Working with Linguistically Diverse Populations

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PA System of Care CLC Webinar Series 2016

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2016 CULTURAL & LINGUISTIC COMPETENCY SERIES: Sustaining Our Journey

Mental Health Friendly Communities: Building Faith-based SOC Partnerships

Tuesday, March 29, 2016 @ 3:00 PM

Featuring . . .
Gigi R. Crowder. L.E.
Ethnic Services Manager
Behavioral Health Care Services

Cultural and Linguistic Competence is a journey and a key first step is to engage cultural brokers. Mental Health Friendly Communities is a program that provides culturally focused trainings and resources that directly speak to the mental health issues facing minority communities.

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REFRESH: PA SOC Partnership CLC Pilot Project

Tuesday, January 26, 2016 @ 10:00 AM & 6:00 PM

Learn from Montgomery, Northumberland, and York Counties on their experience as participants in the PA SOC Partnership Cultural and Linguistic Competency Pilot Project. The webinar will share steps to incorporating culturally and linguistically competent methods into your System of Care CLC planning process by engaging youth, family, and system partners in the following core areas: (1) Assessment; (2) Planning; and (3) Implementation.

Working with Linguistically Diverse Populations

Tuesday, May 17, 2016 @ 10:00 AM & 6:00 PM

An effective System of Care for linguistically diverse communities needs linguistically competent policies, structures and practices. Implementing language access is, however, complex and requires knowledge, skills and resources. This webinar will provide answers to frequently asked questions about how to implement language access.

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Kelsey Leonard

What is Linguistic Competence?

- The capacity of an organization and its personnel to communicate effectively, and convey information in a manner that is easily understood by diverse audiences including persons of limited English proficiency, those who have low literacy skills or are not literate, and individuals with disabilities. (Goode & Jones, 2006).

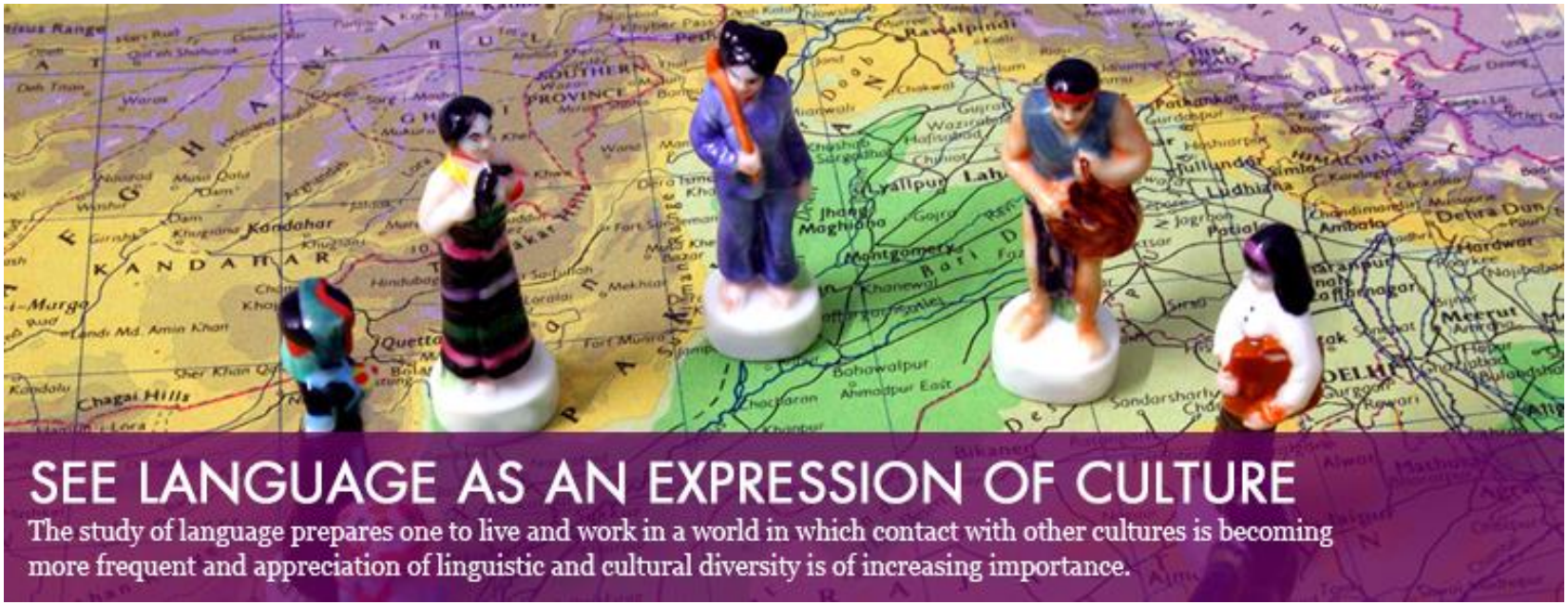
Lost in Translation

- Why did GM's Chevy NOVA have poor sales when it was introduced in Latin America?

