Integrating Health Equity into the Dental Curriculum...

**HEALTH EQUITY** is the attainment of the highest possible level of health, regardless of sex, gender identity, race/ethnicity, religion, culture, language, disability or socioeconomic status. Barriers to achieving health equity such as difficulty accessing oral health services, limited patient-provider health literacy and culture and language differences can result in poor patient health outcomes, increased healthcare spending and worsening oral health disparities.

Minnesota’s 21st Century Dental Team must meet the needs of a growing diverse patient population by providing accessible, culturally, and linguistically appropriate oral health services to improve the oral health of all Minnesotans.

The following health equity competencies were developed in collaboration between Normandale Community College Dental Hygiene Program and Minnesota Department of Health Oral Health Program with funding from the Health Resources and Services Administration (HRSA). These competencies can be integrated into existing dental curricula, as well as other healthcare curricula and added to continuing education programs. Objectives are presented as intended outcomes in learner knowledge, skill, and attitude.

Associated with the following **health equity competencies** and **objectives**, **learning activities** have been developed for your reference and implementation and can be accessed beneath the specific competency.

**Competency 1. Health Equity and Cultural Competence in Health and Oral Healthcare**

**Definition**: Ability to learn, respect and apply information and skills through experience with diverse cultures.

**What’s involved**: Developing oral health provider verbal and written communication skills and clinical practices in the context of cultural humility, working with diverse patients and staff, working with interpreters and translation services and acknowledging unconscious biases in the delivery of oral health care services.
Competency 1.1 Health Equity

Objectives

- Define the following terms: health, health (in)equity, health (in)equality, health disparity and social determinants of health.
- Identify common health disparities and social determinants of health among subpopulations (e.g. age, race/ethnicity, poverty status and residence).
- Describe barriers to health equity.
- Describe the following terms: prejudice, ethnocentrism, white privilege, discrimination (individual, institutional, structural), racism (individual, institutional, structural), aversive racism (unconscious bias), microagression, microassault, microinsult and microinvalidation.
- Explain aversive racism (unconscious bias), institutional and structural racism and white privilege in the context of oral health care service delivery and health outcomes (physical, psychological and behavioral) and strategies to redress at the provider level and within systems and organizations.
- Summarize basic national and state population demographics, health and oral health statistics, and trends for the following groups: sex, gender identification, age, race/ethnicity, poverty, insurance status, disability status, nationality, health literacy, and limited English proficiency.
- Summarize current national and state oral health workforce diversity statistics.
- Evaluate literature on health disparities, health inequities, and social determinants of health.
- Discuss the history of sex, gender identity, race/ethnicity, culture, religion, disability, and socioeconomic status and its impact on health.
- Recognize the oral health provider-patient power imbalance and strategies for correcting the imbalance.
- Discuss integrated health care in the context of oral health service delivery and strategies for promoting integrated health care teams.
- Express attitude that eliminating health inequities is important for population health.
- Express attitude that acknowledging aversive racism (unconscious bias), institutional, and structural racism is important for the quality of oral health service delivery and to address health equity.
- Explain how workforce diversity impacts population health.
- Recognize the importance of workforce diversity for the quality of oral health service delivery and to address health equity.

