



THE NATIONAL CENTER ON
Health

Brush Up on Oral Health

March 2013

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Did You Know?

More than 55 million people in the United States speak a language other than English at home, and at least 381 languages are spoken in the country. The four major non-English-language groups are Spanish, Indo-European languages (most languages of Europe and India), Asian and Pacific Island languages, and all other languages. American Indian and Alaska Native (AIAN) languages are included in the all other languages category. One hundred and thirty-three AIAN languages are spoken in the United States.

Cultural and Linguistic Competence



Culture and language play an important role in improving the oral health and [oral health literacy](#) of pregnant women and children enrolled in Head Start and their families. To be effective communicators, Head Start staff must be able to recognize and appreciate the unique attitudes, beliefs, and practices of the populations they serve. Cultural and

linguistic competence includes respecting racial and ethnic diversity. And it involves striving to understand how the languages people speak and the

unique characteristics of their families affects their comprehension of oral health messages.

This issue of *Brush Up on Oral Health* focuses on cultural and linguistic competence, why it is important, and what Head Start staff can do to become better communicators about oral health.

How Can Knowledge, Attitudes, and Beliefs Affect Oral Health?

Knowledge, attitudes, and beliefs can affect oral health in a variety of ways. For example:

- Lack of knowledge and beliefs about primary teeth can affect willingness to seek oral health care for children.^a
- Beliefs about what causes oral disease and how to prevent it can influence attitudes about adopting good oral care habits and seeking oral health care before pain occurs.^a
- Fear, whether from community beliefs or from personal bad experiences, can influence attitudes about where and how to get oral health care.^a
- Health and safety concerns carried from immigrants' countries of origin impact their willingness to use readily accessible resources for good oral health such as drinking fluoridated tap water.
- Myths and rumors combined with language barriers can prevent parents from embracing proven recommendations such as brushing a child's teeth with a smear of fluoridated toothpaste as soon as the first tooth appears.^b

Sources

- a Hilton I.V., Stephen S., Barker J.C., Weintraub J.A. 2007. [Cultural factors and children's oral health care: A qualitative study of carers of young children](#). *Community Dentistry and Oral Epidemiology* 35(6):429–438.
- b dos Santos A.P.P., Nadanovsky P., de Oliveira B.H. 2012. [A systematic review and meta-analysis of the effects of fluoride toothpastes on the prevention of dental caries in the primary dentition of preschool children](#). *Community Dentistry and Oral Epidemiology* 41(8):1–12.

Improving Cultural and Linguistic Competence in Oral Health: What Head Start Staff Can Do

There are many ways for Head Start staff to help improve their own and others' cultural and linguistic competence, for example:

- Learn about the attitudes, beliefs, practices, and languages of the populations the Head Start program serves.
- Recruit and use peer promoters or "promotores de salud," bilingual/bicultural staff, trained interpreters or translators, case

managers, or support groups to help incorporate cultural values into oral health education and activities.

- Ask community members to help identify and develop culturally appropriate approaches to address oral health issues and concerns.
- Discuss the attitudes, beliefs, practices, and languages of the populations the Head Start program serves with oral health professionals who wish to learn more about these topics.

Cook's Corner: Recipes for Healthy Snacks

Here's a delicious healthy snack that children can make as a class project or at home with their families.

Homemade Hummus



Ingredients

- 2 garlic cloves, cut into very small pieces
- 2 15-oz cans of garbanzo beans (chickpeas), drained and rinsed
- 2/3 cup of tahini (roasted, not raw)
- 1/3 cup lemon juice, freshly squeezed or bottled
- 1/2 cup water
- 1/4 cup olive oil
- 1/2 teaspoon of salt

Instructions

1. Put the garlic, garbanzo beans, tahini, lemon juice, water, and olive oil in a blender or food processor. Blend until smooth.
2. Add salt and stir into mixture.
3. Place hummus in a bowl.
4. Serve hummus with pita bread, crackers, or raw vegetables such as carrots or celery cut into thin strips.

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