- Maybe because in Spanish "no va" means "doesn't go." Nobody wanted a car that did not move!

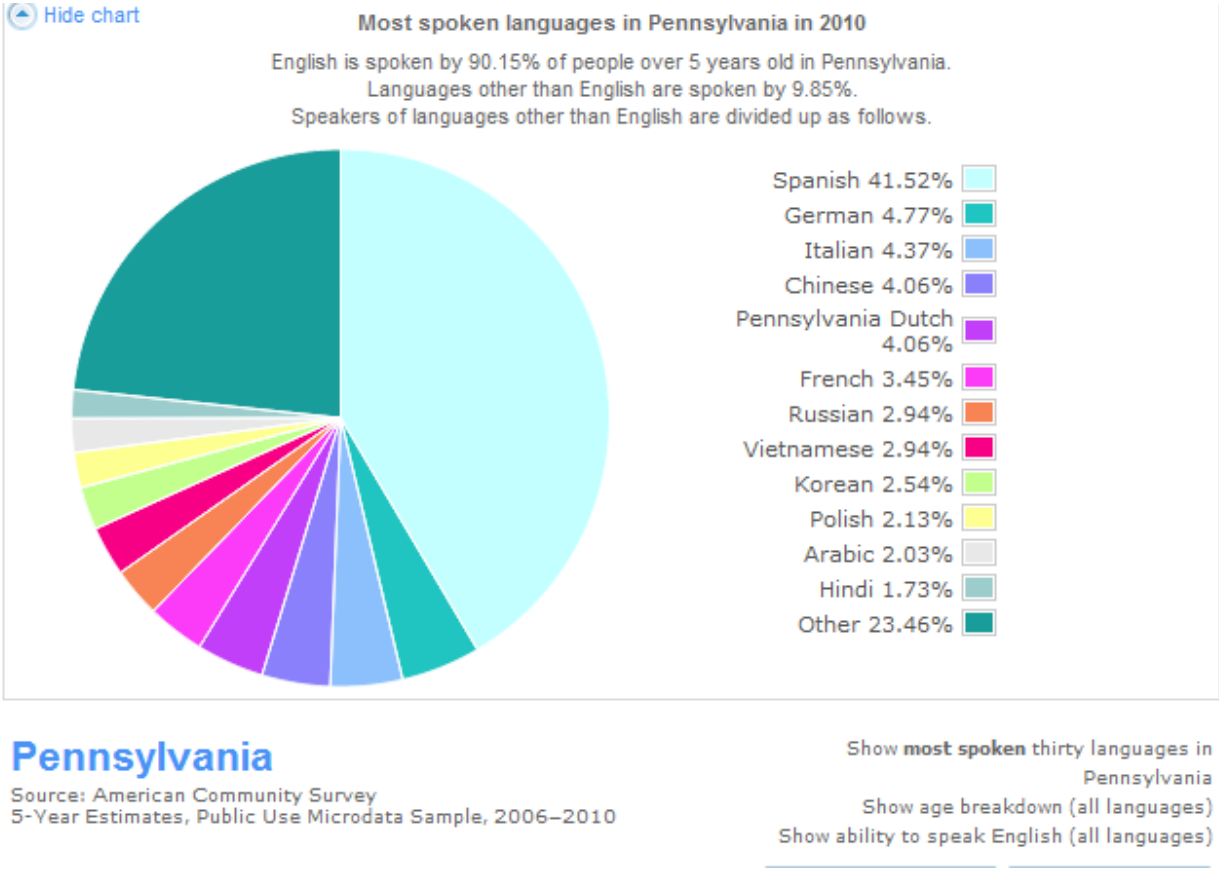
Key Point

- Language is part of culture:
- Every language expresses ideas in different ways.



Most Spoken Languages in PA

- English is spoken by 90.15% of people over 5 years old in Pennsylvania. Languages other than English are spoken by 9.85%. Speakers of languages other than English are divided up as follows.



What is Health Literacy?

