

Culturally competent patient–dentist communication influences oral health disparities: what needs to change, why, and how

Oral health is an essential component of overall health, well-being, and quality of life, yet nearly 3.5 billion people globally suffer from unaddressed oral health issues.¹ Oral health disparities refer to, within particular population groups, the presence of preventable differences in prevalence, mortality rates, and impact of oral diseases and other related health issues, alongside health care utilization.²

People from underprivileged and marginalized communities bear a heavier burden of oral diseases, frequently experiencing deteriorated oral health and more aggressive disease progression that necessitates complex treatments, largely from inequities in social determinants of health including access to dental care.² Structural barriers may prevent minority groups from accessing oral health care and achieving optimal oral health. Examining the impact of cultural differences and language barriers between patients and dental professionals is crucial, as these elements are frequently intertwined with access barriers, systemic racism, and discrimination.³

Cultural competence in health care describes the “ability of systems to provide care to patients with diverse values, beliefs and behaviors, including tailoring delivery to meet patients’ social, cultural, and linguistic needs.”⁴ The US Institute of Medicine’s study on racial and ethnic disparities in health care advocates that to mitigate health care disparities in underserved populations, health care providers should enhance their cultural sensitivity and communication skills, which are the core of both cultural and patient-centeredness competence.⁵ In a study involving Black and African American participants, the majority reported infrequent communication with their dental practitioners, revealing the current situation of dentist–patient communication among minoritized patients.⁶ Perceptions of racial discrimination in dentistry exacerbate communication barriers and deter individuals from seeking care.^{7,8} This highlighted the importance of effective patient–dentist communication and culturally competent care. When dental practitioners communicate clearly and understandably regarding patients’ oral health findings, treatment plans, and preventive procedures,

patients are more likely to engage in the promotion of their oral health and achieve better oral health outcomes.

While many studies have suggested that cultural competence could help reduce racial and ethnic disparities in health care,^{7,8} there is limited literature focusing the relationship between culturally competent patient–dentist communication and oral health disparities. Here, we propose several culturally competent patient–dentist communication strategies, including linguistic competency and provision of language services, for oral health providers to establish and strengthen connections with patients who are historically marginalized and mitigate oral health disparities.

- Dental professionals should create a welcoming and culturally inclusive environment for the underserved patients to feel comfortable sharing their oral health information. For example, dental practitioners should avoid using medical jargon and instead use plain language to explain procedures and treatments when communicating with patients. Utilizing visual displays to deliver oral health information and ensuring that educational materials are written at a sixth-grade reading level and with racially diverse images, can make dental visits more engaging and less intimidating. Furthermore, using advanced digital dentistry tools, such as patients’ intraoral photos or 3D reconstructed oral health data taken by intraoral cameras or scanners, could help patients assess and understand the health information shared with them.
- Dental professionals should show respect for what patients say and ensure patients feel valued and respected by adopting an attitude of cultural humility. Effective communication can be fostered by listening actively, employing inviting body language, allowing patients ample time to respond, and recapping the main discussion points at the conclusion of appointments. Additionally, a “teach-back” method in patient–dental provider communication could be effective, which involves the provider asking the patient to explain, in their own words, the information that has been shared with them during the consultation. This approach serves to con-

firm the patient's understanding of their diagnosis, treatment plan, oral health practice instructions, or any other advice given. To effectively use this skill, the provider might say, "to ensure we're on the same page, could you describe how you'll change your diet for a better oral health?" This method not only helps in assessing patient comprehension but also empowers patients, enhances recall and adherence to oral health advice, and provides an opportunity for the provider to clarify any misunderstandings immediately.

- Dental professionals should adapt their communication styles to meet the unique needs of each patient and customize oral health promotion information based on patients' cultural backgrounds, taking into account their cultural norms, values, and sensitivities. When dental practitioners communicate in ways that are easy to understand, patients are more likely to seek preventive care, leading to better oral health outcomes. When clinicians normalize questions (there are no dumb questions), patients are more likely to speak up. Dental practices should also offer a comprehensive language assistance service for patients with limited English proficiency, including translation and interpretation.
- Community health workers could be employed as oral health ambassadors for patient advocacy and improved communication. They have a deep understanding of community needs and have already established trusted relationships within the community. Therefore, they can serve as liaisons between patients and dental providers by bridging patient-dentist cultural gaps and supporting patients in navigating the oral health system.

In conclusion, reducing oral health disparities requires a commitment to action. The key to transformative change lies in revolutionizing dental education. The present authors propose an integration of cultural competence training within both the foundational dental curriculum and the ongoing postdoctoral

educational journey. Imagine a learning environment where dental students and residents are not just taught but immersed in culturally sensitive care through simulated patient interactions and community engagement life events. A team-based patient communication is suggested that incorporates inputs from educational experts, community advocates, medical-dental professionals, public health leaders, linguists, and sociopsychologists, to foster an institutional environment that cherishes cultural competency as a cornerstone of exceptional dental care.

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