Diabetes is the sixth leading cause of death in Hennepin County and, left unmanaged, can lead to potentially dangerous and life-threatening complications (Hennepin County, December 2001). According to Sahra Noor, R.N., Hmong and Lao groups have the highest incidence of diabetes, yet very few resources have been available to Southeast Asian communities. Dr. Anita Martin, responding to the lack of services for culturally diverse groups, initiated a diabetes management program two years ago for Hmong clients.

Over the past seven months, the programs expanded to serve African American, Laotian, Latino, Somali, and Vietnamese diabetics who receive care at CUHCC. The program consists of patient-driven groups facilitated by Dawn Wheeler, M.D., Sahra Noor, R.N., and Alison Alvear, P.A. The center’s pharmacy resident and nutritionist also provide special sessions on medications and dietary requirements.

Previously, many of CUHCC’s patients did not have information on diabetes and often hesitated to ask doctors about the illness during medical examinations. Group sessions have proven instrumental in helping people with limited literacy skills feel comfortable learning about diabetes management by including cultural peers, visual aids, and real life objects to demonstrate healthy food choices and portion size.

Many patients share diets rich in rice and meat and low in fruits and vegetables. For Southeast Asians, for example, staff introduce patients to new food choices and provide handouts on foods that may not be found in Asian grocery stores. Patients learn about sources of good cholesterol like avocados and walnuts, and also what foods to avoid or limit in their diets.

Sessions also encourage active management of diabetes through meal planning, exercise, weight control, foot and dental care, insulin and other medications, in addition to monitoring blood glucose levels and attending appointments with the health care team.

Because group sessions are informal, Wheeler explains, attendees can discuss diabetes with patients who have similar experiences. Patients often want to know if there is a cure for diabetes. While there isn’t a cure, she teaches patients that the disease can be managed with low-cost behaviors that include a healthy diet and exercise.

Patients also learn about managing diabetes from one another. “People who come to the groups become resources to one another,” says Noor. “They laugh together and tease one another about the side effects of Western medication.” The diabetes management programs offer a unique opportunity for patients to discuss diabetes in an open, culturally specific group setting.

A special thank you to the Park Nicollet Foundation and the General Mills Foundation for their support of our diabetes education groups!
Making cultural competency your competitive advantage

By Arturo and Noreen, Cargill employees

CUHCC has successfully provided a large range of medical, mental health, and dental care services to the community in the Phillips neighborhood in the Twin Cities since 1966.

The clinic is highly regarded for its expertise in providing care, in particular, to immigrants and those without health care insurance. We had the opportunity to spend a day at the clinic, seeing the many different programs that CUHCC offers.

The Culturally Specific Diabetes Program is designed not only to support the management of diabetes through medication but to also educate the diverse groups of patients about healthy diet habits and lifestyle, with a strong emphasis on prevention.

What makes this offering distinctive?

- Staff work together in interdisciplinary teams
- Multilingual, multicultural, fully engaged staff, equally skilled in providing health care, enthusiasm, compassion and empathy
- Strong focus on education for staff and patients
- Staff have deep knowledge, understanding and insights about the patients’ needs
- Staff build the right “connections” with their patients
- Staff bridge cultural gaps by always seeking understanding

The CUHCC business model works. The clinic continues to maintain a high level of customer loyalty and satisfaction with an increased demand for services. Respect for everyone, staff and patients, affirmation of one another, understanding and valuing everyone’s differences are at the core of the CUHCC business model. This came to be tangible in every conversation we had with individual patients, groups of patients and all groups of employees, including doctors, nurses, administrators and other. Towards the end of our experience we spoke with staff about CUHCC vision’s “to become a world class organization.” There was no doubt that this team is well on track to achieve their vision.

A piece of evidence on our findings was the unique role of the interpreters: a skilled team of people whose job goes beyond mere translation between their respective languages and English. These people build on trust establishing the connection between the doctor and patient, the nurse and patient, the pharmacist and patient and any other health care provider at the clinic. Thus, with their help an environment of safety and understanding is created which allows patients to improve their overall health and related social issues.

At the clinic, diversity is not just a theme to discuss, it is fully integrated in the way that people think, speak and act. CUHCC has been able to build an individual and organizational cultural competency.

Being cultural competent is their competitive advantage; this makes their business model a model for many other institutions and corporations.

