



Cultural Proficiency in the Context of Migration Health

Session 2: Orientation to
Migration Health

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Disclosure Statement

- **Faculty:** Jennie McLaurin, MD, MPH
- **Disclosure:** I have no real or perceived vested interests that relate to this presentation nor do I have any relationships with pharmaceutical companies, biomedical device manufacturers, and/or other corporations whose products or services are related to pertinent therapeutic areas



Are you a...?



Where were
you born?



How many
languages do
you speak?



How familiar
are you with
today's topic of
cultural
proficiency?



Cultural Competency

“To be culturally competent doesn’t mean you are an authority in the values and beliefs of every culture. What it means is that you hold a **deep respect** for cultural differences and are **eager to learn**, and **willing to accept**, that there are many ways of viewing the world.”

— Okokon O. Udo, PhD
The Coaches Training Institute
--From Cross Cultural Health Care Program





Acculturation and Assimilation

- Cultural factors can become more or less pronounced over time
- Bicultural
- Traditional
- Marginal
- Acculturated
- Enculturated

Duty to Empower

- In order to engage meaningfully, we must understand the human rights, immigrant rights, and migrant rights in the U.S.
- Through understanding, comes empathy.
- And, understanding human rights, our work on behalf of farm workers, and the meaning of dignity and respect for everyone.
- Social justice work (different than charity).

Migrant Rights are Immigrant Rights = Human Rights



Words Matter!

- Aspiring citizen...not illegal or undocumented
- Contribute to our country...not do jobs no one wants
- All people have rights...not no human is illegal
- People move, freedom of movement...not secure the borders, rule of law
- Roadmap to citizenship not path

IMMIGRATION NEW MESSAGING

HOW TO TALK ABOUT IMMIGRANTS IN AMERICA

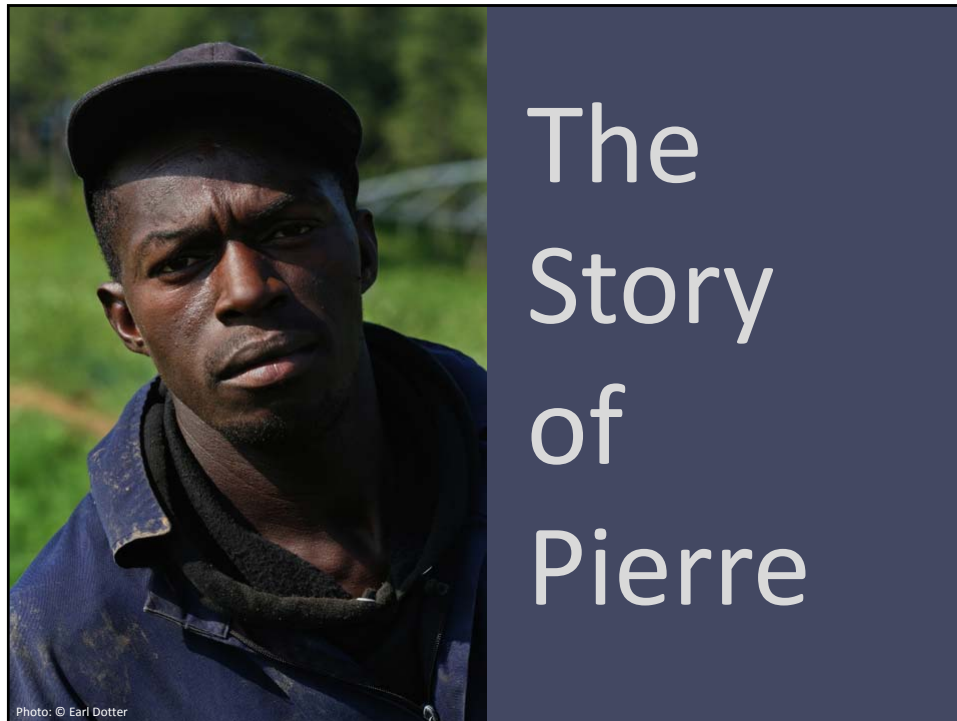
Winning messages *Engage the Base, Persuade the Middle, & Provoke the Opposition* to reveal their true colors. This new immigration messaging was developed with the input of over 100+ advocates from over 50+ allied Labor, Progressive, and Immigration organizations. We then refined the best messages through 6 focus groups of voters in 3 cities and then dial-tested these with a national representative sample of 1145 voters. These are the words that work for us to talk about immigrants in America. Use the words that work to win.

