A course for dentists and dental auxiliaries

TUITION: $25 per registrant or $20 per registrant for multiple registrants from the same office.

CE Credit: 3 hours **Registrants must correctly answer 60% of the quiz questions to receive credit**

INSTRUCTIONS: Read and study the narrative. Complete the quiz and registration form, and mail (along with registration fee) to: University of Tennessee Health Science Center, Continuing Dental Education, 875 Union Avenue, Memphis, TN 38163 or fax completed quiz, registration form, and credit card information to (901) 448-1514.

Please direct all questions to the CDE office, (901) 448-5386, fax us at (901) 448-1514, or email utcde@uthsc.edu. For more information or a list of continuing education activities, visit our website at www.uthsc.edu/dentistry/CE/.

COURSE OBJECTIVES:
To provide dental clinicians and office staff with:

1. the reason cultural competence in health care is a growing issue in dental care and is now a required topic in both medical and dental school curricula.

2. principles that will enable people of cultures other than that of the dentist to be comfortable while receiving care in a dental office.

3. information about what cultural competence training (CCT) consists of.

4. information about the rules, regulations, and patient rights concerning provision of interpreter services along with dental care to deaf and English-impaired patients.

Introduction to Cultural Competence in Healthcare

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Introduction to Cultural Competence in Healthcare

Abstract

Cultural competence, the ability to provide effective healthcare to a person of another culture who may not share a common language with the health care provider, is a significant issue in modern medical treatment. Effective delivery of cross-cultural treatment requires the provider to be culturally sensitive and respectful. Cultural competency training (CCT) has been shown to be effective in improving practitioner skills in cross-cultural situations and is commonly used by medical facilities serving diverse cultures. CCT usually contains information about cultures found in the community where the sponsoring multicultural health care facility is
located and can include education regarding the legal issues concerning cultural competence.

Also, providing information about the proper use of language interpreters can help overcome barriers to care due to language differences or deafness. Many health care professionals believe that CCT may help reduce the unequal distribution of diseases among cultural groups. The purpose of this article is to provide an introduction to the topic of culturally competent healthcare to dentists and their staff.

**Keywords:**

cultural competence, cross-cultural healthcare

**Introduction**

The world’s population is highly culturally diverse. “Culture is the sum total of life patterns passed on from generation to generation within a group of people and includes institutions, language, religious ideals, habits of thinking, artistic expressions, and patterns of social and interpersonal relationships.”

A current issue in modern medical care is how a health professional from one culture can best deliver effective health care to a person from another culture. Cultural competence in health care can be defined as “the ability to understand, appreciate, and interact with persons from cultures and/or belief systems other than one’s own.” Good general communication skills are required by health care providers while treating any patient; but to be culturally competent, health care professionals must understand other cultures and must be sensitive to cultural differences in order to be empathetic toward patients. In modern, multi-cultural America, no health care providers should show insensitivity toward patients from any culture.
How To Improve Cultural Competence Knowledge

An internet search can provide large amounts of cultural competence information to dentists and other health care professionals. Another method of obtaining cultural competence skills is to enroll in cultural competence training (CCT). Training has been shown to be effective in producing more culturally appropriate behavior in health care providers.\(^4,8\) Currently, many international health care workers are required to take CCT if they work in institutions serving multicultural populations.\(^2,3,4,5,7\) In America, training via its inclusion in the curricula of medical schools has been adopted\(^9\) and there are now requirements for cultural competence information for undergraduate dental schools in the American Dental Association’s Commision on Dental Accreditation (CODA) Accreditation Standard 2-16.\(^10\) Senate Bill 6194 in the state of Washington not only requires CCT in their medical school curricula, but in the curricula of most of their other health professions schools; and they require continuing education in cultural competence of most of their health care professionals.\(^9\) The Washington bill applies both to dentists and to dental schools.\(^9\)

The curriculum of CCT courses is variable but the goal of training is to increase health care workers’ sensitivity, skills and knowledge thus promoting effective delivery of health care in clinics serving multicultural patients.\(^2,3,4,5,7\) The first step toward the culturally competent provision of health care is for the provider to “value diversity … and.. not merely tolerate people of differing backgrounds and viewpoints, but consider differences as strengths.”\(^3\) Next, the provider should assess their attitudes and current level of multicultural information\(^3,4\) using one of the numerous self-surveys available in on-line articles or training courses about cultural competence. One such survey is available for personal, one-time use from the American
Academy of Family Physicians.³ It evaluates an individual health care worker’s physical environment (waiting rooms and work spaces attractive to cultures served by their clinic), communication styles, values, and attitudes, to confirm that he/she demonstrates cultural competence and open mindedness in his/her actions and thoughts.³ Ethnocentricity (inability to accept another culture’s world view, “my way is best”)⁵ and racism are especially serious barriers to the provision of culturally competent care by healthcare workers.²,⁵

