



Discussion Guide to accompany the documentary film

How to Use this Guide

- ◆ ***In a Hurry?*** Skip to Page 16 and you'll find the abbreviated version, which you can even use as a turnkey discussion guide on a moment's notice!

On the other hand, if you are able to do a little prep work, start here:

- ◆ ***When Should the Discussion Take Place?*** These discussion topics are designed for a post-screening discussion, so they are best used in the context of just having seen the film.
- ◆ ***Panel Discussion or Group Activity?*** This discussion guide can be used by a moderator to float topics to a panel of experts, or it can be used to open up a discussion amongst a group audience, large or small.
- ◆ ***Ice-Breaker or No Ice-Breaker?*** Take a look at Page 2 and decide if the Ice-Breaker activity is appropriate for your group. It can take anywhere from 5 to 30 minutes, depending on how you choose to approach it.
- ◆ ***Choose Discussion Topics.*** You can prepare a discussion by looking through Pages 3 - 15 and choosing discussion topics that best suit your interests or your audience. The topics on Pages 3 - 9 include some suggested questions to get the ball rolling.
- ◆ ***COMING SOON: Other Resources.*** On our website you can find other tools that can aid in hosting a screening or organizing a discussion, including a screening handbook, PowerPoint slides and a character lookbook. Check it out at www.MedicineBoxProject.org

Ice-Breaker (optional)

Here is an exercise that can help contextualize the experience of today's refugees by looking at the participants' own cultural stake in North American history.

This exercise can be done in three proposed ways:

1. **As a large group.** Present the two queries below and solicit volunteers to answer the two queries in front of the group.
2. **As an ice-breaker in small breakout groups.** Two or more people can discuss the two queries below and continue the conversation informally for five-to-ten minutes.
3. **Written exercise.** Present the two queries below to the group and have everyone write down their responses. It can simply be a means for the participants to place themselves in a broader context by thinking about their answers, or volunteers could offer to share their answers with the group.

Query 1: Consider one set of your great-grandparents. Think of one or two cultural groups or countries of origin that might describe your great-grandparents' heritage. Imagine them at age 40 and speculate what year that might have been. Did they live in North America or in another part of the world?

Query 2: Take these great-grandparents and try to imagine their experience seeking health care. If they became ill, who would they turn to for care, and what was that experience like? Might their cultural identity have affected that experience?

TOPIC: Physical Health / Mental Health

Observations

In ***American Heart***, Alex's primary care provider, Robert Carlson, points out that Alex's health care is "so dependent on his medication adherence, and a lot of that underlies his mental health state." And Alex's psychiatrist, Dr. Bruce Field, says "his psychiatric problems are somewhat complicated by his health problems." Dr. Pat Walker sums it up, stating "The two are inextricably connected, the issues of depression and physical health."

The HealthPartners international clinic has implemented a linked program whereby care is coordinated between primary care and the psychiatrists, therapists and social workers that are conveniently based onsite at the clinic. Patients are often scheduled to see primary care followed by their mental health provider during one clinic visit.



Discussion Questions

1. In what ways can PTSD or depression affect a patient's overall health care?
2. How could a patient's mental health care be complicated by the treatment regimens prescribed by her/his primary care provider or other members of her/his care team?
3. What aspects of the *immigrant* experience can contribute to a complicated mental health picture? What aspects of the *refugee* experience can affect mental health?

TOPIC: Mental Health Stigma

Observations

In ***American Heart***, Alex says, “Most refugees, especially from Africa, they really don’t want to talk about depression, because depression is considered like madness or crazy, and people don’t want to take any depression medication.” Alex goes on to say that he, at one point in his life, turned to alcohol in lieu of receiving mental health services.



Discussion Questions

1. What are society’s preconceptions about mental illness, and how much truth is there to these preconceptions?
2. Are there stigmas within your community that might pose an obstacle to an individual seeking or receiving mental health services?
3. What are some common ways an individual might cope with mental health issues, either healthy or unhealthy?
4. If you work in health care, what measures could be taken to better make your patients aware of available mental health services and comfortable seeking those services?

TOPIC: Duration of Clinic Encounter

Observations

Due to the time constraints inherent to the filmmaking process, the footage of each clinic encounter has been edited and thus abbreviated during the making of the film. Therefore, the full story of each encounter can't be done justice. Typically at the HealthPartners international clinic, extra time is built into the scheduling to account for language interpreting, taking a history in a culturally sensitive way, and providing a less stressful experience to the patient and her/his family.



