CLEF

An Introduction

MIGRANT CLINICIANS NETWORK

Chronic Care Guideline
CLEF: An Introduction

DEVELOPING
MIGRANT-SPECIFIC GUIDELINES:

An Introduction To The
CULTURAL
LINGUISTIC
ENVIRONMENT / EDUCATION
FOLLOW-UP
Process

MIGRANT CLINICIANS NETWORK

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CLEF:
AN INTRODUCTION

Migrant and seasonal farmworkers in the United States present unique challenges in health care delivery. Some of the aspects of care unique to this population include:

1. Mobility of patient population, with associated problems in compliance and follow-up.
2. Language, cultural, and educational barriers, with their associated problems in history-taking, patient education, and acceptance of therapy.
3. Inaccurate or incomplete medical histories.
4. Poor access to referral services.
5. Discounting health as a priority due to work pressures and job insecurity.
6. Problems in arranging time and transportation for health visits.
7. Living and working conditions associated with health risks, such as poor sanitation and inadequate water supplies.
8. Special health problems which clinicians may not quickly recognize, since they are uncommon in the surrounding population.

Institutions such as the health care system are molded by both general and special interests in society. Less influential groups such as migrant farmworkers find their needs poorly met by the existing structure. It is not possible to perfectly adapt any system to all possible users, but an understanding of special problems and risks can help.

Migrant health programs in recent years have done a great deal to extend health care to migrant workers. The responsibilities which a clinician accepts in treating migrant health workers include:

- Ensuring that diagnoses reflect environmental risks.
- Providing treatment within the patient's capacity for compliance.
- Ensuring adequate follow-up and appropriate referrals.
- Providing accessible medical records for subsequent providers.
- Ensuring that patients correctly understand the messages that have been communicated to them.

Management of a chronic illness requires a consistent and uniform strategy of care. The mobility of migrant farmworkers compounds the challenge of maintaining continuity in a treatment strategy. Migrants are seen by many and varied types of providers, who follow their own center's philosophy of care.

In some instances, farmworkers experience a language barrier with the provider serving them. Consideration must be given to all aspects of this population's unique lifestyle in order to design an effective plan of care for farmworkers. Areas which merit consideration include the cultural, linguistic, environmental, educational, and follow-up aspects which impact both the delivery of care and a patient's compliance with a treatment plan.

Numerous protocols and guidelines for the delivery of health care services have been developed for utilization in primary care settings. Most are generic, notable only as they pertain to one entity or another. Some are excellent clinically but lack a quality of specificity for special populations. There is a dearth of literature or guidance for customizing existing protocols.

The Migrant Clinicians Network (MCN) is a multidisciplinary group of clinicians who have recognized that providers new to migrant health centers, or who, in the course of their practices see and treat migrant farmworkers episodically, may have difficulty applying existing treatment guidelines and assuring acceptable outcomes without some tailoring. MCN through its Chronic Care Guideline Subcommittee, has developed a prototype guideline that addresses the issues of continuity in the management of chronic conditions frequently found in migrant farmworkers. The MCN Subcommittee's goal is to develop guidelines to achieve continuity in treatment strategies for patients with chronic health conditions who are seen in migrant health centers. The rationale in developing chronic care guidelines is threefold. First, the intent of the Subcommittee is to make prototype guidelines available to centers to encourage consistency in plans of care. If a physician or other provider spells out a plan of care and the patient does not understand it, he/she will not follow it. If the plan keeps changing, then it is much harder for the patient to understand his/her health problem and how it can be managed. Second, the guidelines will provide current parameters of acceptable practice to physicians who are hired on a temporary basis or who do not usually treat chronic conditions. Third, the guidelines can serve as an agreed-upon treatment strategy for physicians, mid-level practitioners, and nurses. This can be very beneficial in upstream migrant health centers, where nurses play a central role in the management of patient care from initial patient screening to routine follow-up.

The guidelines follow a "SOAP" format (Subjective, Objective, Assessment, and Plan). Within each component of the SOAP format, "trigger statements" that target specific problem areas for providers who work with migrant patients are noted. These statements are designed to "trigger" a response from a provider to question the appropriate method of care needed for a migrant patient. These migrant specific statements follow four primary areas where consideration in serving migrant farmworkers or in designing a plan of care should be given.

The acronym "CLEF" was developed to identify these four areas:

- **C** – Culture of migrant patients
- **L** – Language factors for consideration
- **E** – Environmental/Educational factors
- **F** – Follow-up care for a mobile population

CULTURAL

A patient's culture should be taken into consideration in the development of a treatment plan. Does the client use home remedies which might interact with prescribed medication? A "folk illness" may in fact reflect a medical condition in which a patient requires treatment. Where there is an absence of a corresponding folk illness, will a patient relate symptoms to an actual illness? How will familial relationships impact or affect a patient/provider relationship or treatment plan? Does a statement/action of a provider conflict with cultural practices or beliefs?