Competency 1.2 Diversity, Culture and Linguistic Knowledge

Objectives

- Define the following terms: race, ethnicity, and culture.
- Discuss how race, ethnicity, and culture relate to health.
- Recognize diverse religious and cultural beliefs and practices and how they can affect health and health behavior.
▪ Understand that within diverse populations individual religious, cultural, and social beliefs and practices and language may vary.
▪ Identify basic theories of health and illness and how it influences health seeking and treatment behavior.
▪ Describe diverse worldviews in the context of oral health education and communication (e.g. personal experience, culture, religion, health beliefs, time, space, and social organization).
▪ Recognize common mental illnesses and disabilities.
▪ Describe various models of cultural competence.
▪ Define the following terms: cultural desire, cultural awareness, cultural knowledge, cultural skills, and cultural encounters.
▪ Contrast cultural humility and cultural competence.
▪ Relate own cultural background and biases (e.g. sexism, racism, classism, and homophobia).
▪ Explain how sex, gender identity, age, race/ethnicity, culture, religion, language, disability, socioeconomic status, and other factors may affect communication and oral health service delivery.
▪ Recognize that cultural and linguistic differences between patients and oral health providers can magnify health literacy issues.
▪ Describe best practices in verbal and written communications with and providing oral health care services to young children, children, adolescents, older adults, and people with mental illness and other disabilities.
▪ State ethical and legal importance of using bilingual staff and professional medical interpreters instead of patient’s family members and friends to communicate health information.
▪ Contrast interpreter and translation (language assistance) services and their scope of practice.
▪ Summarize effective strategies for working/collaborating with an interpreter or translator.
▪ Describe best practices in verbal and written communications that incorporates diverse patient cultural and religious beliefs and practices and preferred language.

**Competency 1.3 Cross-Cultural Clinical Practice Skills**

**Objectives**

▪ Express attitude that oral health is a right for all people regardless of sex, gender identity, race/ethnicity, religion, culture, disability, or socioeconomic status.
▪ Express attitude that values the importance of aversive racism (unconscious bias) recognition, its impact on provider decision-making and oral health service delivery and need to address personal bias and stereotyping.
▪ Express attitude that values and respects workforce diversity within the oral health team and integrated health care team.
▪ Express attitude that because the “culture” of oral healthcare includes special knowledge, language, logic, experiences, and explanatory models of health and illness, every patient encounter can be considered a cross-cultural experience.
▪ Express attitude that respects and values patient healing traditions and cultural beliefs.
▪ Manage the impact of bias and stereotyping in all patient encounters.
▪ Exhibit comfort when acknowledging and discussing cultural issues.
▪ Communicate accurately and effectively with patients in their preferred language using language assistance services.
▪ Apply effective use of nonverbal communication skills (gestures, etiquette, eye contact, physical contact, and methods of listening) across cultures.
▪ Execute different communication models (e.g. LEARN, BATHE, ETHNIC, SHARE) to understand the patient, family, and community (world) views about health, illness, and treatment.
▪ Listen nonjudgmentally and obtain/elicit information about patient medical and dental history, current medication use (prescription, non-prescription, supplements and herbs), and current use of traditional, cultural, and religious healing practices.
▪ Engage patient, family and community (if applicable) in treatment options and recommendations within the context of traditional healing practices, cultural and religious beliefs, and shared decision-making.
▪ Communicate effectively when providing oral health care services to young children, children, adolescents, older adults, and people with mental illness and other disabilities.
▪ Select culturally and linguistically appropriate and relevant visual aids (e.g. print material, video, or model) to enhance and reinforce verbal and written communication with patients.
▪ Document the following information in medical records to inform and support future patient communications: patient, family, and community worldviews about health, illness, and treatment, communication and educational style preferences, preferred spoken and written language, medical and dental history, current medication use (prescription, non-prescription, supplements and herbs), and current use of traditional, cultural, and religious healing practices.
▪ Distinguish religious, cultural, and language information as protected health information requiring official release of information for disclosure.

Competency 1 Related Learning Activities

▪ Concepts in Health Equity
▪ Recognizing Aversive Racism: Bias without Intention
▪ Implications of Racism on Overall Health, Oral Health and Mental Health
▪ Racial Issues in Healthcare
▪ Scarlet Letter Exercise: Have you experienced a social prejudice?
▪ Self-Awareness in Racism
▪ The Integrated Dental Workforce
▪ History of Diverse Populations and Health
▪ Cultural Competency for the Health Professional - Patti Rose Textbook Guide
▪ Cultural Sensitivity in Healthcare
▪ Connecting with Another Culture
▪ Assessing Cross-Cultural Clinical Experiences with Competency Reference Checklist
▪ Rubric for Patient Clinical Encounter Case
Competency 2. Effective Communication and Health Literacy

**Definition:** Ability to effectively communicate health information that is understandable, accessible, usable, and actionable.

