

CARING FOR IMMIGRANT POPULATIONS

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OUR HIKING PATH TODAY

- Immigrants in the United States and Alabama
- Relevant Definitions
- Importance of knowing your target audience
- Cultural considerations
- Suggested strategies



“MY LENS” OR “BIASES”

PROFESSIONAL

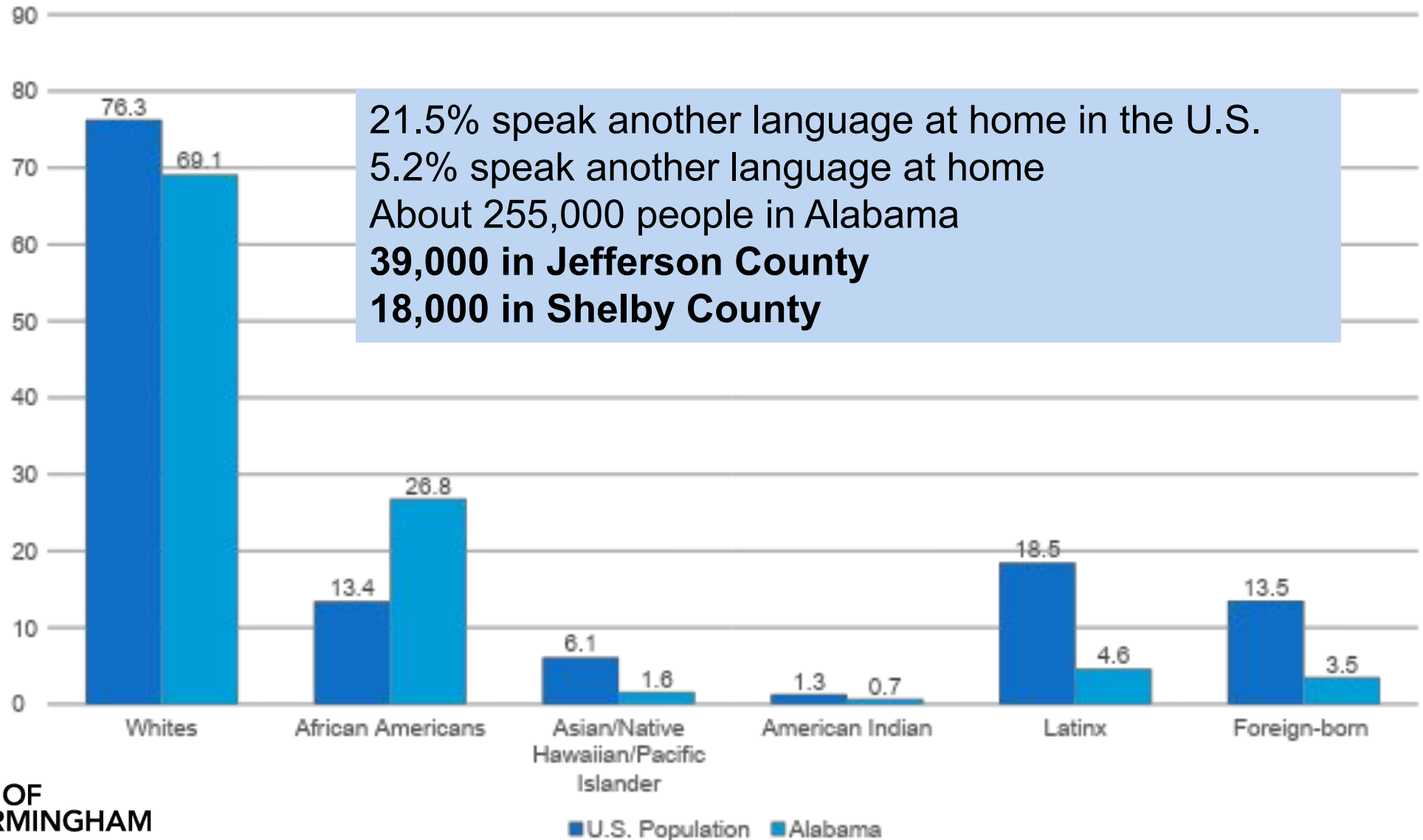
- ✓ Clinical Psychologist
- ✓ Master’s in Public Health
- ✓ Development, implementation, and evaluation of cancer prevention and control programs in low-resource settings in the U.S. and abroad

Application of Behavior
Change Principles at the
Population Level

PERSONAL

- ✓ Grew up in a multicultural environment in South Brazil – grandparents were immigrants
- ✓ Immigrant in the U.S. & Honorary Consul of Brazil in Alabama
- ✓ Three citizenships – Brazil, Italy, and U.S.
- ✓ Spent half of my life in a “rich state” in a low-middle income country and the other half in a “poor state” in a high-income country

U.S. & ALABAMA POPULATION



IMMIGRANTS IN THE U.S.