Discussion Questions

1. If you work in a clinic setting, how long do your patients typically get to spend with the physician or provider?
2. Think of the last time you visited a clinic for your own health care. How long did you spend with the physician or provider?
3. How can the scheduling pressures in today's health care system affect patient care, particularly in a cross-cultural encounter?

TOPIC: HIV and STD Stigma

Observations

Generally speaking, Alex's HIV has been kept under control with the help of his infectious disease provider and his primary care team, and Alex has not exhibited any reluctance to receive treatment. This is not always the case for HIV patients.



Discussion Questions

1. What are society's preconceptions about HIV, and how much truth is there to these preconceptions?
2. Are there stigmas within your community, or in the communities around you, that might pose an obstacle to an individual seeking or receiving care for HIV or an STD?

TOPIC: Language and Cultural Barriers

Observations

Whereas Alex and Patrick are both proficient in English, Thor Lem communicates almost entirely in his native language (Cambodian, or Khmer). The Health-Partners international clinic has, onsite, professionally trained medical interpreters representing ten or more of their most commonly encountered languages. Dr. Walker and the clinic staff follow best practices in terms of language interpreting and cultural competency, and they achieve good outcomes. Still, there are some *cultural* barriers that are hard to overcome.



Discussion Questions

1. In your own life or your work, are there ways in which people slip through the cracks or receive substandard care or service because of language barriers?
2. In ***American Heart***, did Dr. Walker and Thor Lem encounter a cultural divide that got in the way of his receiving some services, and if so, which services?
3. If you work in health care, what measures could be taken to better make patients aware of available services and comfortable seeking those services?

TOPIC: The Second Generation

Observations

In many immigrant families, the younger family members are better acclimated to “the system” in their adopted homeland, in some cases because of language adoption but also in terms of acculturation. Many adult children of immigrant parents find themselves “navigating” the system on behalf of their extended family of older relatives. Examples in *American Heart* include Thor Lem’s son Thei and Patrick’s niece Nadia.

These “navigators” are often invaluable partners in a patient’s health care. But it can sometimes become a complicated balancing act. For instance, many studies have shown that outcomes are better when a professional interpreter is used as opposed to relying on a patient’s family member for interpreting.



Discussion Questions

1. Consider the example of Thor Lem’s son Thei. What are some of the pressures a younger immigrant family member faces as the family’s unofficial “navigator”?
2. In an attempt to cooperate with Thor’s family and respect their situation, what were some of the efforts made by the clinic staff?
3. What steps can a clinic or hospital take to best prepare for foreign-language speakers and their families?

TOPIC: End-of-Life Issues

Observations

All three of the refugee patients in ***American Heart*** confront end-of-life issues, with Patrick and Thor both facing tough decisions involving hospice care. In many ways, the end-of-life concerns of the patients in the film are universal, while in other ways, they underline how cultural considerations can be part of the equation.

Though this doesn't outwardly play a role in ***American Heart***, in some cultures it is believed an elderly or ailing patient should **not** be directly informed of their prognosis or, in some cases, even their diagnosis, thus complicating the tenets of informed consent.



Discussion Questions

1. As observed by Dr. Walker, her patient Thor Lem rejects hospice in the film. What do you think drove his reluctance to sign on for hospice care?
2. Patrick Junior decides to enter hospice care, but then leaves hospice to resume chemotherapy. As illustrated in the film, what can be said about family influence over end-of-life decision-making?
3. In what ways do traditional practices and faith play a role in end-of-life decision-making and hospice care considerations?
4. Consider how informed consent can be viewed differently in different cultures; how can conversations between provider and patient be influenced by divergent attitudes about informed consent?

OTHER OBSERVATIONS AND TOPICS FOR DISCUSSION

The Question of Reimbursement



The filmmakers frequently field the question: Who's paying for their health care? Meaning, where is the money coming from to pay for the extensive care and resource-intensive treatments received by Alex, Patrick and Thor. It's a complicated question, but here is the short answer:

For some of the patients in the film, they are on Medicare, or Medicaid, or equivalent programs. Two of the patients in the film lived and worked many years in the U.S. and thus qualified just as any American-born worker would. Patrick – the patient who has just arrived in the U.S. at the beginning of the movie – eventually qualified for Medicare, but part of his care was paid for by a federal program for newly arrived refugees (which was available to refugees for their first six months at the time of filming, in 2007).

