

Structural Competencies in Healthcare for Migrant and Seasonal Agricultural Workers

National Center for Medical Education,
Development, and Research (NCMEDR)

Communities of Practice Webinar

August 27, 2018



Reminders....



- Please mute your microphone.
- The webinar is being recorded.
- We will address questions during the Q&A section.
- Thank you for joining the webinar.

Agenda

- NCMEDR Overview
- Keynote Speaker
- NCMEDR Research
- Facilitated Q&A Discussion

Katherine Y. Brown, EdD

Deliana Garcia, MA

Paul Juarez, PhD

Thomas Arcury, PhD



This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number UH1HP30348, entitled academic Units for Primary Care Training and Enhancement. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.



NCMEDR Aims

The aims of the NCMEDR are to:

1. Promote medical education curriculum and clinical transformation to better address the needs of LGBTQ, Persons Experiencing Homelessness, and Migrant Farm Workers
2. Translate and disseminate research findings to academic, clinical, policy, and lay audiences.



Patricia Matthews-Juarez, PhD
Project Director

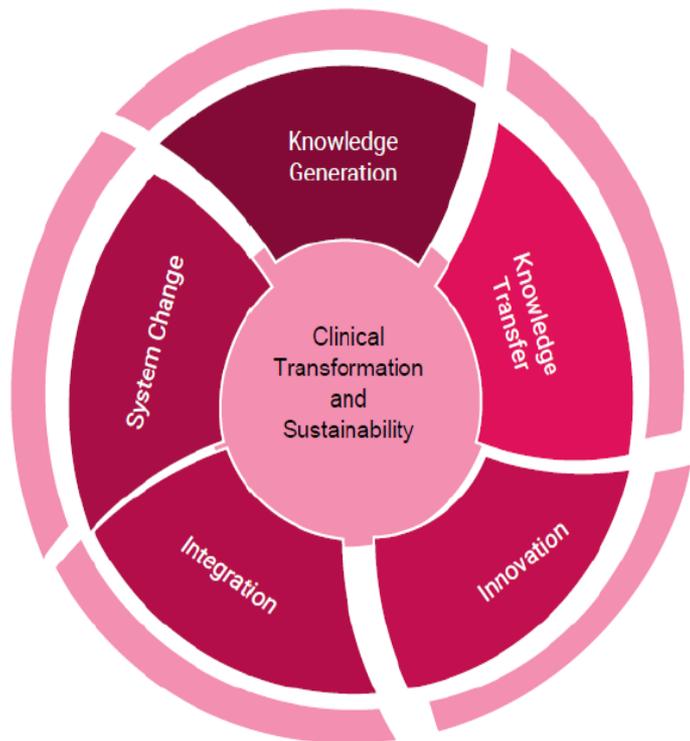


Paul Juarez, PhD
NCMEDR Director



Katherine Y. Brown, EdD
Director, Communities of Practice

Principles and Practices Of Effective Strategies for (COP) Engagement



Elements of Communities of Practice
Developed by Matthews-Juarez, P
& Brown, K.Y.
September 9, 2017.

NCMEDR

- Website www.NCMEDR.org
- Twitter @NCMEDR_Meharry
- YouTube Communities of Practice NCMEDR
- Facebook @NCMEDRMEHARRY
- Instagram @NCMEDR.Meharry



Upcoming NCMEDR Webinars

September 10, 2018

Providing Mental Health Assessments for Gender
Affirming Surgery Referral Letters

September 17, 2018

Motivational Interviewing for Vulnerable Populations

September 24, 2018

Physician Implicit Bias

For More Information

Katherine Y. Brown, EdD, Director,
NCMEDR Communities of Practice

Telephone: 615-327-5548

E-mail: Kbrown@mmc.edu

Twitter: [@KatherineYBrown](https://twitter.com/KatherineYBrown)

Instagram: [@DrKatherineYBrown](https://www.instagram.com/DrKatherineYBrown)

Facebook: [@DrKatherineBrown](https://www.facebook.com/DrKatherineBrown)



Today's Speakers

Deliana Garcia, MA, Director of International Projects, Research, and Development, Migrant Clinicians Network



Paul Juarez, PhD, Professor and Vice Chair of Research, Director, Division of Primary Care Training Research, Department of Family and Community Medicine, Meharry Medical College



Learning Objectives

Participants will be able to:

1. Identify at least three key structural vulnerabilities confronting migrant and seasonal farm workers.
2. Discuss the impact of structural vulnerabilities on disparities in immunizations, pain management, and opioid misuse.
3. Explore practical solutions to addressing structural vulnerabilities in a clinical setting.
4. Identify strategies to incorporate knowledge of structural vulnerabilities into medical education.



Continuing Nursing Education

❖ For CNE hours:

1. Sign and fill out a sign-in sheet/ registration with all requested information
2. Complete the post-activity evaluation.
3. Participants will receive a letter and certificate of successful completion that details the number of contact hours that have been awarded.