Education Level	Share (%) of All Immigrants	Share (%) of All Natives
College degree or more	32	33
Some college	19	31
High school diploma only	22	28
Less than a high-school diploma	27	8

Source: U.S. Census Bureau, 2018 American Community Survey 1-Year Estimates.

TOP COUNTRIES OF ORIGIN

- Mexico (25%)
- India (6%)
- China (5%)
- Philippines (4%)
- El Salvador (3%)



1 in 7 U.S. residents is an immigrant

1 in 8 residents is a native-born U.S. citizen with at least one immigrant parent




1 in 6 U.S. workers are immigrants

Education Level	Share (%) of All Immigrants	Share (%) of All Natives
College degree or more	33	25
Some college	18	31
High school diploma only	22	31
Less than a high school diploma	27	13

Source: U.S. Census Bureau, 2018 American Community Survey 1-Year Estimates.

WHAT IMMIGRATION MEANS TO
ALABAMA



169,972 immigrants make up 3.5% of the state's population.

IMMIGRANT ENTREPRENEURS INVIGORATE THE ECONOMY

Over 5 percent of self-employed business owners in Alabama are immigrants. **\$179,300,000** the total annual revenue generated by these immigrant-owned businesses.

IMMIGRANTS ARE AN INTEGRAL PART OF COMMUNITIES

36.3% Over a third of all immigrants in Alabama are naturalized U.S. citizens. 73% Nearly three-quarters of immigrants in Alabama speak English "well" or "very well."

IMMIGRANT HOUSEHOLDS STRENGTHEN THE ECONOMY

\$2,700,000,000 in spending power. \$719,700,000 in federal taxes. \$252,600,000 in state and local taxes.

IMMIGRANTS ARE ESSENTIAL TO THE LABOR FORCE

Nearly 5 percent of workers in the Alabama labor force are immigrants. One in 10 workers in Alabama's construction industry is an immigrant.

The largest shares of immigrants in Alabama's labor force work in the following occupations:

- 12.9% Life, Physical, and Social Sciences
- 11.9% Construction and Extraction
- 8% Building and Grounds Cleaning & Maintenance

TOP REGIONS OF ORIGIN

- Latin America (47.5%) – Mexico and Central America
- Asia (32.2%) – China and India
- Europe (12.8%) -Western Europe and Germany
- Africa (5.1%) – Western Africa

https://www.americanimmigrationcouncil.org/sites/default/files/research/immigrants_in_alabama.pdf