We want to thank every person we had the opportunity to speak to: the patients, doctors, nurses, pharmacist, interpreters, executive director, and, in particular, to our host Colleen McDonald. Thanks for sharing your experiences and great learnings in such an open and welcoming manner.
Travel medicine study reveals inadequate travel care through traditional services

A review article from the University of Minnesota reveals that North American immigrants are at a particularly high risk of travel-related illnesses when visiting friends and relatives abroad. Individuals in this situation are known as “visiting friends and relatives,” or VFRs. This heightened risk level is attributed to inadequate protection through traditional pre-travel services and increased exposure to risk factors when traveling.

The review article, which was published in JAMA on Tuesday, June 15, was authored by a team of physicians who specialize in travel medicine and immigrant health care from the University of Minnesota and Canada. The review was partially funded by a Bush Foundation Fellowship, which was awarded to Nina Bacaner, Community University Health Care Center (CUHCC), a Bush Medical Fellow and lead author on the review.

According to Bacaner, visiting friends and relatives are more likely to become ill when traveling because they don’t receive the proper pre-travel protection, and the way in which they travel is often more risky.

“Approximately 40 percent of U.S. international air travelers in 2002 were VFRs” said Bacaner. “When VFRs return to their homelands, they often don’t think they need any special protection because they grew up in that country and assume they are immune to any health risks they might encounter,” said Bacaner. “But, depending on how long they’ve been away, some of their immunities could be greatly diminished, increasing their chances for infection.”

Bacaner noted that visiting friends and relatives typically do not tell their physicians when they plan to travel and are therefore less likely to receive the proper immunizations. Financial constraints are also a factor in immunization rates, since some shots are not covered by health insurance. The authors noted that because they stay with their relatives when abroad, they are at greater risk than traditional tourists.

“VFRs generally stay with their families and are immersed with local population when traveling, which means they’re often outside of the city in areas with higher mosquito populations, poor water quality, more animal exposure, and poor medical care quality and availability,” said Bacaner. “They therefore have a higher chance of injuries and infection and less chance of getting proper care should they become ill.”

For example, Bacaner noted that many immigrants are prescribed inappropriate malaria prevention for the countries that they’re traveling to, which makes them more susceptible. Even if correctly prescribed, patients often do not take the preventive medicine correctly, or at all. If a visiting friend or relative does contract malaria when abroad, they are quite likely to be misdiagnosed both abroad and upon their return.

“It’s not uncommon for a physician to misdiagnose malaria because they either did not take a complete travel history with their patient or because the patient presented with flu-like symptoms without fever,” said Bacaner.

Recommendations for addressing this situation include the addition of travel care services at clinics that serve immigrant populations, awareness among physicians of the accelerated vaccine schedule for some diseases, and a better understanding among physicians and visiting friends and relatives of their risks and how to address them.

Mark your calendars!

CUHCC’s annual Open House is just around the corner, on Thursday, September 30th, from 4:30-7:00 p.m. at CUHCC, located on the corners of Bloomington and Franklin Avenues. This year’s events will feature food from local vendors, live musical entertainment, health and wellness information and fun activities for children. We hope to see you there!
Sy Vang Mouacheupao, a longtime domestic abuse advocate in the Hmong community, received a heartfelt tribute to her life and life’s work from the Paul and Sheila Wellstone Elementary School in St. Paul on June 2004. She was interviewed by students at the school, who then put together a tribute to community elders. Her interview was then transcribed and woven into a song, composed by Jim Wichmann’s fourth grade class and Larry Long, a folk singer who traveled with the Wellstones during their campaign.

Fourth grade students sang the chorus, “I Wanted To Go Badly,” words that expressed Sy’s frustration at not being able to attend school as a girl growing up in the mountains of Laos.

I Wanted To Go Badly!

I’d go home everyday
To my mother I would say,
“Let me go to school please!”
But they would not let me.
I wanted to go badly! (2x)

5,000 people in my clan.
I do the best I can,
To help women, children too
Who have been [so] abused!
I wanted to go badly! (2x)

Men and women with a voice
Will always have a choice
To follow, or to lead
All boys and girls must learn to read
I wanted to go badly! (2x)

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Sy Vang Mouacheupao has received many accolades for her work around domestic violence issues in the Hmong community, including the Minnesota Volvo for Life Award presented to her by polar explorer Ann Bancroft, on behalf of Borton and Kline Volvo Dealerships. We are proud to have her as a member of our staff!