**What’s involved:** developing oral health provider verbal and written communication skills in health literacy, plain language, numeracy, accessibility (508 compliance), and patient-centered care.

**Competency 2.1 Health Literacy**

**Objectives**

- Name one or more definitions of health literacy.
- Identify the basic literacy skill domains (reading, writing, speaking, listening, and numeracy) and examples of health care related demands put on patients for each domain, including difficulties navigating health care systems.
- Differentiate between the ability to read and reading comprehension, and why general reading levels do not ensure patient understanding.
- Summarize the prevalence of low or limited health literacy among U.S. adults, and the increased risk of certain subgroups.
- Recall that the average U.S. adult reads at a 5th grade reading level, but that most patient education materials are written at a much higher reading level.
- Understand that adults with low or limited health literacy tend to experience shame and hide their lack of skills from oral health care providers.
- Understand that it is not possible to determine a patient’s health literacy skills by their appearance.
- Recognize “red flag” behaviors which may suggest a patient has low or limited health literacy.
- Recall that tools are available for estimating individuals’ health literacy skills, but that routine screening for low or limited health literacy has not been proven safe or acceptable.
- Recall health literacy is context-specific and may change from one clinic visit to the next (e.g. during times of physical or emotional stress).
- Express attitude that everyone regardless of literacy level benefits from and prefers clear communication.
- Recognize that patient stressful life events and transitioning across health systems, insurance carriers, or providers are especially vulnerable times for communication errors needing closer attention and follow-up.
- Understand importance, rationale, and principles of a **universal precautions approach** in all health communication interactions.
- Describe best practice principles of clear communication, plain language, accessibility (508 compliance), numeracy, cultural competency, informed consent, and patient-centered care.
- Describe the direct relationship between health literacy and knowledge about one’s chronic disease(s) and medications, adherence to medications and treatment plans,
receipt of preventive health services, health outcomes or risk of harm, and excess healthcare costs.

- Recognize ethical and legal implications for inadequately conveying health information to patients with low or limited literacy or health literacy.

## Competency 2.2 Plain Language

### Objectives

- Name the 6 plain language principles and recognize them in written materials produced by others.
- Speak slowly and clearly at a moderate pace with patients.
- Recognize which kinds of words, phrases, or concepts may be jargon to patients.
- Avoid using acronyms and jargon in verbal and written communication with patients.
- Define in lay terms unavoidable jargon in verbal and written communication with patients.
- Communicate one to three “need-to-know” or “need-to-do” concepts with patients during a clinic visit.
- Use examples or analogies to improve patients’ comprehension.
- Use “chunk and check” by giving patients small amounts of information and checking for understanding before moving to new information.
- Write materials at lower reading levels (goal: 5-8th grade).

## Competency 2.3 Numeracy

### Objectives

- Knows definition of numeracy.
- Knows importance of low or limited numeracy.
- Knows the prevalence of low or limited numeracy among U.S. adults and identifies subgroups at increased risk.
- Demonstrate knowledge of and ability to use basic verbal and written communication strategies and resources to address low or limited numeracy.

## Competency 2.4 Accessibility (508 compliance)

### Objectives

- Define accessibility (508-compliance).
- Understand importance of accessibility (508-compliance), including relevant laws.
- Name types of disabilities, assistive technologies, and how they are affected by accessibility (508-compliance).
- Recall types of communication materials that are applicable to accessibility (508 compliance) laws.
- Explain basic strategies and resources for creating accessible (508 compliant) communication materials. Create accessible (508 compliance) documents using Microsoft Office products.
Competency 2.5 Patient-Centered Clinical Practice

