

Session SSD2

Title: 3rd International Symposium in General Internal Medicine. Immigration and Health: Latin American Immigrants in Europe and North America.

Schedule: Friday, May 15 2009 10:30AM – 12:00 PM

Room: Flash Room, 4th Floor

Session Coordinator

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1. Introduction

The third International Symposium in General Internal Medicine will focus this year on health issues concerning the migration of people from Latin America and on training of clinical cultural competences for the general practitioners involved in the delivery of care to this population. The migration from Latin America to the USA is a well known and documented phenomenon. The delivery of care to this specific population is a common task for many USA general practitioners. The way this migration happens and the medical problems encountered by the migrants are changing and other countries than USA are implicated in the management of those patients. The aim of our 3rd International Symposium is to describe the migration of Latin American people to Switzerland in terms of population health, Public Health, primary care and teaching of clinical cultural competences and to compare and contrast with USA and Latin American point of view.

2. Learning objectives

Our aim is to help attendees to better understand the different reasons forcing people to emigrate from Latin America, where they do leave for, how they do it and who they are. We describe differences of health behaviors and morbidity between immigrants and non-immigrants in Switzerland, concerning pregnancy and voluntary interruption of pregnancy, different Public Health aspects of migration with the example of management of latent tuberculosis infection and active tuberculosis and also Chagas disease. We finally describe how we use training in clinical cultural competences to help our medical resident staff manage people from Latin America.

3. Session program

A. Welcoming remarks (WG)

Introduction to the 3rd International Symposium on General Internal Medicine.

B. Introduction (PB)

Description of the different types of migration from Latin America (forced, economic, irregular) and presentation of the general context of this migration to the USA and to the rest of the world. More details about the European perspective and the specificities of the Latin American migration to Switzerland.

Video interview of a Latin American woman migrant living in Switzerland and explaining her situation.

C. Research

We present here shortly and by key words the most important conclusions of the international literature and the perspectives offered by our works in Switzerland regarding the situation of migrants from Latin America. We focus on four topics. First, the situation of the undocumented women in terms of medical controls during pregnancy, intendedness of pregnancy, accessibility to care, Chlamydia infections and voluntary interruption of pregnancy. Then we describe two infectious diseases, Tuberculosis and Chagas Disease, in terms of prevalence, detection, treatment, morbidity and mortality, repercussions for individuals and the community (Public Health), challenges for research and applicability of control program. We finally discuss two more general aspects, the perception of risk in terms of alcohol use, cigarette smoking and sexual behaviors and the problematic of self-prescription and its specificities in the Latin American population.

C.1 Pregnancy, Chlamydia Infection and voluntary termination of pregnancy (HW)

What is already known on this topic

- Undocumented migrants in Switzerland are mainly young, Latin American women.
- Chlamydia trachomatis infection is the most frequent sexual transmitted disease worldwide.
- Undocumented migrants lack access to health care and prevention.

What our works add

- Genital Chlamydia trachomatis infection is 3 times more frequent in undocumented women undergoing termination of pregnancy than in local controls. (12.8% vs. 4.4%; OR 3.2, 95% CI 1.4;7.3) ¹
- Undocumented, Latin American women have a high prevalence of unintended pregnancies and underuse preventive measures such as contraception, breast examination or cervical cancer screening. ^{2,3}
- Undocumented women are frequently exposed to partner violence during pregnancy. ^{2,3}

Clinical and/or Public Health Implications

- Health professionals should consider systematic screening for sexual transmitted diseases in undocumented migrants.
- Health care systems should provide language- and culturally-appropriate education on contraception, family planning, violence exposure, and cervical cancer screening.
- Public Health needs to provide better access to prenatal care and prenatal screening for violence exposure for vulnerable groups such as undocumented migrants.

C.2 Tuberculosis (HW)

What is already known on this topic

- Migration has a large influence on tuberculosis (TB) incidence in western countries.
- Undocumented patients are usually not screened at the boarder and are not covered by a health insurance, increasing their risk of developing the disease unnoticed.
- We ignore the precise influence of undocumented status on TB risk.