LINGUISTIC

Consideration should be given to enable communication with a migrant farmworker in their language of preference. Will they be able to read an English language label on their prescription? Is Spanish or another language preferable? What is the literacy level of the patient? What language would they prefer to read? Does a patient understand the language in which you speak to them? Do you use educational materials printed in their language of preference to reinforce an educational message? Are interpreters used effectively and appropriately?

ENVIRONMENT

What are the patient's housing or worksite conditions? Do they have inside plumbing, an inside toilet, hot water, a working refrigerator? What access do they have to telephones, to call and set up appointments in advance? Are potable water and toilets available in the field where they are working? If not, will a migrant patient be able to follow your prescribed treatment plan? What kind of working relationship does the farmworker have with his/her crew leader? Will time off during the day be permitted? Will a patient risk losing his/her job if he/she spends a day in the clinic instead of a day in the field? How far is the clinic from work or home-site? What kind of transportation is available? What financial resources does the patient have available? How much of the family income would be used on medications or in following a treatment plan? Do they purchase food at the "corner store"? What food is available there? How much does it cost? How far away is a larger food market?

EDUCATION

In many instances, a patient may not know a chronic illness is a life-long problem, "I feel better now, so why should I continue to take this hypertension medication? My family could use the money to buy food or clothes." The patient may also not be aware that their condition is controllable through modifications in diet or with medication. What foods are used in current diet? How are the foods prepared (i.e., fried vs. baked or broiled)? Does the patient have an oven to broil or bake foods? Does the family use lard or an oil lower in cholesterol? Is salt their primary food seasoning? Does a patient understand the language? Are the educational materials printed at an appropriate educational level in their language of preference? What educational materials are available to use in the patient's language of preference?

FOLLOW-UP

Both long and short range considerations of follow-up should be given to a migrant farmworker patient in the follow-up of a treatment plan for a given condition. For example, how/where will a farmworker traveling from Texas upstream refill their medication in rural Michigan? If a patient needs ongoing care or retesting for an illness (such as hypertension), where will they receive this testing as they travel upstream? What kind of payment mechanisms are necessary for a mobile population (new vs. "repeat" patients)? How will the absence of follow-up affect a migrant patient's health condition? What steps are necessary to insure monitoring of a chronic condition if the patient will be leaving your community next week? If the patient will be gone for the next four months? To assist a population which is less familiar with utilizing health care services, and which must contend with numerous obstacles to this end, what special or more aggressive follow-up actions may be called for on the part of the providers?

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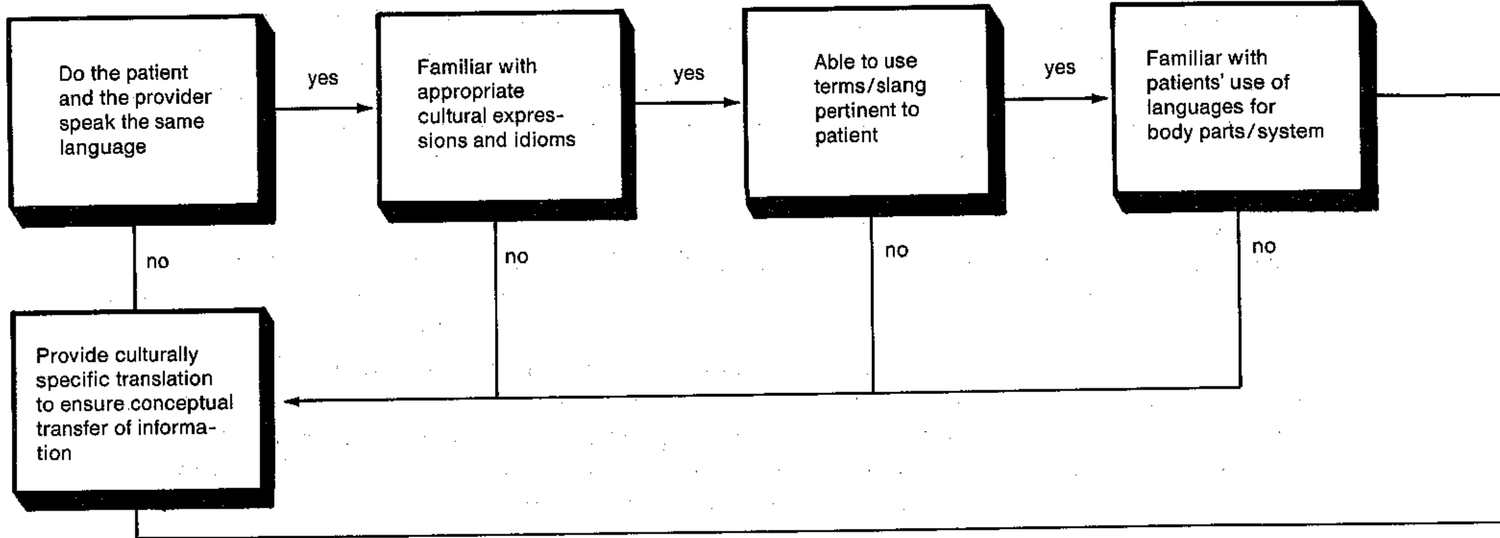

