Tooth Wisdom: Get Smart About Your Mouth

Cultural Considerations when Making Presentations for Older Adults

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Outline

▪ General relations approach to communicating with persons from diverse backgrounds
  ▪ Part 1: Knowledge
    ▪ Example: Knowing about participants’ different historical backgrounds
  ▪ Part 2: Awareness -
    ▪ Example: Unconscious biases
      ▪ What are they?
      ▪ How to combat
  ▪ Part 3: Skills:
    ▪ Example: Health literacy
    ▪ And how health literacy considerations affect group presentations
  ▪ Summary: A general relations approach - and then?
Introduction

“Old people are not all the same. Human diversity peaks after age 65”

Opinion piece by Louise Aronson, Professor of Geriatrics at the University of California, San Francisco
New York Times
Sunday, August 13, 2017,
Does this diversity affect our communication with older adults?

▪ Your communication has to be culturally competent when you present to older adults who differ
  ▪ in age: Young-old vs. old-old
  ▪ in gender: Women survive longer; men are a “rare commodity”
  ▪ in socio-economic status
  ▪ in racial / ethnic backgrounds
  ▪ in ability status
  ▪ in sexual orientation / gender identity

▪ And?????
What does it mean to be culturally competent?

- Cultural competence is defined as the ability to effectively deliver health care services that meet the social, cultural, and linguistic needs of patients.
- Presenting in a culturally competent way to groups of older adults means delivering information in such a way that patients from diverse backgrounds
  - understand the information and
  - experience an accepting and respectful classroom climate.
How can you present in a culturally competent way?

- It is impossible to give you a check list of “correct” behaviors when communicating with persons from different backgrounds.
- Such an attempt would only create stereotypes/generalizations that are largely incorrect.
- Instead think about a general relations approach.¹

¹ Inglehart & Tedesco, 1997
General Relations Approach

- A general relations approach starts with:
  - Understanding your own background. It will help you get a better sense of how you usually respond to others.
  - **Example:** Verbal and nonverbal communication / pain related communication
  - Once you realize why you respond the way you do, you can see how others differ from you and why you respond to these differences in the way you do.
  - Think about the following components of your professional behavior in relation to others from different cultural backgrounds:
Awareness

Commitment

Professional Attitudes & Behavior

Understanding

Skills

Expertise

Knowledge
Part 1: KNOWLEDGE

- Example:
- Why did older African American adults not want to get flu vaccine?
EXAMPLE:

Tuskegee Syphilis study $^2$

- Clinical study conducted between 1932 and 1972 in Tuskegee, Alabama by the U.S. Public Health Service
- Objective: to study the natural progression of untreated syphilis in poor, rural black men who thought they were receiving free health care from the U.S. government.
- In 1932, 600 impoverished African-American sharecroppers from Macon County, Alabama, were recruited into the study:
  - 399 who had previously contracted syphilis before the study began,
  - 201 without the disease.
  - They received free medical care, meals, and free burial insurance.
  - They were never told they had syphilis, nor were they ever treated for it. According to the Centers for Disease Control, the men were told they were being treated for "bad blood," a local term used to describe several illnesses, including syphilis, anemia and fatigue.

$^2$ Thomas & Quinn, 1991
Tuskegee Study continued

The researchers knowingly failed to treat patients appropriately after the 1940s validation of penicillin as an effective cure for the disease they were studying.

By 1947, penicillin had become the standard treatment for syphilis. Choices available to the doctors involved in the study might have included treating all syphilitic subjects and closing the study, or splitting off a control group for testing with penicillin. Instead, the Tuskegee scientists continued the study without treating any participants and withholding penicillin and information about it from the patients. In addition, scientists prevented participants from accessing syphilis treatment programs available to others in the area. The study continued, under numerous US Public Health Service supervisors, until 1972, when a leak to the press eventually resulted in its termination.

The victims of the study included numerous men who died of syphilis, wives who contracted the disease, and children born with congenital syphilis.
Radiation experiments

- http://www.holeinthehead.com/
- Implications of this knowledge?
- Understanding a lack of trust in the health care system
Application to cross-cultural communication

- General relations approach\(^1\): Gain knowledge about:
  - Where do you come from?
  - And where do others come from?
  - How does this affect how we interact with others?

- Lessons for your classroom situation:
  - Time use / being on time
  - Conflict resolution; passive vs. active

\(^1\) Inglehart & Tedesco, 1997
Part 2: Awareness

- Example:
- Tooth brush sharing
Unconscious biases\(^3\) / beliefs

- **Bias is a prejudice**
  - in favor of or against
  - one thing, person, or group compared with another
  - usually in a way that’s considered to be unfair.

