Communication and Language: Putting the National CLAS Standards into Practice

Session 13
Georgetown University Training Institutes
July 16-20, 2014

Objectives
- Defining the core elements of CLAS
- Using the Four-Factor Analysis to make informed decisions of the most impacted populations in your state and communities
- Implementing a coordinated approach through workforce development, coalition building and community conversations
- Using plain language to create multi-media and evaluations
- Identifying outcomes from communication and language focused strategies

Our Presenters & Communities

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INSTRUCTIONS:
- Write from right to left
- Fill in all the blanks
- For dates, use the Muslim calendar, which begins July 16, A.D. 622
- Do not answer number 7 unless you have a green-and-white card
- Complete this task in 3 minutes

THE FORM

Census Information (2010) showed:
- Foreign Born - 19.4%
- White - 69.8%
- Non-Hispanic White Persons - 44.8%
- Persons of Hispanic/Latino Origin - 28.2%
- Black/Afr. American - 21.8%
- Asian - 5.3%
- American Indian/ Alaska Native - 0.6%
- Native Hawaiian/ Other PI - 0.2%
- 33% speak a language other than English at home

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
  - individuals with disabilities, and
  - those who are deaf or hard of hearing.
What is Linguistic Competence?

• Linguistic competence requires organizational and provider capacity to respond effectively to the health and mental health literacy needs of populations served.
• The organization must have policy, structures, practices, procedures, and dedicated resources to support this capacity.

Goode & Jones (modified 2009). National Center for Cultural Competence, Georgetown University Center for Child & Human Development.

Legal Obligation to Provide Access

• Entities receiving assistance from the federal government must take reasonable steps to ensure that persons with Limited English Proficiency (LEP) have meaningful access to the programs, services, and information those entities provide.

Who must comply?

• All programs and operations of entities that receive assistance from the federal must comply— including:
  • State agencies
  • Local agencies (including schools)
  • Private and nonprofit entities
  • Sub-recipients (entities that receive federal funding from one of the recipients listed above)

What is the legal authority?

• For recipients of federal financial assistance, the legal authority is Title VI of the 1964 Civil Rights Act
• For recipients of federal financial assistance and federal agencies, the legal authority is Executive Order 13166

Executive Order 13166: Improving Access to Services for Persons with Limited English Proficiency

• The Order covers all federal & federally assisted programs & activities.
• Federal agencies must:
  • Publish guidance on how their recipients can provide access to LEP persons & improve the language accessibility of their own programs.
  • Break down language barriers by implementing consistent standards of language assistance across federal agencies and amongst all recipients of federal financial assistance.

Informed Consent

• Informed consent requires written information to be translated & oral information to be interpreted into the family’s language
• Notice of rights must be in family’s language
Four Factor Analysis

- Recipients of federal financial assistance (grants, contracts, Medicaid/Medicare Service Providers etc.) have an obligation to reduce language barriers that can preclude meaningful access by LEP persons to important government services.

ENHANCED ‘CLAS’ STANDARDS

- “Culturally and Linguistically Appropriate Standards” in Health Care
- Developed by Office of Minority Health
- Voluntary
- First federal standards for care released in 2000
- Revised in 2013

- Focuses on the development of CLC in 3 primary areas:
  - Governance, Leadership & Workforce
  - Communication and Language Assistance
  - Engagement, Continuous Improvement & Accountability

ENHANCED CLAS STANDARDS Communication and Language Assistance

- 5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
- 6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
ENHANCED CLAS STANDARDS

Communication and Language Assistance:

* 7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
* 8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

Wraparound Orange Proficiency Scale

- The proficiency scale has 4 main levels (Novice, Intermediate, Advanced, and Superior).
- The first three levels are each subdivided into 3 sub-levels (Low, Mid, and High).
- The ACTFL scale provides a great deal of definition, especially at the lower levels of proficiency usually achieved in foreign language learning.

