

Operationalizing diversity issues in lead safety education.

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Abstract:

Immigrant children, especially those in large urban areas and those living in lower-income housing built before 1978 can be affected by lead paint and lead dust (HAFA, 2003). Additionally, some children may have been exposed in their home countries, especially when those countries do not have the same types of lead use restriction policies (Haslam, 2003). Because of the high risk for lead paint poisoning in the growing immigrant population in Guilford County, North Carolina, the Center for New North Carolinians (CNNC) participated in the Greensboro Lead Safe Housing Program in 2002 to provide education about lead poisoning prevention to immigrant groups (cnc.uncg.edu).

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Article:

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At the beginning of the Greensboro Lead Safe Housing Program, a CNNC staff member, fluent in the language of one of the four targeted groups, was assigned as a staff representative to each group. In addition, these “cultural brokers,” as well as other consultants, undergraduate and graduate social work students, assisted with the implementation of the project. The two major components of the project were (1) Educational programs delivered by cultural brokers and (2) Lead-swab testing of homes. Cultural brokers were first educated in a training-of-the-trainer

format by grant administrators. They then developed a variety of culturally grounded formats to educate their targeted communities which acknowledged the time limitations of working immigrants as well as other barriers faced by these communities. Four major cultural groups were targeted: Africans, Latino, Laotian, and Montagnard.

METHODOLOGY

Description of Project Participant Groups and Interventions It is important to note before describing the populations that there is quite a bit of diversity within each group. For example, within the African group there are 54 nations represented in Guilford County, as well as many different languages and several major religions (cnc.uncg.edu). For this reason, our descriptions and later suggestions should not be taken as the “last word” for culturally competent intervention with these groups. We provide these suggestions as preliminary, guiding information and encourage practitioners to further explore specific culturally grounded practice methods.

African. More than 10,000 Africans live in Guilford County with the largest groups coming from Niger, Nigeria, Somalia, Liberia, and Sudan. These numbers include both refugees and immigrants. Most Africans are either Christian or Muslim and religion and spirituality are typically very important aspects of their lives. Africans often have the same resource-limited related issues to obtaining health care as other immigrant populations, such as the lack of transportation and language barriers. African groups tend to use traditional healing medications, but may be receptive to combining these with Western medicine. Trust is an important issue in helping relationships with African persons (Cultural Diversity in Guilford County, 2003). The cultural brokers for these communities focused on the distribution of information at women’s groups as well as the lead-swab testing of homes. Because many of the African groups speak and read Arabic, lead paint informational flyers were translated into Arabic and distributed to the tribal groups. Other educational sessions were conducted in English and French, the primary languages of many other African countries. These educational programs reached 176 African immigrants.

Latino. While the term Latino is meant to be inclusive of peoples from different areas of Latin America, the majority of Latinos in North Carolina and thus Guilford County come from Mexico, with the second largest group coming from Central America. There are approximately 30,000 Latinos in Greensboro (cnc.uncg.edu). In Latino culture, respect and formality are critical to building a trusting relationship and face-to-face contact is preferred. Catholicism predominates and the family is seen as very important. Preventative medicine is not generally sought and medical interventions are traditionally reserved for times of acute sickness which may be related to barriers in accessing health care and beliefs about fate. Some Latino persons still use home remedies or seek the advice of “curanderos” or traditional spiritual doctors (Cultural Diversity in Guilford County, 2003). Because the Latino community is strongly rooted in religious practices, cultural brokers held the first Lead Paint Project presentation after Mass at a Catholic Church. In addition, the Latino community’s biggest event, an informal soccer game,

was also a venue for the educational training. This community-building event provided information on lead paint safety to family members. Cultural brokers working with the Latino community members created a public service announcement (PSA) in Spanish aired by the local news stations and distributed throughout the Latino community. Direct training in the Latino community reached 217 members and it is anticipated that the PSA will be watched by hundreds more.

