



CARE FOR KIDS



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Health and Cultural Competency in Latino Communities

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The Latino population is among the fastest growing population groups in the US — and in Iowa. By the year 2025 there will be more than 60 million Latinos in the US, and by 2050, one of every four Americans will be Latino. In the year 2000, 17% of all American children were Hispanic or Latino. From 1990 to 2000, the number of Latino residents in Iowa increased by 153%; today, more

than 82,400 Iowans are Latino. This presents a number of challenges to Iowa’s health care community, and cultural competency becomes increasingly important. Rather than focusing on medical conditions and diseases (that is,

using a “biomedical” approach), health care may be more effective if providers take into account biological, psychological, and social factors (a “biopsychosocial” approach).

(continues on page 2)

Cómo se dice? Sucinto:

Chicana / Chicano Of Mexican descent

Hispanic Of Spanish-speaking descent

Latina / Latino Of Latin American descent

Mexican American Of Mexican descent, living in the US

Tejana / Tejano Of Mexican descent, born in Texas

Learn more at www.io.com/~tam/multicultural/words.html.



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The National Alliance for Hispanic Health offers four points to consider when working with people from a Latino culture:

1. Family participation. Family involvement in the patient's life is critical in Latino culture. Latino patients tend to visit health care providers in the company of family members. Family members are interested in participating in decisions affecting the patient. As a result, the consulting process can take more time. Issues of confidentiality take on a slightly different meaning than may be true for other cultures.

2. Respect for older patients. Social hierarchies based on age, sex, social position, economic status, and authority are common in Latino culture. Younger people usually demonstrate greater respect for older ones. Health care providers need to be aware of this and show respect for older patients. Similarly, some older Latino family members may communicate much like a parent to a child when speaking to a younger health care provider.

To serve Latino families more effectively

1. Encourage family participation
2. Demonstrate respect for older family members
3. Nurture personal relationships
4. Build trust

Cultural competency

The behaviors, attitudes, and policies that come together in an institution, agency, or among a group of individuals that allows them to work effectively in cross-cultural situations.

US Department of Health and Human Services



3. Personal relationships. Latino culture focuses on personal relationships rather than institutional ones. It is helpful to take time to greet the family, and to talk with them about how they are doing, before getting down to business. This makes them feel closer to the health care provider and more likely to communicate freely.

4. Trust. While trust between health care providers and families is important in all cultures, it is even more so in Latino culture,



and especially for immigrant culture. It takes time to gain trust among Latino immigrants, but once it occurs, it is long lasting.

Barriers to health care

Like many minority groups, Latinos may face a variety of barriers to health care:

- Financial concerns
- Lack of access to health care providers and services
- A complicated health care system
- Transportation issues
- Issues related to culture, language and ethnicity, and education

The University of Northern Iowa recently completed a study of the specific barriers experienced by Latino families in five Iowa counties. The study found that:

- **59.2%** Do not trust or like their doctors
- **59.2 %** Do not know where to go for help with a medical problem
- **55.3%** Can't afford health care
- **53.3%** Believe the provider did not understand or accept their cultural practices or beliefs
- **40.6%** Found that the provider did not speak their language
- **24.5%** Felt it took too long to get an appointment
- **23.5%** Felt they were treated differently because of race or ethnicity

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Improving health care

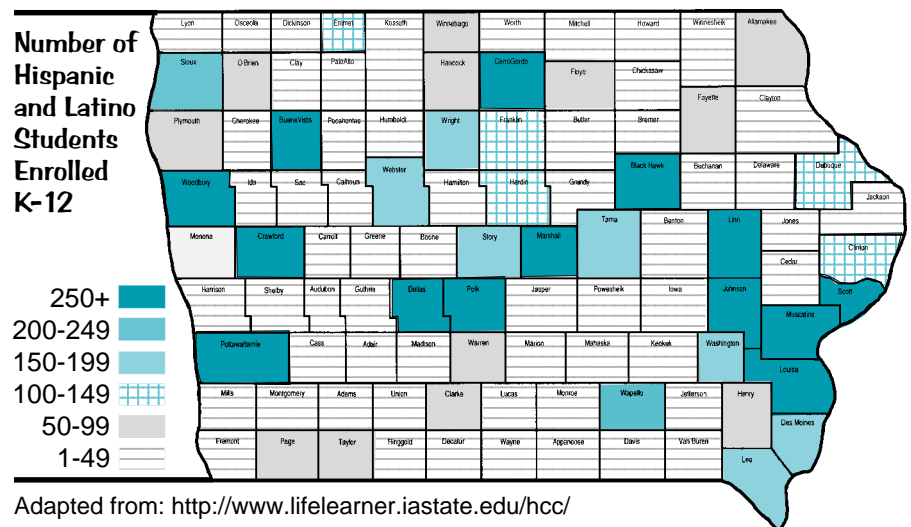
Health care providers can improve their effectiveness in serving Latino patients in a number of ways. Some strategies are easy to implement; others will require more effort. For example:

