



Our multicultural society: implications for pediatric dental practice

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Over the last several decades, it has become evident that the population of minority cultures in this country continues to increase.¹ The actual numbers are probably much higher than those reflected by the current census data. In addition, the cultural diversity of our pediatric dentistry workforce, residents, practitioners, educators, and staff, as well as the primary care health workforce, has substantially increased and will continue to do so. These individuals represent varying levels of acculturation, health beliefs, health behaviors, knowledge, and attitudes. There is scarcely a pediatric dental office or training program that has not experienced this population shift.

Children of African American, Native American, Hispanic, and Asian descent represent a third of the pediatric population in this country. Many of these children come from poor and underserved families or are immigrants who have not experienced routine preventive and oral health care, and have been exposed to episodic, pain-related emergency intervention leading to potential fear and dental phobia. The data in regard to over utilization of emergency room services for primary dental care is consistent with outcome data from pediatric medicine.² The Surgeon General's Report "Oral Health in America," has made us aware of the oral health disparities these children and their families face. As our profession continues to get more involved with these issues, the phrases: "cultural sensitivity," "cultural competency," and "levels of acculturation" have increasingly become part of our vocabulary and part of the curriculum of many of our programs, especially the GME-supported or community-related ones. Provider-patient communication has been shown to be linked to patient satisfaction, compliance, and health outcomes. The chances for miscommunication may increase when providers care for patients from other cultures who may have less well-organized conceptualization of illness or who may face particularly difficult social conditions.³

The theme of the College of Diplomates' symposium at this year's meeting was "Our Multicultural Society: Implications for Pediatric Dental Practice." The theme was introduced by keynote address speaker, Dr. Susan

Scrimshaw, a social anthropologist and dean of the School of Public Health at the University of Illinois at Chicago. This was followed by presentations from 4 panelists: Drs. Paul S. Casamassimo, Linda P. Nelson, Yasmi O. Crystal, and Man Wai Ng. This symposium follows in the footsteps of last year's AAPD keynote address by New York State Commissioner of Health Antonia Novello when she urged us to continue to confront the issues of oral health disparities and the access-to-care needs of multicultural children from underserved families.⁴

It is my hope and expectation that the proceedings of this program and the resulting recommendations will lead to further involvement by the College of Diplomates and the American Academy of Pediatric Dentistry community as we endeavor to provide the best care to this vulnerable population.

Recommendations of symposium

Train for cultural competency

As advocates committed to the oral health of children, we need to take better care of the "rainbow of diversity" and strongly support training in cultural competency for all pediatric dentists and their staff.

Work to improve "access to care"

We need to play a strong role in helping to correct the Medicaid system so that it provides fair reimbursement. The Children's Dental Health Improvement Act of 2002 (S.1626, H.R. 3659) offers the opportunity to reduce the problem of access to care. The American Academy of Pediatrics is actively supporting this bill.

Encourage oral health outcomes and behavioral research

Even though we know that children of poverty and immigrant families suffer from a greater burden of disease, there is limited information available on specific reasons. We need epidemiological information about the prevalence of oral health behaviors such as nursing practices and diet in different ethnic groups. We need to better understand

which interventions are effective in which communities and learn to tailor our approach to individual communities. We need to encourage interdisciplinary research to develop effective models of intervention with the changing disease patterns we are observing.

Develop policies, health care standards, and curricular guidelines for pediatric dentists and training programs

To improve pediatric oral health care for our culturally diverse patients, pediatric dentists must develop policies, guidelines, and standards of care that recognize the impact of cultural differences on the disease processes and on the family's ability to understand and comply with treatments.

References

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