy Drs Langlais & Miller, Color Atlas Common Oral Diseases, 3e
The Culture of Poverty

• Socioeconomic Status (SES) determined by:
  – Education
  – Income
  – Occupation
• SES permeates every aspect of life

The Culture of Poverty

• Poverty is relative
• In US, children in female headed households
• Minorities over-represented
• Key predictor of poor oral health

The Culture of Poverty

• Present day mentality
  – Unemployment
  – Abuse of drugs, alcohol
  – Feelings of despair
  – Loss of self-esteem
  – Dependent on govt’s assistance

Poverty/Low SES and Illness
• Get sick more often
• Have greater complications w/ illnesses
• Take longer to recover
• Less likely to regain previous level of functioning

Geriatric Demographics
• Elderly population has increased 10X between 1990-2000
  – 1990-4% pop over 65
  – 2000-13% pop over 65
  – 2050-will be 88 million over 65
• Life Expectancy has increased
• Women live longer than men

Demographics
• Older adult pop becoming racially and ethnically diverse
• Older pop concentrated in key states
• The 85 and older age group is the fastest growing segment of the older population
Defining “Old”

Functional Age:
Person's capability of maintaining activity
- Functionally independent, well elderly
- Mild, somewhat impaired elderly
- Functionally dependent, frail elderly

Successful Aging
70% Lifestyle
30% Genetics

Dental Hygiene Education and Oral Health Promotion
“The most important service that a dental hygienist provides for all clients is oral health education.”

Dental Hygiene Education and Oral Health Promotion

- Spend more time on OHI
- Use visual aids extensively
- Tell-show-do
- Don’t raise your voice or pitch

Incorporate traditional beliefs into patient education

Consider:
Think back on your “difficult” patients.

- May any of the challenges they presented be linked to their cultural beliefs or practices?
- Would cultural competence skills have made a difference?