



American Heart
A Study Guide for Social Work Educators and Students

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Foreword

This guide has been developed to assist social work educators and students in using films from the CSWE film festivals in their classrooms. It is one in a series of CSWE curriculum resources designed to enhance the teaching and learning of social work concepts.

We welcome your comments as the library of these resources is refined and expanded.

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Overview

American Heart

Film Information

Title: <i>American Heart</i>	Director: Chris Newberry
Running Time: 1:35 minutes	Distributed by: Medicine Box Project

Context: Seven years in the making, this award-winning documentary takes viewers on an intimate journey into the lives of three refugees who now call America home. Each of them confronts life-threatening health emergencies throughout the course of the film, and their trajectories prove surprising even to their doctors.

Overall Themes:

1. Practice Contexts: Health Care, Caregiving, Home Care
2. Diversity: Religion, Country of Origin,
3. Interventions: Cultural Competence, Palliative Care, PTSD
4. Populations: Refugees, Elderly

Time Code	Topic	Central Quote	Salient Themes
2:28–12:24	Ethiopia, Cambodia, and Burma	“I have the face of a foreigner, but the heart of a Thai person.” 5:53	Medication Compliance Bio-Health and Mental Health Multiple Co-Occurring Conditions Cross-Cultural Interaction Translation Services Cultural Competence in Health Care Liver Cancer Infectious Diseases Hospice U.S. Health Care Repressive Regimes (Geopolitics) Refugees
12:25–17:13	Just the Beginning	“It looks like it’s all past... But, every time I think about it, it’s just the beginning...” 16:29	PTSD Therapy Free Speech (Lack of) People Smuggling (Refugees)
17:14–29:44	Life Is Too Hard	“Life is too hard.” 24:19	Physical Assessment Cultural Adjustment Family Relations (Husband-Wife) Immigration Sandwich Generation (Caregiving)

Time Code	Topic	Central Quote	Salient Themes
29:45–41:30	Navigating Care	“He ... understands how the system here works.” 38:58	Cardiologists (Bedside Manner) Health Diagnosis (Tests) Family Member As Translator System Navigation (Resilience)
41:31– 1:34:54	Faith and Uncertainty	“I believe in my source... because I’ve seen.” 42:00	Religion Palliative Care Anticipatory Grief Music Therapy Advanced Directives Returning Home for Hospice Family Influence in Decisions of Care

Topics

Ethiopia, Cambodia, and Burma

Time Code: 2:28–12:24

Central Quote: “I have the face of a foreigner, but the heart of a Thai person.” (5:53)

Abstract: Three refugees are introduced. The individual, health, and political circumstances set a rich platform for discussions across ecological systems levels. Each story is anchored by the international clinic providing care to the refugees.

Time Code	Topic	Salient Themes
2:28–5:29	Alexander Gliptis: Ethiopia	Medication Compliance, Bio-Health and Mental Health, Multiple Co-Occurring Conditions
5:30–6:53	Book by Its Cover	Cross-Cultural Interaction, Translation Services, Cultural Competence in Health Care
6:54–9:17	Thor Lem: Cambodia	Liver Cancer, Infectious Diseases, Hospice
9:18–12:24	Patrick Junior: Burma	U.S. Health Care, Repressive Regimes (Geopolitics), Refugees

Learning Objectives

1. Identify important social work opportunities at the intersection of health care, elder care, and refugee resettlement.
2. Review the unique challenges facing local health clinic programs treating immigrants.
3. Explore the complex mix of reasons why America is a destination for health care.

Discussion Questions

1. Make a list of the issues that an international social worker may encounter in U.S.-based practice.
2. What services do you think a health clinic serving immigrant populations would have that differ from a clinic serving only U.S.-born citizens?
3. Compare and contrast the behavioral challenges and barriers to health and well-being expressed in general immigrant populations with those expressed by refugee populations.

Suggested Readings

Cleaveland, C., & Ihara, E. S. (2012). “They treat us like pests”: Undocumented immigrant experiences obtaining health care in the wake of a “crackdown” ordinance. *Journal of Human Behavior in the Social Environment*, 22, 771–788.

Healy, K. (2014). *Social work theories in context: Creating frameworks for practice*. New York: Palgrave.

Portes, A., Fernández-Kelly, P., & Light, D. (2012). Life on the edge: Immigrants confront the American health system. *Ethnic and Racial Studies*, 35(1), 3–22.

Just the Beginning

Time Code: 12:25–17:13

Central Quote: “It looks like it’s all past ... But, every time I think about it, it’s just the beginning...” (16:29)

Themes: PTSD Therapy, Free Speech (Lack of), People Smuggling (Refugees)

Abstract: Alexander Gliptis wants to write, but feels the need to “get away” in order to organize his thoughts. Mr. Gliptis attends therapy and talks about his brother who was killed. The impact and persistence of PTSD is highlighted.

Learning Objectives

1. Review the PTSD experience of refugees.
2. Consider the value of psychological counseling in concert with health-clinic protocol.
3. Identify co-occurring illnesses that are unique in combination with refugees from war-torn areas.

Discussion Questions

1. Compare and contrast the PTSD experience of refugees with that of military personnel.
2. How much of Alexander’s need to “get away” would you attribute to his illness?
3. Do you think that finishing his book would be beneficial to Alexander’s care? How would you, as Alexander’s social worker, assist him to write his book?
4. Research the prevalence of refugee resettlement in the United States. Identify some of the most common areas for resettlement.

