

Language, Culture Issues Challenge Pediatricians

BY BETSY BATES
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STANFORD, CALIF. — California's kindergartners speak 100 different dialects, in what may offer a preview for the rest of the changing nation, Dr. Fernando S. Mendoza said during a pediatric update sponsored by Stanford University.

"Just try to be culturally competent with 100 different languages," said Dr. Mendoza, professor and chief of the division of general pediatrics at the university.

Culture, he explained, involves not only language but also thoughts, communication, actions, customs, beliefs, values, and institutions reflecting racial, ethnic, religious, or social groups.

In our diverse society, ignoring such differences risks alienating and confusing families and delivering substandard medical care through misunderstanding and misinterpretation.

Becoming cross-culturally effective means borrowing techniques from anthropology, counseled Dr. Mendoza as he asked pediatricians to watch, listen, and elicit family participation by asking the question, "What do you think is going on with your child?"

Paying attention to the process of interacting—body language, respect, and the human connection—will go further in building physician-family partnerships than will trying to learn details of each culture represented in one's practice, particularly as the U.S. pediatric population becomes less and less white.

In California, half of the babies born today are Hispanic and 70% are Hispanic, African American, or Asian American or Pacific Islander, according to Kidsdata from the Lucile Packard Foundation for Children's Health in Palo Alto.

Nationwide, there is a parallel trend, with non-Hispanic whites expected to constitute less than half of the country's population by the year 2050, the U.S. Census Bureau predicts.

Unless pediatric residency programs become far more diverse, it means fewer and fewer pediatricians will share a culture with the majority of their patients, said Dr. Mendoza.

In 2006, the American Academy of Pediatrics reported that 61% of residents and 71% of postresidents were non-Hispanic whites, compared with 2% and 6% who were Hispanics, respectively; 29% and 17%, Asian Americans; and 5% and 6%, blacks. These data are from the 2006 AAP Periodic Survey of Fellows to which

859 U.S. nonretired AAP members responded; a national random sample of members was mailed the survey.

Already, many Hispanic children are unlikely to be served by physicians who look like them and speak

the language they hear at home, yet they are particularly in need of competent care. Hispanic children lead the nation in tuberculosis and obesity prevalence, incomplete immunizations, poor dental health, and poor health perception. Bridging the language gap would be a start toward meeting the urgent health needs of these children, according to Dr. Mendoza.

Although 31% of California's residents are Hispanic (12% with limited English

proficiency), just 4% of California's physicians are Hispanic, according to American Medical Association Physician Masterfile and the California Department of Finance. Spanish fluency among pediatricians is highly variable, leading to inevitable errors in communication.

One study found that 68% of pediatric residents in one program had limited or no fluency in Spanish, yet half tried to use their limited language skills to communicate with Spanish-speaking patients on a daily basis. Professional interpreters rarely were used, the study said.

Another study, this one done outside of California, found an average of 31 errors in taped pediatric encounters involving limited English proficiency families, with 63% of these errors considered medically consequential. Even official medical interpreters made numerous errors during the study, and 53% of their errors were consequential.

Dr. Mendoza mentioned two nonprofit association Web sites that offer interpreter training and assistance, <http://cms.chiaonline.org> and www.mmia.org/resources/links.asp, as well as one commercial Web site that offers phone interpreters, www.language.com. ■

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This is a message from the *Childhood Influenza Immunization Coalition* members:

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- American Academy of Pediatrics
- American College of Cardiology
- American College of Obstetricians and Gynecologists
- American Lung Association
- American Medical Association
- American Public Health Association
- Asian and Pacific Islander American Health Forum
- Association of State and Territorial Health Officials
- Asthma and Allergy Foundation of America
- Canyon Ranch Institute
- Centers for Disease Control and Prevention
- Families Fighting Flu, Inc.
- Immune Deficiency Foundation
- Immunization Action Coalition
- Kaiser Permanente-Northern California
- National Association for the Education of Young Children
- National Association of Community Health Centers
- National Association of Pediatric Nurse Practitioners
- National Association of School Nurses
- National Foundation for Infectious Diseases
- National Hispanic Medical Association
- National Medical Association
- Parents of Kids with Infectious Diseases
- Society for Adolescent Medicine



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