Oral Health Communication Primer

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Introduction

Oral health care is crucial to general health and quality of life. In the field of oral health, the shift to patient-centered care has become a pillar, encouraging patient participation as active partners in their care. According to recent studies, however, disparities still exist in the system of oral health care. Presently in the oral health care industry, in the presence of daily experiences of racism, patients of marginalized backgrounds experience fair or poor oral health.[1] Racially discordant patient-provider pairs experience communication barriers. This is the result of provider implicit biases, a lack of oral health literacy on behalf of the patient, or dental-care related anxiety, to name a few. Dental care related anxiety is a multifactorial experience that can be triggered by improper communication between patients and providers.[2] This causes special populations such as Black and Brown or immigrant status patients to underutilize oral care due to a lack of health literacy.[3]

In order to address these concerns within oral health care practice, the Massachusetts League of Community Health Centers created this communication primer. This primer is a culmination of a larger project related to oral health equity education and hopes to provide context, instruction, and best practices for current oral health providers and students. The primer will highlight ways that providers in racially discordant patient/provider contexts can develop culturally informed, trauma informed care for patients of all backgrounds. By addressing implicit bias, enhancing awareness, and providing insight into evidence-based improvements for communication, this primer hopes to be a guide for creating sustainable equity within oral health practices.

Glossary of Terms:

·**Racially Discordant**- racial discordance refers to patients with different racial identities from your own.

·**Trauma Informed Care**- an approach to care that acknowledges the need to understand a patient's life experiences in order to deliver effective care and has the potential to improve patient engagement, treatment adherence, health outcomes, and provider and staff wellness.

·**Oral Health Literacy**- the degree to which a person is able to get, evaluate, understand, and use oral health information and services to make good decisions about health.

Background

Project Aims: This primer is part of a larger project made possible through grant funding from CareQuest Institute for Oral Health. The overarching objectives for this project are to increase health equity in Oral Health.

Implement effective communication strategies for oral health providers and staff at health centers in Massachusetts

A training series that teaches oral health providers and staff how to have more effective interactions and communication with patients

Address implicit bias within the oral health setting

Project Work: in order to meet these aims, the project has been split up into four phases:

Literature Review → **Interviews with CHC Dental Directors** → **Pilot Training Series** → **Communication Primer**

Literature Review: a selection process was utilized to collect literature for this project utilizing PubMed and Google Scholar with 2658 citations returned and 20 articles used. Themes that were collected from this process spanned across multiple different key themes. These included:

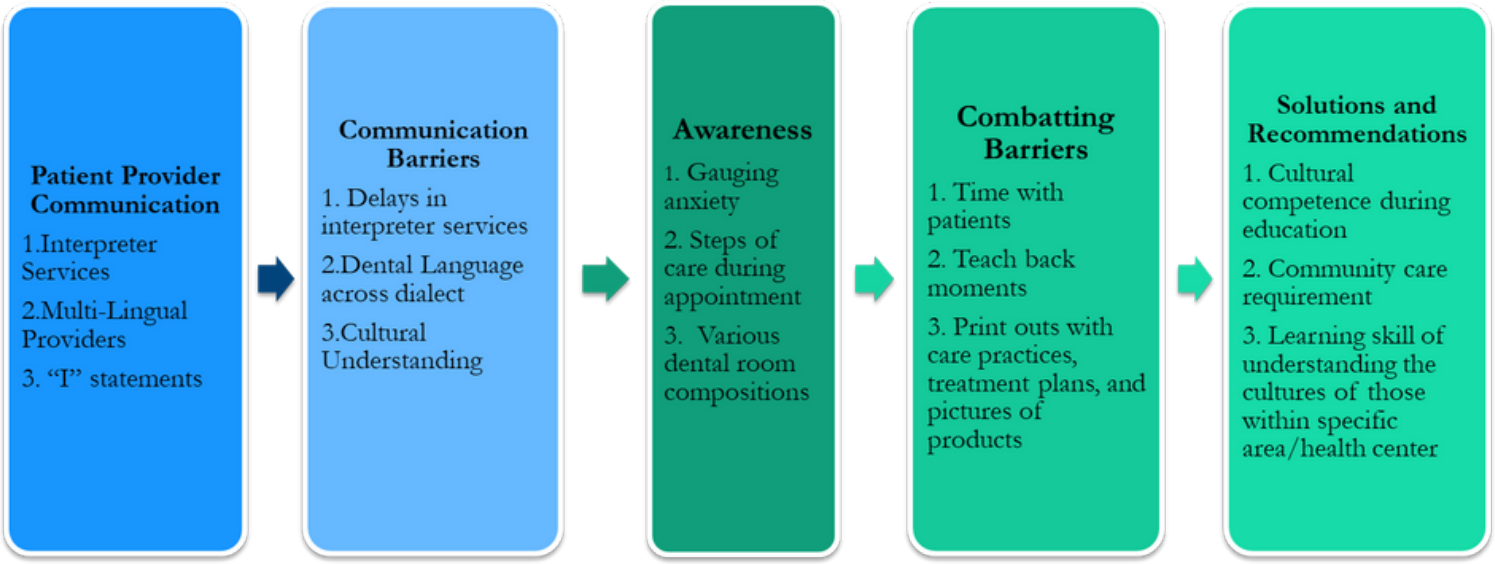
- Factors impacting BIPOC patients experiencing fair or poor oral health
- Communication barriers experienced between racially discordant patient provider pairs
- Heightened patient anxiety in oral health care spaces due to limited health literacy
- Evidence of prevalent sentiments of distrust within BIPOC patients towards oral care
- The requirement for a multidimensional strategy to improve communication across these patient provider interactions

