MCN Streamline
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Struggling with the Poor

Ken Fox, MD

Editor's Note: The following was excerpted from a presentation by Kenneth Fox, MD at the 2000 National Farmworker Health Conference. Dr. Fox is a pediatrician who practices in Roxbury, Massachusetts.

On the face of it, the topic of migrant farmworker health seems far removed from the places, people, and struggles I know best. But the famous Prayer of the Farm Workers' Struggle by Cesar Chavez resonates in the city, too. I quote its opening lines: "Show me the suffering of the most miserable/So I will know my people's plight."

What links the patients I serve to the patients you serve is their low social structural position in a nation of plenty. The facts of inequality link these racial and ethnic minority populations to each other—city cousin, country cousin. The gravity and complexity of their health problems and social suffering also link them. The same facts of inequality also link us as health care providers—me to you and you to me.

Those places where political, economic, and social capital are most lacking are also those most ravaged by health inequalities.

The profits and privileges of inequality are increasingly concentrated in the hands of the prosperous few, while the burdens of inequality rest uneasily and unstably on the shoulders of racial and ethnic minorities and the poor. Whether you look at income, wealth, employment, residence, education the cold fact of how we live now at the start of the 21st century is that the color line is still an enduring feature of North American life. And what we observe is that these structural realities register dramatically in terms of health risks, status, and care.

So we find ourselves in the midst of this dynamic duo of structural change (increasing diversity and increasing inequalities), where there are clear disparities in [health care]. And now there's evidence that we as providers may fall far from our potential in delivering care equitably to some marginalized racial and ethnic groups. What can we do to change this predicament?

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As health care providers, it's not our role to solve the problem of racialized inequalities. [However], we can (and should and do!) work in solidarity with

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News from MCN

MCN welcomes Stephanie Freedman, Director of Program Services and Carmel Drewes, the new Diabetes Program Manager.

Please join us for the 2001 National Farmworker Health Conference in San Juan, Puerto Rico on April 26th-29th, 2001. You should already have received additional notice about the clinical sessions offered at the conference as well as scholarship information. If not, please contact Jillian Hopewell at 530-345-4806 or jlhopewell@earthlink.net.

Take a look at MCN's new website! New features will be added all the time, so check in regularly at www.migrantclinician.org.

Environmental Health Resources

Farmworker Children, Health and the Environment: A Pediatric Environmental Heath Intensive

MCN will host a one-day pediatric environmental health intensive in conjunction with the National Farmworker Health Conference in San Juan, Puerto Rico on April 26th, 2001.

Pesticides, lead, contaminated drinking water, unsanitary and substandard living conditions, and lack of hand washing facilities and toilets in the fields constitute serious health risks to hundreds of thousands of farmworkers and their families. Farmworker children are particularly vulnerable to these hazards. Additionally, farmworker children suffer from thousands of agricultural related injuries each year.

The goal of this intensive is to broaden the participants understanding of contaminants in the environment and other occupational hazards in agriculture and the health risks they pose to children, with special attention to farmworker children. Through two learning tracts — one aimed at clinical approaches to understand and address health problems caused by the environmental hazards, and the other focused on broader, community-based outreach efforts to deal with environmental health issues, the intensive will meet the training needs of both the clinician and community activists. **Contact Jillian Hopewell at 530-345-4806 or *jlhopewell@earthlink.net*.**

Children's Environmental Health II: A Global Forum for Action

September 8 -11, 2001 in Washington, D.C.

Preventing the effects of environmental degradation on human health — in particular child health — is an emerging issue on the public policy agenda around the world. During 1998 the International Conference on Child Health and the Environment, participants discussed the necessity of forming an international network to promote a healthy environment to protect the fetus and the child from environmental hazards. As a result of this conference INCHES (International Research and Information Network on Children's Health, Environment and Safety) was formed.

Children's Environmental Health II: A Global Forum for Action will be the next step to furthering the issue of children's environmental health on a global scale. This four-day event is being co-hosted by the Canadian Institute of Child Health and the U.S. Children's Environmental Health Network.

For more information contact http://www.cich.ca/global.htm or 202-543-4033 ext 10.

