

June/July 2006 HepTalk Listserv

Announcements from HepTalk

- New! Short films in English and Spanish available! MCN's Migrant Immunization Initiative: Partners for a Life Cycle Approach is pleased to announce the availability of new short films from the Pepin Series. These materials were developed in a joint effort with Texas Tech University Health Science Center at El Paso. Pepin is presenting two new topics in DVD and VHS formats: Tetanus vaccine and **Hepatitis A vaccine in short films of 10-11 minutes each, In Spanish or in English**. These materials were developed to help clinicians in educating migrant mobile underserved populations about vaccinations for their children, adolescents and themselves. These resources are free of charge, and postage is free as well in the US! Recipients of these resources are asked to complete a form online and an evaluation of the materials. Supplies are limited. Order here, Order Now!
- The June /July edition of the HepTalk Listserv will be devoted to **Cultural Competency**. **We're very pleased to welcome Dr. Jennie McLauren as the Listserv Editor for June 2006**. Dr. McLaurin has twenty years of experience in working with migrant farmworker populations. She is a pediatrician with a degree in maternal and child health, and has worked at the local, state, and national level on developing programs, policies, and publications for migrant health and cultural competency. Her past experience includes work as an outreach worker, clinician, medical director, and consultant. She presently assists MCN with a Centers for Disease Control sponsored initiative to improve immunization coverage to migrant families and serves as a faculty member for the HRSA Health Disparity Collaboratives.

Cultural Competency

Introduction

Why should we devote this issue to cultural competency? What does it have to do with hepatitis transmission and prevention? Aren't we already pretty competent as clinicians working directly with immigrants and farmworkers? Read On! Cultural competency is a combination of knowledge and skills that can always be better developed...and it has a direct impact on hepatitis care. It goes far beyond providing an interpreter and understanding a few folk practices. For years, we in the migrant health community heard a lot about susto and empacho but little about how to spend 10 minutes with a patient more effectively, or how to ask questions that get at the heart of patient concerns. Test your knowledge of the cultural influence on hepatitis. Can you name five cultural factors that may specifically affect the spread and management of hepatitis in your community? **(For answer, see below, at the end of the listserv, in red!)**

This issue highlights both general information for clinicians on the fundamentals of cultural competency as well as particular cultural practices that contribute to hepatitis infection and disease. Four web links have been selected for this edition: the first two contain resources on cultural competency, while the second two deal directly with hepatitis and culture. Please send us your observations on the interaction of culture with hepatitis management in your area!

1. <http://www.migrantclinician.org/excellence/cultural>

This component of the MCN website has several articles on cultural competence as well as a resource list. The section has been specifically designed to address the needs of migrant farmworkers and their families. An excellent resource on using interpreters in the clinical setting is the video offered by "xculture" . Ordering information is included on this site. Two articles from Streamline are offered which address assimilation, acculturation, staff

involvement, and complementary and alternative medicine use.

2. <http://www.hrsa.gov/culturalcompetence/>

This is the HRSA website on cultural competence. It is filled with resources and links. Be careful not to stereotype if using material dedicated to understanding the specifics of any given culture. We are all a mix of lots of cultural influences—education, profession, and social standing can have a bigger influence than race or ethnicity. There are no cookie-cutter prototypes of people. Religion, experience, family systems, and even rural-city distinctions can play a large role in influencing behavior.

3. <http://hepnet.com/hepc/news031600.html>

This site points out that Americans born in SE Asia are at higher risk of hepatitis infection than other Americans due to several cultural practices. These include infection control in health care settings in SE Asia and practices such as body piercings and tattoos. The latter practices must be addressed within the US setting as well.

4. www.hcvadvocate.org/hepatitis/factsheets_pdf/CAM_herbchoices.pdf

The following is an abstract from the beginning of a THR article, *HCV & CAM: Herbs and Dietary Supplements: Making Safer and Wiser Choices*.

In May 2004, the National Institutes of Health National Center for Complementary and Alternative Medicine (NCCAM) conducted a large survey about the use of complementary and alternative medicine (CAM) in the U.S. The results revealed that 62% of adults in this country use CAM. Prayer and "natural products" were the most frequently reported practices. When prayer and natural products were removed from the survey, that number dropped to 36%.