Objectives

▪ Express attitude that effective communication is essential to the delivery of safe, high quality oral health care.
▪ Express empathy and non-judgmental, respectful attitude towards patients facing complex health and life issues, limited health literacy, limited English proficiency, oral health and/or health care system navigational barriers.
▪ Express attitude that every patient has the right to understand their oral health care and it is the oral health provider(s) and healthcare team’s responsibility to communicate effectively with patients.
▪ Express attitude of shared responsibility with patient for navigating and understanding oral health/health care systems and processes and assists patient with navigational barriers.
▪ Recognize the relationship between oral health and overall health, how comorbidities affect oral health, and the importance of integrated health care teams.
▪ Recognize situations necessitating patient dental, medical, public health and social service referrals and assists/follows up with patient on referrals (e.g. dental specialists, diabetes, infectious disease, rheumatology, mental health, tobacco cessation, and social services).
▪ Initiate work with oral health, medical, and public health or social service providers to create a supportive patient-centered environment that uses integrated health care strategies.
▪ Acknowledge patients’ autonomous right to both informed consent and refusal of recommended evaluations and treatments.
▪ Use the universal precautions approach in verbal and written communication with patients.
▪ Ensure that patients understand at minimum: 1. What their main problem is, 2. What is recommended that they do about it, and 3. Why this is important.
▪ Schedule routine medication or treatment plan review with patients during clinic visit (e.g. ask patient to bring all medications and supplements to appointment to review name, purpose, dosing, side effects or interactions).
▪ Obtain a list of the patient’s full set of concerns at the beginning of the clinic visit.
▪ Collaborate with patients on a shared agenda at the beginning of the clinic visit.
▪ Ask patients whether they would like to have a family member, friend, or health advocate present during their clinic visit or discussions regarding their clinic visit.
▪ Obtain information about patient’s health and health behavior (e.g. treatment non-adherence or compliance) in a non-judgmental manner.
▪ Summarize the patient’s plan for addressing main concern(s) at the end of the clinic visit (recap main problem, provider recommendations, and rationale/importance of recommendations).
▪ Document the use of patient-centered communication techniques such as teach-back in medical records to inform and support future patient communications.
▪ Arrange for timely patient follow-up when communication errors are anticipated.
Refer patients to appropriate community resources for enhancing literacy and/or health literacy (e.g., Adult Basic Literacy Education) within the context of the therapeutic relationship.

Distinguish low or limited health literacy as protected health information requiring official release of information for disclosure.

### Competency 2.6 Communication Techniques

#### Objectives

- Use calm, attentive, and nonjudgmental verbal and non-verbal active listening techniques when speaking with patients.
- Implement motivational interviewing in a two-way exchange of information or shared decision-making with patients.
- Obtain patients’ prior understanding of their health issues in a non-shaming manner (e.g., asks “what do you already know about gum disease?”).
- Ask patients about their learning style preference (e.g., ask patients, “what is the best way for you to learn new information?”)
- Use action-focused, empowering statements to help patients know what they need to do.
- Ask patients to repeat back information or instructions (teach-back or “show me” method).
- Obtain questions from patients through a “patient-centered” approach (e.g., asks “what questions do you have?” rather than “do you have any questions?”)
- Use patient-friendly materials and aids to reinforce important verbal information (e.g. print material, video, model or x-ray).
- Apply low numeracy strategies to convey numeric information to patients (e.g. risk, side effects, and dosing instructions) in verbal and written communications.
- Write/re-write clear medication instructions (e.g., “after brushing your teeth, fill chlorhexidine mouth wash cup to the fill line (15 ml), swish in your mouth for 30 seconds, then spit out, don’t swallow solution, do this every morning and evening,” rather than “after brushing, rinse with 15ml of chlorhexidine for 30 seconds, then expectorate, perform twice daily.”) and follow-up procedures or directions.

