

**MINDFUL, CULTURAL  
COMPETENCE**

**DEPARTMENT OF PEDIATRICS  
ADVOCACY**

**MARCH 22, 2023**

## CASE PRESENTATION

- 2-month-old infant girl presented as a new patient for well child check and routine immunizations.
- No birth history available to review during pre-charting efforts.
- Upon walking into the exam room noticed audible wheezing and tachypnea.
- HPI conducted with English-Spanish interpreter without Triqui-Spanish interpreter.

## PAST MEDICAL HISTORY

- NSVD to a 24-year-old G I P I mother.
- Breast fed at first, formula now, in daycare.
- No other hospitalizations, surgeries, or use of “medications.”

## PHYSICAL EXAM AND IMMEDIATE INTERVENTION

- Asked for a pulse ox: 92% on room air, RR 80, HR 140's; height and weight at 25<sup>th</sup>ile with no prior data points.
- Physical exam with positional plagiocephaly, tachypnea, retractions, and diffuse expiratory-phase wheezes auscultated.
- Otherwise reassuring cardiac, neurologic, and other organ systems exam.
- Respiratory status only slightly (if anything) responded to two rounds of nebulized bronchodilators (one albuterol/ipratropium bromide and another albuterol alone); pulse ox did not improve.

## **DIFFERENTIAL DIAGNOSIS**

**2-MONTH-OLD, OTHERWISE HEALTHY-APPEARING  
INFANT GIRL WITH RESPIRATORY DISTRESS AND  
WHEEZING, BORN TO MEXICAN (INDIGENOUS,  
OAXACAN) IMMIGRANT PARENTS.**

## ASSESSMENT AND PLAN

- Diagnoses:
  - Well child
  - Respiratory distress
  - Wheezing not responding to bronchodilators.
- No vaccines today.
- Called EMS who transported to hospital. Mother **very upset**.
- Follow-up in clinic after hospital evaluation.
- Get records, as stated prior.

## SUBSEQUENT ENCOUNTERS

- Next week
- Subsequent week
- Sub-specialty care
- Finally, a diagnosis.

# CONTINUITY OF CARE

- Vaccines.
- ICS versus Bronchodilator education in context of illiteracy and different cultures.
- Coordinating sub-specialty care from a distance
- Time, effort, sacrifice; affects other patients waiting, staff, self.
- Stopped wheezing at age two years, then fell-off our radar.



# BACKGROUND

- State of immigration
  - Leaving home for basic needs
  - Politico-economic factors
  - Family structural changes
  - Difficult to acculturate
  - Change in role of women.
  - Fear of deportation

## YEARS LATER, SAME MOM SHOWS UP IN CLINIC

- Special needs child with DiGeorge Syndrome, congenital heart, learning and intellectual disabilities, hypocalcemia from hypoparathyroidism, seizure disorder, asthma, FTT then childhood obesity.
- Chronic otorrhea, rhinorrhea y leaking from site of g-tube which was removed
- Foster care
- Mom's life path

# BARRIERS TO EFFECTIVE PATIENT

- Access to medical records
- Breast feeding among women working in agriculture
- Fears of deportation
- Mysogony
- Poverty including food insecurity
- Lack of interpreter, automatic pulse Ox, HFA's
- Resistance to chronic use of medication
- Time constraints given patient flow

# RESOURCES

- UW resources
  - Global Health
  - Immigrant Justice Clinic: free legal services while training law students
  - Center for Dreamers
- Madison resources
  - Community Immigration Law Center
  - El Centro Hispano
  - Catholic Multicultural Center
  - United Way of Dane County
  - Latino Chamber of Commerce of Dane County
  - Latino Health Council at Madison College
- Voces de la Frontera
- La Movida Radio 94.5 FM y 1480 AM
- DACA
- Writing letters
- Patient education can be effective in the context of cultural competence
- Provider cultural competence
- Interpreters
- Global efforts to fight against poverty, fight for education, fight for women's liberation

## TAKE HOME MESSAGE

- Ask why
- Take time to listen using empathy and motivational interviewing
- Immunize
- Access social workers
- Be globally-minded
- Engage in mutual education
- Persevere