Drinking Water and Disease: What Health Care Providers Should Know

Physicians for Social Responsibility developed a primer specifically for the health care provider to serve as an introduction to water quality issues and to answer common questions about the impact of drinking water on health. While the primer does not specifically address water and disease issues as they relate to farmworkers, it does provide information that clinicians working with farmworkers may find useful. This document provides the following:

- A discussion of the extent of water quality problems in the United States;
- Overview of microbial and chemical contaminants of concern;
- Explanation of how drinking water gets contaminated and how it is treated;
- Advice on how to counsel patients and which patient are most susceptible to water quality problems;
- Exploration of the Consumer Confidence Report;
- Discussion of alternatives to tap water; and
- Review of actions that health care providers can take to preserving and improving the quality of water.

You can obtain a free copy of this primer by contacting Physicians for Social Responsibility at 202-898-0150, ext. 211 or lephraim@psr.org. The primer can also be downloaded at http://www.psr.org/dwater.html.

New ToxFAQs from ATSDR

The Agency for Toxic Substance and Disease Registry (ATSDR) has released a new set of ToxFAQs, easy-to-read fact sheets that address some of the most frequently asked questions about hazardous substances. Information in the ToxFAQs includes:

- A general overview of the substance
- How someone might be exposed
- Relevant toxicological properties and health effects
- How to get additional information

To order copies or for further information contact ATSDR at 1-888-422-8737 or on their website at www.atsdr.cdc.gov.

Clinical Evidence Shows Limited Effect of Antibiotic Treatment on Children with Acute Otitis Media

Almost two-thirds of children with uncomplicated acute otitis media (AOM) – a middle ear infection- recover from pain and fever within 24 hours of diagnosis without treatment with antibiotics, and over 80 percent recover within 1 - 7 days. When treated with antibiotics, up to 93 percent of children will recover during the first week. These are the findings of an analysis of clinical studies conducted on children 4 weeks to 18 years of age from 1964 through 1998. The analysis was conducted by the Southern California/RAND Evidence-based Practice Center (EPC) sponsored by the Agency for Healthcare Research and Quality (AHRQ).

The EPC found no evidence to conclude that children with AOM treated with amoxicillin fared any differently from those treated with more expensive antibiotics such as cefaclor, cefixime, azithromycin, or clarithromycin. Furthermore, amoxicilin caused fewer side effects. The EPC also found no evidence that short-duration (5 days or less) versus long-duration therapy (7-10 days) made a difference in the clinical outcome for children over 2 years of age.

"Acute otitis media was chosen as an EPC topic because the lack of a standard definition and diagnosis criteria has created a great deal of uncertainty about whether, and which, antibiotics are an effective treatment," and Lisa Simpson, M.B., B.Ch., M.P.H., AHRQ deputy director. "This EPC report gives clinicians and policy makers information to address the controversy over the use of antibiotics in treating children with acute otitis media."

AOM is one of the most common diagnoses in children. The EPC estimates that over 5 million episodes of AOM occur each year at a cost of approximately $3 billion. It is routine to use antibiotics for AOM in the United States, whereas in other countries, such as the Netherlands, the standard practice is to use "watchful waiting" for one to two days after the onset of an ear infection in children over 2 years of age, treating only if the infection fails to improve during that time. Although the EPC did not evaluate bacterial resistance to antibiotics, it has been reported that the rate of bacterial resistance in the Netherlands is about 1 percent, compared with the U.S. average of around 25 percent. The EPC suggests that future research examine the efficacy of antibiotics versus "watchful waiting" and a possible link to bacterial resistance.

The EPC also pointed out other weaknesses and gaps in the literature that should be addressed in future research. These include the need for standard definitions of AOM and its outcomes and standard criteria for its diagnosis. In addition, the EPC encouraged rigorous study of factors that may influence AOM outcomes such as age and being prone to AOM.

The summary of the EPC findings, *Management of Acute Otitis Media Summary, Evidence Report/Technology Assessment 15* is available by calling the AHRQ Publications Clearinghouse at (800) 358-9295, or by going to the AHRQ web site at *http://www.ahrq.gov/clinic/epcix.htm*.

Struggling with the Poor

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the poor against the forces that crush dignity from their lives.

One approach is to look at every provider-patient encounter as an opportunity to uncouple inequalities from their health harming outcomes. [In every encounter] we might ask ourselves three questions:

Do my decisions and behaviors bring me closer to the experience of the patient or lead me away from that experience?

What are the connections between social inequalities, health, and patient care in this case?

How can I, through the mechanisms of the medical interview and medical decision-making, challenge inequalities?

