HEALTH DISPARITIES AND THE MULTICULTURAL IMPERATIVE

Cynthia A. Cadoret, RDH, MPH, and **Raul I. Garcia, DMD, MMedSc**

SORT SCORE

A	B	C	NA

SORT, Strength of Recommendation Taxonomy

LEVEL OF EVIDENCE

1	2	3

See page A8 for complete details regarding SORT and LEVEL OF EVIDENCE grading system

ABSTRACT

Providing culturally and linguistically appropriate care is a crucial step toward the elimination of oral health disparities in the United States.

Background

Health disparities, coupled with rapidly changing demographic trends, continue to plague healthcare, the health care workforce and population health. Consequently, there is still more work indicated to ensure individuals, regardless of race or ethnicity, receive quality health care at an affordable price. The purpose of this paper is to increase the awareness of oral health care practitioners about the causes and consequences of oral health disparities and to highlight promising strategies aimed at improving effective communication between health care providers and the patients they serve.

Methods

A narrative utilizing key publications will explain the concept of the multicultural imperative, and its direct relationship to the elimination of health disparities including oral health disparities.

Conclusions

It is essential that oral health professionals strive to become culturally and linguistically proficient in communicating with and caring for all our patients. Members of professional organizations and academic institutions can also work to ensure that both students and current practitioners have access to a curriculum and continuing education with the intended outcome of increased cultural proficiency.

Key words: Disparities, cultural competency, provider-patient communication, health literacy, service learning, interprofessional education

Department of Health Policy and Health Services Research, Northeast Center for Research to Evaluate and Eliminate Dental Disparities, Boston University Henry M. Goldman School of Dental Medicine, Boston, MA 02118, USA

Corresponding author: Tel.: +1 617 414 1231, +1 978 368 7375; fax: +1617 638 6381. E-mail: ccadoret@bu.edu

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DEMOGRAPHIC TRENDS

Racial and ethnic minorities (Hispanic, African American, Asian and Native American) account for over a third of the total population in the United States. The 2010 U.S. Census showed that the immigrant population had grown to 40 million, with an unprecedented number of new immigrants arriving between 2000 and 2010. Of these newly arrived immigrants, most were from Latin America and Asia, with many of them settling in parts of the country that weren't typical of past destinations.[1]

This review is premised on the fact that American society is increasingly multicultural in its composition. It is essential that oral health providers become proficient in understanding and effectively communicating with an increasingly diverse population to adequately address public health concerns. The term 'multicultural imperative' captures this need. Imperative, in its noun form, may be defined as an essential or urgent thing, while multicultural refers to relating to, or constituting several cultural or ethnic groups within a society. That there exists a multicultural imperative in regards to oral

health becomes readily apparent once one has a greater understanding of demographic trends and of the causes and consequences of oral health disparities.

HEALTH DISPARITIES AND ORAL HEALTH DISPARITIES

Racial and ethnic health disparities in the U.S. are well documented. Minorities are more likely than non-minorities to suffer with disease and disability, which often leads to shortened life expectancy, lost opportunities for economic advancement and low quality of life.[2] "The key demographic changes for the dental profession to respond to include 1) the dramatic growth in the number of 'new Americans' from immigration, 2) the overall and related growth in the number of persons from racial and ethnic minority groups, including Hispanics, Asians, African Americans, American Indians and Alaska Natives (AI/AN)[2] and 3) the rise in the numbers of racial/ethnic minorities with chronic disease comorbidities which comprises a highly vulnerable population characterized with complex medical problems, worsened by unmet social needs.[3]

Limited access to dental care is a major cause of oral health disparities. A lack of dental insurance and associated high costs are primary barriers to receiving oral healthcare. However, numerous studies have shown that dental insurance alone won't solve the problem of oral health disparities. While lack of insurance prevents many from getting needed dental care, preventive and restorative care is often neglected for a variety of other reasons, including cost of care, fear, mistrust of providers, and/or competing medical needs. Health disparities are frequently a consequence of limited access to needed care, issues around provider–patient communication, and little or no understanding of behaviors that promote health.[4–6]

One of the biggest challenges in caring for patients from diverse racial and ethnic backgrounds is overcoming cultural barriers having to do with the interaction between health care providers and patients. Communication between providers and patients is likely to breakdown when sociocultural differences aren't fully accepted or understood. Patients may have very different culturally based health beliefs and medical care practices: use of home remedies, attitudes toward medical care, and levels of trust in doctors and the healthcare system.[7] The Institute of Medicine Report (IOM) *Unequal Treatment: Confronting Racial and Ethnic Disparities in Healthcare* concluded that healthcare providers may unintentionally hold cultural biases and prejudices and make diagnostic and treatment decisions based on stereotypes.[8] In a review of cultural issues in oral health, Garcia and colleagues noted that, "Inconsistent patient behaviors and attitudes related to compliance with treatment regimens is often a result of cultural conflict between minority patients and their providers. Clinical inexperience in interacting with minority patients and beliefs held by the provider about the behavior or health of minorities may contribute to a cultural dissonance between providers and patients." Overlooking patients' cultural beliefs may foster a lack of trust in the provider and their diagnoses, and decrease the likelihood that a person will comply with the prescribed treatment.[2]

Cultural competence in health care can be defined as an understanding of the importance of social and cultural influences on patients' health beliefs and behaviors while taking into consideration how these factors interact at multiple levels of the health care delivery system and developing interventions that take these issues into account to assure quality health care delivery to diverse patient populations.[2] The IOM report titled, *Unequal Treatment*, highlighted the critical need in this country for culturally and linguistically appropriate services to help fight health disparities.[8] Health disparities, coupled with rapidly changing demographic trends have led to the development of national health care policies and academic accreditation standards that emphasize the importance of cultural and linguistic competency in the delivery of high quality health care.

A related consideration in ensuring appropriate access to culturally competent health care providers is the discordance between the race and ethnicity of patients and providers and the maldistribution of culturally competent providers. A review by the Sullivan Commission's Report on Health Professions Diversity[9] showed that minority patients in the United States have higher levels of satisfaction in race- or ethnicity-concordant settings[10–12] (http://www.sciencedirect.com/science/article/pii/S0011853207001322 – Ref. 2). In a study among the Hispanic population, Flores reported that it was very important to Hispanics to have a physician who speaks Spanish and fully understands Hispanics' cultural values.[13] In a study of a Canadian–Asian community, Wang found low accessibility to medical care providers in areas heavily populated by Chinese immigrants.[14] He concluded that such a maldistribution was especially concerning because of the "overwhelmingly strong preference of Chinese immigrants for ethnically and dialectically matched family physicians."[14]

Provider–patient communication is directly linked to patient satisfaction, adherence and health outcomes.[15] Patient-centered communication and cultural competence are both strategies that have emerged as ways to overcome communication and cultural barriers contributing to health disparities with the long term goal of improving the quality of health care. Patient-centered communication became a trend in the 1980's as a way to improve health outcomes by taking the focus off illness and disease and the provider, and viewing the patient as unique in the context of their environment and social network.[16] As a result, providers who practiced patient-centered care considered more than just the biomedical factors that a patient presented with, they also assessed patients' knowledge, beliefs and values around health. **Table 1** outlines the essential elements of effective provider–patient