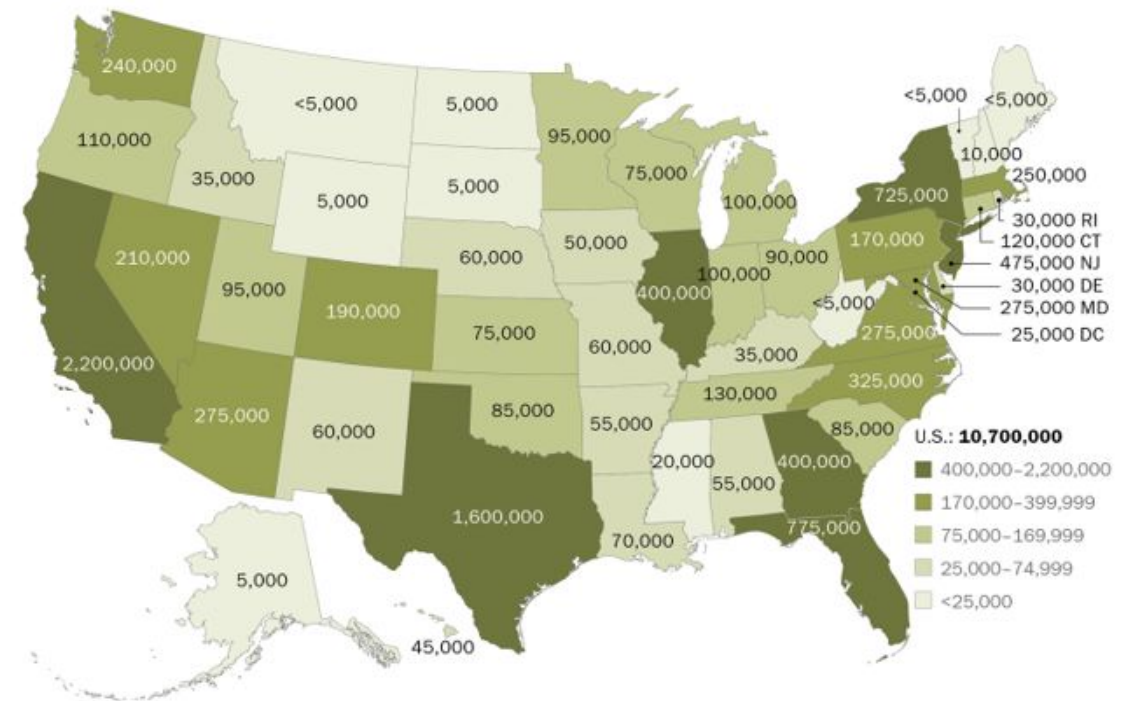
<https://www.migrationpolicy.org/data/state-profiles/state/demographics/AL>

UNDOCUMENTED POPULATION

- 24% of the immigrant population in the U.S. is undocumented (3% of the total population)
 - 34% in Alabama (1.2% of total population)
- Approximately 650,000 active DACA recipients lived in U.S. as of March, 2020
 - 3,970 in Alabama

(American Immigration Council; Pew Research)

Unauthorized immigrant population by state, 2016



Note: All numbers are rounded; see Methodology for rounding rules.

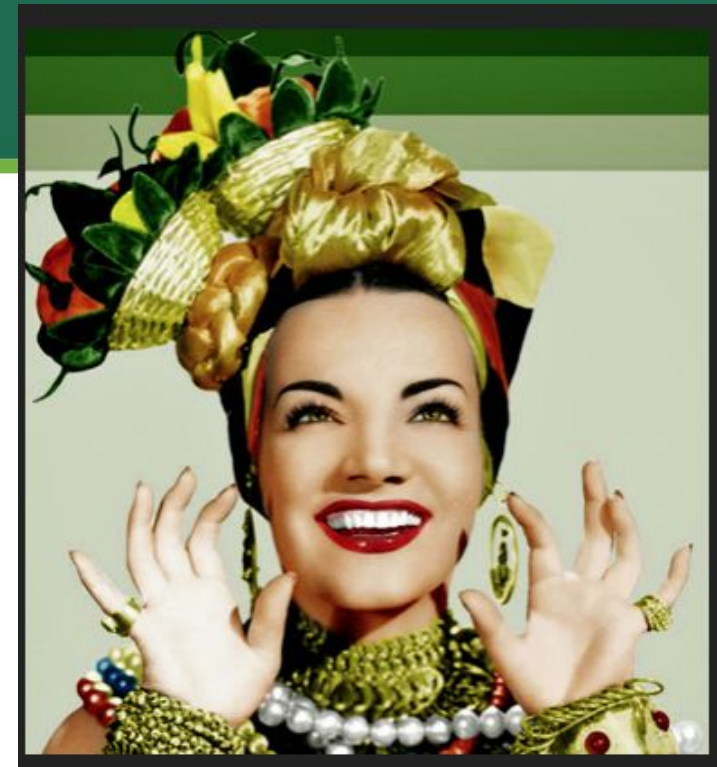
Source: Pew Research Center estimates based on augmented U.S. Census Bureau data. See Methodology for details.

"U.S. Unauthorized Immigrant Total Dips to Lowest Level in a Decade"

PEW RESEARCH CENTER

Relevant definitions

- Documented
- Undocumented
- Unauthorized
- Political asylum
- Latinx vs. Hispanic
- Remember that it is important to consider that just because an individual is from a particular country he/she won't always fit that "country profile"
 - We need to consider a lot of issues before we generalize – income, education, acculturation, language, family composition, reasons for immigration.