- ❖ Migrant Network (MCN) is accredited as an approved provider Clinician of Continuing Nursing Education by the American Nurses Credentialing Center's Commission on Accreditation
- ❖ The planning committee members, presenters, faculty, authors, and content reviewers of this CNE activity have disclosed no relevant professional, personal, or financial relationships related to the planning or implementation of this CNE activity.
- ❖ This CNE activity received no sponsorship or commercial support.
- ❖ This CNE activity does not endorse any products.

For Questions or Additional Information please contact:

Jillian Hopewell jhopewell@migrantclinician.org



Structural Competencies in Healthcare for Migrant and Seasonal Agricultural Workers

Deliana Garcia, MA

August 27, 2018

Disclosure Statement

➤ ***Faculty: Deliana Garcia, MA***

➤ *Disclosure:* We have no real or perceived vested interests that neither relate to this presentation nor do we have any relationships with pharmaceutical companies, biomedical device manufacturers, and/or other corporations whose products or services are related to pertinent therapeutic areas.

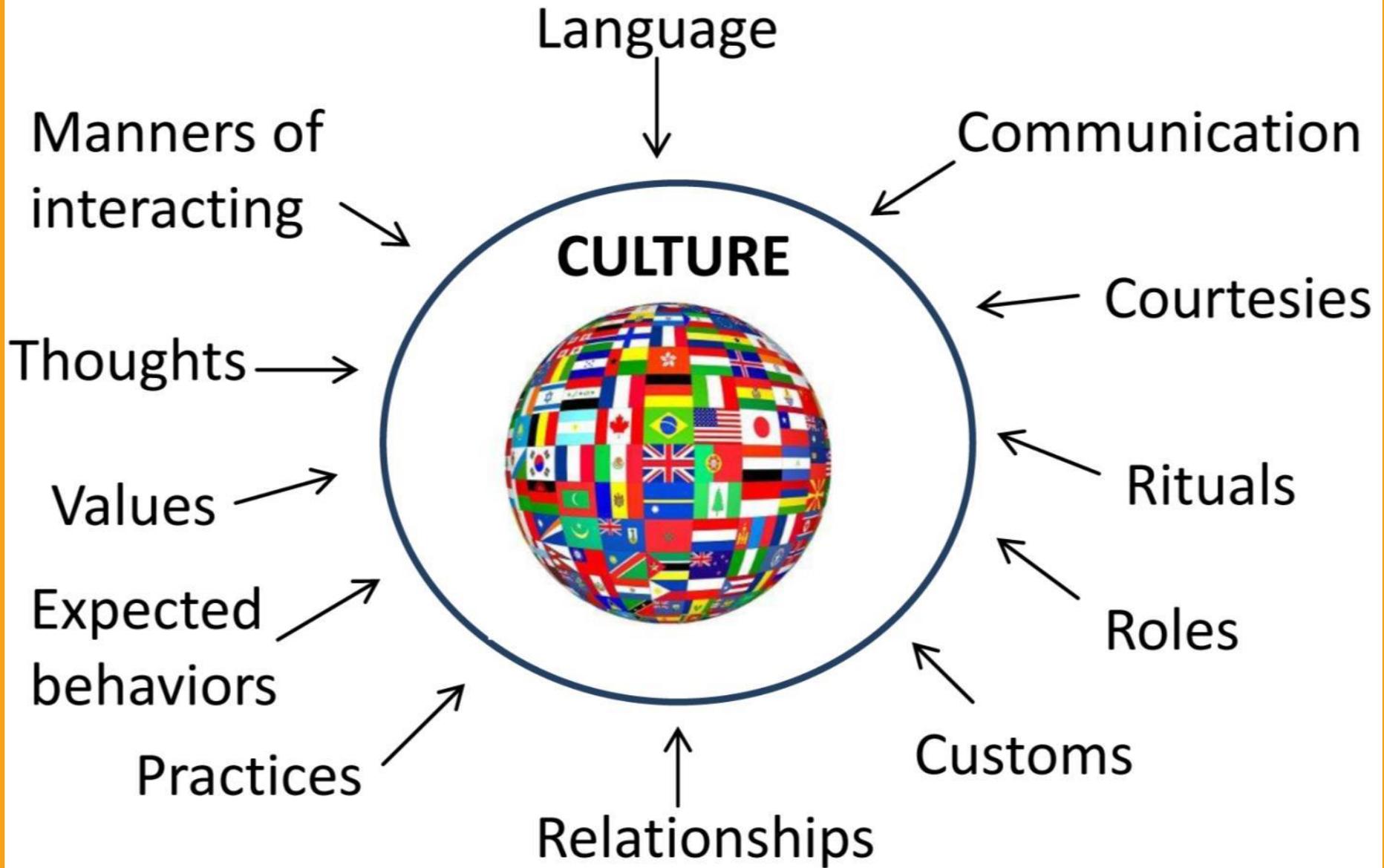
Learning Objectives

1. Identify the structures that shape clinical interactions
2. Discuss the means of developing an extra-clinical language of structure
3. Rearticulate “cultural” formulation in structural terms
4. Explain the process of observing and imagining structural interventions
5. Discuss the impact of structural issues on care for vulnerable populations
6. Discuss the integration of structural competency into medical education