- Health literacy is the degree to which individuals have the capacity to *obtain, process,* and *understand* basic health information and services needed to make appropriate health decisions.

- Health literacy is dependent on both individual and systemic factors:
  1. Communication skills of lay people and professionals
  2. Knowledge of lay people and professionals of health topics
  3. Culture
  4. Demands of the healthcare and public health systems
  5. Demands of the situation/context

What Factors Affect Health Literacy?

Health literacy is dependent on lay person and professional knowledge of various health topics.

- People with limited or inaccurate knowledge about the body and the causes of disease may not:
  - Understand the relationship between lifestyle factors (such as diet and exercise) and health outcomes
  - Recognize when they need to seek care
- Health information can overwhelm people with advanced literacy skills.

What Factors Affect Health Literacy?

Health literacy is dependent on culture.

Culture affects:

- How people communicate and understand health information
- How people think and feel about their health
- When and from whom people seek care
- How people respond to recommendations for lifestyle change and treatment

What Health Literacy is NOT …

Health literacy is NOT…

- Plain Language. Plain language is a *technique* for communicating clearly. It is one **tool** for improving health literacy.

- Cultural Competency. Cultural competency is the ability of *professionals* to work cross-culturally. It can **contribute** to health literacy by improving communication and building trust.

Why is Health Literacy Important?

Health literacy is important because it affects people's ability to:

- Navigate the healthcare system, including locating providers and services and filling out forms
- Share personal and health information with providers
- Engage in self-care and chronic disease management
- Adopt health-promoting behaviors, such as exercising and eating a healthy diet
- Act on health-related news and announcements
- Understanding directions on medication

These intermediate outcomes impact:

- Health outcomes
- Healthcare costs
- Quality of care

Health Literacy & Quality of Care

Health literacy affects the quality of health care.

"Good quality means providing patients with appropriate services, in a technically competent manner, with *good communication*, *shared decisionmaking*, and *cultural sensitivity*."*

* From IOM. *Crossing the Quality Chasm: A New Health System for the 21st Century*. 2001.

Health Literacy and Shame

- People with limited health literacy often report feeling a sense of shame about their skill level.
- Individuals with poor literacy skills are often uncomfortable about being unable to read well, and they develop strategies to compensate.

Measuring Health Literacy

- Tasks used to measure health literacy were organized around three domains:
  - Clinical: Filling out a patient form
  - Prevention: Following guidelines for age-appropriate preventive health services
  - Navigation of the healthcare system: Understanding what a health insurance plan will pay for

Measuring Health Literacy

- Proficient: Can perform complex and challenging literacy activities.
- Intermediate: Can perform moderately challenging literacy activities.
- Basic: Can perform simple everyday literacy activities.
- Below Basic: Can perform no more than the most simple and concrete literacy activities.

- Percentage of Adults in the *Below Basic* Health Literacy NAAL Population: 2003

Characteristic	Percent in *Below Basic* population	Percent in total population
Did not graduate from high school	51	15
Did not speak English before starting school	39	13
Adults reporting poor health	10	4
Hispanic adults	35	12
Age 65+	31	15
No medical insurance	36	18
Did not obtain health information over the Internet[1]	80	43
Black adults	19	12
One or more disabilities[2]	48	30

[1] The "Did not obtain health information over the Internet" category does not include prison inmates.
[2] Disabilities include vision, hearing, learning disability, and other health problems.

Source: U.S. Department of Education, Institute of Education Sciences, National Center for Education Statistics, 2003 National Assessment of Adult Literacy (NAAL)

The Bottom Line

- Only 12 percent of adults have Proficient health literacy. In other words, nearly 9 out of 10 adults may lack the skills needed to manage their health and prevent disease.
- Fourteen percent of adults (30 million people) have Below Basic health literacy. These adults are more likely to report their health as poor (42 percent) and are more likely to lack health insurance (28 percent) than adults with Proficient health literacy.

Who is at Risk?

- The problem of limited health literacy is greater among:
  - Youth
  - Those who are poor
  - People with limited education
  - Minority populations
  - Persons with limited English proficiency (LEP)

Advocate for Health Literacy Improvement

- Make the case for improving health literacy.
- Incorporate health literacy in mission and planning.
- Establish accountability for health literacy activities.

Interpretation: Desired Outcome

- High-quality accessibility to System of Care for non-English-speaking or LEP populations so that the care youth and families receive will lead to similar quality of care delivery of English speakers and improved health outcomes.