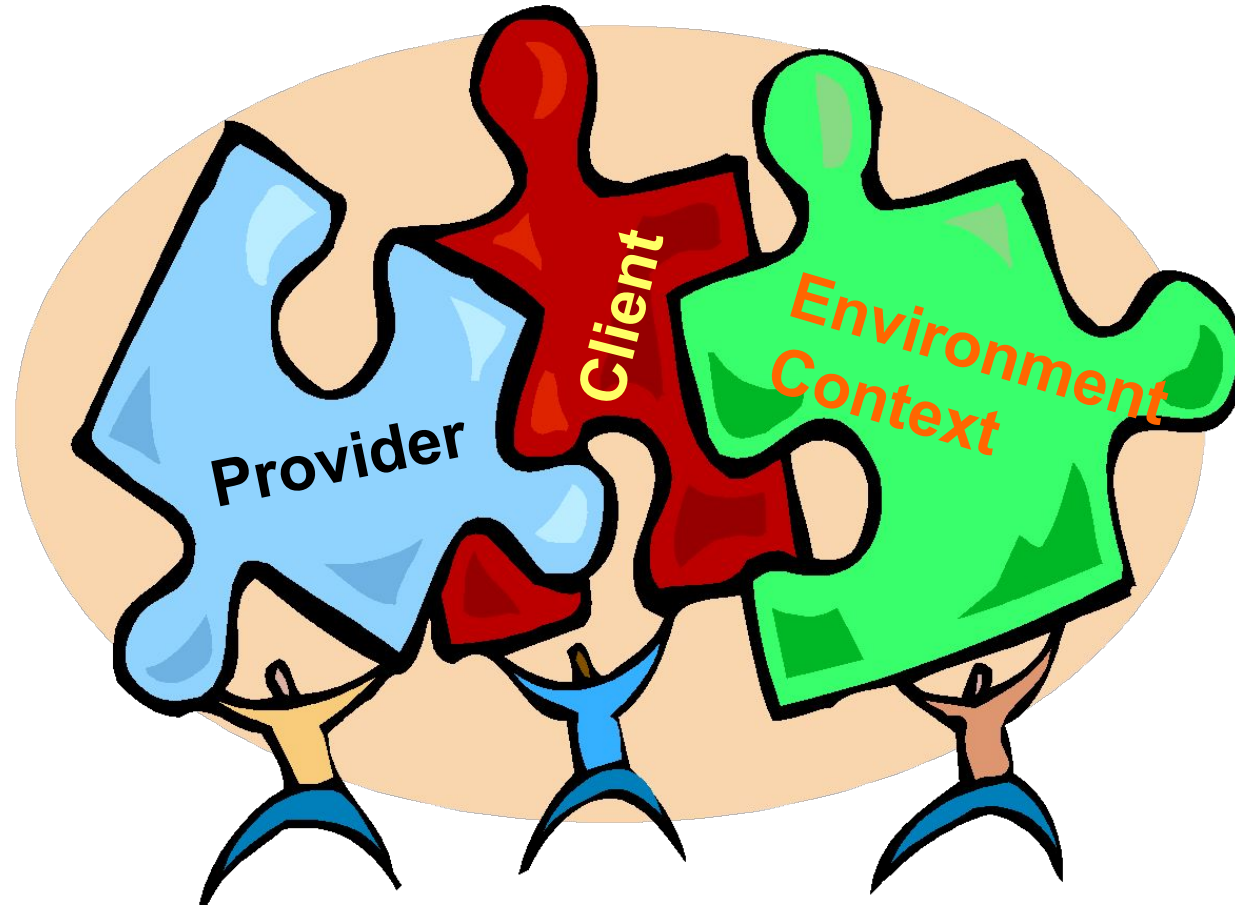


CULTURAL COMPETENCE

- “A **process** for effectively working within the cultural context of an individual or community from a diverse cultural or ethnic background” (Campinha-Bacote, 1994).
- Barriers to cultural competent care or to multicultural health education/awareness, assessment, and treatment
 - Ethnocentrism vs. ethnosensitivity
 - Cross-cultural communication
 - Environment/social context