- **Biases may be held by**
  - an individual, group, or institution and
  - can have negative or positive consequences.

3 https://diversity.ucsf.edu/resources/unconscious-bias
Conscious and unconscious biases

- There are two types of biases:
  - Conscious bias (= explicit bias)
  - Unconscious bias (= implicit bias)
- We are not consciously aware of our unconscious biases - but we have them.
- Conscious and unconscious biases are not limited to ethnicity and race.
- Age, gender, gender identity, profession, physical abilities, religion, sexual orientation, weight, and many other characteristics are subject to bias.
Unconscious biases³

- are social stereotypes (generalizations) about certain groups of people that individuals form outside of their own conscious awareness.
- Everyone holds unconscious beliefs about various social and identity groups.

³ https://diversity.ucsf.edu/resources/unconscious-bias
Why unconscious biases?

- They are the result of a “normal” part of information processing:
  - In a world with huge amounts of information, we categorize information around us - even social information.
    - Example: All women are ....
  - Once we have categorized, we want to feel good about ourselves and so evaluate our own identity positively.
Unconscious bias

- Unconscious bias is far more common than conscious prejudice
- It limits us from seeing what is happening - “Hidden figure” movie
- It can even be incompatible with our own conscious values.
- Certain situation can activate unconscious attitudes and beliefs:
  - Stress
  - Multi-tasking
  - Working under time pressure.
Increase your awareness

- Once you recognize that we all have unconscious biases, we can try to get a better understanding of our biases by using PAUSE:
  - Pay attention to what’s actually happening beneath the judgements and assessments
  - Acknowledge your own reactions, interpretations, and judgements
  - Understand the other reactions, interpretations, and judgements that may be possible
  - Search for the most empowering, productive way to deal with the situation
  - Execute your action plan
Part 3: Skills
Verbal communication

The spoken word is the most important tool in dentistry

BUT:

• What if patients cannot understand you?

• The power of oral health literacy
Health literacy

Definition: Health literacy is the ability to read, understand and use health information to make appropriate healthcare decisions and follow instructions for treatment.

4 American Medical Association Foundation and American Medical Association, 2003
What do dental patients know??

<table>
<thead>
<tr>
<th>Words</th>
<th>% Know</th>
<th>% Pronounce</th>
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<tbody>
<tr>
<td>Sugar</td>
<td>97%</td>
<td>88.5%</td>
</tr>
<tr>
<td>Smoking</td>
<td>96%</td>
<td>89.1%</td>
</tr>
<tr>
<td>Floss</td>
<td>96%</td>
<td>89.3%</td>
</tr>
<tr>
<td>Brush</td>
<td>97%</td>
<td>89.3%</td>
</tr>
<tr>
<td>Braces</td>
<td>95%</td>
<td>88.0%</td>
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<tr>
<td>Pulp</td>
<td>68.3%</td>
<td>84.8%</td>
</tr>
<tr>
<td>Denture</td>
<td>91.4%</td>
<td>86.9%</td>
</tr>
<tr>
<td>Enamel</td>
<td>87.8%</td>
<td>81.9%</td>
</tr>
<tr>
<td>Sealant</td>
<td>76.9%</td>
<td>81.9%</td>
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<tr>
<td>Genetics</td>
<td>86.2%</td>
<td>81.1%</td>
</tr>
<tr>
<td>Caries</td>
<td>43.6%</td>
<td>78.9%</td>
</tr>
<tr>
<td>Restoration</td>
<td>78.7%</td>
<td>81.3%</td>
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<tr>
<td>Fluoride</td>
<td>92.7%</td>
<td>85.6%</td>
</tr>
<tr>
<td>Plaque</td>
<td>90.4%</td>
<td>80.0%</td>
</tr>
<tr>
<td>Extraction</td>
<td>85.7%</td>
<td>83.5%</td>
</tr>
<tr>
<td>Periodontal</td>
<td>54.3%</td>
<td>70.4%</td>
</tr>
<tr>
<td>Fistula</td>
<td>25.5%</td>
<td>59.5%</td>
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<tr>
<td>Cellulitis</td>
<td>48.1%</td>
<td>64.3%</td>
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<tr>
<td>Abscess</td>
<td>80.5%</td>
<td>80.5%</td>
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<tr>
<td>Incipient</td>
<td>16.1%</td>
<td>52.8%</td>
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<td>Halitosis</td>
<td>43.9%</td>
<td>61.9%</td>
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<tr>
<td>Malocclusion</td>
<td>14.0%</td>
<td>44.0%</td>
</tr>
<tr>
<td>Gingiva</td>
<td>42.1%</td>
<td>49.6%</td>
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<tr>
<td>Dentition</td>
<td>26.0%</td>
<td>44.0%</td>
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<tr>
<td>Bruxism</td>
<td>11.4%</td>
<td>42.1%</td>
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<td>Hyperemia</td>
<td>14.8%</td>
<td>37.6%</td>
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<td>Analgesia</td>
<td>22.9%</td>
<td>29.1%</td>
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<tr>
<td>Hypoplasia</td>
<td>17.7%</td>
<td>44.8%</td>
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<tr>
<td>Apicoectomy</td>
<td>6.0%</td>
<td>13.9%</td>
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<tr>
<td>Temporomandibular</td>
<td>12.7%</td>
<td>22.9%</td>
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<tr>
<td>Average total score</td>
<td>17.12%</td>
<td>19.83%</td>
</tr>
</tbody>
</table>
How do we categorize literacy levels?