Laotian. This Southeast Asian group from Laos may also include hill tribe populations such as the Hmong. North Carolina has the fourth largest settlement of refugees from Laos in the United States. Currently about a 1,000 Laotian people live in Guilford County. Traditionally, Laotians attribute sickness to the loss of spirits or souls. Obstacles to obtaining health care include language barriers, a heightened sense of privacy about health issues, financial problems, an aversion to accepting public assistance, and transportation issues. Most Laotian persons do not see health care prevention as a priority (Cultural Diversity in Guilford County, 2003). Cultural brokers, Laotian Youth Leaders of Tomorrow (LYLT), implemented Lead Paint Projects in their communities. This strategy offered an opportunity for Laotian youth to contribute to their community while developing leadership skills. As their initial introduction, Lao youth organized a community picnic for lead education that was followed by lead-swab testing of homes. These efforts reached 405 of members of this targeted community.

Montagnard. The term Montagnard describes many groups of hilltribe people from the mountains of Vietnam. There is a large amount of diversity among the Montagnards with 30 distinct languages existing. Montagnards were recruited by and fought for the United States during the Vietnam War and have been persecuted by the Vietnam government since the United States withdrew from Vietnam. Currently about 5000 Montagnards have been resettled in North Carolina with about half of that number in the Greensboro area. This number represents the largest Montagnard community outside of Vietnam. Montagnards do not consider themselves to be Vietnamese (Cultural Diversity in Guilford County, 2003). Montagnards may suffer from war-related and persecutory injuries such as decreased nutrition, cancers, and tropical diseases and many Montagnards have post-traumatic stress disorders related to their persecution in Vietnam. They have issues with transportation and financial access to health care services and do not tend to seek preventative care. However, they are usually willing to accept Western medicine if provided with education and access (Cultural Diversity in Guilford County, 2003).

The Montagnard cultural brokers began the lead paint project with an introduction to the Montagnard elders at a senior center. For this culture, it was initially important to introduce the program to the Montagnard elders for their approval and sanction. This culturally grounded method recognized the high value and important role of elders in this community. In addition, it is also common for Montagnard elders to either live with extended family and/or provide childcare services for their grandchildren while their parents are at work. The Montagnard cultural brokers held numerous presentations at church and church-sponsored events where the community members experience support and networking opportunities. The Montagnard youth

and adults participated in the educational trainings (n = 196) and large numbers of community members had their homes and apartments lead-swab tested.

LESSONS LEARNED AND RECOMMENDATIONS

We have learned many lessons through this project. The project's successes can be attributed to the mutual rapport and trust that cultural brokers developed with their immigrant communities. This was particularly important given that much of the material was about alarming research that may impact the health of their children and their communities. Moreover, we learned how each immigrant community utilized a unique, culturally grounded way of introducing new information. In a couple of the communities it was best to utilize religious forums as venues for sharing information, while in other communities, social gatherings were the most conducive place to distribute information. One cultural broker utilized elders, while in other communities mothers were the first point of contact for new health information. This project was designed to recognize and value all culturally grounded options and we believe that this flexibility was a clear strength of the project.

Another lesson that we learned is about the limitations of leisure time among all immigrant communities. Many immigrant families struggle to be self-sufficient and meet their basic needs of housing, food, and clothing; therefore leisure time is a luxury. It was important that the cultural brokers understood these constraints and designed sessions around enjoyable and routine activities. This strategy optimized the number of people who participated by respecting busy lifestyles.

Generally, this project was successful in educating immigrant communities about the dangers of lead and utilizing cultural brokers as a vehicle for service delivery. However, we discovered a small percentage of immigrants were hesitant to receive any lead paint information or intervention. We speculate that this viewpoint may have been a result of previous conflicts or distrust among community members, a desire to have health information and intervention presented by professionals, or general misperception of public health outreach efforts. We also recognized that it would have been helpful to allow the further diversification of the African and Latino groups. Finally, we have realized through this process how much research is still to be done into what cultural competence really means in practice with increasingly diverse immigrant communities, and how critical this is in public health projects within ethnically diverse geographical areas.

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