What our works add

- Chest X-ray screening identified a higher proportion of TB-related fibrotic signs among undocumented migrants. Undocumented status seems not to increase importantly the risk of having TB-related fibrotic signs.⁴
- Undocumented Latin American immigrants have a high prevalence of latent tuberculosis infection and high risks of developing tuberculosis and contaminating others.^{5,6}
- Most patients are willing to be screened and start therapy, but adherence to treatment should be improved.⁵

Clinical and/or Public Health Implications

- Emphasizing easy access to care in a confidential environment is mandatory in this population, taking into account major difficulties concerning implementation systematic screening
- There is a benefit of a targeted screening and a preventive therapy for a specific vulnerable population like undocumented Latin American immigrant.

C.3 Chagas disease (YJ)

What is already known on this topic

- Chagas disease (CD) affects 10 millions persons in Latin America.
- Chronic chagasic cardiopathy is a major challenge in Public Health in endemic countries with a high morbidity/mortality rate and heavy financial burden.
- International migration to North America and Western Europe modify CD's epidemiology but lack of data and awareness prevent health systems tackling efficiently this emerging health problem.

What our works add

- Prevalence of CD in Latin American immigrants in Geneva is 13% (overall) and 25% in Bolivians with a significant rate of cardiopathy.⁷
- Most of the affected immigrants have poor access to health care and need adapted strategies to be screened, investigated and treated.⁷
- Besides imported cases from Latin America, transmission also occurs in Western Europe by vertical and transfusional route.⁸

Clinical and/or Public Health Implications

- CD is an important diagnosis to consider for physicians treating Latin American immigrants with cardiac and digestive symptoms, during pregnancy or in case of immunosuppression.
- Health systems in Western Europe and North America have to adapt and develop strategies to prevent the emergence of debilitating and costly complications in affected persons and the risk of blood-borne transmission to the local population.
- Major challenges include reaching out and providing adequate access to care to immigrants and informing health care workers.

C.4 Health behaviors and risk perception (YJ)

What is already known on this topic

- In a preventive context, methods used in counseling should be adapted to the specific needs of migrant populations particularly for the vulnerable ones.
- Self prescription is a frequent practice in Latin American immigrants.
- Physicians and health systems in Europe rarely take this into account in daily practice and public health programs.

What our works add

- While different groups of patients (indigenous, migrants from Western Europe and North America, and migrants originating from developing countries like Latin America ones) tend to overestimate risk generally, the migrants from developing countries overestimate risk for the three different behaviors studied: High-risk alcohol consumption, smoking and high-risk sexual behaviors.^{9,10}
- The subjective experience in terms of vulnerability and environmental injustice ("Hypothesis of Vulnerability") could provide one explanatory for the substantial overestimation of risk in the group of migrants from developing countries.^{9,10}
- A positive perception of the risks/benefit balance of self medication in Latin American immigrants, cultural norms, ignorance of a possible legal access to medicines, economical benefits and internet-based access to drugs support this practice.¹¹

Clinical and/or Public Health Implications

- As part of the counseling process, physician should evaluate the perception of risk(s) by the patients, being extremely cautions with the perception of the most vulnerable among them.
- Physicians should actively screen for self care practices to reduce risks and to support immigrants finding safer solutions to gain access to medicines.
- Special focus should be put on potentially dangerous practices such as voluntary termination of pregnancy.

D. International perspectives, comparison (SM)

Intervention of Susana Morales, USA specialist in Internal Medicine and Latin American migration to contrast the differences between the American and the European point of views.

E. Training in Clinical Transcultural Competences (PB)

Examples of what has been put in place in the Universities of Lausanne and Geneva in terms of pregraduate, postgraduate and continuous training in clinical cultural competences.

Analyses of the importance of integration of social determinants of health in the clinical process and specific implications when taking care of Latin American migrants.

Video of a medical consultation with a Latin American undocumented migrant woman living in Switzerland showing several components of clinical cultural competences.

F. International perspectives, comparison (RM)

Intervention of Raul Mejia, Argentinean specialist in General Internal Medicine to contrast the differences between the American and the European point of views.

