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# Health Literacy: Culture, Language and Engaging Refugees in the Health Care System

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# Cultural, Language and Engaging Refugees in the Health Care System

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# JVS Social Work Department

## ENGAGE-ENCOURAGE-EMPOWER

- ▣ Social Work Manager
- ▣ Youth Services (3)
- ▣ Family Case Management (3)
- ▣ Adult Therapist
- ▣ Global Gardens
- ▣ HAKC/HUD Case Manager

# Refugees in the U.S.

A refugee is someone who has been forced to flee his or her country because of persecution, war, or violence. A refugee has a well-founded fear of persecution for reasons of race, religion, nationality, political opinion or membership in a particular social group.

-UNHCR

U.S. FY 2016 resettled 107,000

U.S. FY 2017 projected to resettle 50,000

Less than 1% of the world's refugees are resettled in a 3<sup>rd</sup> country

U.S. FY 2018 projected to resettle under 30,000

# Legal Protections

## Civil Rights Act of 1964:

- ▣ **Central policy on language access** *No person in the United States, shall, on ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.*
- ▣ Source: Title VI of 1964 Civil Rights Act and Office of Civil Rights Policy Guidance on Language Access to Services

## Executive Order 13166 August 11, 2000

- ▣ “Improving Access to Services for Persons with Limited English Proficiency.”
- ▣ To improve access to federally assisted programs for persons, who as a result of national origin, are limited in their English proficiency (LEP). Agencies funded by the federal government must provide language assistance.

# An interpreter is a trained professional

- ▣ An interpreter masters the Interpreters' Code of Ethics.
- ▣ An interpreter takes interpreting classes such as Bridging the Gap™, Interpreting Basics or other classes.
- ▣ An interpreter prepares for certification.
- ▣ An interpreter studies every day to be the best interpreter possible.

*Bridging the Gap,™, the training program created by the Cross Cultural Health Care Program of Seattle.)*

# Who is appropriate to act as an Interpreter?

- Bilingual staff who are *trained and competent in the skills of interpreting.*
- Staff interpreters.
- Contracted Interpreter Service.
- Community Volunteer Interpreters.
- Telephone Interpreter Lines.

*Bridging the Gap,™, the training program created by the Cross Cultural Health Care Program of Seattle.)*

# Who is NOT appropriate as an Interpreter?

- Friends of any LEP individual.
- Family member of LEP patient/client.
- Minor children.
- Anyone who has not demonstrated proficiency in both languages.
- Anyone who has not received training in interpretation.
- Anyone who does not have an understanding of ethics and interpreting practices.

*Bridging the Gap,™, the training program created by the Cross Cultural Health Care Program of Seattle.*



## ▣ How this can translate to your work with refugee clients

- 1) Always ask if a client would like an interpreter either in person or on the phone (many times they may know the in person interpreter and feel uncomfortable)
- 2) Check in to make sure the correct variation of the language is being used
- 3) Many refugee's come from camps or places where choices were not offered and could use someone to advocate for access to choices and options they are not aware of.
- 4) Keep checking in to make sure their needs are being met and they understand what is going on through out the appointment.

*Bridging the Gap,™, the training program created by the Cross Cultural Health Care Program of Seattle*


# Tips For All Refugee Populations

- ❑ Lack of English comprehension does not mean the patient is unintelligent.
- ❑ Ask the patient what they believe is wrong and what they are already doing to address their health needs.
- ❑ Keep in mind that all refugees have experienced a significant amount of trauma. Being resettled in a new country adds to this trauma. Trauma affects memory.
- ❑ Passive Obedience- patients will agree to do something, when they have no intention of following through. They agree in person in order to be polite. Refugees come from repressive and exploitative environments where it wasn't always safe to defy a person of authority. As doctor, nurse, social worker etc, you are seen as a person of authority.



Thoroughly explain the importance of the task.

# Tips for Refugee Populations Cont.

- ❑ Explain concepts thoroughly and use the teach back method
- ❑ Practitioners have to ask questions differently with refugee populations.
- ❑ Theoretical questions.   
Complex or two part questions.  
Tradition pain scales.
- ❑ Direct questions ✓
- ❑ Many clients are not literate, even in their own language. Printed materials have to be explained and cannot just be handed to a client to follow up with.
- ❑ Trust needs to be established with a client.

- ▣ Centers for Disease Control. (2016). Burmese refugee health profile. U.S. Department of Health and Human Services Centers for Disease Control and Prevention National Center for Emerging and Zoonotic Infectious Diseases. Retrieved from:  
<http://www.cdc.gov/immigrantrefugeehealth/pdf/burmese-refugee-health-profile.pdf>
  
- ▣ Centers for Disease Control. (2014). Iraqi refugee health profile. U.S. Department of Health and Human Services Centers for Disease Control and Prevention National Center for Emerging and Zoonotic Infectious Diseases. Retrieved from:  
<http://www.cdc.gov/immigrantrefugeehealth/pdf/iraqi-refugee-health-profile.pdf>
  
- ▣ Centers for Disease Control. (2016). Congolese refugee health profile. U.S. Department of Health and Human Services Centers for Disease Control and Prevention National Center for Emerging and Zoonotic Infectious Diseases. Retrieved from:  
<http://www.cdc.gov/immigrantrefugeehealth/profiles/congolese/index.html>
  
- ▣ USA UNHCR (2016) <https://www.unrefugees.org/refugee-facts/>

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