Replace These ...	With These ...
Undocumented Workers	Aspiring Citizens
Illegal Aliens	New Americans
Illegal Immigrants	New American Immigrants
Reform Immigration System	Create an Immigration Process
Pathway to Citizenship	Roadmap to Citizenship
Paying Taxes	Commitment to Country
Do Jobs No One Wants	Contribute to Our Culture
No Human is Illegal	All People have Rights
Secure the Borders	People Move
Rule of Law	Freedom

La Familia Martinez



Photo © Jennie McLaurin



Explanatory Model (Kleinman)

Patient/Client centered

Doesn't require exhaustive knowledge

Recognizes individuality

Allows cultural humility

Allows collaboration and negotiation

Achieving Cultural Competency: A Case-Based Approach to Training Health Professionals
Edited by L. Hark, H. DeLisser © 2009 Blackwell Publishing Ltd. ISBN: 978-1-405-18072-6



- Ask good questions...**
- What do you think caused the problem?
 - What have you done to treat this?
 - Have you asked anyone else to help you?
 - What are some of the ways your parents might have treated this?
 - What do you want the medicine to do? What medicine do you believe works best for you? Why?
 - How does your faith/religion help you be (or stay) well?
 - Are there any foods or drinks that you know of that will help you with _____?
 - Even more questions can be asked, but the key part is understanding that the questions are patient-centered.

Explicit Bias

- Explicit bias is increasingly unusual among health care providers
 - Not wanting to serve LGBT, ethnic, racial groups
 - Making comments about the dumb ideas of another cultural group
 - Not giving people options due to cultural bias

Implicit bias is common and
clinicians match their
community....

Implicit Bias

- Unconscious attitudes learned early
- Categorization into “good” “bad”
- “Mexicans always bring a crowd of family”;
“Southern formality is strange”; “Southern accents make you sound less intelligent”
- Affect our friendliness, smiles, time spent with people, listening skills, posture
- Take your own self-assessment at Project Implicit website (Harvard and UW developed)

True or False



Health Literacy...

The ability to obtain, process, and understand health information to make informed decisions about health care. It involves using literacy as well as other skills (e.g., listening) to perform health-related tasks.

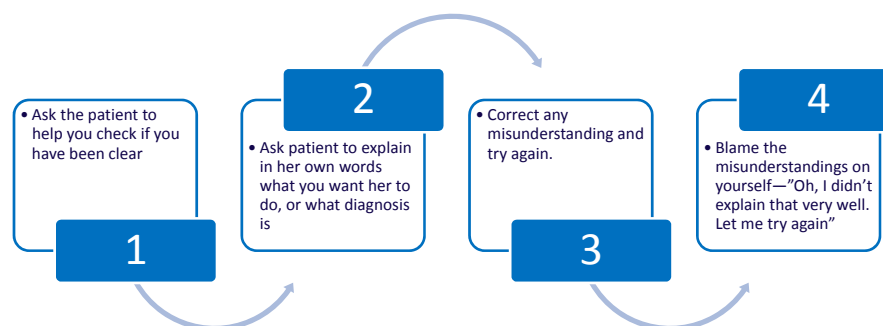


Health Literacy Universal Precautions Toolkit

Many tools available online including downloadable forms, tips for clear communication, medication understanding tools, patient appointment tools, cultural and literacy assessment tools, and QI tools. Excellent resource!



Teach Back Method



Translation and Interpretation

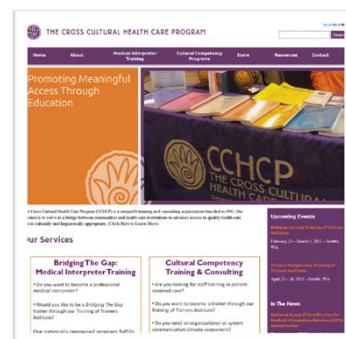


- Translation—written
- Interpretation—oral
- Plan ahead
- Avoid jargon or technical terms
- Ask one question at a time
- Think of several ways to restate
- Do not use family, especially children!

Communicating Effectively Through an Interpreter

Seizures interpreted as:

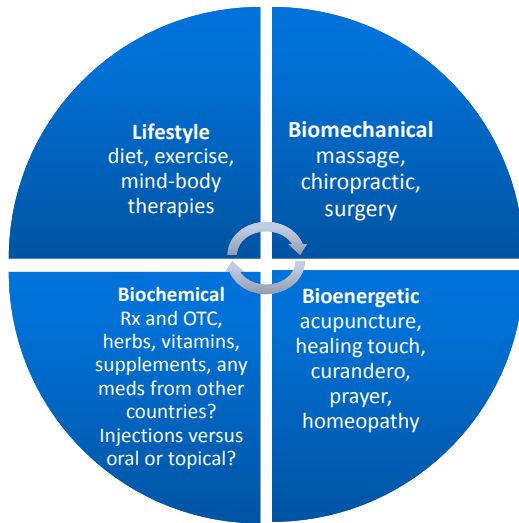
- Kidnapping (1)
- Lose consciousness (1)
- Cramps (1)
- Stitches (1)
- Didn't interpret (5)