Recommended Initial Steps

- Map out gaps – Understand County Linguistic Demographics
- Define the existing solutions – the means of language accessibility currently used
- Define the scope of the desired solution
  - Does the percentage of youth and families turning to the county require the employment of in-house staff interpreters, remote language access (by telephone/video) or the use of bilingual employees that have undergone adequate medical interpreting training?

Recommended Follow-up Activities

- Establish a pool of interpreters
  - language access will be achieved through the use of one or more of the following ways: the employment of interpreters; contracting with interpreting services, or; use of bilingual employees and volunteers who received adequate training in interpreting.
- Establish and integrate policy for interpretation
- Disseminate knowledge regarding language access to all
- CLC Training on Use of Interpreters

Recommended Maintenance Activities

- Continually assess the availability of language access relative to demand.
  - Assess the impact of the various means of language access on the delivery of care.
- If possible – assess the quality of the interpreting, by professional interpreters.
- Monitor the actual use of interpreting upon the youth/family served request and in every case of a language gap.
- Setting a feedback and control mechanism of the interpreters' work.

Written Translation: Desired Outcome

- Signature/Consent Forms Available in Other Languages
- County materials available in common languages
- Allow for cultural adaptations
- Use of expert medical translators
- Evaluation & Quality control

Recommended Initial Steps

- **Map out** all the forms in the organization in order of importance to the patients:
- **Classify** the forms according to how crucial they are to the patient (crucial/important/nice to have).
- **Identify** potential translation professionals
- **Locate** forms and documents that had been translated by other entities, and can be adapted to the health organization.
- The original, English materials should be **adapted** to the level of the target audience's health literacy

Recommended Follow-up Activities

- Translate all forms that require the patient's signature
- The organization will enable every patient to choose the language of the form they sign
- Every new form relevant to the target audience will be sent for translation into the target languages relevant for the organization.

Recommended Maintenance Activities

- **Assessment** of ongoing availability
- All the translated documents should be **easily accessible** from the organization's data systems.
- Consider **sharing** translated documents with PA SOC Partnership SIT to share with other SOC Counties
- Ongoing **monitoring** of the availability of the translated material should be conducted.

Linguistic Competence

- **Literal translation** is the strict adherence to the original text's composition and grammatical structure. This may not accurately transfer the meaning of the original text to the target language.

- **Adaptation:** Replacing cultural or social elements from the original text, first in considering the relevance of the content to your target group and then with by modifying elements in the translated product as necessary.

Linguistic Competence

- Translators DO NOT usually adapt materials to make them culturally competent. Just because a document is translated does not mean it is culturally competent. If your document is not culturally competent, you may not successfully engage your target audience even if the document is in their language.

- We strongly recommend not using untrained translators (e.g. staff members that speak the target language) since good translation requires formal skills, training and practice.

  - ***Cultural adaptation does not mean changing your message. It means changing how you convey it.***

Linguistic Resource Inventory

- Language Support
  - Translation Services (are written materials available in other languages?)
  - Interpreting Services (can we communicate with members of the community via telephone and in person?)
  - Bilingual Staff (how do I evaluate staff members' language proficiency?)

Resource Inventory

- Factors to Consider for TRANSLATION (written documents)
  - Do we have a partner for translation services?
  - If using in-house staff to translate, consider:
    - Qualifications (ATA certified)?
    - Indirect Costs
    - Errors/Omission Insurance
    - Necessary Industry Standard Translation Tools

Resource Inventory

Questions to Ask for Quality Translation Services

- Does the provider use translation memory tools?
- Are there any hidden costs?
- Does the provider offer culturally appropriate services?
- Can the provider assist with literacy issues?
- Am I protected?

Resource Inventory

- Factors to Consider for INTERPRETING (spoken language needs)
  - Do we have a partner for interpreting services?
  - Do we have access to an interpreting service that is available 24/7?
  - Do we have access information readily available?
  - Do we have a list of volunteer interpreters/bilingual staff available for emergencies?

Resource Inventory

- Factors to Consider for BILINGUAL STAFF (spoken language needs)
  - Have staff members been tested for language proficiency?
  - Written vs. oral
  - Incentive or recognition program for testing
  - Is there a roster of individuals with proven language proficiency?
  - Proficiency does not equal interpreting or translation ability

Guidelines for Translation

1. Determine your target audience
2. Copyedit the original document
3. Examine the cultural competence of the document for the targeted audience: Remember, translation does not make a product culturally competent.
4. Involve leaders from the target community throughout the process
5. Identify a translator
6. Copyedit the translated document
7. Elicit feedback from the target audience
8. If applicable, select a graphic designer that has experience working with your target audience.