THANK YOU

- Questions
- Discussion

IMMIGRANT HEALTH AND FOOD  
INSECURITY – ADVOCATING IN  
CLINIC

22 March 2023

# INTRODUCTION



Pediatric and Adolescent  
Medicine

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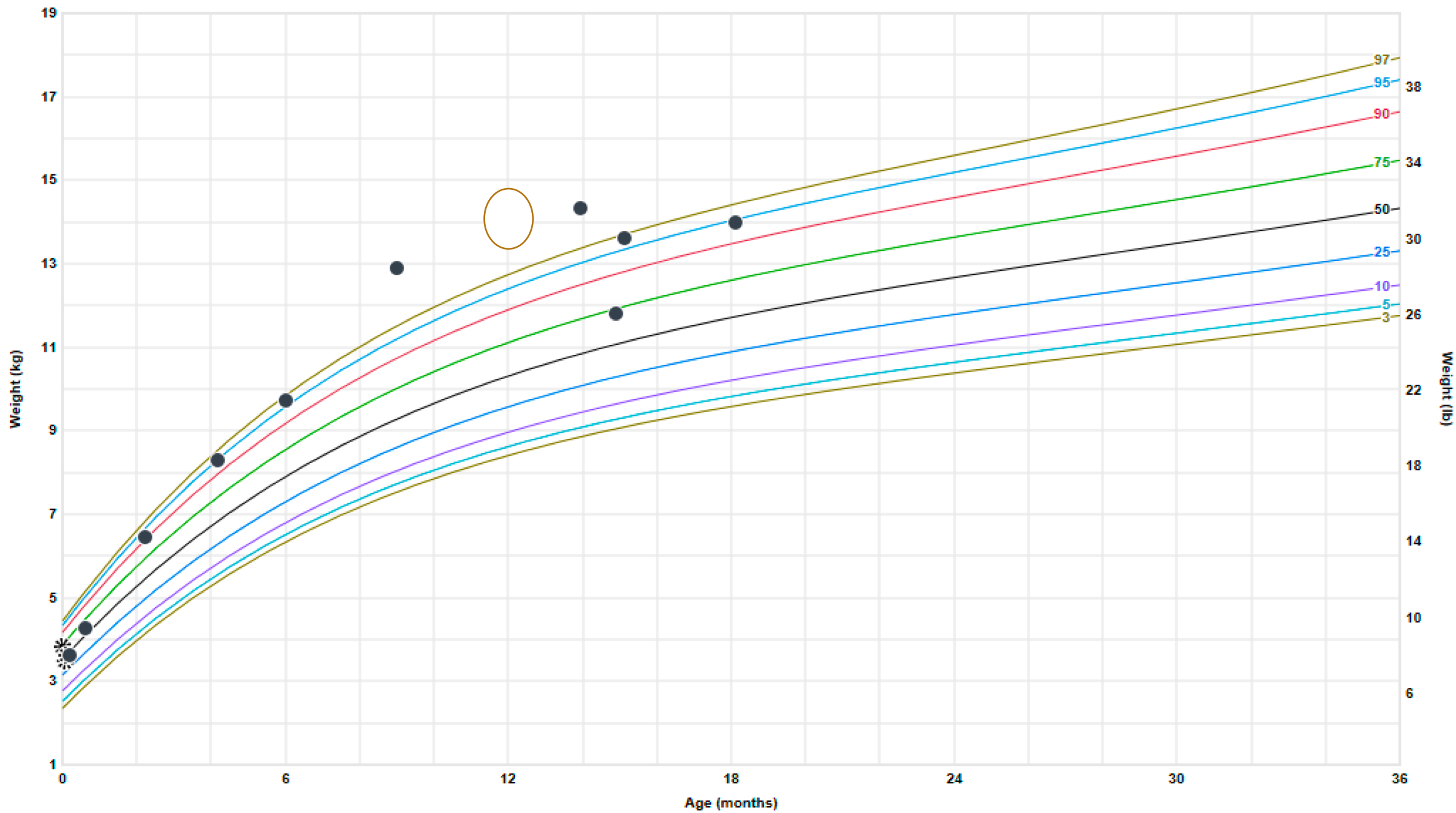


# A WARNING ABOUT STEREOTYPES



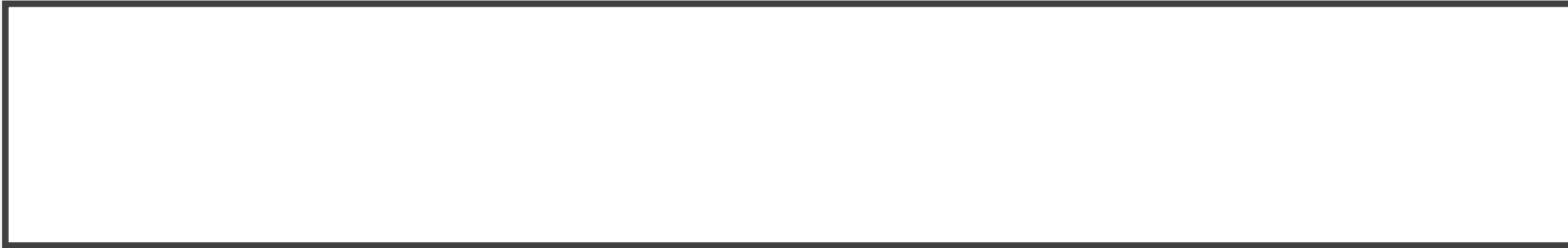
## CASE

- 12 month old WCC
- Breastfeeding, often throughout the night and also 15 oz formula daily
- Taking solids well