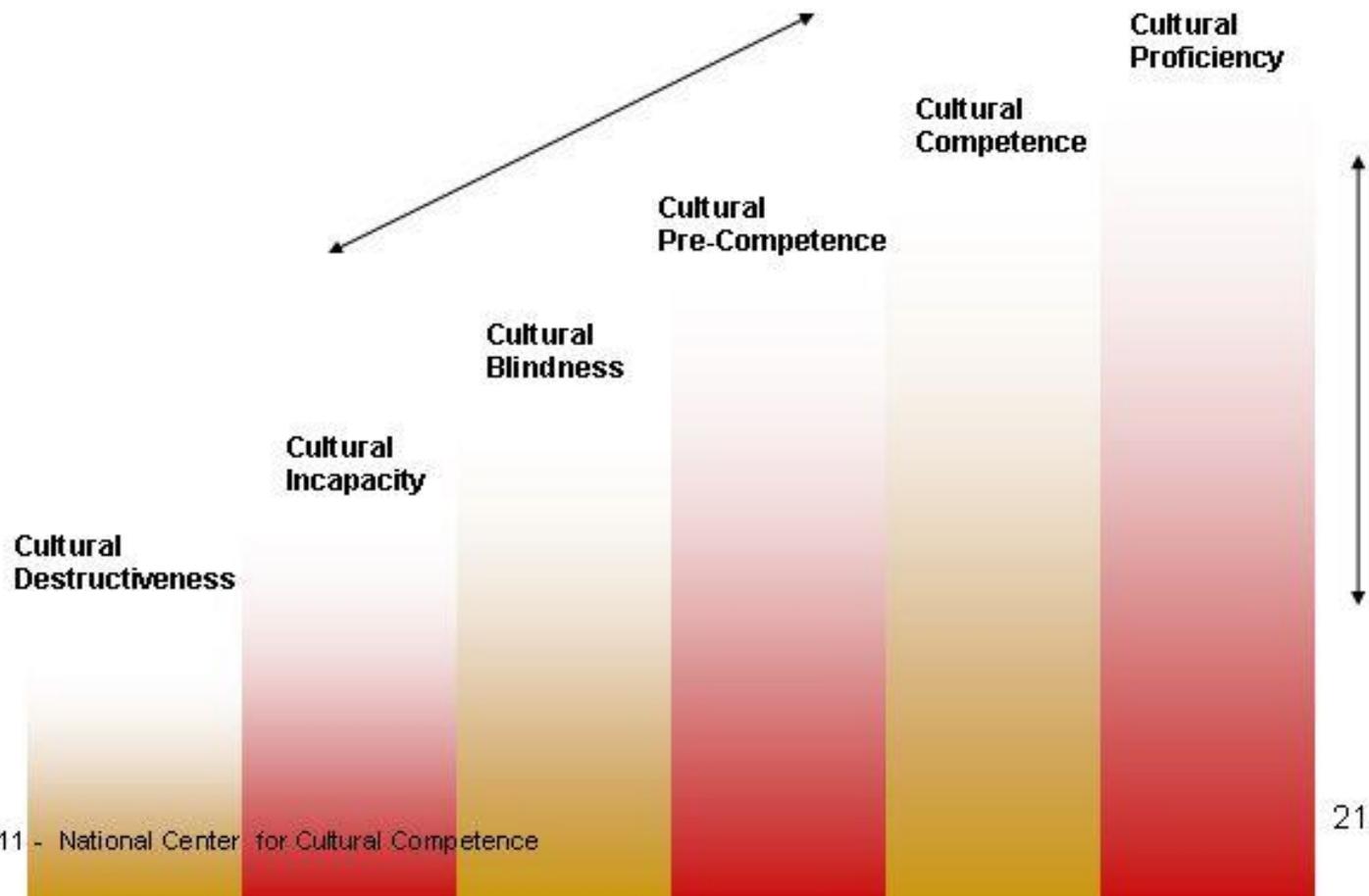
AGVEST INC.
FRANKLIN, ME
04634





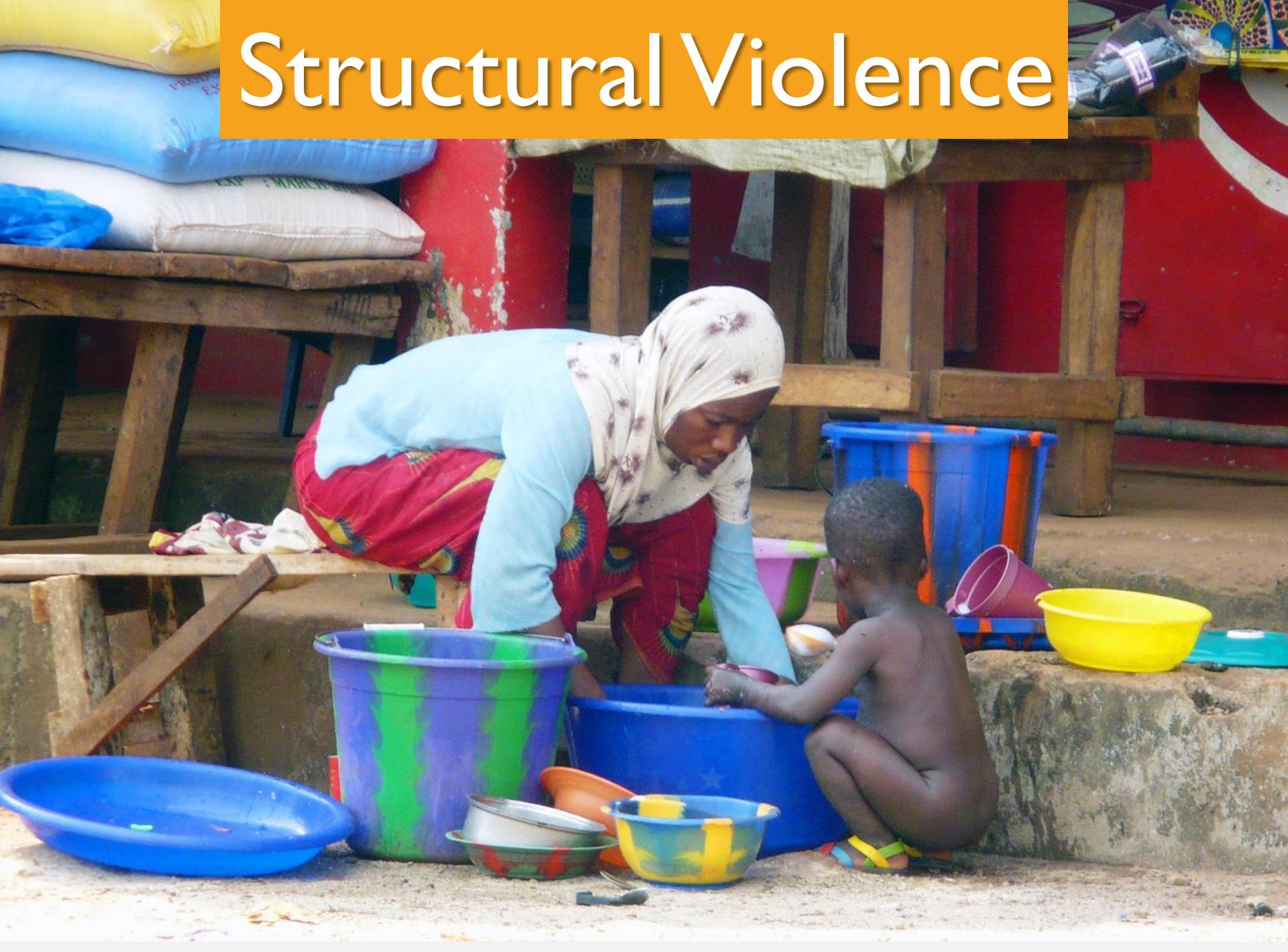