The Pressures of Poverty



Some obstacles faced by immigrants and refugees are not strictly unique. Some immigrant families could be counted among the working poor, and thus they encounter the same pressures confronted by any other American family living in poverty. In ***American Heart***, consider Thor's adult son Thei, who works an overnight shift then spends his daylight hours juggling his many family obligations while also serving as his mother and father's home caregiver and health care navigator.

Being an Advocate



A physician or provider can often play a meaningful role in a patient's life that goes well beyond diagnosing and treating disease. Being a good listener, helping a patient understand the system, and even advocating where appropriate. Dr. Walker's approach to all her patients, including Thor Lem, is a good example in ***American Heart***. Likewise, oncologist Dr. Dan Anderson recognizes the importance to Patrick of having his sister Marina by his side, and thus writes a support letter to help Marina get an extended visa to stay with Patrick in the U.S.

VFR Travelers (Visiting Friends & Relatives)



Near the end of ***American Heart***, Alex and his wife Nura pay a visit to primary care provider Rob Carlson and discuss their upcoming trip to Ethiopia. Rob recommends they visit the travel clinic prior to traveling, which is sound advice. Many immigrant patients living in North America make plans to travel back to their country of origin, often to visit family. One of many factors that can complicate their health care is an elevated infectious disease risk when traveling home, which can sometimes be overlooked.

The Importance of Taking a Good History



Taking a good history is crucial to the care of any patient, but it can be especially important when working with immigrant and refugee patients. In ***American Heart***, we witness Rob Carlson as he performs Patrick's initial refugee health screening upon arrival in the U.S. As Rob learns, the patient's medical records are coming from disparate sources, including a refugee camp health center in Thailand. It's not uncommon to have incomplete or hard-to-decipher health records when being resettled to a new country, so working with a provider that asks thoughtful questions, acts as a good listener, and takes a thorough history is important. This is also a situation where a professionally trained medical interpreter can make a big difference if there happens to be a language barrier.

Traditional Practices and Home Remedies



In *American Heart*, some light moments are provided by Patrick's interactions with his hospice nurse regarding herbal medicines procured overseas. But it can be a serious issue and one that many health care providers and caregivers will encounter on a regular basis. It can be a delicate balance to respect traditional cultural practices but also be aware of the risks posed by some herbal remedies.

Discussion Guide

(Abbreviated)

Physical Health / Mental Health

In *American Heart*, Alex's health care picture is complicated, in great part due to his complex mental health needs. Speaking more broadly, Dr. Pat Walker also points out: "The two are inextricably connected, the issues of depression and physical health."

QUESTION: *How do Alex's mental health challenges play a role in his overall health?*

Mental Health Stigma

In *American Heart*, Alex says, "Most refugees, especially from Africa, they really don't want to talk about depression, because depression is considered like madness or crazy, and people don't want to take any depression medication."

QUESTION: *Are there stigmas within your community or the communities you serve that might pose an obstacle to an individual seeking or receiving mental health services?*

HIV Stigma

Generally speaking, Alex's HIV has been kept under control with the help of his infectious disease provider and his primary care team, and Alex has not exhibited any reluctance to receive treatment. This is not always the case for HIV patients.

QUESTION: *Are there stigmas within your community, or in the communities around you, that might pose an obstacle to an individual seeking or receiving care for HIV?*

Language and Cultural Barriers

Dr. Walker and the clinic staff follow best practices in terms of language interpreting and cultural competency, and they achieve good outcomes. Still, there are some *cultural* barriers that are hard to overcome.

QUESTION: *In American Heart, did Dr. Walker and Thor Lem encounter a cultural divide that got in the way of his receiving some services, and if so, which services?*

The Second Generation

Many adult children of immigrant parents find themselves “navigating” the system on behalf of their extended family of older relatives. Examples in **American Heart** include Thor Lem’s son Thei and Patrick’s niece Nadia.

QUESTION: *Consider the example of Thor’s son Thei. What are some of the pressures a younger immigrant family member faces as the family’s unofficial “navigator”?*

End-of-Life and Hospice Care

All three of the refugee patients in **American Heart** confront end-of-life issues, with Patrick and Thor both facing tough decisions involving hospice care.

QUESTION: *As observed by Dr. Walker, her patient Thor Lem rejects hospice in the film. What do you think drove his reluctance to sign on for hospice care?*

QUESTION: *Patrick Junior decides to enter hospice care, but then leaves hospice to resume chemotherapy. As illustrated here, what can be said about family influence over end-of-life decision-making?*