- Level 1 - functionally illiterate (22%)
  - Sample tasks: sign name / find a country in a short article / find expiration date on drivers license
- Level 2 - marginally literate (27.5%)
- Level 3 - functionally literate (31.5%)
- Level 4 - higher level of functional literacy (16%)
- Level 5 - high-level literacy (3%)
Consequences of poor oral health literacy

- Lower health literacy is related to
  - lower knowledge about oral health-related issues,
  - more dental fear,
  - poorer oral health behavior,
  - fewer dental visits, and
  - lower likelihood to seek dental care for children.
How can you consider literacy issues when you present to diverse older adults?
Six steps to improve your communication

1. **Slow down:** Communication can be improved by speaking slowly and by spending just a small amount of additional time to explain things.

2. **Use plain, nonmedical language:** Explain things as you would explain them to a family member.

3. **Show or draw pictures:** Visual images can improve the understanding and recall of ideas.

4. **Limit the amount of information provided, and repeat it:** Information is best remembered when it is given in small pieces that are pertinent to the tasks at hand. Repetition further enhances recall.

5. **Use the teach-back or show-me technique:** Confirm that your audience understands by asking them to repeat back your explanations.

6. **Create a shame-free environment:** Make participants feel comfortable asking questions.
How about written information?
Written materials

- General content
  - Limit content to one or two key objectives. Don’t provide too much information or try to cover everything at once.
  - Limit content to what patients really need to know. Avoid information overload.
  - Use only words that are well known to individuals without medical training.
  - Make certain content is appropriate for age and culture of the target audience.
Checklist 1
for easy-to-read written materials

Text construction
- Write at or below the 6th grade level.
- \(\text{http://www.readabilityformulas.com/}\)
- Use one- or two-syllable words.
- Use short paragraphs.
- Use active voice.
- Avoid all but the most simple tables and graphs. Clear explanations (legends) should be placed adjacent to each table or graph and also in the text.
Checklist II
for easy-to-read written materials

- Fonts and typestyle
  - Use large font (minimum 12 point) with serifs. (Serif text has the little horizontal lines that you see at the bottom of letters)
  - Don’t use more than two or three font styles on a page. Consistency in appearance is important.
  - Use uppercase and lowercase text. ALL UPPERCASE TEXT IS HARD TO READ.
Checklist III
for easy-to-read written materials

- **Layout**
  - Ensure a good amount of empty space on the page. Don’t clutter the page with text or pictures.
  - Use headings and subheadings to separate blocks of text.
  - Bulleted lists are preferable to blocks of text in paragraphs.
  - Illustrations are useful if they depict common, easy-to-recognize objects.
  - Images of people, places, and things should be age appropriate and culturally appropriate to the target audience. Avoid complex anatomical diagrams.
SUMMARY:

Professional Attitudes & Behavior

- Awareness
- Commitment
- Understanding

Skills
Knowledge

Expertise
SUMMARY

▪ What do we need to consider when we present to groups of 65 / 75 / 85 year old adults?
▪ These adults are more diverse than groups of younger adults due to their rich life experiences and their different rates/types of aging.
▪ General relations approach
  ▪ Gain knowledge: listen / ask
  ▪ Increase awareness: PAUSE
  ▪ Gain skills - example: literacy
▪ And enjoy the experience! and
▪ Get prepared for your own future!
References


3. https://diversity.ucsf.edu/resources/unconscious-bias

QUESTIONS?
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