

NEW IMMIGRANTS IN THE MIDWEST AND AGRICULTURAL HEALTH ISSUES



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New Demographics in Iowa and the Midwest



Rapid Ethnic Diversification in Iowa from 1990s-2000s

- ▶ Aging white population
- ▶ Lower fertility rates among whites
- ▶ Higher birth rates among some minorities
- ▶ Exodus of many young people to urban areas
- ▶ Influx of Latinos to fill labor shortages

New Micro-Diversity in Iowa

- ▶ Since 2008, rapid growth in the number of smaller ethnically and linguistically distinct groups in communities
- ▶ Recognizes “Diversity within Diversity”
- ▶ Minimizes the relevance of race in favor of ethnicity
- ▶ Mostly involves populations “legally” allowed to work here
- ▶ Results in “Micro-Diversity” as new pattern

5 Categories of New Micro-Populations in Iowa

- Refugees
- Persons with Territory Status
- American Citizens from Economically Depressed Areas (inner cities, Appalachia, Native tribal areas, etc.)
- International Students Paying Higher Tuition
- H1B Professionals (foreign-born doctors & engineers)

New Micro-Populations in Iowa

- ▶ Africans (Sudan, Somalia, Liberia, etc.)
- ▶ High Asia (Nepalese and Bhutanese)
- ▶ Southeast Asians (Burmese, Vietnamese, etc.)
- ▶ Pacific Islanders (Marshallese, Micronesians, etc.)
- ▶ Former Soviet Union (Russia, Ukraine, etc.)
- ▶ Former Yugoslavia (Bosnia, etc.)
- ▶ Indians and Pakistanis
- ▶ Afghans and Iraqis
- ▶ Inner City African Americans
- ▶ Appalachian Whites
- ▶ New Native American Tribes
- ▶ And many more!

Implications of the Changing Demographics for Agricultural Health Professionals



Implications for Health Workers

- ▶ New ethnicities
- ▶ New languages and literacy issues
- ▶ Rapid fluctuations among multiple groups
- ▶ New socioeconomic issues and barriers to care
- ▶ New cultural attitudes, practices, and expectations
- ▶ New health patterns
- ▶ Limited financial access to care
- ▶ New challenges and opportunities
- ▶ Lack of critical mass to reallocate resources
- ▶ Lack of interpretation and cultural resources to meet needs

Health Patterns among Migrants

- ▶ Emerging chronic diseases
- ▶ Presence of some infectious or tropical diseases
- ▶ Maternal and child health focus
- ▶ Poor dental health status
- ▶ Mental health concerns
- ▶ Accidents and occupational injuries
- ▶ Limited emphasis on prevention and health promo
- ▶ Multiple conditions in advanced stages

Special Agricultural Concerns

- ▶ Employment in most dangerous, strenuous jobs:
 - ▶ Meatpacking
 - ▶ Other Agricultural Processing
 - ▶ Detassling and Other Field Crop Work
 - ▶ Warehousing

- ▶ Repetitive motion injuries, pesticide/herbicide exposure, heat casualties, muscle strains, depression, anxiety, chemicals on skin, fumes and lung exposure, lacerations, etc.

Traditional Healing among Migrants

MODALITIES

- ▶ Herbal remedies
- ▶ Food remedies
- ▶ Energy healing
- ▶ Homeopathic medicines
- ▶ Ayurvedic Medicine
- ▶ Traditional Chinese Medicine
- ▶ Prayer/spiritual rituals
- ▶ Etc.