Wraparound Orange Language Proficiency Testing

- Staff who self-identified as bilingual were tested
  - Spanish
  - Haitian Creole
  - Not everyone who self-identified as bilingual was deemed proficient

Wraparound Orange Interpreter Training

- Individuals with demonstrated proficiency were trained as interpreters
  - 40 hour Interpreter Training
  - Curriculum Used was “The Community Interpreter”
  - Attendance to entire training, skills demonstration and a Minimum Score of 80 on the post-training examination was required to successful completion

Wraparound Orange Language Services Company

- Contracted with a Language Services Company for:
  - Document Translation
  - Telephonic Interpreting
High-Risk Strategies
- Untrained bilingual staff
- Untrained contract or volunteer interpreters.
- Family or friends.
- Children. (DO NOT USE CHILDREN)

Friends, Family Should Not Interpret
- The use of friends and family members to assist with interpretation may have a negative impact on care.
- Possible:
  - Breach of Confidentiality
  - Reluctance of the patient to reveal personal information, even information critical to his/her health
  - Incompetent interpretation due to lack of familiarity with medical/behavioral health terminology.
  - Miscommunication during health decision-making or follow-up instructions

Lessons Learned
- Not all language services companies are created equal
- Careful selection is important
- Lowest bid may not be the best approach
- Sometimes they get it all wrong
- A well developed plan should be in place to guide meaningful language access
- Ongoing Staff Training is Essential

Sustainability
- Working to support community partners in their efforts to infuse Cultural and Linguistic Competence into Service Provision
- CLC Fact Cards Developed by committee and disseminated to staff at all contracted & partner agencies
- The largest provider of Behavioral Health Services in the region (a partner agency that receives technical assistance from Wraparound Orange) recently secured funds to translate all their vital documents and include them into the Electronic Medical Records System

Sustainability
- Wraparound Orange has facilitated the completion of Language Access Plans in all contracted organizations
- Some local efforts have rolled up to National Bodies to which contracted Organizations report
- Ongoing inter-organizational meetings to discuss best practices and share lessons learned and strategies to overcome hurdles.

Addressing Language Access Service Needs in Guam
CLAS Standards # 5, #7, #8 & #13
2014 Training Institute: Improving Children’s Mental Health Care in an Era of Change, Challenge, and Innovation
Washington, D.C.
July, 2014

Presenters:
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What we will cover:
1. Brief introduction to Guam
2. Key Activities Towards CLAS
   • Workforce Development
   • Coalition towards LAS
   • Community Conversations & LAS Products
3. Conclusion

GUAM, “Where America’s Day Begins”

2010 Guam Census
- Chamorro: 37.1%
- Filipino: 26.3%
- FSM & Republic of Palau: 11.3%
- Mixed ethnicity: 9.8%
- Caucasian: 6.9%
- Asian (other than Filipino): 6.3%
- Other: 2.3%

Population: 159,358

Languages spoken in Guam
- English: 38%
- Chamorro: 22%
- Philippine languages: 22%
- Other Pacific island languages: 7%
- Other Asian languages: 7%
- Other languages: 4%

56% of the population 5 years and older speak a language other than English in their homes.

Project Kariñu, Loving Our Babies

For babies from birth to five & their families

First Key Activity: Workforce Development

CLAS Standard # 7. Ensure competent LAS providers

Activities: Began with training for Interpreters

Sources of info for Training: UOG, CLC T.A., CLC COP, Webinars, Websites, Diversity Conferences and LAS Organizations
Training Challenges:

- Interpreter Training for Pacific Island and Asian languages/cultures?
- Training in behavioral health and early childhood development content?
- Funding for training of interpreters

Insights from Training Events:

- How to help interpreters understand and communicate about behavioral health concepts in the context of their cultures/languages?
- No local proficiency testing of interpreters in Pacific Island Languages? English proficiency?

Results from Training Events:

- Implementation of Cultural Conversations on Behavioral Health with Interpreters and Cultural Leaders
- Attention from smaller networks wanting training/funding for their pool of interpreters
- Change in focus from training to “workforce development”

Change in Focus: From Training to Workforce Development

- How to promote better pay for trained interpreters?
- How do we work towards certification of interpreters?
- How to promote organizational attention to the need for LAS?
- How are other local organizations meeting their LAS needs?
- How do we fund LAS?