We can certainly improve our communication skills. A typical generalist like myself will conduct about a quarter million medical interviews over the course of a career. Scholars estimate that the interview contributes all the data necessary for a diagnosis in over three-fourths of all ambulatory patients. Moreover, some have shown that the foundation of therapeutic relationships, patients assessments of physician competence, patient compliance, satisfaction, health outcomes, and malpractice risk all have robust direct relationships to a physician's interpersonal skills. But more than that, the medical interview holds the potential to undermine inequalities or to reproduce them. What we achieve in the interview is critical in social contexts like ours — characterized by pervasive racial, ethnic, linguistic and class inequalities in health and care.

So migrant farmworker health, which once seemed so far removed from the people, places, and struggles I know best, really turns out to help me see more clearly how large-scale social forces work in the world.

We've talked about a dynamic duo of social structural change, about racial disparities in health and care, and about how the culture of health care sometimes falls dangerously short of its potential to uncouple inequalities from their health harming outcomes.

We've talked about some basic questions we can ask ourselves as we put our hands to what is still good and noble work.

I'll close now with the rest of the Farmworkers' Prayer I opened with:

Show me the suffering of the most miserable;
So I will know my people's plight.

Free me to pray for others;
For you are present in every person.

Help me take responsibility for my own life;
So that I can be free at last.

Grant me courage to serve others;
For in service there is true life.

Give me honesty and patience;
So that I can work with other workers.

Bring forth song and celebration;
So that the Spirit will be alive among us.

Let the Spirit flourish and grow;
So that we will never tire of the struggle.

Let us remember those who have died for justice;
For they have given us life.

Help us love even those who hate us;
So we can change the world.

Amen.

National Alcohol Screening Day

National Alcohol Screening Day (NASD) is an outreach, education and screening program that is designed to identify and reach out to individuals experiencing alcohol problems and to move them into treatment or intervention. All educational and screening materials have been developed in conjunction with scientific advisors at the National Institute on Alcohol Abuse and Alcoholism (NIAAA), the Center for Substance Abuse Treatment (CSAT) and the Boston University School of Public Health.

The program is designed to address alcohol problems on a continuum from occasional alcohol abuse to full-fledged dependence. Friends and family members of those with alcohol problems are targeted through special outreach and educational materials. The Primary Care Outreach program was designed to provide guidelines, information and resources to clinicians who do not typically screen for or treat alcohol problems. It aims to overcome many of the obstacles that prevent primary care providers from screening for alcohol problems. Registered sites contribute the clinicians and administrative staff, provide the physical location for the event, and actually implement the program in their local communities.

The NASD office provides sites with guidelines for implementation and a package of outreach, education, and screening materials including:

- Step by step instructions for implementation,
- Educational materials designed to supplement clinician training which describe various treatment options and their effectiveness,
- A "Welcome Letter" that introduces and explains the program to patients in a non-threatening manner (can be customized specifically for Spanish speakers and/or for low literacy levels),
- A screening tool (the Alcohol Use Disorders Identification Test developed by the World Health organization) that has shown sensitivity and specificity for both current alcohol abuse and dependence in a variety of health care settings and with diverse cultural groups, and
- Posters and flyers for on-site promotion within the primary care clinic.

Contact the NASD office for more information at 781-239-0071.

Dental Scholarships Available Through the National Health Service Corp

In 1993, due to State licensure restrictions and placement difficulties, the National Health Service Corp (NHSC) Scholarship Program discontinued dental scholarships. Recently, due to a critical need for dentists who treat Medicaid patients and the uninsured, the NHSC Scholarship Program has reinstated dental scholarships through a series of pilot initiatives. The NHSC will award up to 30 scholarships to third and fourth year dental students in the 2001-2002 academic year. In order to be eligible to apply for an award, applicants must attend dental schools located in pre-selected Sates that exhibit a high dental need. In addition, the applicant must attend a dental school that has signed an Educational Partnership Agreement with the NHSC Scholarship Program.

Dental applications packets are separate from the NHSC application packets. Dental packets will be sent to eligible dental schools in early February. Deadline for receipt of application is March 31, 2001. For details about the NHSC scholarship program dental initiative and the names of schools currently eligible, contact Chantina Haile at 301-594-4395. For applications, contact IQ Solutions 800-638-0824.