- Allow extra time for visits or additional counseling
- If possible, offer health care services in Spanish, or provide translators. Finding translators can be challenging, especially in some parts of Iowa; information on translation services can be found on insert page 2.
- Learn about traditional Latino health practices and beliefs; encourage patients to keep positive practices while respectfully educating them about negative ones.
- Investigate ways to provide evening and weekend services to accommodate those who work long hours.
- Use interactive communication techniques that are friendly and respectful.
- When appropriate, inform patients about how the health care system works and where to find affordable health care.
- When providing health education, use visual aids that are familiar to the audience.
- As appropriate, direct patients and families to language courses and related resources.
- Participate in cultural competency training.

THE NEW IOWANS: Hispanics and Latinos in Iowa, 2000

In 2000, every county in Iowa had Hispanic or Latino children enrolled in its schools. The counties with the highest percentage of Hispanic residents in Iowa are:

COUNTY	Total	% of total population	Number of Children (birth-18)
Muscatine	4973	7	2048
Scott	6445	3	2688
Woodbury	9468	3	4014
Cerro Gordo	1291	2	527
Polk	16490	2	6404
Pottawattomie	2892	2	1075
Johnson	2781	1.5	808
Buena Vista	2560	1	1038
Linn	2722	1	991
Marshall	3523	1	1523
Story	1238	1	314
Black Hawk	2359	1	952



Resources

Nonfinancial Barriers to Health Care (Health Law and Policy Institute) <http://www.law.uh.edu/healthlaw/nfbstudy.html>

Quality Health Services for Hispanics: The Cultural Competency Component (Health Resources and Services Administration); order online at <http://www.ask.hrsa.gov/detail.cfm?id=PC00029>

Welcoming New Iowans - A Citizen and Community Guide to Building Respect for Refugee and Immigrant Newcomers - <http://www.bcs.uni.edu/idm/newiowans/pdfDocument/WelcomeNewIowans.pdf>

(For more referral resources, see insert page 2.)

Complementary and Alternative Medicine: Herbal Remedies that Pose a Risk

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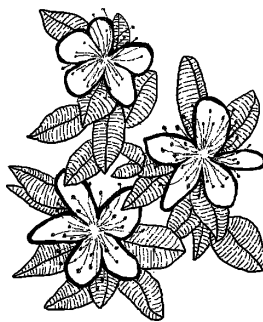
Interest in alternative medicine in the U.S. is steadily increasing. A special issue of the *Journal of the American Medical Association* (JAMA 11-98) reported that in 1997, patients in the United States spent \$21 billion on alternative medicine, and made 627 million visits to its practitioners — up 47% from 1990.

A Harvard Medical School study published last year in the *Annals of Internal Medicine* (135:5) found that the use of alternative therapies correlates with age: 30% of Americans born before 1945 have used complementary or alternative medicine; 50% of those born between 1945-64; and 70% of those born between 1965-1979. This study also found that among people who had tried an alternative therapy, nearly 50% were still using it 11 to 20 years later.

But alternative medicine, like standard medical practice, requires knowledgeable use. Four herbal remedies that have been popular in the US — aristolochic acid, comfrey, kava, and St. John's wort — pose significant risks. These remedies illustrate why it is important that health care providers be well informed about alternative medicine.

Aristolochic acid is found primarily in the plant *Aristolochia*,

but may also be present in other botanicals containing *Asarum* or *Bragantia spp.* A natural product, aristolochic acid is toxic to the kidneys and can also cause cancer, usually of the urinary tract. In the US, aristolochic acid is found in some dietary supplements. There have been numerous reports of permanent kidney damage in individuals using aristolochic acid.



