

**Introduction:** Children and adolescents living in the US come from all over the world. To ensure the best possible health for all children, primary care clinicians should offer country-specific screening for conditions that are asymptomatic initially but, if untreated, can cause health problems later.

But in a primary care office, what are the best ways to ask where a child or teen was born?

#### Ask Because You Care

Asking where a child or teen was born - or where they lived previously - makes sense to parents when the person asking does so with the child's best interests at heart.

For families you know well, asking "Where was your child born?" or "Was your daughter born in the US?" are likely to be acceptable.

For families who are new to your practice, explain the reasoning first.



"I'd like to ask some questions to help me get to know your child and their health history. Your answers will help us decide which medications or tests they might need. Where was your child born?"



# Be Respectful

- Principle 1: Be positive.
  - A simple response like, "*I've heard it's a beautiful country*" can go a long way. Avoid phrases like, "Oh, I've never heard of it" or "That's a first."
- Principle 2: Be welcoming.
  - o If a child or family has recently arrived in the US, saying, "Welcome to our clinic" or "Welcome to our city" helps build rapport.
- Principle 3: Be transparent.
  - Ask if this information can be recorded in the EHR: Some families will prefer having their child's country of birth documented in the EHR rather than being asked again each visit. However, some families may prefer otherwise. When in doubt, it's always best to ask.
  - Explain why you're asking these questions, which medications and tests you recommend, and that screening is optional in most cases.
- Principle 4: Be specific.
  - o Knowing where people have lived helps determine which health screenings they may need.

- However, asking if a child has lived outside of the US is not the same as asking their immigration status. While immigration status can be a social determinant of health, families may not feel comfortable discussing it during a primary care encounter. And documenting it in the EHR may have unintended consequences.
- Principle 5: Be understood.
  - o Work with an interpreter unless you and the family speak the same language.

## Offer Screening

The American Academy of Pediatrics' <a href="Immigrant-Child-Health-Toolkit">Immigrant-Child-Health-Toolkit</a> (www.aap.org/en/patient-care/immigrant-child-health/) and CDC's <a href="Guidance for the U.S. Domestic Medical Examination for Newly-Arriving Refugees">Medical Examination for Newly-Arriving Refugees</a> (www.cdc.gov/immigrantrefugeehealth/guidelines/domestic-guidelines.html) offer guidance on immigrant child health screening.

- <u>CareRef (https://careref.web.health.state.mn.us/)</u> generates country- and age-specific screening and presumptive treatment recommendations based on this guidance.
- Some EHRs can install customizable lab and medication order sets:
   AHRQ: Refugee Health Decision Support (https://cds.ahrq.gov/cdsconnect/artifact/refugee-health-decision-support)
- Normalize screening, e.g., "We offer screening to everyone who moves here."
- Tell families which tests or medications you recommend and why.

## **Update Medical Records**

Offer to review non-US medical records. Most often, this will be a vaccine card. Add vaccine records to the chart after matching name and date of birth. Names may be transliterated with small spelling variations. Additionally, calendars may be different, and most places use DD/MM/YYYY format.

- VaxRef (https://forms.web.health.state.mn.us/form/vaxref)
- Vaccination Coverage and Record Translation Guidance for Health Care Providers Serving Ukrainian Newcomers (www.health.state.mn.us/communities/rih/about/ukrainianvax.pdf)

### Citation

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