<http://www.xculture.org>


Source - A study by Margarita Battle, Massachusetts General Hospital
Cross Cultural Health Care Program 2009

Alternative Care History



K. Kemper, MD, MPH

COMPLEMENTARY AND ALTERNATIVE CARE HISTORY



Patient Information

Full Name: _____ Male Female

Medication and Treatment: _____

Medication from other countries? Yes No

<p>Biochemical</p> <p><input type="checkbox"/> Rx: _____</p> <p><input type="checkbox"/> OTC: _____</p> <p><input type="checkbox"/> Herbs: _____</p> <p><input type="checkbox"/> Vitamins: _____</p> <p><input type="checkbox"/> Supplements: _____</p>	<p>Lifestyle</p> <p><input type="checkbox"/> Diet: _____</p> <p><input type="checkbox"/> Exercise: _____</p> <p><input type="checkbox"/> Mind-Body Therapies: _____</p>
<p>Biomechanical</p> <p><input type="checkbox"/> Massage: _____</p> <p><input type="checkbox"/> Chiropractic: _____</p> <p><input type="checkbox"/> Surgery: _____</p>	<p>Bioenergetic</p> <p><input type="checkbox"/> Acupuncture</p> <p><input type="checkbox"/> Healing touch</p> <p><input type="checkbox"/> Prayer</p> <p><input type="checkbox"/> Homeopathy</p> <p><input type="checkbox"/> Use of nonlicensed healers (e.g. curandero)</p>

Migraine Clinicians Network (2013). Adapted with permission from Keith Kemper, MD, MPH. For more information, contact MGN (313) 337-3817 or www.migraineclinicians.org. This form may be adapted and digitized as needed.

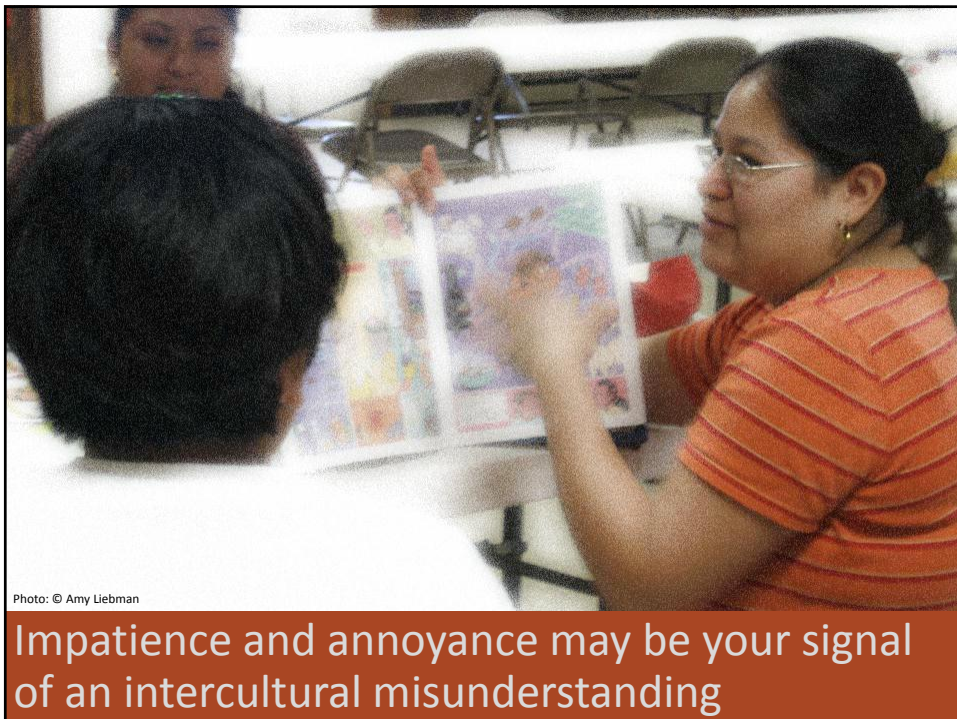




Photo: © Earl Dotter

Personal questions asked of you by a patient may reflect a cultural need for trust and reassurance



Photo: © Earl Dotter

If patients repeat your instructions in exact form, there is a likelihood they do not understand. Rephrase and ask for recapitulation



Photo: © Earl Dotter

Hesitation may indicate you've hit a cultural wall

Try to treat the way the patient likes to be treated rather than the way you like to be treated—be flexible



Photo: © Earl Dotter

Rena Gropper, 1996

Common Considerations in Population of Farmworkers & Mobile Poor

- Medications from friends or country of origin
- Exposure to work and home site toxins (lead, pesticides, toxins in imported goods and foods)
- Health beliefs associated with symptoms, diagnosis or test (men emasculated by colorectal screening)
- Family before self
- Little understanding of our differing health care sites and systems (health dept v clinic v ED)

No Stereotyping!