CCT usually contains specific information concerning the cultures within the community where the sponsoring health care facility is located.²,⁴,⁵ The amount of such information is variable and may be customized to the clinic involved.²,⁴,⁵,⁷ For example, cultural competence information in psychiatry in Los Angeles County includes a discussion of cultural foods and herbal medications that affect the cytochrome P450 enzyme system because this system can alter blood concentrations of medications used in psychiatric care.⁷ Other examples of using cultural information to help individuals from specific cultures feel safe, welcome, and accepted in clinics include maintaining a culturally diverse office staff,² providing culturally appropriate waiting room décor,³,⁵ displaying photos of patients of different cultures/races,² and displaying photos of same-sex couples in clinics with gay and lesbian patients.² Clinics for AIDS and other sexually transmitted diseases can show understanding and acceptance of their patients’ lifestyles by using customized medical history forms with the male/female sexual information expanded to include transgender and other sexual preference information.²

“Cultural Competency for Health Care Providers,”² a state of Vermont publication, includes an extensive amount of detailed information about individual cultural groups potentially seen in their clinics. Please see Table 1 (next page) for a sampling of the cultures covered by this publication paired with a few significant facts about each.²
**TABLE 1.** Selected Cultures Paired with Facts about Each.*

<table>
<thead>
<tr>
<th>CULTURE</th>
<th>SIGNIFICANT FACTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Congo-Kinshasa</td>
<td>Greet by shaking hands with members of opposite and same sex unless outside urban areas, where men and women do not do so; hand shaking is with right hands, the left is for personal hygiene.</td>
</tr>
<tr>
<td>Area of Africa</td>
<td></td>
</tr>
<tr>
<td>Congo-Brazzaville</td>
<td>Eye contact is acceptable here and in Congo-Kinshasa.</td>
</tr>
<tr>
<td>Area of Africa</td>
<td></td>
</tr>
<tr>
<td>Somali Area of</td>
<td>Eye contact is rude; physical contact prohibited between those of opposite sex unless they are from the same family.</td>
</tr>
<tr>
<td>Africa</td>
<td></td>
</tr>
<tr>
<td>African Americans</td>
<td>Health disparities mean higher disease incidence and contribute to lower life expectancy; discrimination contributes to lower quality health care.</td>
</tr>
<tr>
<td>Elderly</td>
<td>Growing population size; end of life issues an increasing necessity; dental and other diseases increase with age.</td>
</tr>
<tr>
<td>Homeless</td>
<td>44% are single men; 23% are mentally ill; 3 to 6 times as likely to develop medical illness; life expectancy decreased average of 30 years in large cities.</td>
</tr>
<tr>
<td>Migrant Farm</td>
<td>52% are illegal residents who may distrust care providers due fear of deportation; pesticide poisoning is a concern; prevention/education are needed more than treatment.</td>
</tr>
<tr>
<td>Workers</td>
<td></td>
</tr>
<tr>
<td>Women</td>
<td>Caregiver role often leads to depression; #1 cause of death is heart disease; education, prevention, and treatment of heart disease needed; need special attention for diseases/conditions affecting women only.</td>
</tr>
</tbody>
</table>

*Compiled from “Cultural Competency for Health Care Providers”2

**Why Has Cultural Competency Become So Important?**

Culturally competent healthcare is a worldwide quality-of-care issue; treatment outcomes vary tremendously when care is delivered cross-culturally.2,4,5 It is especially important at this time in America based on findings of the Institute of Medicine, which examined treatment outcomes and published a statement saying, “training programs …[in cultural competence] offer
promise as a key intervention strategy in reducing healthcare disparities.”9,11 This report also led to increased amounts of cultural competency information being included in American medical education curricula.9

Adding even more to cultural competency’s importance in America are the effects of recent legal interpretations of the Civil Rights Act of 1964.13 Now, people from foreign cultures who are denied Federal benefits because their native language is not English are considered to be victims of discrimination based on their national origin.12 Their right to any Federal benefit to which they are otherwise entitled, including healthcare, is now protected by law and policies are in place to provide interpreters free of charge to Federally funded patients with limited English proficiency.12 This has dramatically increased the importance of the linguistic aspects of cultural competence.12 Also, the deaf were similarly addressed by the Americans with Disabilities Act,14 and health care providers, including dentists, must now provide sign language interpreters at no charge to deaf patients when necessary even if the patient is not Federally funded.12 Provision of interpreter services must be free for both these patient groups because Federal agencies consider such services to be part of a clinic’s overhead expenses, like the office rent or utility bill, and not a chargeable treatment service.12,14