Interviews: In order to acquire the perspective of current providers on this subject, semi-structured interviews were collected with community health center dental directors. These interviews aimed to achieve variation in geographic locations across Massachusetts, size of health center, and patient demographics. Interviews were conducted via zoom for 45-60 minutes and were comprised of 23 questions.
The five key areas covered in the interviews are listed below:

- Patient/Provider Communication
- Communication Barriers
- Awareness,
- Combatting Barriers
- Solutions and Recommendations

Overarching results from the interviews can be seen in Figure 1

Figure 1.



Pilot Training Series: In partnership with Tufts University Dental School, two asynchronous training modules were created. Three Massachusetts CHCs were awarded funding to participate in the pilot with a total of 39 providers and staff participating. **Module One: Socialization, Implicit Bias, & Stereotyping** focuses on definitions and examples of socialization, tying this understanding into implicit bias and stereotyping. This then connecting to systemic racism and the impacts this has on patients. **Module Two: Privilege, Positionality, & Developing Cultural Humility** provides an overview and reflection focused on privilege and positionality which defines cultural competence, humility, and sensitivity. Participants in this module are encouraged to practice self reflection and self critique in order to create deeper connections and understanding between them and their patients. Participants complete pre and post self assessments as part of engaging in these modules.

Communication Barriers

Current Challenges

When looking at the data collected from the interviews, the number of people receiving care who also speak English as their second language is incredibly high within Community Health Centers. Those being interviewed for this primer estimated close to 80% of patients being provided care speak English as their second language.

Additionally there are patients who utilize care within these health centers who have drastically different cultural backgrounds related to healthcare and oral health practices.

Those being interviewed for this primer also acknowledged the challenge of assessing the dental health literacy and understanding of the patient when utilizing interpretation services. Some described it as a "closed loop" system, making it challenging to get a good read on whether the specific dental information has been adequately communicated to the patient.

These disconnects can further perpetuate a lack of trust if patients are feeling they are receiving different treatments than they were communicated about. These challenges emphasize the need for bolstering best practices within these spaces in order to provide the best treatment for all patients.

Primer Goals

Given the varying levels of communication barriers among those interviewed, a goal of this primer is to provide solutions and recommendations to address these barriers. Best practices learned from the interviews with health center dental leaders as well as the review of the literature are intended to provide suggestions and recommendations on how dental providers and staff can engage with culturally diverse patients.

"even though a patient speaks Spanish, there are four different ways to say filling so it depends on which country the patient is from."