Suggested Readings

Ahern, J., Worthen, M., Masters, J., Lippman, S. A., Ozer, E. J., & Moos, R. (2015). The challenges of Afghanistan and Iraq veterans’ transition from military to civilian life and approaches to reconnection. *PloS one*, *10*(7), 1–13.

Benseman, J. (2014). Adult refugee learners with limited literacy: Needs and effective responses. *Refuge*, *30*(1), 93–103.

Trueba, H. T., Jacobs, L., & Kirton, E. (2014). *Cultural conflict and adaptation*. New York: Routledge.

Life Is Too Hard

Time Code: 17:14–29:44

Central Quote: “Life is too hard.” (24:19)

Themes: Physical Assessment, Cultural Adjustment, Family Relations (Husband-Wife), Immigration, Sandwich Generation (Caregiving)

Abstract: Alexander and his wife reveal the origin of their relationship and the challenges they faced back in Africa. Alexander unsuccessfully attempted to help his wife’s son immigrate to the United States to receive better medical care. Thor Lem’s health is deteriorating. The strain on family caregivers is illustrated.

Learning Objectives

1. Identify some of the complex considerations affecting families who immigrate.
2. Explore the cultural adjustment, including new weather patterns, faced by immigrants.
3. Contrast the needs of child care with the needs of elder caregiving.

Discussion Questions

1. Do you agree with the assessment that the son of Alexander’s wife would have returned to health if he had been allowed to immigrate? Why or why not?
2. Do you believe that Alexander’s wife harbors any resentment concerning her husband’s failure to complete paperwork to reunite her son with her? What gives you this impression?
3. How would you assist families to acculturate to new weather patterns, especially winters, for a person from more tropical climates?
4. Identify agencies in your community that assist with caregiving duties, including transportation, medication compliance, and respite care.

Suggested Readings

Bose, P. S. (2014). Refugees in Vermont: Mobility and acculturation in a new immigrant destination. *Journal of Transport Geography*, 36, 151–159.

Shier, G., Ginsburg, M., Howell, J., Volland, P., & Golden, R. (2013). Strong social support services, such as transportation and help for caregivers, can lead to lower health care use and costs. *Health Affairs*, 32, 544–551.

Stillman, S., Gibson, J., & McKenzie, D. (2012). The impact of immigration on child health: Experimental evidence from a migration lottery program. *Economic Inquiry*, 50(1), 62–81.

Navigating Care

Time Code: 29:45–41:30

Central Quote: “He . . . understands how the system here works.” (38:58)

Themes: Cardiologists (Bedside Manner), Health Diagnosis (Tests), Family Member As Translator, System Navigation (Resilience)

Abstract: Patrick Junior sees a cardiologist and ends up in surgery. His niece stays with him through the process of hospital admission. Alexander exemplifies how to navigate the systems of clinic, therapy, pharmacy, and more.

Learning Objectives

1. Compare and contrast rapport skills among different professionals.
2. Identify the escalation process of heart health care.
3. Consider the conditions required for a caregiver when an appointment turns into an emergency surgery.

Discussion Questions

1. Do you get the impression that Patrick understood his health needs better than the cardiologist did in their meeting? What gives you the impression you have?
2. Compare and contrast the experience you observed in regard to Patrick in the Refugee Clinic versus the referral to the cardiologist.
3. What do you think is the value of an ability to navigate the health-care system, including pharmacy, psychological care, supportive services, and transportation services?
4. How can communities support care for immigrants and all citizens related to health care?

Suggested Readings

Barrio, C. (2000). The cultural relevance of community support programs. *Psychiatric Services*, *51*, 879–884.

Fitzpatrick, A. L., Steinman, L. E., Tu, S-P., Ly, K. A., Ton, T. G., Yip, M-P., & Sin, M-K. (2012). Using PhotoVoice to understand cardiovascular health awareness in Asian elders. *Health Promotion Practice*, *13*(1), 48–54.

Freeman, H. P. (2012). The origin, evolution, and principles of patient navigation. *Cancer Epidemiology Biomarkers & Prevention*, *21*, 1614–1617.

Faith and Uncertainty

Time Code: 41:31–1:34:54

Central Quote: “I believe in my source ... because I’ve seen.” (42:00)

Themes: Religion, Palliative Care, Anticipatory Grief, Music Therapy, Advanced Directives Returning Home for Hospice, Family Influence in Decisions of Care

Abstract: Each of the characters take a turn for the worst. Hospice, treatment choices, home health, and advanced directives are explored. Thor determines whether he will return to the clinic. Alexander sells his tools and plans travel. Patrick enters chemo with mixed effects.

Learning Objectives

1. Define anticipatory grief.
2. Identify advanced directives and other contracts that indicate care for clients in end-of-life care.
3. Explore the value of religion and faith in health recovery.

Discussion Questions

1. What do you think is the real story behind Alexander’s challenge with the home health worker?
2. How would you help Alexander’s wife navigate her new responsibilities in the context of their prior relationship?
3. Do you think that Patrick benefitted from the medicine that his sister sent from his home?
4. What do you think was the value of the choir singing Patrick’s song in his native tongue?
5. Do you agree with Thor’s decisions about his care? Why or why not?

Suggested Readings

Fahlberg, B. (2014). Helping patients leave a legacy. *Nursing*, 44(5), 16.

Grant, K. J., Mayhew, M., Mota, L., Klein, M. C., & Kazanjian, A. (2015). The refugee experience of acquiring a family doctor. *International Journal of Migration, Health and Social Care*, 11(1), 18–28.

Hampson, J., Crea, T. M., Calvo, R., & Álvarez, F. (2014). The value of accompaniment. *Forced Migration Review*, 48, 7–8.

Notes