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CULTURAL

HISTORY

Any documented past medical history

Is the patient's perception of his symptoms appropriate to the perceived illness

Use of home, folk or herbal remedies

Type of farmwork
Length of time worked and where
Medications
Eligibility for state and local resources
Specific pesticide exposure
Sanitation conditions; field, housing
Current diet
Able to read, In what language
Financial resources

PHYSICAL EXAM

Are there cultural specific modesty considerations
Cultural resistance/taboos of certain examinations
Explain what is being done in the exam

DIAGNOSTIC PROCEDURES

Fear of having blood drawn
Cultural lack of understanding of the need for certain procedures
Obtain informed consent

EDUCATION / ENVIRONMENT

Culturally tailored language, literacy and lifestyle appropriate instruction on:

1. Diagnosis, implications
2. Purpose of treatment
3. Drug interactions
4. Lifestyle
5. Preventive measures
6. Diet recommendations
7. Need for follow-up

Ensure patient understands his disease by obtaining feedback.

Educate providers on variations in incidence of disease entities among different ethnic populations.

FOLLOW-UP

Referral and/or consultations between homebase and upstream programs
Patient record transfers
Tracking of communicable diseases
Tracking of high risk acute and chronic cases
Patient transportation/translation needs
Referral to other specialists for special diagnostic testing
Mobility issues
Work Schedule
Non-compliance
Patient understands need for follow-up

A SUMMARY OF THE MIGRANT SPECIFIC "CLEF" STATEMENTS IN THE SOAP FORMAT USED IN THE PROTOTYPE GUIDELINE FOLLOWS.

SUBJECTIVE

Cultural:
Consideration for patients' view of what illness represents to them and their extended family.

Consideration for cultural ramifications of chronic disease processes, i.e.: diabetes mellitus, hypertension, etc.

—Because of the high mobility of migrant patients, they may not be able to communicate a meaningful medical history, and may have no hand-carried record or health record at all.
—A patient's perception of what symptoms relate to an illness may not be accurate.
—A "negative answer" may reflect a patient's lack of self-awareness, not absence of disease.
—Ask the patient to show the medication he/she takes; medications that have duplicate or conflicting actions may have been received from multiple providers.
—Use of home, folk or herbal remedies may occur simultaneously with a medical treatment plan and may cause drug interactions.

Linguistic:
Consideration for accurate translation to and from patient. Importance of not "interpreting" what patient says.

Consideration for cultural expressions and idioms which need to be evaluated when weighing subjective data.

—History-taker needs to be familiar with appropriate language of patient, slang used, and use terms understandable to the patient for pertinent review of body systems.

Environment/Education:
Consideration for evaluation of patients' environmental circumstances when evaluating subjective data, i.e., housing and its limitations, exposure to the elements while working, type of work being done, i.e., hard, stoop labor vs. working on a line in a factory.

Demonstrating respect for patient's validity even though educational level achieved may not enhance his/her ability to express self.

Consideration of patient's sensitivity to his/her lack of formal education, i.e., reading or writing.

—Need to know patient's living situation: housing, refrigeration, who plans and shops for food, type of store available (corner quick-stops vs. supermarket), who prepares the meals (patient or someone else), who they live with.
—What is the patient's daily schedule while working? While not working?
—What is the length of time worked and where, i.e., what is a patient's seasonal pattern in migration (if any)?
—What is in current diet? What ethnic foods are usually consumed? What type of food is purchased? Or, is diet significantly impacted by current crop being picked?
—What crop is patient's family picking?

—Financial resources available and implications for diet compliance.
—Can the patient read, in what language?
—Are there any cultural misconceptions about the disease?