Best Practices in Engaging Racially Discordant Patients

Table 1. Best Practices in Engaging Racially Discordant Patients

Engage Interpreter Services
Utilize Training Opportunities for Multilingual Staff
Assess for Oral Health Literacy
Consider Utilizing "We" Statements
Assess for Dental Anxiety
Designate Private Space for Sensitive Conversations
Incorporate Bias Training
Hire Culturally Concordant Staff

Engage Interpreter Services

Engaging interpreter services when treating multilingual patients is key in communicating with patients whose primary language is not English. It is important to utilize trained medical and dental interpreters and not rely on the family members of patients who may accompany patients to a visit. If accessible, as a best practice, in person interpreters are the most effective option as they can read non-verbal cues such as body language and facial expressions. In situations where an in-person interpreter is not available, consider utilizing a virtual interpreter. This can be accomplished using a tablet in the operatory.

When an in person or virtual interpreter is not practical, phone interpretation services can be utilized. When considering using phone interpreters, think about the setup of your operatory. Where is the phone? Can the phone be moved? Where is the patient in the room? For example, if the phone is fixed to the wall, you will want to ensure the patient can hear the interpreter from the dental chair or that the provider does not have their back to the patient when speaking if possible. These considerations can help a smoother conversation between the patient and provider.

Utilize Training Opportunities for Multi-Lingual Staff

In addition to engaging interpreter services, utilizing multilingual staff has been shown as a best practice to communicate with patients and ease patient anxiety. As a best practice, organizations with multilingual staff have provided training opportunities in order to certify staff as trained interpreters. Additionally, when hiring multilingual staff, consider offering training opportunities for career advancement as well as pay incentives for staff to utilize their language skills.

Assess for Oral Health Literacy

The degree to which an individual is able to obtain, assess, and understand information about oral health to make decisions about their dental care defines oral health literacy. Health literacy plays a critical role in shaping feelings of exclusion in oral health care settings. The Black and Brown experience within oral health care is characterized by inadequate health literacy.[4] This further imparts a sense of confusion and higher rates of resistance to treatment. Adults with lower oral health literacy may underuse preventative health resources that they may be eligible for and may have poorer outcomes therefore it is crucial to address this in the operatory.

To better understand if a patient has low oral health literacy, dental providers can look for several flags to understand a patent's oral health literacy (table 2).

Table 2.

Flags for Low Literacy
Frequently missed appointments
Incomplete registration forms
Non-compliance with medication
Unable to name medications, explain purpose, or dosing
Identifies pills by looking at them, not reading label
Asks fewer questions
Lack of follow-through on tests or referrals

When delivering oral health information to patients, considering using the following strategies:

1. Look for and deliver information that is easy to understand. In thinking of delivering information to patient consider these questions:

- Is the messaging simple and use plain language or pictures?
- What information does the patient need to know?
- Does the information consider the patients' culture, language, and practices?

2. Speak clearly and listen carefully.

- Ask open ended questions to gather information.
- Check for understanding by having the patients restate or recall the oral health messages in their own words.

3. Build patients' knowledge to improve their ability to make good oral health decisions.

- Share materials that provide accurate information or tips in the appropriate language for the patient. ii

Assess for Dental Anxiety

For many patients, the thought of a dental visit can evoke apprehension or anxiety. This is true for black and brown patients where there is a distrust of health care providers. Dental care related anxiety is historically rooted in systemic injustices which works in tandem with experiences of racism discrimination and apprehension in healthcare settingsiv. Dental anxiety can lead to the avoidance of dental care, resulting in a decline in oral and general health.

Assessing for signs of anxiety (Table 3) can help providers understand a patient's level of dental anxiety and guide a conversation with the patient. If a patient presents with dental anxiety, it can be helpful to check in with the patient before beginning treatment to ask how they are feeling. This provides the patient with the opportunity to discuss any feelings or anxiety they may have related to their dental treatment. After checking in with the patient, have a conversation about the level of information they would like to know about the treatment. Some patients are more comfortable when the provider explains the treatment step by step to offer a roadmap of what to expect, while others may want basic information. Additionally, taking a brief pause during the treatment to check in with the patient allows them to voice any concerns that may arise.

Finally, express to patients that they have some control, for example allow patients to let you know when they are ready to start the procedure and give them the option to utilize hand signals to "stop" and "start" during the procedure.

Table 3.