Cultural Competence Continuum

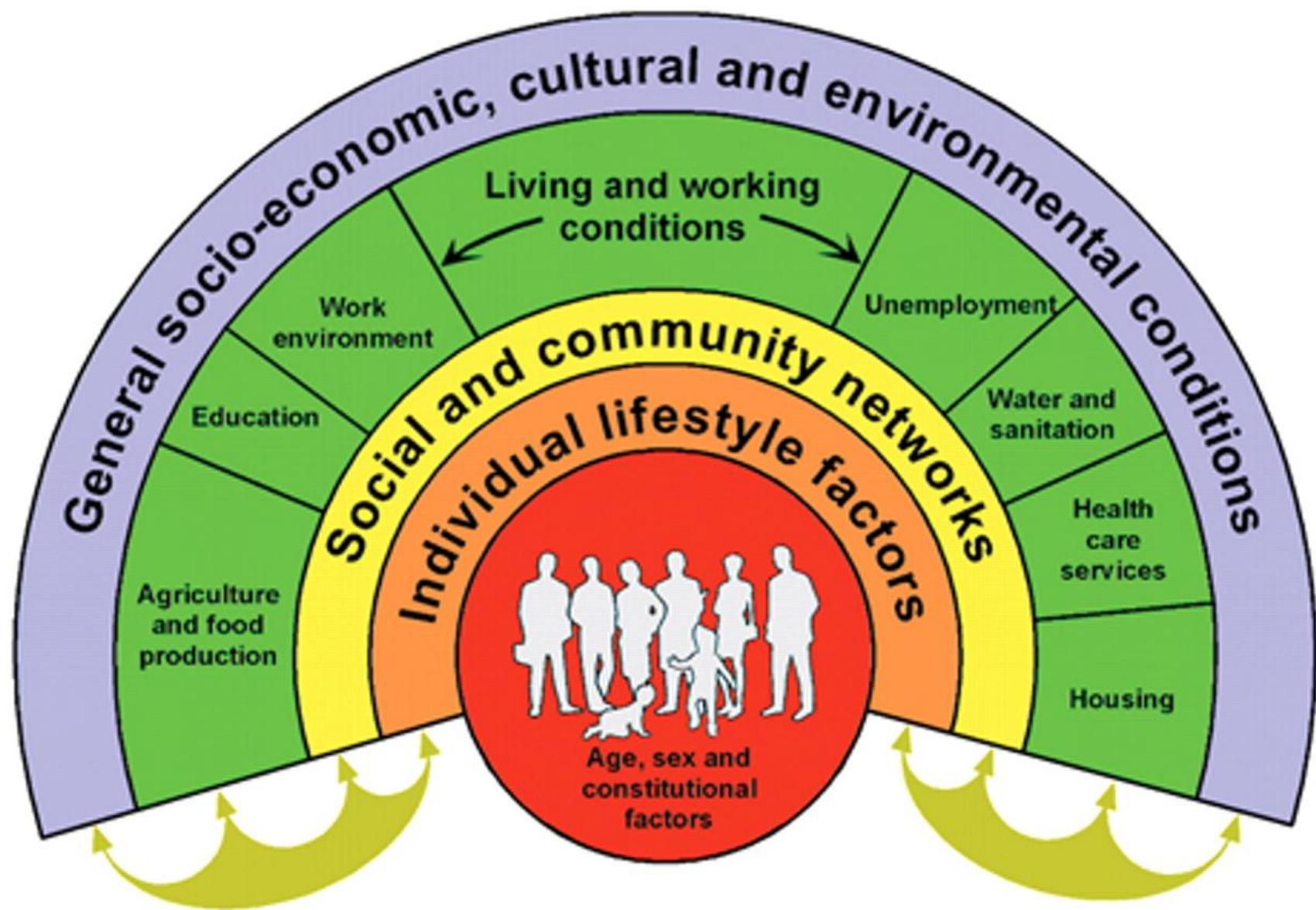
(Cross, Bazron, Dennis and Isaacs, 1989)

