

This Is America ... Get in the Game

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Many years ago, my grandparents came to this country from Eastern Europe for a multitude of reasons. Political pressures, poor environments, perceived opportunities, and a place to raise their children readily enabled their decision to emigrate to America. They lived in ghettos but became employed by businesses or started their own, learned to speak our language, and assimilated into our culture.

Today, we are experiencing an increasing immigration to our state and country for reasons similar to those of my grandparents. There is an apparent difference though in that we are seeing numerous subcultures developing with segments of the population living in the same ghettos or geographical areas but not necessarily becoming enmeshed in our society. This poses a problem in relating to this population for health care issues. Things are not the same as they used to be, and we are obligated to learn to deal with those who do not speak English primarily or whose values are different. This has implications for our practices and our lives.

As of 2000, the Census Bureau reported that our national population was 35 percent Hispanics, 12 percent Asians, and 7 percent African-Americans. That leaves approximately 46 percent of our national population being Caucasian and other ethnicities. In California, it was projected that by 2006, the population would be 14 percent Hispanic, 13 percent African-



Lest we forget, our business is taking care of our patients.

American, and 4 percent Asian.

Other projections are that during the next 50 years the Hispanic and Asian populations will triple with a 12 percent to 14 percent increase in African-Americans. Regardless of these estimates and the actuality of population by ethnicity, it is clear we are a bellwether state for population diversity. In contradistinction to this is the fact that nationally, 83 percent of all dentists are Caucasian with 9 percent Asian, 4 percent Hispanic, and 3 percent African-American.

At present, most Caucasian dentists see Caucasian patients, and minorities tend to go to minority dentists. Given the burgeoning cultural influx of patients to our state, this distribution cannot sustain itself. Dental care professionals will be treating more subcultures as their practices mature and patients seek care.

To be effective as a practitioner for a subculture, it is critical one appreciates varied value systems and beliefs. It is difficult to make all individuals sensitive to the expectations of groups of people with significantly varied ethnicities, but it is imperative we do so. Cultural competency is uncomfortable for many of us. To our

benefit, there are increasing resources available at cda.org and other Web sites in the form of continuing education courses and Web-based learning for our use.

There are some who believe cultural competency can be a practice-building tool for those who make an effort. Multicultural education is being incorporated into dental school curricula and students are exposed to extremely diverse patient populations. This works well to inculcate sensitivity values and can be carried with students when they graduate. Cultural sensitivity can lead to trust in dentists who are responsive to the needs of these groups and acceptance of dental care.

Discussion with a number of my generationally and ethnically diverse colleagues led to two conclusions. The first confirms we are experiencing different attitudinal approaches by immigrants to California. There are still geographical pockets or ghettos of individuals from other nations who are more comfortable with their own culture and environment. These people may be willing to come to the United States but are reluctant to give up their heritage and value systems.

Renouncement of their homeland is an anathema to them. Acculturation is not a strong priority for them.

The second is nullification of the concept that dental students of immigrant parents will tend to go back to practice within their own subculture communities. This is not likely to be the norm as most dental students seek employment where the jobs are, not where they come from. The converse is more likely to be true as the number of culturally diverse individuals increases and the number of culturally diverse dentists does not, the Caucasian dentist will need to provide care to all cultures to maintain a healthy practice.

The “good old days” when immigrants came to this country and adopted American lifestyles are different from contemporary times. Health professionals must accept that many of their patients are not of the same ethnicity. It is incumbent on us to recognize cultural differences in communicating with, and, planning for, treatment of many of our patients when our practices draw from diffuse areas with numerous cultures.

Dentistry should not be frozen in time. We are at a junction in California and our country when subcultures are increasing at a rapid rate. To be effective in our ability to deliver quality health care we must be competent, not only in our professional skills but also in our ability to relate patients of varied and diverse backgrounds. That way we can consistently provide excellent dental care. ■■■■

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