St. John's wort
(*Hypericum perforatum*)

Comfrey (*Symphytum officinale*) is used as an ointment for bruises, wounds, and sprains. As a pill or tea, it is taken for stomach disorders, coughs, and as a tonic. However, comfrey contains pyrrolizidine alkaloids that can cause liver damage and cancer, whether applied to the skin or taken internally.

Kava (*Piper methysticum*) is being investigated by the FDA as a possible cause of liver damage. Taken for anxiety, insomnia, and

stress, it is also found in some non-medicinal products such as Snapple's "Moon" tea drink. Concern about kava surfaced when about 25 cases of serious liver damage were reported in Switzerland and Germany; the FDA is currently gathering data about its use and liver damage in the US.

St. John's wort (*Hypericum perforatum*) is used to treat depression and anxiety. While this herb is generally well tolerated, side effects have been reported, and include photosensitivity, confusion, diarrhea, dizziness, irritability, insomnia, and agitation. Drug interactions are also a concern. St. John's wort may reduce the efficacy of a wide range of medications: indinavir (used to treat AIDS), digoxin, cyclosporine, warfarin, theophylline, oral contraceptives, reserpine, tricyclic antidepressants, MAO inhibitors, selective serotonin receptor inhibitors such as Prozac, and antimigraine drugs such as Imitrex.

Other herbal therapies also have drawbacks. It is important that health care providers talk with patients about the traditional remedies, herbs, and dietary supplements they use (see insert page 2; additional resources are also cited there).

Referral Resources for Iowa's Hispanic and Latino Families

Health and wellness

Child Health Specialty Clinics

Serve children with special health care needs and their families in 14 specialty clinics throughout Iowa, and help families find local services they need. w.uihealthcare.com/depts/childhealthspecialtyclinics/clinics/

EPSDT Care for Kids

Early and Periodic Screening, Diagnosis, and Treatment services provide health care for children from low-income families who are eligible for Medicaid. w.idph.state.ia.us/fch/am_serv/epsdt.htm

Free medical clinics in Iowa

w.state.ia.us/government/dhr/ia/pdfs/resources/Clinics.pdf

Iowa Coalition against Domestic Violence

2603 Bell Ave, Suite 100, Des Moines 50321; phone 515-244-8028; hotline 1-800-942-0333; w.icadv.org/mission_statement.html

Global Health Corps and New Iowans Project. Help health providers and communities develop culturally appropriate health education materials; translations in 18 languages; workforce development topics. UNI, 220 WRC, Cedar Falls, IA 50614; 319-273-6411; w.globalhealthcorps.org

Health education brochures in 24 different languages

<http://medstat.med.utah.edu/library/refdesk/24lang.html>

Home Health Agencies

Deliver care at home to people who need health care or assistance with daily living activities as the result of illness or disability. w.ahc.org/Consumer/wihc.html

Public Health Nursing Program

Available in all Iowa counties, provides skilled nursing care and information about healthy lifestyle practices. w.idph.state.ia.us/fch/cs/phn.htm

Rural Health Clinics

Located in a rural areas facing a shortage of health services or primary medical care staff. w.dia-hfd.state.ia.us/

WIC - Special Supplemental Nutrition Program for Women, Infants, and Children

Provides pregnant and postpartum women, and children under age 5, with nutritious food, nutrition education, referrals to other health care. All Iowa counties have WIC clinics. w.idph.state.ia.us/

Aging

Area Agencies on Aging

Have local offices that provide health and nutrition services to Iowa's seniors. w.state.ia.us/elderaffairs/

Cultural competency

Diversity Rx

Cultural competence in health care: w.diversityrx.org

Primary Care Clinical Practice Guidelines

Cross-cultural resources: <http://medicine.ucsf.edu/resources/guidelines/culture.html>

Early intervention

Early ACCESS

Work with families to find and coordinate resources to help young children grow and develop. w.state.ia.us/educate/index.html

Education

Area Education Agencies

Work with families to improve education outcomes for children with special education needs. Local AEAs provide a wide range of resources for children and families. w.state.ia.us/educate/index.html

Hispanic Educational Resources

828 SE Scott, Des Moines, Iowa 50309; phone 515-282-6542.

Latino Leadership Project

1151 28th Street, Des Moines 50311; phone 515-271-4633; email LLP@grinnell.edu; <http://llp.50megs.com/AboutUs.htm>

Employment

Proteus

Helps seasonal and migrant farm workers find full-time permanent

employment, usually away from the farm. They offer work experience, on the job training, vocational education. w.extension.iastate.edu/nwaeo/Shifting%20Gears/proteus.htm

Interpreters and translators in Iowa

Department of Human Rights

w.state.ia.us/government/dhr/ia/pdfs/brochures/Interpreters-Translators.pdf

Department of Public Health

w.idph.state.ia.us/coveringkids/resources/Interpreters.pdf

Local sources for translators: hospitals, local high schools and colleges, local Hispanic and Latino organizations.

