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What makes you feel welcome?

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Increasing Language Access: Enhancing Partnerships to Improve Culturally and Linguistically Appropriate Services

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Maine Mobile Health Program

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Dedication

Dedico esta presentación a los trabajadores agrícolas de Puerto Rico que viven y trabajan en Maine. Estoy aquí gracias a su participación en nuestro programa.

I dedicate this presentation to the farmworkers from Puerto Rico that live and work in Maine. I am here thanks to their participation in our program.



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Scenario

- Jose comes to the clinic with severe uncontrolled hypertension. The doctor decides not to use an interpreter because the patient speaks some basic English. Dr. Johnson asks what medications Jose is taking and decides to add a new one. When an outreach worker follows up with Jose, she realizes he was not aware of the change and is not taking the new medication.
- How could this situation be avoided?
- What can we do to improve Jose's experience?



Agenda

- Objectives
- What is MMHP?
- Define “culturally and linguistically appropriate services”
- MMHP collaboration
- Interpretation
- Cultural humility
- Communication
- Key takeaways



Objectives

- Define “culturally and linguistically appropriate services”
- Describe the collaboration between MMHP and partner clinics to improve language access
- Summarize how MMHP’s model of collaboration could be applied to other migrant health programs

What is MMHP?

- Provides health services to migrant and seasonal farmworkers and seafood processors across the state of Maine
- 4 mobile units instead of a permanent building
- Approximately 60% direct care / 40% voucher care (medical services)
- Types of services:
 - Direct Services
 - Voucher Services
 - Enabling Services



Context

- Title VI of the Civil Rights Act of 1964 protects against discrimination based on race, color, or national origin
 - Includes limited English proficient (LEP) persons
 - Applies to all programs and activities that receive federal funding
- Executive Order 13166: Improving Access to Services for Persons with Limited English Proficiency
 - Signed in 2000

“Culturally and Linguistically Appropriate Services”

- **Definition:** health care services that are respectful of and responsive to cultural and linguistic needs¹
- “Culturally and linguistically appropriate services (CLAS) is a way to improve the quality of services provided to all individuals, which will ultimately help reduce health disparities and achieve health equity. CLAS is about respect and responsiveness: Respect the whole individual and Respond to the individual’s health needs and preferences²”
 - Think Cultural Health, U.S. Department of Health & Human Services

Community Health Centers

- Health Resources & Services Administration (HRSA) requires Community Health Centers to provide culturally sensitive and linguistically appropriate services for LEPs
 - Level of implementation varies depending on patient population
 - Recommends National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (The National CLAS Standards)
- Principal CLAS Standard: “Provide effective, equitable, understandable and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs³”

Collaboration

- Everyone deserves equal access to health care in the language they are most comfortable in
- Intentionally evaluate all the steps in the system - from walking in the front door to picking up medication at the pharmacy
- Goals: promoting patient independence and creating a welcoming environment for patients of all backgrounds, including farmworkers

MMHP and our Partners

- Community health worker model
 - Interpretation
 - Cultural humility
 - Communication

Intro to Interpretation

- **Translation:** The process of changing written messages from one language to another.
- **Interpretation:** Receiving a spoken message in one language and delivering it in another.
 - **Consecutive:** A style of interpretation that requires the interpreter to listen for manageable chunks of information, i.e.: ask question, interpret question, wait for answer, interpret answer.
 - **Simultaneous:** Interpretation delivered nearly instantaneously after the original message. Less common in a medical setting.



Role of an Interpreter

- **Overall Role:** To facilitate understanding in communication between people who are speaking different languages
- **Conduit:** involves rendering in one language literally what has been said in the other: no additions, no omissions, no editing
- **Clarifier:** the interpreter adjusts register, explains or makes word pictures of terms that have no linguistic equivalent and checks for understanding
- **Cultural Broker:** the interpreter explains cultural issues that clears barriers in communication
- **Advocate:** an action an interpreter takes on behalf of the patient that is outside the bounds of an interpreted interview

Scenario

- Marie is a 60-year-old woman from Haiti. She works in a blueberry freezer and one night a box falls on her head at 9:00pm during her shift. Her supervisor, who was also the crew boss, refuses to take her to the Emergency Room until 1:00am. The ER asks the crew boss to be Marie's interpreter because they do not want to use the ipad. The crew boss mis-represents the time of the accident and how it occurred. As a result, the hospital does not fill out the correct paperwork to begin a worker's compensation claim. Marie has a series of medical complications that result in follow-up visits and is unable to work for several weeks. Her community health worker recommends she talk to a lawyer to help navigate billing and compensation.
- What do we learn from this example?
- How could the situation have been avoided?
- What would a better outcome have been?