Signs and Symptoms of Dental Anxiety[v]
Sweating
Racing heartbeat or palpitations
Low blood pressure
Visible distress such as crying or signs of panic
Using humor or aggression to mask anxiety

Consider Utilizing "We" Statements

Research shows that utilizing "I" pronouns when making statements vs. "we" pronouns has the capacity to impact patients' experiences of anxiety in the health care setting.[5] It can help reduce patient anxiety in the dental chair by considering utilizing "we" statements when recommendation treatments. For example, consider shifting the language to "we recommend a filling on this tooth" vs. "I recommend a filling on this tooth". This may change depending on the treatment plan or provider but in general, patients may feel more comfortable having treatment recommended using "we" statements. It is recommended to assess the situation to determine whether you may want to consider utilize a "we" statement.

Incorporate Bias Training

Implicit or subconscious bias refers to the attitudes or stereotypes that affect our understanding, actions and decisions in an unconscious manner.[6] These biases, which encompass both favorable and unfavorable assessments, are activated involuntarily and without an individual's awareness or intentional control.[7] Unconscious biases can lead to differential treatment of patients who may experience poorer health outcomes and therefore, it is important for providers and staff to regularly engage in bias training.

Practices can work with Diversity, Inclusion, Equity professionals to bring about those trainings within their setting. Additionally, dental providers can utilize oral health specific bias trainings which may be offered through universities or organizations such as the American Dental Association or state level associations. In the appendix on page 14 you will find additional resources on bias and stereotyping that can be used to further learning.

Designate Private Space for Sensitive Conversations

Many dental clinics vary in the design of dental operatories. This can include fully closed designs with doors, semi closed with an open doorway, or an open operatory with at least one open wall. Depending on the needs of the patient, it can be helpful to have designated areas that can be utilized for private conversations which may include sensitive information. In dental clinics that have open operatories, patients may feel more comfortable having conversations in areas with closed doors to ensure privacy. If possible, dedicate a small room for patient conversations. If this is not possible, consider other sound reduction options so that conversations are not overheard. These can include using insulations on ceiling tiles to reduce sound transfer and ensuring seating is facing away from the operatory opening.

Hire Culturally Concordant Staff

The AHRQ 2021 National Healthcare Quality and Disparities Report says, "Lack of racial, ethnic, and gender concordance between providers and patients can lead to miscommunication, stereotyping, and stigma, and, ultimately, suboptimal healthcare. A racially and ethnically diverse health workforce has been shown to promote better access and healthcare for underserved populations and to better meet the health needs of an increasingly diverse population."[10]

Beyond having interpreter services that are trained in oral health literacy, having interpreters or staff that are culturally concordant to patients within the center has the ability to provide both a cultural sensitivity as well as safety in seeing themselves reflected in the care providers within that space. When hiring for new positions within the dental department, consider a strategic approach to recruiting for diversity.

"making sure you are having your staff represent your community because that really helps with some of the communication and other barriers"

This may include the following:

1. Include information about your organization's commitment to diversity when you write job descriptions. Promote information about your organizations overall commitment to diversity and inclusion when writing job descriptions. The job description should include any details about working with a diverse set of patients.

2. Use blind recruiting practices to reduce unconscious bias. Remove any personal identifiers on job applications when initially screening applications so you can solely focus on experience and skills of the candidate

.

3. Seek out new recruitment avenues. Branching outside of regular recruitment avenues can help find more diverse candidates. Partnering with local schools or community organizations to advertise jobs or attend job fairs may attract more candidates from the community your dental clinic serves.[11]

Conclusion

Oral health is crucial to general health and quality of life. In the field of oral health, the shift to patient-centered care has become a pillar, encouraging patient participation as active partners in their care. Disparities do, however, still exist in the existing system of oral health care, especially for underprivileged groups whose experiences are frequently tainted by racism daily. Communication hurdles that obstruct productive relationships come from this discordance as it extends across patient-provider pairs. Implicit biases of the clinician, low oral health literacy of the patient, and anxiety brought on by dental care are some of the contributing causes. Utilizing best practices to engage racially discordant patients can help dental practices develop culturally and trauma informed care for patients of all backgrounds. By addressing implicit bias and enhancing awareness oral health outcomes for culturally diverse patients may be improved.

Thank you to the dental providers and community health centers who participated in this project! We appreciate the partnership with the Tufts university Dental School of Dental Medicine on this project and the funding from the CareQuest Institute for Oral Health that made it possible.

We want to hear from you! Please click here or utilize the QR code to submit your feedback on this primer.

Massachusetts League of Community Health Centers

https://www.massleague.org/

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Appendix

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