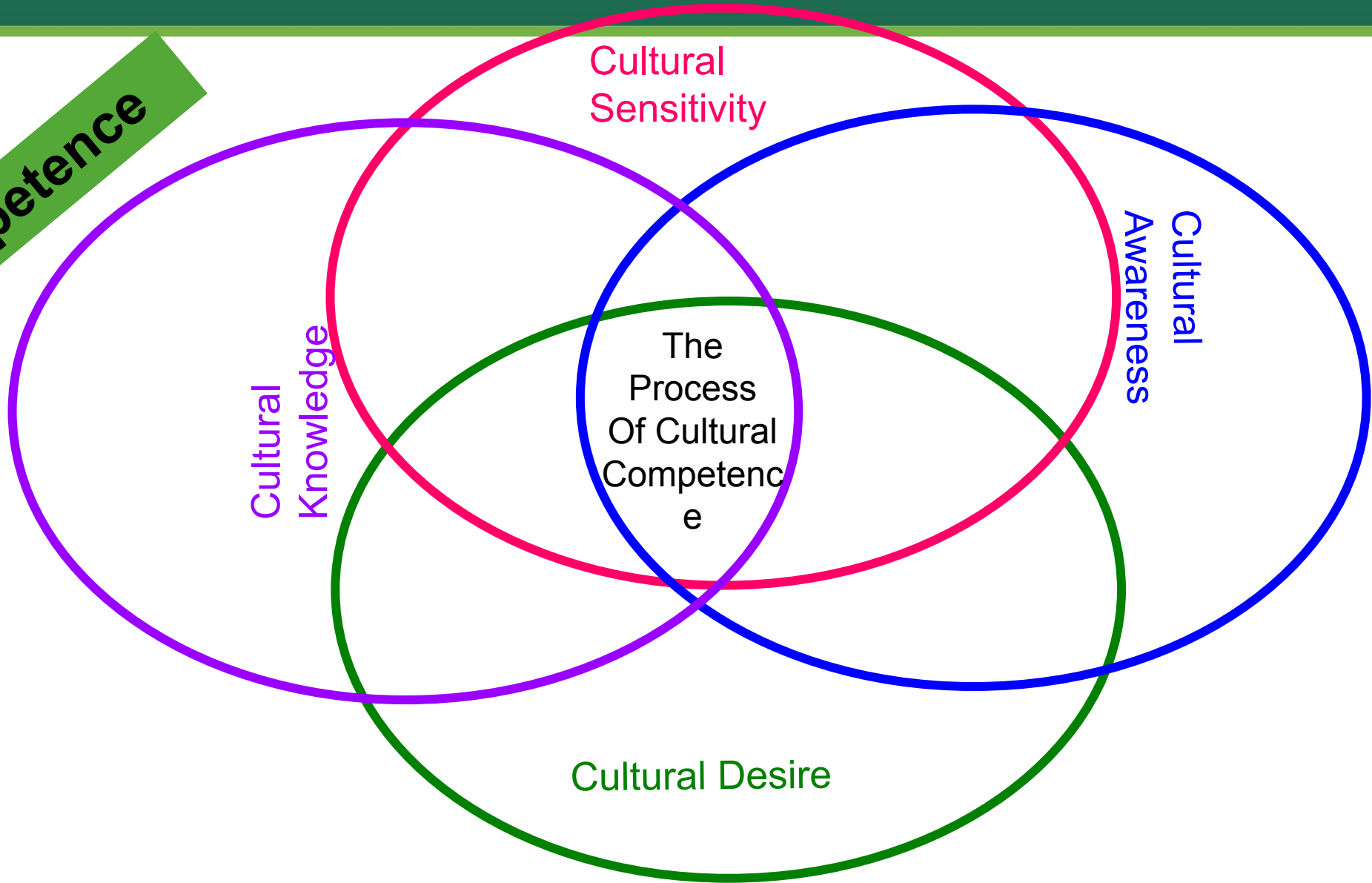


Multicultural Competent Care



PROVIDER PERSPECTIVE

Cultural Competence



(Adapted from: Campinha-Bacote J, 1998)

CULTURAL COMPETENCE

**CULTURAL
DESIRE**

+

**CULTURAL
AWARENESS**

+

**CULTURAL
KNOWLEDGE**

+

**CULTURAL
SENSITIVITY**

Motivation

Knowing yourself,
your values

Being aware of
your biases and
assumptions
regarding people
who are different
from you