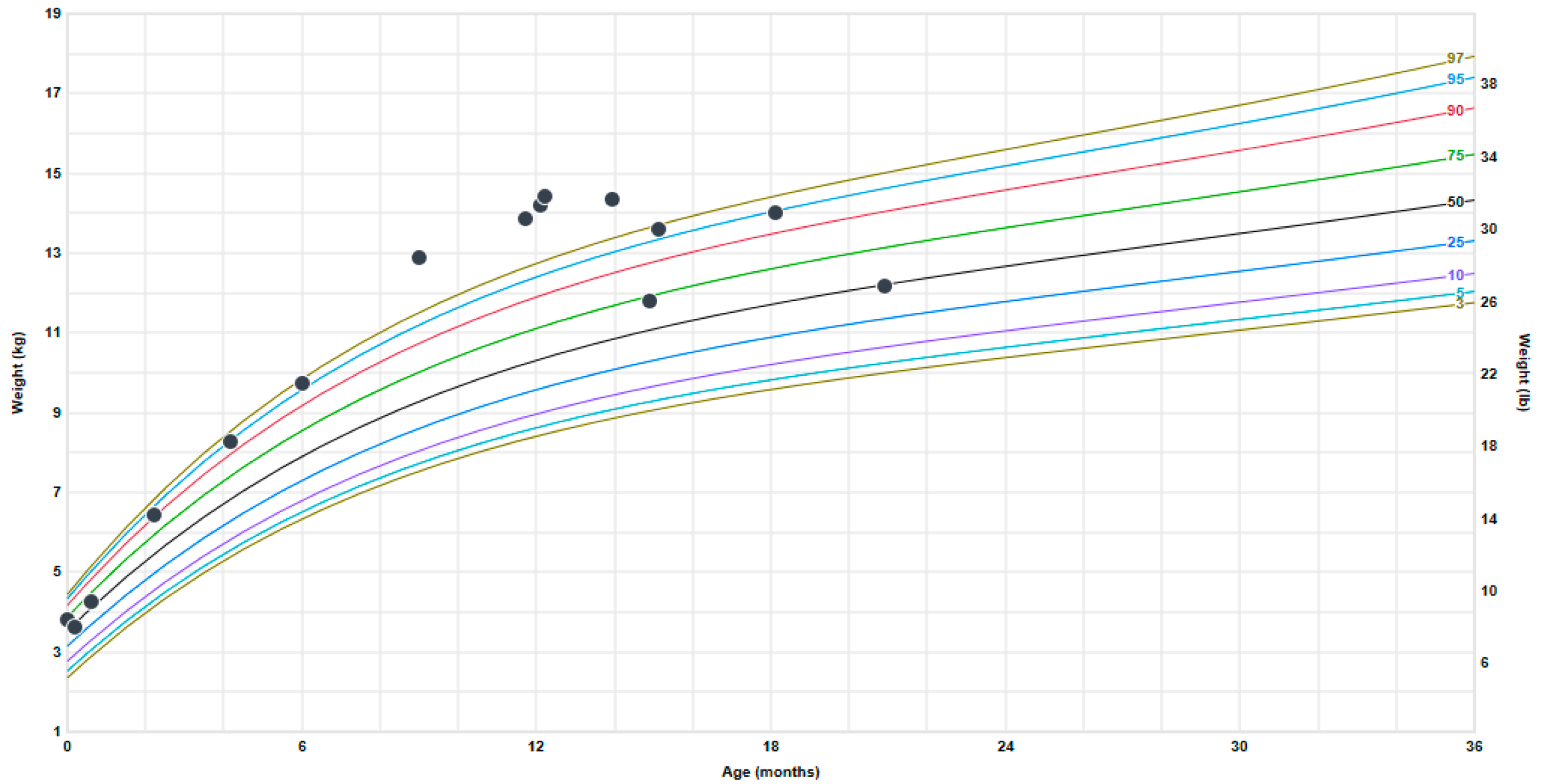


Source: Centers for Disease Control and Prevention (CDC), 2000

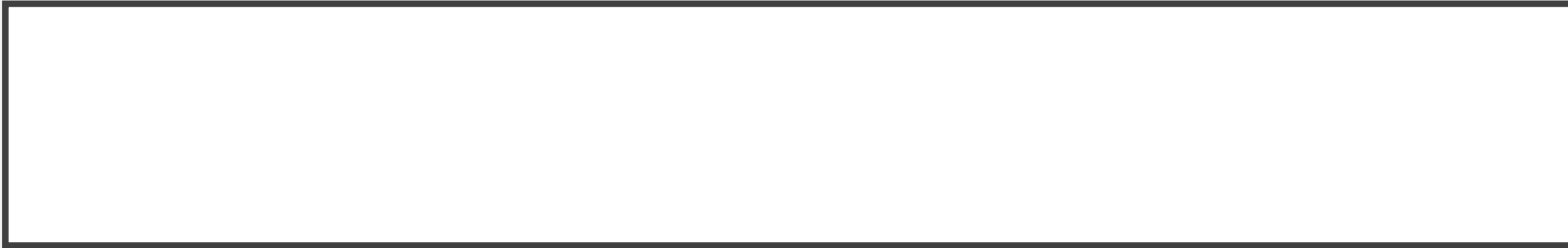
MORE HISTORY?



- Maternal grandmother feeds in front of the TV
- Won't take bottles so spoon feeding formula



Source: Centers for Disease Control and Prevention (CDC), 2000



- More details about what happens at home
- No assumptions
- Review goals and motivation (from family and doctors)