Developing the Next Steps

- Paid attention to the questions being raised by participants
- “Switched Frames” - How to turn challenges into opportunities?
- Who else is doing this type of work?
- Who else has similar needs?
- ....resulted in a COALITION.

Second Activity: Partnerships

**CLAS Standard # 7. Ensure competent LAS providers**

& **CLAS Standard # 13. Partnerships to ensure CLC**

**Activity:** Development of a coalition to advance LAS in Guam: “Culture & Language Appropriate Service Partners” (CLASP)
Partnerships for Actualizing LAS: CLASP

Addressing Challenges:

• Look for the alliances
• Establish shared vision
• Define member’s roles
• Ensure shared responsibilities
• Train partners on CLC and CLAS
• Walk the talk of cultural competence (voice, choice, diversity) in processes

CLASP Accomplishments to date:

➢ Dec. 2013 Adoption by GBHWC’s PEACE Council
➢ Jan. 2014 Public Forum & Training for Interpreters
➢ Feb. 2014 Guam Community College: New Advisory Board to develop Training Curriculum
➢ Mar. 2014 Strategic Planning: Vision, Mission & Plan to promote CLC

SUSTAINABILITY

CLASP Strategic Plan includes the following:

• Local Training curriculum at GCC
• Exploration of certification processes
• Exploration of developing job descriptions for interpreters in government sector
• Policy development/requirement across all agencies for LAS or CLC Plan development

Third Activity: Community Conversations & LAS Products

CLAS Standard # 7. Ensure competent LAS providers

CLAS Standard #8. Multimedia Materials

CLAS Standard # 13. Partnerships to Ensure CLC

PURPOSE, PROCESS & PRODUCTS OF “CULTURAL CONVERSATIONS”

Purpose of “Conversations”
Engage in discussions about behavioral health from the lenses of their cultures and languages.

Process of Selection:
Selection of cultural leaders (e.g., consulate’s office), ethnic brokers (e.g., natural leaders), (in)formal service providers and consumers, and other traditional resources persons.
PURPOSE, PROCESS & PRODUCTS OF “CULTURAL CONVERSATIONS”

The Process of Engagement:

- 10 behavioral health concepts
- 10 language/ethnic groups
- focus group (5/28/13)
- two full-day sessions (6/4/13 & 6/18/13),
  Supports was provided during both sessions
  (i.e., stipends, meals, documentation).

Behavioral Health Concepts that were the focus of “Cultural Conversations”

- Parenting
- Nurturing
- Playing
- Wellness
- Health
- Illness

Ethnic Groups Participating in the “Cultural Conversations”

- Chamorro
- Filipinos
- Chuukese
- Koreans
- Palauans
- Japanese
- Yapese
- Chinese
- Pohnpeians
- Caucasians

Western Pacific & Micronesian With United States Overlay ~

Products of “Cultural Conversations”

Storyboard of Micronesian Peoples:
A Navigation Chart to Better Understanding

- Philosophical Outlook
- Forms of Expression
- Interpersonal Mannerism
- Language Spoken
- Individual Identification
- Division of Labor
- Modes of Sustenance
- Religion & Spirituality
- Healing Approaches
Products of “Cultural Conversations”

Project Kariñu 2014 Calendar

Project Kariñu 2014 Calendar

Project Kariñu 2014 Calendar

Project Kariñu 2014 Calendar
Project Kariñu 2014 Calendar

MARCH 2014

1

Bína! Mgy Chumor

17

submerge a bit into the water…….

Project Kariñu 2014 Calendar

APRIL

submerge a bit into the water…….

Project Kariñu 2014 Calendar

JUNE

submerge a bit into the water…….

Project Kariñu 2014 Calendar

JULY

submerge a bit into the water…….

Project Kariñu 2014 Calendar

AUGUST

submerge a bit into the water…….