### Competency 2.7 Evaluation and Development of Written Materials

#### Objectives

- Evaluate the navigability, usability, and understandability of patient education and other communication materials (e.g. paper, video, web, and app).
- Apply tools for reviewing patient education and other communication materials (e.g. Suitability Assessment of Materials or CDC Clear Communications Index).
- Write/rewrite patient education and other communication materials (e.g. letters, informed consent, other dental forms and discharge summaries) to be user-friendly (follow plain language, numeracy, and easy-to-read formatting best practices).
- Execute appropriate translation services to develop patient education and other communication materials (e.g. paper, video, web, and app) in multiple languages.
Competency 2 Related Learning Activities

- Health Literacy
- Plain Language
- Accessibility
- Numeracy
- Prescription Literacy
- Health Literacy Case Scenarios: How clear is your healthcare dialogue?
- Evaluate Patient Health Education Materials
- Take Action to Improve Health Literacy
- Assessing Cross-Cultural Clinical Experiences with Competency Reference Checklist
- Rubric for Patient Clinical Encounter Case
- The Integrated Dental Workforce

Competency 3. Administration and Management Practice

**Definition:** Ability to administer health equity, cultural competency, and health literacy concepts and best practices within systems, organizations, programs, and activities.

**What’s involved:** developing oral health provider knowledge and skills in administration and managerial practices within the context of culture, linguistic, socioeconomic, and other forms of diversity.

**Objectives**

- Exhibit attitude that health equity, health literacy, and cultural competency needs to be integrated within and throughout systems and organizations.
- Apply cultural competence assessment tools to evaluate self and system/organization cultural beliefs, attitudes, values, practices, and behaviors.
- Describe the 10 Attributes of a Health Literate Organization.
- Describe the 14 Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS) Standards.
- Explain strategies to recruit, retain, and promote diverse staff and leadership that is representative of the demographics of the service area.
- Express attitude that all staff within systems and organizations receive ongoing education and training in health equity and culturally and linguistically appropriate oral health service delivery.
- Express attitude that all systems and organizations must offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to each patient with limited English proficiency at all points of contact, in a timely manner during all hours of operation.
- Express attitude that all systems and organizations must provide patients in their preferred language both verbal offers and written notices informing them of their right to receive language assistance services.
- Express attitude that all systems and organizations must assure the competence of language assistance provided to limited English proficient patients by interpreters and bilingual staff. Family and friends should not be used to provide interpretation services, although if requested by the patient, include documentation of this circumstance.
Express attitude that systems and organizations must make available easily understood patient-centered communication materials and post signage in the language of the commonly encountered groups and/or groups represented in the service area.

Develop a written strategic plan that outlines clear goals, policies, operational plans, and management accountability/oversight mechanisms to provide equitable and culturally and linguistically appropriate services.

Develop an evaluation plan for ensuring CLAS-related activities are being met within systems and organizations (e.g. self-assessments, internal audits, performance measures, patient satisfaction assessments and other outcomes-based measures).

Express attitude that systems and organizations should collect, maintain, and periodically update service area community and patient data (e.g. race/ethnicity and preferred spoken and written language) for the purpose of improving effective communication and health. Data should be secured and follow patient privacy rules.

Create a demographic, cultural, and epidemiological community profile and conduct a needs assessment for the system/organization service area.

Express attitude that systems and organizations should develop participatory, collaborative partnerships with communities, and utilize a variety of formal and informal mechanisms to facilitate community and patient involvement in designing, implementing, and evaluating community health promotion interventions and CLAS-related activities.

Express attitude that systems and organizations should develop transparency strategies and communication plans for informing the public about CLAS related and quality improvement activities.

Apply guidance documents and benchmarks (e.g. National and State Health Literacy Action Plans, Healthy People Goals and Objectives, National and State Oral Health Literacy Plans, and Association of State and Territorial Dental Directors guidance documents) to system and organization strategic and quality improvement plans and monitor changes.

Recognize health disparities that are amenable to intervention.

Find data resources for national and state population demographics, health and oral health statistics, and trends, critically analyze data, and apply towards community need assessments, grant applications, and policies and programs.

Propose a community-based health intervention.

Identify inclusive strategies to engage community members and organizations in community-based needs assessments and health promotion interventions and design, implement, and evaluate CLAS-related activities (e.g. community-based participatory research/participatory learning and action, reality-based research).

**Competency 3 Related Learning Activities**

- Practice Management Strategies for Equitable Oral Healthcare Delivery
- The Integrated Dental Workforce
- History of Diverse Populations and Health
- Health Literacy
- Take Action to Improve Health Literacy
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