The 29 States eligible for service for dental scholars are:

Alabama
Arizona
Arkansas
California
Colorado
Federated States of Micronesia
Florida
Idaho
Illinois
Indiana
Iowa
Louisiana
Maryland
Michigan
Mississippi
Missouri
Nevada
New Mexico
New York
North Dakota
Ohio
Puerto Rico
South Dakota
Tennessee
Texas
Utah
Virginia
Washington
Wisconsin

New Policy Resource from MCN

Leticia Camacho, JD recently completed an overview of "Policy Issues Affecting Access to Health Care for Migrant and Seasonal Farmworker Patients". This document includes information about: access to emergency services, communicable disease—testing and treatment, child labor in agriculture, immigration issues, Medicaid, the Migrant Health Act, and family violence. To obtain a copy of this document visit our website at www.migrantclinician.org or call Cidneye Godkin at 512-327-2017.

Thoughts on Cultural Competence

Henry Cisneros, DDS

Culturally competent sounds very arrogant to me, I wrestle with the meaning often. I believe we try to compartmentalize things and concepts so that we can move forward with our work and feel justified about how we serve our patients. I wonder if we are missing the boat on cultural competency to satisfy a bureaucratic mandate.

I do know that speaking a language helps but does no good if one is aloof and demeaning. Playing music that is characteristic of a particular culture is nice but is that enough?

As an organization we can hire staff that are representative of a particular ethnic group, so that faces, names, hair and skin color correspond with the majority of patients represented in a particular area. But is it enough?

Perhaps we should step back and look at what we really want to accomplish. We want our patients to feel certain things when they come to us for their care. In our Oral Health department we have used workbook entitled, *Quality Customer Service*, by William B. Martin, Ph.D. for the basis of what I call, "Rock Solid Customer Service". Dr. Martin believes that every customer/patient should feel:

Welcome

Understood

Important

Comfortable

In my mind I look at cultural competence as "Human Competence". I do not wish to undermine the efforts of many people who advocate for particular ethnic groups. But I do feel that we could do more by taking the stance that all groups have core human needs in order to function effectively in the communities we serve.

It is not enough to be a Hispanic dental or medical assistant; it is not enough to be a person who can converse in a particular language at the reception desk. It is important to make our patients feel comfortable as they wait or are asked questions or have vitals taken or a set of radiographs taken. It is important to be understanding of our patients, to make them feel welcome in our centers, and to feel that they are important to us, because they are our business, they are how we make our living.

What Rock Solid Customer Service refers to is being "sincere" with our patients. The word sincere has a Latin derivative, which translates to "sin" meaning "without" and "cere" meaning "wax", or "without wax". Marble sculptures were valued when there were no flaws, in other words they were pure rock versus a piece which was masked over with wax.

So "Rock Solid Customer Service" is Customer Service given in a "sincere" manner. No flaws, only genuine – from the heart- customer service.

Making our patients feel Welcome, Understood, Important, and Comfortable, is the best form of cultural/human competence we can provide for our patients.

Henry Cisneros, DDS is the Chief Dental Officer for Family Health Care Network in Visalia, California.

News Flash

A Public Health Response to Asthma May 17, 2001
1:00 PM-3:30 PM

This live interactive training opportunity is sponsored by the Centers for Disease Control and Prevention's Public Health Training Network. This satellite broadcast will define asthma and describe why it is an escalating problem in our nation. Successful surveillance and intervention programs will be discussed to provide organizations the tools they need to combat this disease within their local communities. A question and answer session will enable participants nationwide to pose questions to the presenters via toll free telephone calls or fax. For more information, link to http://www.cdc.gov/phtn/asthma/factsheet.htm

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Calendar

Annual Farmworker Health Conference
April 25-29, 2001
San Juan, Puerto Rico
NACHC and MCN
(202) 659-8008 or 512-327-2017
jlhopewell@earthlink.net or
www.nachc.org.

19th Annual Pesticide Forum, Beyond Pesticides: Healthy Ecosystems, Healthy Children
May 18-20, 2001
Boulder, CO
National Coalition Against the Misuse of Pesticides (NCAMP)
202-543-5450
www.beyondpesticides.org

24th Annual NRHA Conference on Rural Health
May 23-25,2001
Dallas, TX
NRHA
(816) 756-3140
www.nrharural.org

15th Annual California Conference on Childhood Injury Control
September 4-7, 2001
San Diego, CA
California Center for Childhood Injury Prevention
619-594-3691
www.cccip.org

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