Follow-up:
Consideration of patients' ability to effectively pursue follow-up care. What factors influence patients' ability or motivation to continue recommended treatment plan?

Immediate need to affirm patients' expressions of subjective data by reiteration.

—What was date of last follow-up visit?
—How is patient monitoring his/her disease?

OBJECTIVE

Cultural:
Consideration of value placed upon objective findings by the patient from a cultural point of view.

—Some cultural groups fear having blood drawn.
—Modesty is an increased issue with women in some ethnic groups.

Linguistic:
Consideration for cultural expressions or idioms which need to be evaluated when they may skew objective data, i.e.: dates, relationships (cousins, uncles, aunts, etc.)

—Be familiar with patient's use of language and understanding of body parts/systems.

Environment:
Consideration for what part poor housing, limited transportation, poor field sanitation and/or exposure to pesticides and herbicides may play in objective data.

—With a migrant, a provider may not always be able to obtain a fasting blood sugar level; repeated FBS's may be unrealistic.
—Baseline physical exam may not be realistically undertaken in all upstream settings.
—Is objective data obtainable? From how long ago? Who at your center asked if the patient was carrying a health record?
—Reassess when last test was done.

Follow-up:
Consideration for importance of timely follow-up on objective data, i.e.: repeat laboratory procedures, frequent monitoring of vital signs, etc. when patient is living in migrant housing and works in agriculture.

—Inform patient of importance of diagnostic test and why it's done. Explain tests are tests, not treatment.

ASSESSMENT

Cultural:
Consideration for the part that patients' belief systems may play in the gathering of data.

Consideration of the role of the extended family.

—What is patient's perspective on the disease?

Linguistic:
Consideration for transmitting accurately, in culturally relevant language, the assessment information.

—Clarify assessment in terms understandable to the patient.

Environment/Education:
Consideration for the part which poor housing, poor bathroom facilities and stoop labor may play in the clinical assessment.

—Appropriate explanation of patient's condition. Assure comprehension by asking for patient feedback.

Follow-up:
Consideration for the need to assess patient within the framework of the patient's mobility and lack of total control over his/her length of stay in area. May require re-assessment sooner than in the usual grid due to mobility. Exercise care when obtaining informed consent.

PLAN

Cultural:
When developing a plan or regimen, consideration to what that plan means in terms of patients' cultural orientation needs to be reflected.

Consideration to impact of plan upon the extended family traveling with patient.
- —Be culturally realistic in patient's diet planning; consider familiar ethnic foods, who cooks for patient, cooking habits, weight.
- —Determine if patient has misconceptions about purpose of treatment plan/medication by eliciting feedback, if necessary, through an interpreter.
- —Patient or family members may view use of injections as a punitive action.

Linguistic:
Consideration to accurate translation with feedback so accuracy can be measured.

Consideration to syntax which might translate erroneously.

Consideration to the limits of translation when the difference in culture is more pronounced, i.e.: Southeast Asians, Haitians, etc.
- —For label on the medication, consider patient's language and literacy skills. Are pictures more appropriate?

Environment/Education:
Consideration of the appropriateness of plan in context of the patients' living conditions. (Sitz bath in migrant housing not realistic. Enemas 'til clear is not practical plan in most migrant housing situations).

Consideration for the impact which labor in hot fields with poor sanitation facilities can mean: potassium-wasting diuretics, some beta and/or calcium channel blockers, frequent doses not practical in fields, inadequate privacy for personal procedures, etc.

Consideration for utilization of written material in a population with wide ranges of literacy. Many are too embarrassed to say they cannot read or write. Audio/visual or one-on-one sharing of plan becomes preferable to be weighed in light of patient's ability to comply as well as his/her support system being able to assist compliance.

—Considering a migrant's work and housing conditions, is home testing practical?
—Lack of housing with a tub/shower may increase risk of infections. Lack of potable drinking water and toilets may increase the rate of complications.
—Explain how medicine works in treating the illness.

Follow-up:
Consideration for the migrant farmworker's particular situation should play an important role in scheduling follow-up.

Consideration for utilizing outreach for some follow-up, i.e., monitoring BP's or drawing FBS's, should be given.

Consideration for providing migrant farmworker with his/her medical records on a regular basis to guarantee informed and enlightened treatment/follow-up should he/she leave your geographic area suddenly (Crop change, crew leader plans, work is over, etc.).

—Determine length of time patient will be in present location, where they will go next, and how long it will be before they return to their home base.
—Determine where follow-up may occur and how to facilitate transfer of patient information. This may be via patient verbalizing information and issuance of a health record.
—Provide patient with information on other clinic locations for treatment, follow-up, monitoring, and refills of medications.

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