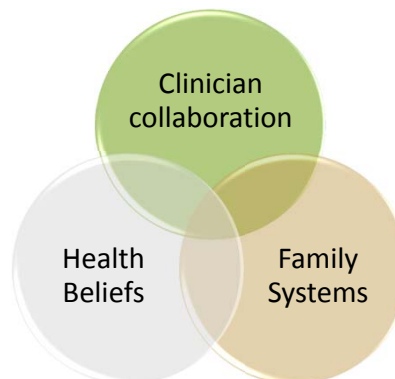
Best Practices from the Fields

- Behavioral Health
- Health Literacy
- Patient Navigators
- New Patient Welcome
- Emergency Assistance Plans

Maestros de Emotivas



- Quincy Health Center
- Small group sessions leading to certificate in Emotional Health
- Name picked by participants
- Celebratory
- Held in evening with child care
- Gender separated



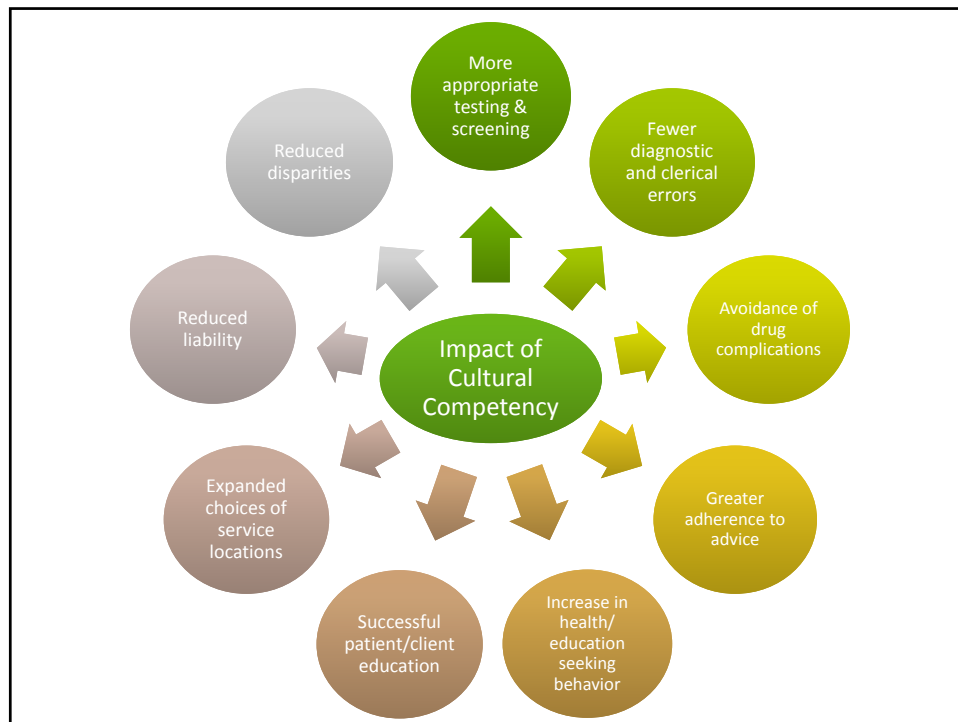
A photograph of a woman with dark hair, wearing a patterned sleeveless top and dark pants, sitting in a brown chair in a clinic waiting area. She is holding an open book or magazine. In the background, there is a white reception counter, a blue sign on the wall, and a doorway.

New Patient Welcome Othello Migrant Clinic

- Many missed appointments especially by new patients
- New patients list given to office manager every day
- Alerted when patient arrives
- He greets them by name, welcomes, make them feel like new members of a special place
- Return rates dramatically improve

Emergency Assistance Plans

- Assist both providers and patients in knowing what to do in case of immigration detention
- Identifies clinic as safe place and off limits for immigration actions
- Includes packet with forms for parents to fill out for the care of their children
- Some centers have collaborated with local law enforcement and legal aid to teach officers about health centers and patient rights



Organizational Competency

- Reflected in policies, structures, attitudes, and practices
- Ongoing professional and staff training
- Workforce reflects the client cultural mix
- Resources allocated for translation and interpretation
- Services and programs adaptable to diverse needs of population
- Evaluation of treatment outcomes by racial, ethnic, language groups



Webinars in MCN's Orientation to Migration Health

1. **Critical Issues in Migration Health—Now archived**
2. **Cultural Proficiency—Archived soon**
3. Intersection of Primary Care and Migration Health
4. Workers and Health: Role of Frontline Providers
5. Creating a Patient Centered Medical Home for Patients on the Move
6. Women's Health and Migration
7. Quality and Meaningful Use in Migration Care

Any questions ?



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