

# Cultivating Community Resources to Address Language Barriers in Health Care

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## Purpose

This poster highlights a community-based collaboration between the Ohio State University, South-western City School District, and Primary One Health Center to address the challenge of language barriers in healthcare in Central Ohio. We based our collaboration on the principle that best solutions to a community problem are those that emerge from the gifts and assets already present in the community (McKnight and Block 2010).

## Background

Language barriers affect millions of patients in the US health delivery system each year. Language concordant (i.e., bilingual) health providers and interpreters are known to improve access to quality care for patients who speak a minority language. Nevertheless, the presence of bilingual professionals within the healthcare workforce remains small. At the same time, there is a shortage of qualified medical interpreters both at the national and local level. Language barriers thus remain a significant challenge in healthcare delivery. This challenge, furthermore, is projected to increase substantially in the coming years. Flows of immigrants into the US are not expected to slow in the near future. According to the Pew Research Center, immigrants are expected to account for 88% of the US population increase between 2015 and 2065. Concurrently, the full implementation of the Affordable Care Act will yield greater numbers of limited proficient patients distributed across the continuum of care. In 2014, for example, Spanish-dominant Latinos were the largest single group of enrollees during the open enrollment period.

Our project responds to the challenge of language barriers in healthcare by identifying and cultivating existing language resources in the local community. In 2013, Latinos made up 3.5% of the total population of the State of Ohio; however, the population between the ages of 5-19 accounted for nearly 7% of the population of the same age. In the same year, Latino youth accounted for 68,493 public school enrollments between grades 1-12. This large pool of students represents an opportunity to alter significantly the makeup of the healthcare workforce and to ensure greater access to language assistance services across the spectrum of healthcare delivery. We developed a model program that leverages proven resources within the Ohio State University to develop a pipeline of Latino students into the health professions. Our program simultaneously attends to the linguistic, academic, and financial needs of students in order to equip them to successfully enter and succeed in post-secondary health-related degree programs.

## Components of the Model

Our model brings community resources together to create five (5) distinctive learning experiences for high school level students. These experiences include:

1. High School and College level coursework in Spanish
2. Academic and Professional Mentoring
3. Medical Interpreting Training
4. Medical Interpreter Internships
5. National Certification

## High School and College Level Coursework

The students are required to complete the following Spanish courses their freshman and sophomore year: Heritage I and Heritage II. These courses were developed and tailored to this program by Dr. Martinez and Michael Schwarten. Upon completion of these courses, the students are then eligible to begin the college curriculum. The students apply for the College Credit Plus program (CCP) at OSU to get college credit for the coursework completed. This curriculum comprises of the following OSU courses: **SPAN 3413, COMM 2704/SPAN 2504, SPAN 5201 and SPAN 4193**. The students take one college course per semester beginning their junior year.

## Academic and Professional Mentoring

Success in these classes are enabled by student participation in the LASER mentoring program. The LASER mentoring program is a voluntary program in which undergraduate Latino students mentor high school students for college readiness.

Latino role model events are hosted each semester at Westland High School for the participating students. Bilingual physicians and other professionals meet with students to discuss their daily work, routines, the value of Spanish in these routines, and their professional trajectory. Students have the opportunity during these sessions to ask questions and gain insight into multiple career pathways.

## Medical Interpreter Training

At the beginning of the second year of the project, the students participate in The Community Interpreter (TCI) training. TCI is a 40-hour certificate program recognized nationally and facilitated in Columbus by Martti.

## Medical Interpreter Internship

During the final semester of the project, the students participate in an internship at PrimaryOne Health. PrimaryOne Health is a federally qualified health center with ten sites across Columbus that are located throughout medically underserved areas. This opportunity allows the students to put into practice the training and course content that they have learned over the life of the project. Valuable experience is gained by the students who work with Spanish-speaking patients at these sites. Students dedicate 6-8 hours per week for this internship.

## National Certification

Each student sits for the Commission on the Certification of Healthcare Interpreters (CCHI) national certification exam. Pass rates for this exam are very high among those who have successfully completed the TCI training program. The exam is scheduled for the end of the final semester in the program and shortly before the students' high school graduation.

## Challenges

Through the implementation of this program our team encountered a couple of challenges:

### **College Readiness**

Upon using measures to evaluate college readiness (ACT exam and Spanish language proficiency exam), we found that some of our students would need a more intensive approach to preparing them for college coursework. LASER mentorship was crucial in assisting these students in areas that were lacking.

### **Undocumented students**

Interest in this program from the students is very high. Many are enthusiastic and motivated to complete this program. In our cohorts, we had DACA and undocumented students that wished to participate. DACA students were able to apply and enroll into CCP without any trouble. However, our undocumented students faced international student fees when enrolled into CCP and understandably were fearful of revealing their status. This challenge caused some of our students to drop from the program.

### **Budget**

Grant funds covered much of the foundational expenses associated with the initial implementation of the grant. However, recurring costs for each iteration of the program in other school districts would need to be accounted for. The cost per students to complete the program would be approximately \$1,075.

## Conclusions

Notwithstanding the challenges we encountered, we believe that the program constitutes a unique model for community resource sharing to address impending problems. Our engagement strategy, focused on building and sustaining trust between school officials, university administrators, and clinic administrators, has been the single most important factor in ensuring that challenges are met and that strategies are devised to avoid them in the future.



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