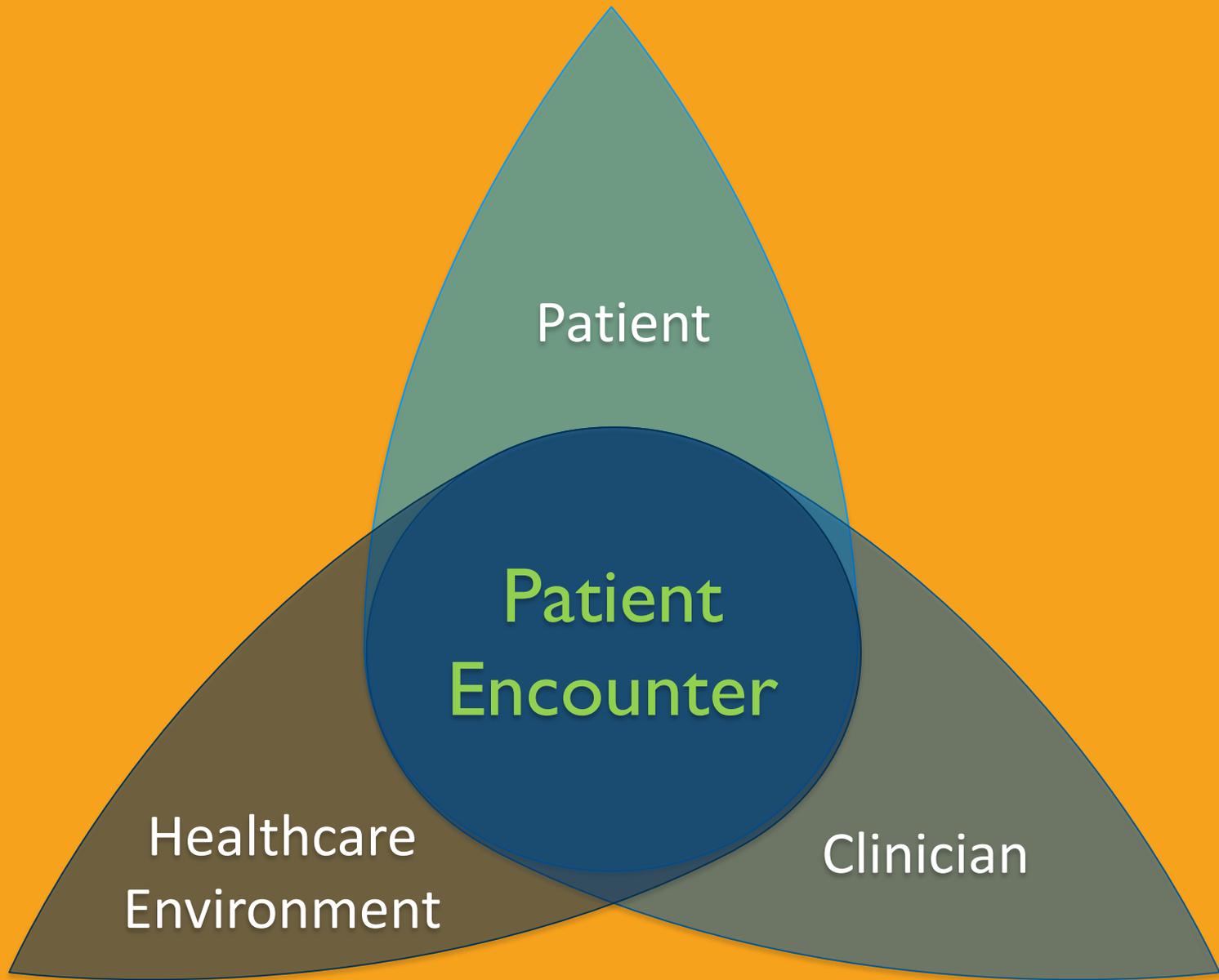




Structural Violence









WHAT STRUCTURAL COMPETENCY

Is not...