Scenario

- Eduardo is a 25-year-old man from Honduras. One night he hits a deer on his way home from work and goes to the emergency room to get checked out. They send him home with ibuprofen and recommend he follow-up with a doctor in three days. Sarah, his community health worker, hears about the accident and calls to see how he is doing. They agree to meet at the clinic for follow-up the next day. When Sarah enters the exam room, Eduardo is crying. She asks what happened and he says his shoulder is broken. Together they take a few deep breaths and Sarah asks the nurse what happened. Through interpreting the conversation, Sarah learns it is only a tear and the muscle will heal on its own. The nurse tried to explain this before using her high school Spanish, but did not realize Eduardo misunderstood.
- What do we learn from this example?
- How could the situation have been avoided?
- What would a better outcome have been?

Importance of Professional Interpreters

- What are the consequences?
 - Crew boss, friend, or family member
 - Child
 - Untrained staff
 - Google translate

Intro to Culture

Culture: A group's attitudes, values and behaviors

- Culture is not static, but dynamic and evolving.
- We each share aspects of our identities with one or more cultural communities.
- Cultural identities are multifaceted and may incorporate or be influenced by many factors.



Cultural Competence vs Cultural Humility

Cultural Competence:

Knowledge and awareness of attitudes, values, behaviors, and policies related to effective work across cultures

Cultural Humility:

A humble and respectful attitude toward individuals of other cultures that pushes the individual to challenge cultural biases, realize one cannot possibly know everything about other cultures, and approach learning about other cultures as a lifelong goal and process.

Cultural Humility

- Understand who we are, what communities we belong to, and how we define our identity.
- We cannot become experts in the culture or cultural identity of another. Only the clients and communities we work with are the true experts in their own experience, culture, values, and beliefs.
- Cultural humility invites us to admit that there is much we don't and can't know.
- Cultural humility asks us to study histories of prejudice and discrimination that may influence the nature of the relationship between communities and service providers.
- Cultural humility is a lifelong commitment to reflect on our own identities, experiences, assumptions, and biases.

Scenario

- Marta is a 30-year-old woman from Mexico. During the first two weeks of the season she starts feeling dizzy and keeps stopping work to go to the bathroom. One night she comes to the clinic and receives a new diagnosis of diabetes. Dr. Johnson counsels her about diet and talks about the importance of reducing carbohydrates like white bread and pasta, and processed foods high in sugar. Marta returns the following week and when asked if she's changed her diet she says "no because I didn't need to." When asked why, she responds "well, my mother cooks for us and her food is always healthy." Dr. Johnson responds with "what kind of food does she make?" and the patient says "we often eat tortillas, rice and beans, and other vegetables."
- What do we learn from this example?
- What was different about the first conversation versus the second one?
- How do we acknowledge the patient's perspective while addressing medical concerns related to her new diagnosis?

Improving Communication

Thinking about how you communicate with patients outside the exam room

- During registration and intake
- When scheduling appointments or during reminder calls
- In health education handouts
- Through written instructions for medications, exercises or treatment
- In your After Visit Summary
- During prescription pick-up

Cross-Cultural Relationships

Factors that may influence building cross-cultural relationships:

- Gender
- Race
- Age
- Language, accent
- Authority
- Role in the family, role of the family
- Privacy, confidentiality
- Personal space
- Use of physical contact
- Eye contact
- Facial expression
- Body language
- Intonation, tone of voice



Strategies for Cross-Cultural Communication

- Be aware of the impact of your our own culture on your communication
- Ask questions and learn about your clients' cultures
- Ask for help from community health workers / interpreters / community partners
- Speak clearly and clarify
- Use common language
- Face the client when speaking
- Use written materials in the client's language
- Use visuals
- Don't make assumptions!



Scenario

- Daniel is a 40-year-old man from Jamaica. This is his first year in the United States and he's excited to start working so he can send money back to his wife and children. One day he goes to the clinic because he is concerned about a rash on his hands. At the end of the appointment, the doctor tells him to buy a special lotion and return next week. Because Daniel comes from Jamaica, the scheduler assume he speaks English and he is not offered interpretation services. Two weeks later the scheduler calls a community health worker to ask why Daniel missed his appointment. They gave him a reminder card and everything. After checking in with him, the CHW explains that Daniel's first language is Patois and he struggles with both spoken and written English.
- What do we learn from this example?
- How could the situation have been avoided?
- What would a better outcome have been?



Key Takeaways

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Key Takeaways

- Importance of professional interpretation
- Practice cultural humility
- Think about the journey (or visit) from beginning to end
- Use resources in your community
- Remember your goals - promoting independence, improving health access and outcomes

Questions?

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