Project Kariñu 2014 Calendar

SEPTEMBER
**Products of “Cultural Conversations”**

**Tee shirts** promoting “play” for children with translations and handouts on “Importance of Letting a Child Play” with translations

**Products of “Cultural Conversations”**

*Nihi Ta Fan Hugando*  
(Chamorro)
*Sa kukunou*  
(Chuukese)
*Me Doolil*  
(Palauan)
*Maglaro Tayo*  
(Tagalog)
*Let’s Play*

Tee shirts that promote interaction

**Glossary of Behavioral Health Terminology in Pacific Island Languages** - and - Research Paper for publication

- Other..... *Poster illustration of family and health concepts*
- Theater production to illustrate concepts
- Commercial in multiple languages

**What did we learn?**

- Clarification of self in one’s ethnicity in context of new environment (Guam) -> **Redefinition of self**
- Greater awareness and heightened ethnic pride in the **acculturation process**
- Community building in larger context to address tension amongst ethnic groups – **emphasis shifts to collaboration for survival**
- **Destigmatizing behavioral health** in the ethnic community by use of indigenous concepts

**How we have implemented CLAS Standard 8 in FACES of Miami System of Care Transformation Project**

Myriam Monsalve-Serna  
and  
Maria Elena Villar

**Agenda for this section**

- Principles from CLAS Standard 8 that guided our work
- Multilingual Social Marketing  
  - Process and products
- Importance of understanding your audience
  - Obtaining Cultural and Linguistic insights
  - Translating insights into messages
  - Practical exercise
Standard 8: Provide easy-to-understand print and multimedia materials and signage in the languages used by the populations in the service area.

Guiding Strategies from CLAS:

1. **Plain language, clear communication and information design** [HHS ODPHP, 2010]

2. Translate materials and **evaluate the quality of these translations** (Wilson-Stronks & Galvez, 2007).

3. Develop materials in **alternative formats** (The Joint Commission, 2010).

4. **Test materials** with target audiences to check • content that might be embarrassing or offensive, • cultural practices that provide more appropriate examples, • whether graphics reflect the diversity of the target community

**FACES Multilingual Social Marketing**

- Websites
- Facebook
- Art & performance
- Fotonovelas
- Radio stories with images

**Multilingual social marketing: the web**

- Separate but related websites created for
  - FACES of Miami
  - Youth M.O.V.E. through the arts
  - Federation of Families Miami-Dade Chapter
- All pages are trilingual and linked to each other
Multilingual social marketing

- FB pages for FACES of Miami, Federation of Families and YouthM.O.V.E. through the Arts.

- Several members have admin. rights and all members are encouraged to share and post on our walls

- We try to reach all our audiences in with their languages and cultural cues

  - We also use Twitter, YouTube and Instagram with youth, mostly in English

Multilingual social marketing: Art & performance

- Strong emphasis on art as therapeutic activity and vehicle for expression and advocacy.

- Stigma reduction messages communicated through art

- High quality artistic activities including:
  - Youth M.O.V.E. Community Choir
  - Bi-lingual sociodrama: ¿Qué pasa familia?
  - Dance: salsa group (YM) and Haitian folkloric dance (FOF)
  - Yellow bus mural (and many more)
Multilingual social marketing: Art & performance

Multilingual social marketing: Fotonovelas
- Fotonotela = graphic stories in comic book format using photos and dialogue
- Started as photographic stills of popular films of the 1940’s. flourished in Latin America in the 1950’s and 1970’s and spread north to U.S. Hispanic
- Have been used widely to disseminate education materials on multiple topics to Latinos in underserved communities to address barriers to health care in limited English proficiency (LEP) and low-literacy groups.
- The fotonovela works well as a culturally informed health tool because it combines visual elements and short, simple text which reflect common social experiences of the targeted audience.
- Its wide acceptance and ease of use makes the fotonovela an efficient alternative to wordy brochures for communicating health and safety messages to Spanish-dominant communities.