Structural Competency is

Expansive





*Structures shape
clinical interactions*

Physical Layout

Economics

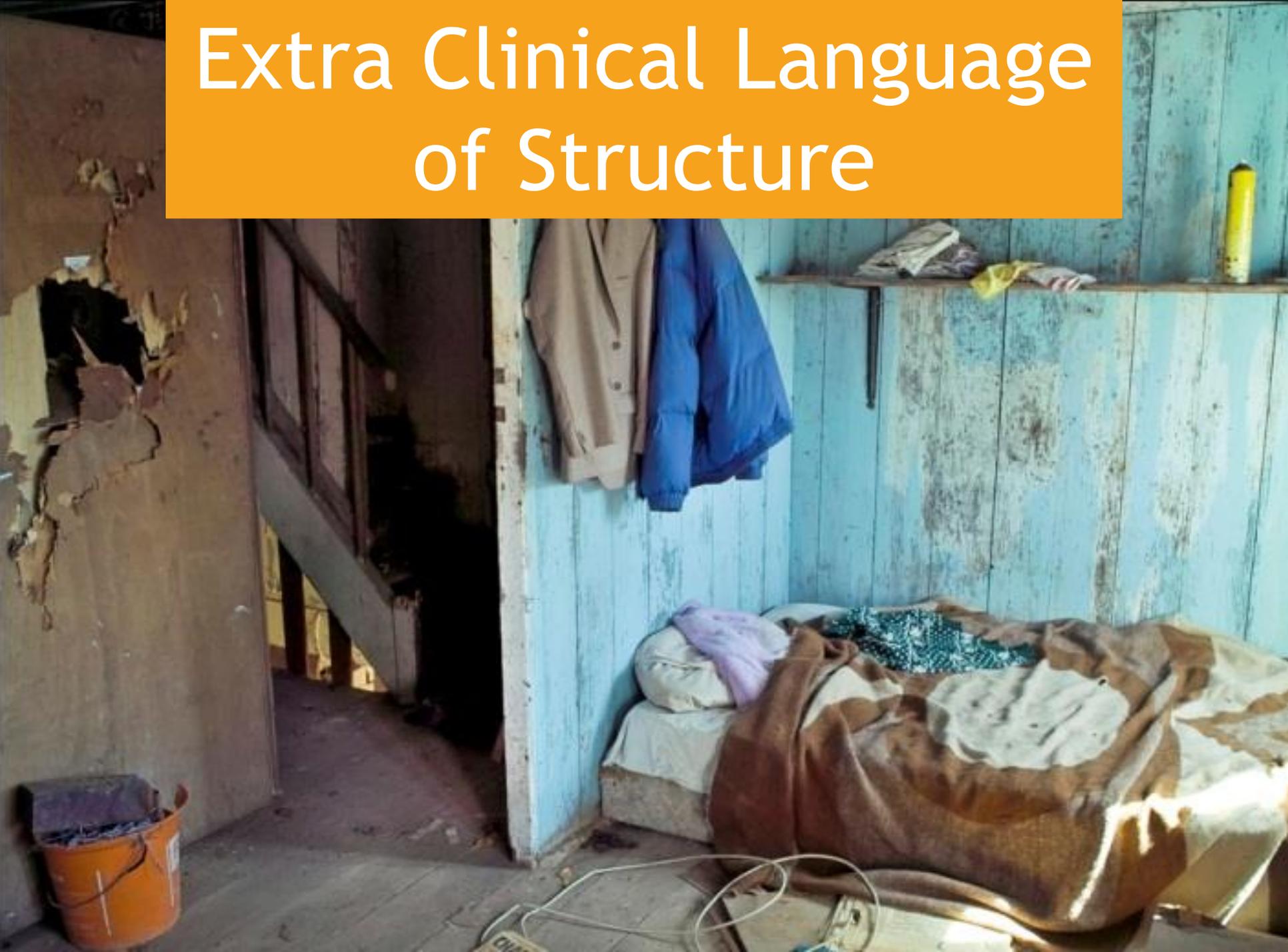
Time

Politics

Social



Extra Clinical Language of Structure







Rearticulate “cultural”
formulations



Observe and
imagine
structural
interventions









15
48/5 OZ.
CHUNK LIGHT TUNA
IN WATER
BEST IF USED BY: 10/20/20
CAN CODE: 01111ACBNSNDP0



Structural Humility

Chart 1

Structural Vulnerability Assessment Tool^a

| Domain | Screening questions and assessment probes ^b |
|--------------------|--|
| Financial security | <p>Do you have enough money to live comfortably—pay rent, get food, pay utilities/telephone?</p> <ul style="list-style-type: none">◆ How do you make money? Do you have a hard time doing this work?◆ Do you run out of money at the end of the month/week?◆ Do you receive any forms of government assistance?◆ Are there other ways you make money?◆ Do you depend on anyone else for income?◆ Have you ever been unable to pay for medical care or for medicines at the pharmacy? |
| Residence | <p>Do you have a safe, stable place to sleep and store your possessions?</p> <ul style="list-style-type: none">◆ How long have you lived/stayed there?◆ Is the place where you live/stay clean/private/quiet/protected by a lease? |
| Risk environments | <p>Do the places where you spend your time each day feel safe and healthy?</p> <ul style="list-style-type: none">◆ Are you worried about being injured while working/trying to earn money?◆ Are you exposed to any toxins or chemicals in your day-to-day environment?◆ Are you exposed to violence? Are you exposed regularly to drug use and criminal activity?◆ Are you scared to walk around your neighborhood at night/day?◆ Have you been attacked/mugged/beaten/chased? |
| Food access | <p>Do you have adequate nutrition and access to healthy food?</p> <ul style="list-style-type: none">◆ What do you eat on most days?◆ What did you eat yesterday?◆ What are your favorite foods?◆ Do you have cooking facilities? |

Social network **Do you have friends, family, or other people who help you when you need it?**

- Who are the members of your social network, family and friends? Do you feel this network is helpful or unhelpful to you? In what ways?
- Is anyone trying to hurt you?
- Do you have a primary care provider/other health professionals?

Legal status **Do you have any legal problems?**

- Are you scared of getting in trouble because of your legal status?
- Are you scared the police might find you?
- Are you eligible for public services? Do you need help accessing these services?
