Combatting Fear Through Timely, Participatory Approaches to Immigrant Health Research: Response to Byhoff et al.

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Published online: 24 April 2020

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In their piece, Byhoff et al. tested the acceptability of a social risk screening tool that included patient questions about immigration concerns, administered in a Federally Qualified Health Center, followed by semi-structured interviews with patients. They found that 12% of all patients screened reported an immigration-related health concern, a strikingly high number even within a diverse clinic environment. Patients not only approved of immigration-specific screening, but also that including it improved their healthcare experience. By naming an issue that was of high priority to them, immigration screening was received as, “recognition and acknowledgement of the patients’ lived experience” [1].

This mixed-methods study is an admirable example of research that rapidly responds to unfolding policy changes that threaten the health of immigrants in the US. Often, the search for scientific rigor can hinder our ability to create meaningful research questions that are relevant and timely. If researchers in the field of immigrant health want to be of maximal impact for policy makers, we need to find ways to study and reproducibly measure the effects of policy changes on immigrant patients. Only then can we develop and study interventions that could mitigate negative impacts. For research to be salient, researchers must be swift, responding in real-time to policy changes in the ground.

With so much attention on developing best practices on screening for social determinants of health, immigration-related questions face a challenge. Many providers and researchers are rightfully concerned about the risks of addressing immigration status in the clinical context, fearing that already marginalized immigrants will feel threatened,

stigmatized or lose trust in the safety of the medical environment. Additionally, while we know that immigration status has a dramatic impact on health outcomes, legal experts caution against any mention in medical records out of concern for patient safety, hindering our ability to codify and measure the health consequences of immigration stressors. Nevertheless, we cannot let these burdensome but real barriers prevent us from addressing immigration stressors within our clinical settings, nor from developing the evidence base for their efficacy. The work of Byhoff et al. suggests that by addressing these questions with patients, we are actually combatting the potential effects of fear and discrimination, by communicating to patients that healthcare providers and clinics are places they can ask for help with immigration-related stressors. If this is true, it is incumbent on us to take the next step and start to develop interventions that address immigration stressors within clinical sites, by developing strong community legal partnerships [2] or embedding immigration legal services within clinics themselves [3]. We have the opportunity to leverage the trust that the medical system has garnered with immigrant patients to provide a shelter of safety where immigration concerns can be addressed.

It is critically important that we include immigrant perspectives when we make decisions about the risk of interventions, such as asking questions about immigration stressors. To ensure that we maintain the trust of our patients, we must hold ourselves to the highest standards of patient engaged and participatory research, lest we risk reenacting patterns of power dynamics that are responsible for the very disparities in access to care and health-promoting services that we study. We must make it clear, in every language that our immigrant patients speak, that research and interventions on their behalf will always obey the guiding principle of patient centered care, “nothing about me without me” [4].

This commentary refers to the article available online at <https://doi.org/10.1007/s10903-020-01005-6>

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