**Proper Utilization of Interpreters**

The utilization of interpreters to solve linguistic difficulties affects some health care workers differently than others.7 For psychiatric clinics where interviews comprise a high percent of care, patients with uncommon languages may have to be referred to clinicians who speak that language because interpreters are often ineffective, and confidential or sensitive family issues may preclude the use of family members as interpreters.7
For simpler interviews of patients with language barriers, utilizing an on-site interpreter is best.\textsuperscript{2,5,7,12} The physician/dentist should keep eye contact with the patient and speak slowly and directly to him or her, not to the interpreter.\textsuperscript{2} No slang or medical jargon should be used.\textsuperscript{2} It is helpful but not necessary for the health care provider to learn a few words of the language of cultures commonly seen in their offices, especially greetings.\textsuperscript{2} On-site interpreters can be somewhat expensive; a telephone interpretive service utilizing conference calls can keep costs down.\textsuperscript{2}

The presence of multicultural office personnel not only makes patients from other cultures feel more accepted,\textsuperscript{2} they can also act as readily available, free interpreters for patients who speak the staff member’s language.\textsuperscript{2,5,7,12} The least reliable interpreters are usually family members and children, so their use is not recommended.\textsuperscript{2,5,7,12} “Children and/or adolescents should be used as translators only in instances where no other options exist.”\textsuperscript{7} In Rhode Island, state law precludes the use of persons less than 16 years old as translators.\textsuperscript{12} To enhance communication of medical and dental concepts to people from other cultures, there are brochures available in many languages for common procedures and conditions.\textsuperscript{2}

**Summary**

Cultural competency is a combination of skill and knowledge that enables the cross-cultural delivery of effective health care. Cultural competency training (CCT) has been shown to be effective. Sensitivity and respect toward cultures different than one’s own is an important aspect of cultural competence, and CCT content usually includes a variety of ways to encourage patients from other cultures to feel at home, welcomed, and understood by health care professionals. In America, no deaf patients, nor patients with limited English proficiency whose
care is funded by Federal monies can be denied care based on language barriers; their right to
treatment is protected by law. When needed, multicultural office staff and/or other interpreters
should be utilized properly and according to local laws. Brochures about common treatments are
available in many languages to enhance communication with patients who have linguistic
barriers to care.

Conclusions

Cultural competence, multicultural sensitivity, and working with cultures other than one’s
own are increasingly important in dentistry. Current dentists and their office staffs should soon
expect increased emphasis on cultural competency issues and on overcoming language barriers
especially when they are treating Federally-funded or deaf patients. The dentists of the future
will have cultural competency training as part of their dental school curriculum and as an
employment requirement if they provide care in multicultural treatment centers. Eventually, all
dental healthcare workers should expect continuing education requirements in cultural
competence.

REFERENCES

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Traditional “Western” Concepts, Values and Institutional Structures Which Support Racism, Sexism and Elitism,
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To Receive Continuing Education Credit, Please Print Test on Next Page and Submit per Instructions at Beginning of this Document.

**Please duplicate and complete one form for each registrant**
Test **Please duplicate and complete one test form for each registrant**

Name/Address/Phone: ____________________________________________________________

**Instructions:** Choose only a single best answer. Registrants must correctly answer 60% of the test questions to receive CE credit.

1. Which of the following are characteristics of culturally competent health care providers?
   a. They endeavor to make patients from other cultures feel welcomed, secure, respected, and understood.
   b. They prefer multicultural office staff who can interpret for their cultural group, if necessary.
   c. They describe the patient’s cultural views of illness as “superstitious” in order to motivate patient behavior changes, thus improving treatment results.
   d. Two of above.
   e. All of above.

2. Cultural Competency Training (CCT) may include which of the following?
   a. Information about the different cultures found in the community of the clinic sponsoring the training.
   b. Information concerning legal issues in cultural competence.
   c. Information about the proper utilization of interpreters.
   d. Two of above.
   e. All of above.

3. The Institute of Medicine of the National Academies says that cultural competence training programs offer promise as a key intervention strategy in reducing health disparities among American groups and cultures.
   a. True
   b. False

4. According to Chart 1 of this article, members of which of the following African cultures do NOT like to make direct eye contact in conversations?
   a. Congo-Kingsgasa area
   b. Congo-Brazzaville area
   c. Somali area
   d. Two of above
   e. All of above

5. In America, dentists treating deaf patients who require a sign language interpreter for care are allowed by Federal regulations to add the cost of an interpreter’s services to the patient’s bill for that appointment.
   a. True
   b. False (CORRECT ANSWERS, 1-d, 2-e, 3-a, 4-c, 5-b)