- Have you ever been arrested and/or incarcerated?

Education **Can you read?**

- In what language(s)? What level of education have you reached?
- Do you understand the documents and papers you must read and submit to obtain the services and resources you need?

Discrimination ***[Ask the patient]* Have you experienced discrimination?**

- Have you experienced discrimination based on your skin color, your accent, or where you are from?
- Have you experienced discrimination based on your gender or sexual orientation?
- Have you experienced discrimination for any other reason?

***[Ask yourself silently]* May some service providers (including me) find it difficult to work with this patient?**

- Could the interactional style of this patient alienate some service providers, eliciting potential stigma, stereotypical biases, or negative moral judgments?
- Could aspects of this patient's appearance, ethnicity, accent, etiquette, addiction status, personality, or behaviors cause some service providers to think this patient does not deserve/want or care about receiving top quality care?
- Is this patient likely to elicit distrust because of his/her behavior or appearance?
- May some service providers assume this patient deserves his/her plight in life because of his/her lifestyle or aspects of appearance?

^aThis tool should be used along with common questions regarding intimate partner violence, alcohol/substance use, diet, and exercise.

^bThe questions in bold function as initial screens that could potentially be quantified. They are followed by assessment probes to elicit more detail and context.

Integration of Structural Vulnerability into Medical Education





AAMC Competency-Based Learning and Assessment

Competencies

Systems-Based Practice

- “demonstrate an awareness of and responsiveness to the larger context and system of health care as well as the ability to call effectively on other resources in the system to provide optimal health care.”

Knowledge for Practice

- “Apply principals of social-behavioral sciences to the provision of patient care, including an assessment of the impact of psychosocial and cultural influences on health, disease, care seeking, compliance, and barriers to and attitudes toward care.”

Professionalism

Interpersonal and Communication Skills

Personal and Professional Development

Questions?



Deliana Garcia, MA

Director, International Projects and
Emerging Issues

Migrant Clinicians Network

512-579-4501

dgarcia@migrantclinician.org

Paul D. Juarez, PhD

Research Updates from the National Center for Medical, Development and Research Education