Writing the Fotonovelas
- FOF members and the social marketing committee engaged members of the targeted group to capture the dialogue of cultural stigma about mental health and substance abuse services
- With help from graphic designer, used photographs and simple short text bubbles to convey educational messages with a familiar, conversational tone.
- Social marketing staff and family members were equal participants in the development of the storylines, dialogue, and characters.

Fotonovela development process
- Community residents were invited to participate as writers, actors, and gave a very positive response.
- After photos were formatted and fit into the comic book format, several feedback and editing sessions were conducted to ensure the stories were realistic, relevant, understandable, and acceptable to the target audience.
- Though the fotonovelas depict real situations recounted by family members, actors were used for purposes of representation.
- Two stories were produced in full color, with English and Spanish versions for each. (Written first in Spanish, then translated to English)

STIGMA REDUCTION
Fotonovela
Multilingual social marketing: Radio stories

- Two radio story scripts were developed with the participation of families from the Haitian community.
- Using the same method as with the photo stories, the families collaborated to reveal how these challenges occur within their community.
  - 1st story touches on the issue of depression in youth and how families address the issue face the challenge within their culture.
  - 2nd story discusses the issue of mental illness (bipolar) and substance abuse and how families deal with the challenge within their culture.

Haitian Radio Stories

- Scripts were written in Haitian-Creole by social marketing staff based on community discussions and then reviewed by community members.
- Haitian-Creole speaking staff and family members volunteered to record voices at university recording studios.
- Stories were illustrated to accompany audio on YouTube, and excerpts were played on Haitian Radio stations in May 2014.
Now you give it a try...

Story Development Exercise

Instructions

- Read the educational or stigma reduction message assigned to your group.
- Find plain language ways to communicate the idea in a simple and accurate way.
- Read the cultural insight(s) based on participatory research with our target audience.
- Discuss what this means in terms of addressing the topic.
- Complete the worksheet and draft your graphic story.

Story Development Questions

- Who is your audience for this story?
- Youth, parents, providers, other family members, friends, etc.
- Who would realistically be talking about this issue that could serve as role models?
- Where would this dialogue take place?
- What characters would be involved in the dialogue?
- What character(s) will represent the undesirable behavior, and which will represent the desirable behavior?
- What is the take-away message for this scene?

Sample Exercise #1

Message: There is a difference between feeling sad and clinical depression. Persistent long term sadness could be a sign of clinical depression. Therapy can help and some people need medication to feel better. Some people need medication to fully deal with depression. Left untreated, clinical depression in teens could lead to more serious self-harming behaviors, sexual risk and drug abuse.

Cultural Insight: How can teenagers be depressed if they don’t have any real problems. This country makes children feel that all their little problems need “treatment.” We need to make youth stronger to face their problems because they only get worse. They need to have faith in God and in themselves. Parents are the ones who really need help; they are the ones with the real problems. Haitian people don’t commit suicide and don’t cut themselves. It’s just not in our culture. That is an American thing.

Sample Exercise #2

Message: Young people today encounter illegal drugs from a very early age. As early as elementary school, dealers get children to try drugs and sell them. It is important to speak to kids about drugs so they are prepared to respond. Parents need to prepare children to face these risks and be vigilant of friends, activities and signs of substance use and abuse.

Cultural Insight: Kids use drugs in this country because parents have to work and can’t supervise them. The loss of the extended family means that kids don’t feel they have people looking after them, and they want to grow up before their time. Searching through kids’ stuff is not disrespectful, but it’s useless because they will hide drugs outside the home.

Sample Exercise #3

Message: There are complementary and alternative approaches that could be useful to relieve anxiety and prevent depressive symptoms, and these are rarely spoken about between providers and consumers. Our program has launched an effort to encourage consumers and providers to ask each other about CAM wellness approaches.

Cultural Insight: Many Latino families are intrigued by CAM such as massage, aromatherapy, meditation, yoga, etc. and would love to try it, but feel they are hard to find and expensive. Some are worried these practices may go against their religious beliefs. May have tried natural and spiritual treatments but think providers will find them superstitious.
Thank you!