Learning about
other “cultures”
and people who
are different from
you

Bits and pieces
that you acquire
over time

Becoming sensitive
to the behaviors,
beliefs, and
attitudes of people
from backgrounds
different than yours

**AWARENESS & KNOWLEDGE must be in
accordance with your true feelings**



**Competence or
Simply COMMON
SENSE**

UNCONSCIOUS BIAS

- "We are physicians. Of course we are objective."
- "In order to do our work we need to leave our biases at the parking lot."
- Unconscious bias play a role on how we react to others
- Implicit bias among health care providers
 - Hall et al., 2015, American Journal of Public Health [Systematic review of the literature] - "Most health care providers appear to have implicit bias in terms of positive attitudes toward Whites and negative attitudes toward people of color."
- Make an attempt to at least increase awareness of your biases
- Do not suppress them ("rebound effect")
- Short breaks between patients
- Implicit bias test
- Blindspot: Hidden Biases of Good People

CLIENT PERSPECTIVE

- Become familiar with your client/patient culture, values, beliefs
- Ask (and listen to the answers) questions
 - Medical history is critical to the process
- Critical to understand where patients grew up which can assist in differential diagnosis
 - Chagas, Dengue, Hepatitis B
 - But, do not narrow your focus to that
- Do not make assumptions; ask directly
- Acculturation vs. assimilation
- "Repeat back" is a powerful tool



SOME EXAMPLES

Infection/STIs → Cervical Cancer



If not treated

Male partner

Unsterilized gynecological instruments

”Not washing yourself after having sex”

“...I think that first there is a fungus, then an infection, then a lesion, and then you develop cancer or something like that...”

“I think that (cervical) cancer is developed when you do not treat an infection”



KLEIMAN'S QUESTIONS

- What do you think has caused your problem?
- Why do you think it started when it did?
- What do you think your sickness does to you?
- How severe is your sickness?
- Will it have a short or long course?
- What kind of treatment do you think you should receive?
- What are the most important results you hope to receive from this treatment?
- What are the chief problems your sickness has caused for you?
- What do you fear most about your sickness?

Kleinman, A., Eisenberg, L., Good, B. (1978)

BELIEF

- **Beliefs about health** (What caused your illness/problem?)
- **Explanation** (Why did it happen at this time?)
- **Learn** (Help me to understand your belief/opinion.)
- **Impact** (How is this illness/problem impacting your life?)
- **Empathy** (This must be very difficult for you.)
- **Feelings** (How are you feeling about it?)

Dobbie, A.E., Medrano, M., Tysinger, J., Olney, C. (2003).

WORKING WITH AN INTERPRETER

- The interpreter is a professional in communication and that is his/her role in the patient-provider encounter
 - Engage him/her in a brief conversation to “assess” his/her English proficiency
 - Set your rules (e.g., everything to be interpreted in the first person)
 - Interpreter is there to “translate” and not to explain what you are saying
 - EVERYTHING that is said in the encounter must be translated (including comments from family members)
- Talk to the patient rather than to the interpreter
- Short sentences with pauses, avoid idiomatic speech and/or complicated sentence structure
- Ask patient to repeat back

SOME CLUES – TIME TO CHANGE TACTICS

- Lose eye contact
- Patient is responding “yes” or nodding for everything you ask
- Family member intervenes and start speaking in their native language with the patient
- Interpreter is “talking too much”
 - Caveat: Some languages (e.g., Spanish, Portuguese) uses more words; some concepts may not have linguistic equivalent in other languages

ENVIRONMENTAL/CONTEXT CONSIDERATIONS

- Local, state climate toward immigrants (e.g., HB56 in Alabama)
- Legal mandates – Compliance with Title IV of Civil Rights
- History of your institution in a particular community
- Health care system and access
- Trained staff – EVERYONE is responsible for patient care
- Patient's legal status and access to resources
- Social determinants of health

LESSONS LEARNED AS AN IMMIGRANT

MY PERSPECTIVE

- We will always be immigrants
- Being an immigrant gives me PERSPECTIVE
- We become great listeners and observers of behavior because we need adapt. This helps us to be great problem solvers
- Most of us are here by choice. Choice comes with responsibilities
- It has been an amazing journey 😊

CULTURAL DIFFERENCES ARE NOT BARRIERS

They are learning opportunities !

QUESTIONS/SHARING OF EXPERIENCES



Thank You