G. Open discussion and questions (JC)

H. Conclusion (JC)

Short synthesis of what has been discussed during the session and the most important questions asked. Take home messages.

Invitation to the 4th International Symposium in General Internal Medicine.

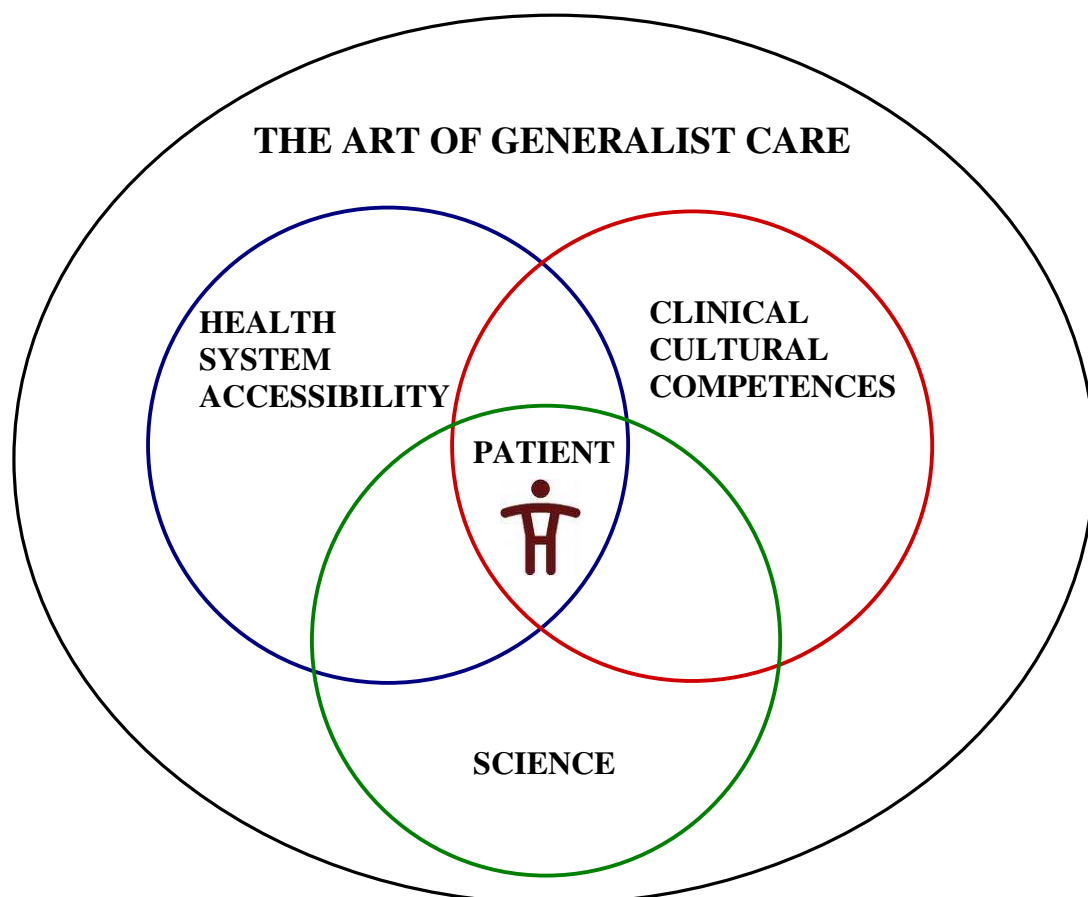
4. Take home messages

The *Art of Generalist Care* is the ability to integrate:

I. An easy access to health where tension between good quality of care and socio-economic constraints is a key component and needs to be integrated in a wider reflection with a focus on patients' health. This includes our capacity to reduce all barriers to access to care for the particularly vulnerable population of undocumented Latin American migrants.

II. Clinical cultural competences aim to offer Latin American migrant patients the highest quality of communication and care.

III. Science brought by research, meaning all necessary knowledge to understand, recognize, evaluate, treat and control a specific disease. Furthermore, science is a powerful tool in order to convince stakeholders and advocate for improving the health of all but particularly of vulnerable populations.



5. References

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