Many natural products are also used by migrant populations, as well as medicines imported from Mexico. Herbs are often not viewed as "medicine" by people, but they do have pharmacological effects and can either be helpful or harmful. No herbs have been found to specifically treat hepatitis, and some can cause drug interactions that are unsafe. This article helps to communicate with patients on how to approach the use of herbs and supplements. It may also help providers understand how to discuss the subject.

Summary

Cultural influences and practices must be recognized as we attempt to prevent and treat hepatitis. Several common issues include:

- Literacy level is typically at a primary school level. Many patients are functionally illiterate, even in their native language. Communication may be most effective if done in group settings, in a verbal/oral format. Interactive dramas, fotonovellas, comics, and videos have also been shown to be effective health education tools.
- Interpreters must be trained. A good interpreter knows more than the language—she also knows the customs and the social nuances of language. All providers can learn the basics in communicating with cultural respect—most of this entails nonverbal communication, such as eye contact, gestures, greetings, and physical placement.
- Injections may be preferred over oral medications. Injections may be available from "lay injectors" in the immigrant community. These healers and practitioners may be sought out by your patients because of cultural traditions or because of cost. Trust is essential. In ascertaining if lay injection is used by your patients, know that you must have the confidence of your community before you will understand such health care practices. If lay injectors are used, sterile needle education must be delivered to both injector and patient. Injections received outside the US may be contributing to the spread of hepatitis in your community.
- Body piercings and tattoos are associated with an increased risk in hepatitis. Find out about these practices in your community, even if they are indirect. Such practices performed on children can lead to the next generation of hepatitis disease. Many areas have trained traditional tattoo artists and traditional piercers in safe hygiene.

- Customary questions regarding sexual practices need to allow for cultural influences. Does your population consider anal intercourse “sex”? Some women consider themselves virgins as long as no vaginal intercourse has occurred. What about birth control practices? Some migrant communities have “depo” parties, where women attend a depoprovera party at a designated home, and receive an injection from a lay injector. Other practices include the avoidance of condoms and alternative birth control such as heterosexual anal intercourse.
- Diet and nutrition are a huge part of culture. What factors in your population’s diet and eating customs may be contributing to hepatitis disease? How is food prepared, stored, and shared? What teas, additives, or “health foods” are used? How does food hygiene and sanitation contribute to hepatitis in your area? What is the ideal body type of your population?
- Additionally, “health” itself is a cultural concept. What constitutes health for your patients? What are their health beliefs around hepatitis? Are they fatalistic or self-determined? Can you affect that, or work within it? Who do they admire, and why? Who do you need as a cultural hero to speak to your hepatitis control program and to your population?

Understanding more of culture is about understanding the people, and not just the infection. It brings back the reward of medicine—being given the privilege of working alongside a person or a community in order to enrich and restore their lives. It enriches and restores us too, as we enjoy getting to know who the person is in front of us. Let us know your stories from the field.

Answer to “Quiz” in the introduction: Factors include injection practices and preferences, complementary and alternative medicine use (CAM), migration, inadequate health practices in sending countries, piercings and tattoos, language and literacy barriers, and sexual practices related to morality and birth control (such as heterosexual anal intercourse).

For further information or to share experiences, please contact Dr. McLaurin at jmclaurin@migrantclinician.org

HepTalk is a project of the Migrant Clinicians Network and Community Health Education Concepts. HepTalk is funded by the Centers for Disease Control and Prevention. The goal of HepTalk is to help clinicians serving migrants and recent immigrants engage in productive discussions about hepatitis risks with their clients and help them make prevention plans. The HepTalk listserv is a support service for clinics participating in the project. This is a post-only listserv and postings will come from HepTalk staff about once a month. If others at your clinic would like to be on the listserv, or if you have questions about the listserv or resources listed here, or if you would like to add something to the posts, please contact Kathryn Anderson, HepTalk training and education coordinator and listserv administrator, at dempander@earthlink.net. You can also contact the listserv administrator if you would like to unsubscribe from the list.