EXAMPLES OF HEALERS

- ▶ Curanderos
- ▶ Bonesetters
- ▶ Shamans
- ▶ Religious leaders



Cross-Cultural Health Strategies for Working with Immigrant Families



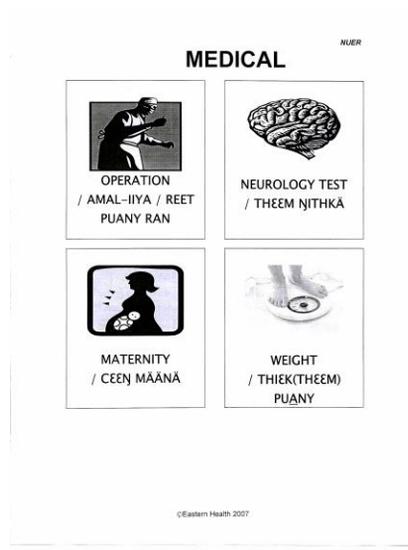
Strategies

- Understand previous health experience of immigrants in home country; Teach about health care in US
- Provide outreach and education on specialty fields and services (neurology, pediatrics, etc.)
- Develop trust through face-to-face contact and regular interaction with same providers; minimize writing
- Recognize that health providers often not trusted
- Allow more time for visits and flexible scheduling

Strategies

- ▶ Unless working with highly educated patients, communicate at third grade level in writing
- ▶ Avoid medical jargon
- ▶ Do not assume patient understands internal anatomy
- ▶ Recognize that low literacy levels also include numeric literacy, cultural literacy, symbolic literacy, and others!

Example of Inappropriate Symbolic Literacy



Strategies

- ▶ Recognize that most providers in Iowa come from “low context cultures”, while most immigrant patients come from “high context cultures”
- ▶ Seeking your assistance can bring shame or dishonor on family
- ▶ Ask open ended, supportive questions about use of traditional healing practices in home country and in Iowa

Strategies

Conduct cultural health assessments

- ▶ *Native language(s) of patients*
- ▶ *Country of origin*
- ▶ *Timeline of migration from country to US/Iowa*
- ▶ *Clan, tribe, family, or other ethnic affiliation*
- ▶ *Reason for visit*
- ▶ *Traditional method of prevention/cure back home*
- ▶ *Utilization of traditional healing in Iowa*
- ▶ *Religious practices*
- ▶ *Literacy levels*
- ▶ *Cultural practices affecting that condition*

Strategies

- ▶ Incorporate cultural information into data bank and monitor for trends
- ▶ Use diverse staff if qualified
- ▶ Learn more about the cultural group through written sources, international organizations, patients themselves, and local cultural liaisons
- ▶ Just google it!!

Strategies

- Understand typical communication styles of cultural group and emulate where possible
- Learn at least some phrases of native language
- Honor particular cultural prohibitions and incorporate traditional healing when appropriate
- Approach patients holistically
- Use cultural liaisons if available, and provide services by gender and age if appropriate
- Allow extra time & flexible scheduling

Using Medical Interpreters



General Guidelines

- ▶ Never speak or have more than a few sentences interpreted at any one time
- ▶ Speak to the patient, not the interpreter
- ▶ Maintain proper eye contact
- ▶ Maintain appropriate body spacing and communication style that matches culture of patients
- ▶ Use demos, visual learning, and real props

General Guidelines

- Use expression and passion in voice when necessary, regardless of interpreter
- Validate understanding of knowledge:
 - Ask them to repeat your instructions through interpreter
 - Use the Ask Me Three Method:
 - *What is my health problem?*
 - *What do I need to do to take care of it?*
 - *What happens if I don't take care of it?*



General Guidelines

- ▶ Speak slowly, carefully, and simply in English, even when working with competent interpreters
- ▶ Repeat key words and points
- ▶ Avoid using children if possible as interpreters
- ▶ Seek qualified medical interpreters
- ▶ Where possible, match interpreters by gender, age, class, and dialect within a culture

Telephone Interpretation

Iowa International Center
(515) 282-8269
Press Option 5

Free for Emergency Needs, 24/7
Approximately 150 languages

Conclusion

- ▶ There is none! Becoming culturally responsive is an ongoing, lifelong process that takes time
- ▶ Will require additional funding, administrative commitment, staff buy-in, community engagement, and other resources
- ▶ Ultimately, health workers will need to think like ethnographers in order to work with changes
- ▶ Utilize CLAS Standards for agency guidance! Look to national and global models

THANK YOU!

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