Latino organizations in Iowa

w.bcs.uni.edu/idm/newiowans/Pages/latino_organizations.htm

Latino services

American Friends Service

Committee 4211 Grand Avenue, Des Moines 50312; phone 515-274-4851; w.afsc.org/cro/dsm.html

Des Moines Latino Service

Providers Coalition Father Kevin Cameron, Catholic Hispanic Ministry, 1271 E. 9th St., Des Moines, IA 50316; 515 266-6695

Des Moines Hispanic Ministry

921 Pleasant St., Des Moines, IA 50309, 515-283-2115

For more information

about any of these resources, including local office information, please contact Iowa COMPASS: **Email** Iowa-COMPASS@uiowa.edu; **phone** 800-779-2001 (voice) or 877-686-0032 (TTY); or **visit** w.medicine.uiowa.edu/iowacompass/.

Talking with Patients about Complementary and Alternative Medicine

Health care providers should talk with patients about the traditional remedies, herbs, and dietary supplements they use. Issues to discuss include:

Safety issues: “Natural” and “safe” are not synonymous. Many herbs contain potent substances.

- Controlling dosage with traditional remedies is often difficult, so greater care is needed in their use.

- Don't take herbal remedies in large quantities, nor over a long period of time.

- Drug interactions can occur with these remedies as well as with standard medications.

Who should avoid herbal remedies:

- Women who are trying to conceive, pregnant, or breastfeeding.
- Infants and children.

Wise consumers:

- Purchase only those remedies whose labels clearly identify contents and contraindications.

- Know which remedies to avoid.

- Know that titles such as *Herbalist*, *Herb Doctor*, *Master Herbalist*, *Herbologist*, and *Natural Health Counselor* do not guarantee the person has formal training.

Herbal remedies and dietary supplements that may present a risk include:

COMMON NAME, other names – Botanical name	MAY CAUSE
ARISTOLOCHIA , birthwort, Dutchman's pipe, guan mu tong, serpentaria, Virginia snakeroot – <i>Aristolochia spp.</i>	Liver damage, kidney disease
WILD GINGER , Canada snakeroot, colic root, Indian ginger, jengibre salvaje, – <i>Asarum canadense</i>	Liver damage, kidney disease
BORAGE , borago, burrage, common bugloss – <i>Borago officinalis</i>	Liver damage
CALAMUS , cinnamon sedge, sweet flag, sweet myrtle – <i>Acorus calamus</i>	Cancer
CHAPARRAL , creosote bush, greasewood – <i>Larrea tridentata</i> ; <i>L. divaricata</i>	Liver damage
COMFREY , bruise wort, consound, knitback, knitbone, slippery root – <i>Symphytum officinale</i>	Cancer, liver damage
EPHEDRA , Chinese ephedra, eptonin, ma huang – <i>Ephedra spp</i>	High blood pressure, irregular heartbeat, nerve damage, injury, insomnia, tremors, seizure, heart attack.
KAVA , ava, intoxicating pepper, kava pepper/root, kawa, sakau tonga, wurzelstock, yagona – <i>Piper methysticum</i>	Liver damage, impaired ability to operate equipment. Should not be taken in conjunction with other sedatives, tranquilizers, or barbiturates.
LIFE ROOT , golden ragwort, golden senecio, senecio, squaw root – <i>Senecio aureus</i> , other <i>Senecio spp.</i>	Liver damage, cancer
LOBELIA , asthma weed, bladderpod, emetic herb, Indian/wild tobacco – <i>Lobelia inflata</i>	Breathing problems, sweating, rapid heartbeat, low blood pressure
POKEWEED , pokeberry, pookroot – <i>Phytolacca americana</i>	Stomach ulceration, hemorrhage, vomiting, diarrhea, convulsions, weakened respiration and pulse. Fatal to children in very small amounts.
ST. JOHN'S WORT , demon chaser, goatweed, Klamath weed – <i>Hypericum perforatum</i>	Photo-dermatitis, headache, vomiting, high blood pressure. Interferes with a number of other medications.
SASSAFRAS , sasafrás – <i>Sassafras albidum</i>	Cancer-causing at very low dosage. Pure oil is highly poisonous.
WORMWOOD , absinthium, green ginger, absinthe, old woman – <i>Artemisia absinthium</i>	Vomiting, insomnia, tremor, vertigo, seizure, confusion, delirium, paralysis, brain damage

