

Diversity's definitely going to affect health care

These days, when we hear the term *diversity*, we think about under-represented groups, their fuller participation in society, and multiculturalism. In dentistry, diversity most commonly brings to mind improved access to care for the underserved and greater numbers of women and minorities working in the profession. For health care futurists, those already working among diverse peoples and the federal government, diversity in health care can mean much more.

Take the definition of primary care recently adopted by the Maternal and Child Health Bureau of DHHS that characterizes primary care for children and adolescents as "...community-oriented, family-centered, accessible, culturally competent and developmentally appropriate...". While most of us can only imagine what a health care program designed around these principles would look like, others are taking the terms quite literally. A recent article in the *Journal of the American Medical Association*, for example, encourages physicians to be sensitive to folk remedies and to not discourage their use as long as they aren't dangerous and don't interfere with proven biomedical therapies.

The implications of diversity in health care delivery go well beyond the need to be sensitive to cultural alternatives. The Americans with Disabilities Act (ADA) mandates sensitivity to differences in the form of architectural modifications, work policies, and supportive aids. These are often costly changes to the way we deliver care. A diversity-related workplace phenomenon being tested legally is the concept of language rights — the idea that an individual can communicate in his or her own language rather than the prevailing tongue. While multilingualism can be an asset in a diverse health care setting, in an emergency situation it might also recreate the Tower of Babel.

Our dental educational system will need to address diversity in care delivery and it has been encouraged to do so by the current Institute of Medicine study of dental education. It may not be an easy task. Take the trend to simulation, which eliminates human variation for the sake of simplicity and standardization. This trend goes in the opposite direction from diversity, which stresses the nuances of individuals. The per-

spective of "community-based" care is relevant to dental education as a clinical care model that is specific to the community served by a dental school. That is, do we train our students to treat the microcommunity they serve in school, or the macrocommunity they might serve later in practice? As our society ages, as our cities continue to change, as underserved groups gain access, and perhaps most importantly, as we implement the "accountable" aspect of primary care, questions like these no longer remain theoretical for dental schools. We'll need to find answers.

What our tort system will do with diversity concepts also remains to be seen. Does the dentist or the folk provider get sued when biomedical therapy and folk medicine fail? Primary care's emphasis on family may throw yet another curve on what constitutes informed consent. Can there be standards of care in a health care model that seeks to satisfy the cultural, familial, and developmental requirements of an individual? And what is the role of professional judgment in such a model? These and other questions will surely arise as the health care system deals with diversity.

The issues we face in diversifying health care are as plentiful and challenging as those that arise when diverse cultures confront us with behaviors and customs in conflict with our own. Perhaps we need to look at historically diverse health care systems abroad for answers or recall our country's history of assimilating widely diverse cultures into the mainstream. The solutions to issues of diversity in health care lie somewhere between the imposition of mandates by government and the pursuit of health as a value by those outside the mainstream as they become participant in society.

Societal change and its effects on health care can be likened to a speeding locomotive and we providers are in its path. While we may disagree on how far away it is, and how fast it is moving, it's difficult and perhaps foolhardy to deny that it's headed our way. Our choices are simple — get on board, get out of the way, or...

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