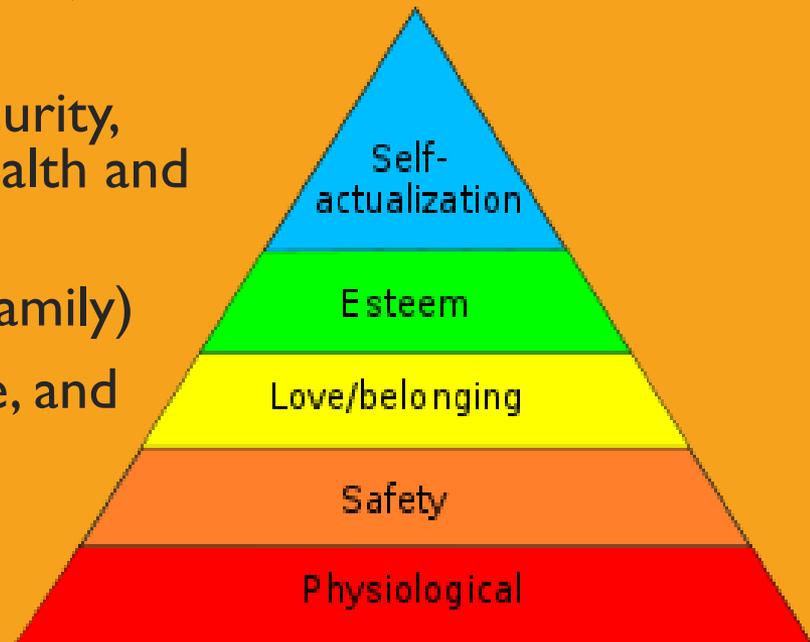
1. What do physicians need to know about migrant farm workers to ensure they meet their needs?
2. What are health needs of migrant farm workers?
3. How does this translate into medical education?



General Health Needs of Migrant Farm Workers are no Different

• Maslow's Hierarchy of Needs

- Physiological needs (breathing, water, food, sleep, clothing, shelter, sex)
- Safety and security needs (personal security, emotional security, financial security, health and well being)
- Social belonging (friendships, intimacy, family)
- Esteem (recognition, status, importance, and respect)
- Self-actualization (the desire to become the most that one can be)
- Self-transcendence



Health Needs are Developmental and Gender Based

- **Pre-natal: to ensure mother and baby are healthy**
 - Every 4 or 6 weeks for the first 32 weeks
 - Every 2 or 3 weeks for the 32nd-37th weeks
 - Every week from the 37th week until delivery
 - Your doctor might ask you to come in for check-ups more often if you have a high-risk pregnancy.
- **Tests**
 - Blood type and Rh factor
 - Anemia
 - Infections
 - Screening for diseases
 - Ultrasounds
 - Amniocentesis

CHILDREN

- **Early Childhood**
 - Immunizations
 - Developmental milestones (height, weight, cognitive development)
- **School age**
 - School physicals, immunizations, well child visits

ADOLESCENCE

- **Adolescents**
 - Puberty
 - Sports physicals, immunizations
 - Acute diseases & injury
 - HEADSS Assessment
 - Home and environment
 - Education and employment
 - Activities
 - Drugs
 - Sexuality
 - Suicide/depression
 - **Transitions to adulthood**

ADULTS

- **Acute diseases**
 - Infectious disease
 - Foodborne disease
 - Respiratory disease
 - Viral diseases
 - Vector borne diseases
- **Chronic diseases**
 - Cardio-metabolic diseases
 - Cancers

Diseases Associated with Aging

- **Chronic Diseases**
 - Atherosclerosis and cardiovascular disease
 - Cancer
 - Arthritis
 - Cataracts
 - Osteoporosis
 - Type 2 diabetes
 - Hypertension
 - Alzheimer's disease

Structural Barriers to Health and Health Care Faced by Migrant Farm Workers

- **Social Stigma**
 - Implicit physician bias
 - Discrimination
- **Barriers to Care**
 - Language barriers/lack of understanding of medical terminology & health care system
 - Lack of education/knowledge of causes of disease
 - Lack of health care insurance
 - Lack of transportation
 - Ability to get off work during the day
 - Lack of health care records/immunization records
 - Lack of child care services

Increased Exposure to Chemical and Non-chemical Stressors

- **Chemical Stressors**
 - Pesticides
 - Occupational exposures
 - Residential Exposures (housing quality)
- **Non-Chemical Stressors**
 - Poverty
 - Poor schools
 - Unsafe work conditions
 - Interpersonal and community violence
 - Adverse Childhood Experiences

Cultural Health Beliefs and Practices of Migrant Farm Workers

- **Overlay of Culture and Real World Experience**
 - Roles within the family
 - Transitional nature of work
 - Home and over the counter remedies
 - Limited access/use of primary and secondary preventive care
 - Alternative and complementary remedies (including prayer)

Unique Circumstances of the Patient

- **Personal Health, Family, and Social History**
 - Key developmental milestones have been met
 - Structural barriers facing the patient
 - Cultural health beliefs and practices of patient
 - What does the patient think is wrong and what does he/she think is the solution?

How Does This Translate Into Medical Education?

Medical students knowledge and awareness of migrant farm workers should include:

1. Developmentally and gender appropriate health care needs of migrant farm workers
2. Structural barriers to health care
3. Chemical and non-chemical exposures
4. Cultural health beliefs and practices of migrant farm workers
5. Unique patient, family, and social circumstances

1. Treatment plan needs to incorporate all aspects

THE END

- **Thank You**

Questions & Answers



Thank You

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number UH1HP30348, entitled academic Units for Primary Care Training and Enhancement. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