Mental Health Interpreter Training (MHiT) Module

- National Asian American, Pacific Islander Mental Health Association and National Latino Behavioral Health Association Mental Health Interpreter Training (MHiT)
  - Intensive Training of Interpreters for Mental Health Services - Three day training
  - Training for Providers who use Interpreter Services in Mental Health Settings – One day training

Purpose of MHiT Training

- The purpose of the MHiT is to support mental health providers working within communities where concentrated numbers of monolingual Spanish speaking or Limited English Proficient (LEP) clients often do not receive adequate care due to a lack of bilingual/bicultural staff.
- With the tremendous growth of LEP populations nationally and the lack or shortage of bilingual/bicultural mental health professionals who can serve LEP or monolingual speaking communities, developing and enhancing capacity to address consumers and families is essential.
- Thus training interpreters is a critical step in eliminating disparities in language access to behavioral health services.

Benefits of MHiT

1. Increases the organization's capability to provide appropriate cultural and linguistic services to culturally diverse communities.
2. Increases the number of qualified skilled interpreters within the organization.
3. Enhances the skills and knowledge of interpreter staff.
4. Improves communication between client and service provider.
5. Improves capacity to gather accurate background information.
6. Increases the accuracy of diagnosis, treatment and intervention.
7. Lowers the risk associated with using untrained interpreters.
8. Enables providers to partner effectively with their interpreters in the communication process.
9. Improves Quality of Care.

Bilingual Interpreter Module

- Who should Participate:
  - The MHiT is designed to support bilingual/bicultural individuals interested in enhancing their skills as a Mental Health Interpreter or becoming mental health interpreters.
- Twenty one (21) hours of training is presented over the course of three (3) days and is delivered on site by two trainers. Participants can include direct service staff, clinicians, administrative support staff, bilingual community members, contractors, consumers and other staff currently serving as language interpreters. Participants must be fluent in at least one language other than English and have an interest in becoming a trained interpreter.
- Each training event will train up to a maximum of 30 participants.

Monolingual Provider Module

- Who should Participate:
  - The training for providers who use interpreters in mental health settings is a 7-hour training designed to provide instruction on the fundamental principles of using interpreters.
  - The interpreter's ability to be effective can be seriously hampered if the providers themselves are either culturally incompetent or do not know how to properly use an interpreter.

- Each training event will train up to a maximum of 30 participants. Training is conducted on site by one instructor. Participants can include mental health providers who use interpreter services including psychiatrists, psychologists, clinical social workers, Master in Family Therapists, nurses, administrators, and other system partners working in the area of Cultural and Linguistic Competence for the PA SOC Partnership.

MHiT Contact Information

- Resources Available at:
  - http://www.nlbha.org/index.php/programs/mental-health-interpreter-training
- For More Information on MHiT Contact:
  - A. Marie Sanchez
    - *The MHiT Project Manager*
      P.O. Box 387
      Berthoud, CO 80513
      Phone: (970) 532-7210
      Fax: (970) 532-7209

What are PA SOC Counties Doing?

- Front Desk Training + Language Skills
- Translation Software w/adaptive dictionary
- Cultural Broker/ Community Partnerships
- What are your counties doing?

Questions?

Thank You!!

Cultural competence and linguistic competence are a life's journey … not a destination

Safe travels!

T.D. Goode

Slide Source: National Center for Cultural Competence, 2010

Please Join Us!

- ***Cultural & Linguistic Competency Sessions at 2016 Learning Institute***

  Monday, June 19, 2016 @ 3:15 PM

  - Interested in serving on the state CLC Subcommittee? Then join us in state college during the 2016 Learning Institute for our strategic planning meeting and learn how you can become a participatory member for the 2016-2017.
  - Questions? Please contact leonardkt@upmc.edu

Thank You

- Please contact Kelsey Leonard, CLC Coordinator for the Pennsylvania System of Care Partnership at leonardkt@upmc.edu with any questions, comments and/or for additional resources.

References

The majority of the content of this presentation is adapted from:

Cross, Bazron, Dennis and Isaacs, *Toward a Culturally Competent System of Care…* 1989.

Additional Resources:

- Andy Hunt, *Cultural Competence Model* … 2010.
- Darci Graves, *Cultural Competence and Risk Communication*…2007.
- Tawara D. Goode, *Bridging the Cultural Divide in Health & Mental Health Care Settings: The Essential Role of Cultural Brokering Programs*… 2006.