Resources

FDA: Supplements Associated with Illnesses and Injuries w.cfsan.fda.gov/~dms/fdsuppch.html

FDA: Botanical Ingredients of Concern - w.cfsan.fda.gov/~dms/ds-bot2.html

FDA Poisonous Plant Database w.cfsan.fda.gov/~djm/plantnam.html

Gale Encyclopedia of Alternative Medicine, available for online search at w.findarticles.com/PI/index.jhtml

Folk Medicine as a Form of Complementary and Alternative Medicine (AMA Report, 1999): <http://www.ama-assn.org/ama/pub/article/2036-2524.html>



Coming Your Way:

An Overview of Depression in Children

The NIMH estimates that up to 11% of young children and adolescents suffer from depression. However, it remains one of the more difficult disorders for pediatricians and parents to identify. Depression places children at increased risk for physical illness, future depressive episodes, substance abuse, suicide, and interpersonal and psychosocial difficulties. Identifying and understanding this often misdiagnosed or overlooked disorder is vital. The lead article in the next issue of this newsletter will review symptoms by age, research on etiology, associated disorders, and treatment.

Easy Print: Past issues of the *EPSDT Care for Kids Newsletter*, '99-'02, are now available online in pdf format. This makes them even easier to print out and to share. Find them at <http://www.medicine.uiowa.edu/uhs/epsdt/index.cfm>.

Editor's note: *The Prevention of Child and Adolescent Obesity in Iowa*, a resource on childhood obesity described in our last issue, is a collaborative project coordinated by the Iowa Fit Kids Coalition.

How Do I Bill for Medicaid Coverage Related to Herbal Products?

Most over-the-counter and non-prescription drugs are not covered by Medicaid, with the exception of some non-prescription pain killers, permethrin (for lice), expectorants, anti-emetics, allergy remedies, and acne medications. If a patient wants to see you to discuss herbal products, this office service may be covered by the appropriate E&M (evaluation and management) code.

Sharing information about herbal products is also a covered activity if this takes place during physical exams that are:

- For treatment of a specific illness, symptom, complaint, or injury
- For birth control, Pap smear, or pregnancy
- Required as a condition of employment or training (approved by DHS)
- For initial or annual certification for nursing homes
- To establish need for care in a residential facility
- Required or annual exams for school or camp for people with disabilities
- Well child exams

For more information, please refer to the *Physician Provider Policy Manual*, and to the section "Prescribed Drugs." You can find this manual online at www.dhs.state.ia.us/policyanalysis/PolicyManualPages/MedProvider.htm.

What's in this issue

Health and Cultural Competency in Latino Communities	1
Complementary and Alternative Medicine: Herbal Remedies that Pose a Risk	4
Coming Your Way — An Overview of Depression in Children	7
How do I Bill for Medicaid Coverage Related to Herbal Products?	7
Referral Resources for Iowa's Hispanic and Latino Families	Insert Page 1
Talking with Patients about Complementary and Alternative Medicine	Insert Page 2

If you have questions about **billing**
related to EPSDT Care for Kids services, please call
Provider Services: **1-800-338-7909**

If you have questions about **clinical issues**
and EPSDT Care for Kids services, please call
Edward Schor, MD: **1-800-383-3826**

Please note: Due to budget restraints, the *EPSDT Care for Kids Newsletter* is sent to offices and organizations, rather than to individuals. **The newsletter is also available online at <http://www.medicine.uiowa.edu/uhs/epsdt/>.** Readers are welcome to photocopy or download material from the newsletter to share with others. If you wish to reproduce material from the newsletter in another publication, whether print or electronic, please obtain permission prior to publication by contacting the editor. Please include the following acknowledgment with reprinted material: Reprinted by permission of the Iowa *EPSDT Care for Kids Newsletter*.

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