

National Society of Genetic Counselors Membership Committee:

Cultural Competency Scholarship Submission 2012

Submitted by Jade Cagnetti

An immigrant Haitian woman presented for prenatal counseling during my summer internship; her brood of 5 children tagged along, a chorus of Creole-English interpreters. Moments ago, I had said Goodbye to the woman in the preceding timeslot, a prima gravida Brooklyn socialite. Despite genomes with just about 6 billion nucleotides in common, the Haitian woman seemed "genomes apart" from the blonde New Yorker, a woman with whom I built rapport by discussing iPad applications. Now, the Haitian woman sat straddled in my office with her breast nonchalantly exposed. I humbly averted my eyes and crossed my legs. I leaned in towards the phone speaker to be informed by the tele-translator: "She just wants to see the picture [ultrasound] of her baby and know the baby is OK. That is all she wants." Fifteen minutes earlier, the Brooklyn socialite scrolled across her iPad to bring up the address of her summer home in Norway; she requested that I email the results of her NIPT testing and mail any documentation to the overseas address. The woman presently in front of me just wanted the black-and-white picture. Both women carried the same age-related risk.

My supervisor and I debriefed after a quick acknowledgment of the exposed breast and our own personal chagrin over the matter. "I'm not sure the second women ever fully understood why she was in our office," I admitted, "We were definitely a foreign world to her." My supervisor agreed and expressed the difficulty in explaining new-fangled testing and screening options, when,

perhaps for some cultures, just an ultrasound “picture of the baby” will do. Anything more is dizzying.

We never dived into a full-fledged conversation about cultural competency, however, the theme lingered: *Is there a way to adapt counseling technique in order to reach patients with vastly different cultural backgrounds? And, well, how do we get there?*

Yes, I do believe there are untapped methods for our profession to tailor our cultural competencies, and to get there, I propose greater opportunities for cultural exchange. In practice, this opportunity would take the form of internships abroad, incorporation of international students, and “health education trips” to visit new populations and gain perspectives. Rather than scratching my head after the Haitian woman left the office, I would have hoped to have connected with her just a little bit better because I had had a classmate from Haiti or because I had mediated a focus group about prenatal healthcare for Haitian women. I would have liked to have greeted her in Creole language. I recommend that the conversation (and the change) stem from real world opportunity, rather than textbook vignettes or cultural fact sheets.

Regarding strategy to attract and retain students from underrepresented populations, I believe there is great power in social media and internet platforms. As an example, the London 2012 Summer Olympics prided itself on social media to bring the Games closer to the viewers. Unlike ever before, athletes were able to Tweet before competition, viewers could hashtag their favorite events, and event-goers could find correct locations from their Olympic smartphone applications. I believe there is no better case to demonstrate our “networking” as a world. NSGC is currently active on Facebook and Twitter; Karin Dent even maintains her own blog. Additionally, genetic counseling programs have begun to find their own niches for online expression, and many classes have started to form their own Facebook groups. As a previous genetic counseling applicant, I was able to use the internet to research programs abroad, email their professors, and

Skype with current students to hear their impressions. I believe that now, over the last two years, the use of social media has escalated further in bringing information to prospective applicants.

Because we are plugged in to these myriad outlets, I believe our community is poised to both reach out to underrepresented populations as well as field inquiries and spark conversations with those interested in hearing more. In effect, our efforts might focus on emails to prospective high schools and universities to introduce our profession, invites to overseas organizations to join our Twitter conversations, and online chats where our members might host a Q&A.

I am and will continue to be both motivated and proud to contribute to efforts that improve cultural competency as well as efforts to draw new students into the field. I am currently working on a thesis that explores the cultural stigma surrounding cancer within Hispanic populations. As an appendage to the project, I hope to create a useful educational flier that could be distributed to underserved Hispanic populations and explain how our services might be useful. In addition, I am co-founder of the blog *Maps and Genes*, which depicts life in graduate school and welcomes potential new-student inquiries. In tandem, I actively follow the genetics community online; I feel cognizant of how we as a group are networking and able to share information. I also see our potential and how we might include new students and cultures into our conversations.

In terms of bold steps for the future, I would be proud to attend TAGC meetings as well as travel with the GenetAssist group, a student organization that travels to South America to educate local populations about genetics. With adequate support, it would be a privilege to form scholarships and travel groups for “genetics study abroad” trips. And finally, I have not put it past myself to suggest that our services be used within Peace Corp Missions. Because I believe that the Peace Corp and other organizations would enthusiastically welcome those of us willing to provide our unique skill set. I might even request that I am first sent to Haiti.

Thank you for your consideration!