# Today's training will include Spanish Language and Communication Equity.

If you are new to these meetings – welcome! We are happy to have you.

Thank you for your patience. We will begin shortly.

Resources for New and Existing Users
- **Troubleshooting CCTO Access Errors Job Aid**
- **CD Manual Main Page** (general CI/CT resources)
- **Scripts Page** (contains links to DHHS sample scripts for CI/CT phone outreach)
- **CCTO Training Resources Page** (contains job aids, system updates, etc.)
- **AHEC Training Page** (contains the recorded CCTO onboarding training, links to previous recorded live sessions – including today's)
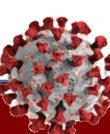
Spanish Language & Communication Equity

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April 27th, 2023

NC DEPARTMENT OF
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Agenda

1. Background about the Hispanic population in NC

2. Health disparities the Hispanic Population

3. Barriers to access to care

4. Language access - best practices

5. Cultural competence and cultural humility

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NC's Hispanic population is now greater than one million people.

10.7% of North Carolina's population is Hispanic or Latino, just over half the national average (18.7%).

Number of individuals of Hispanic or Latino origin, by county, 2020

Less than 10,000 | 10,000-24,999 | 25,000-49,999 | 50,000-99,999 | 100,000 or more
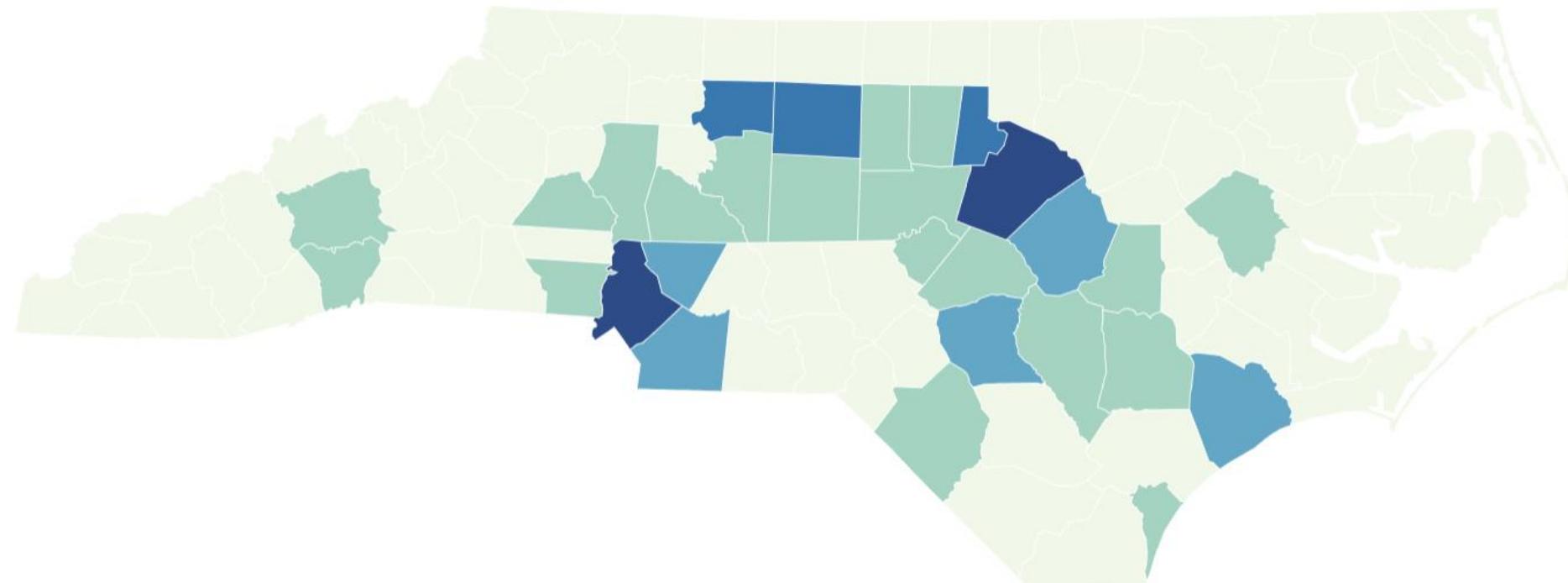
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Hispanic Population Has Grown Rapidly and Continues to Grow

North Carolina Hispanic Population 1970 - 2010
and Projected Through 2050
Thousands of People
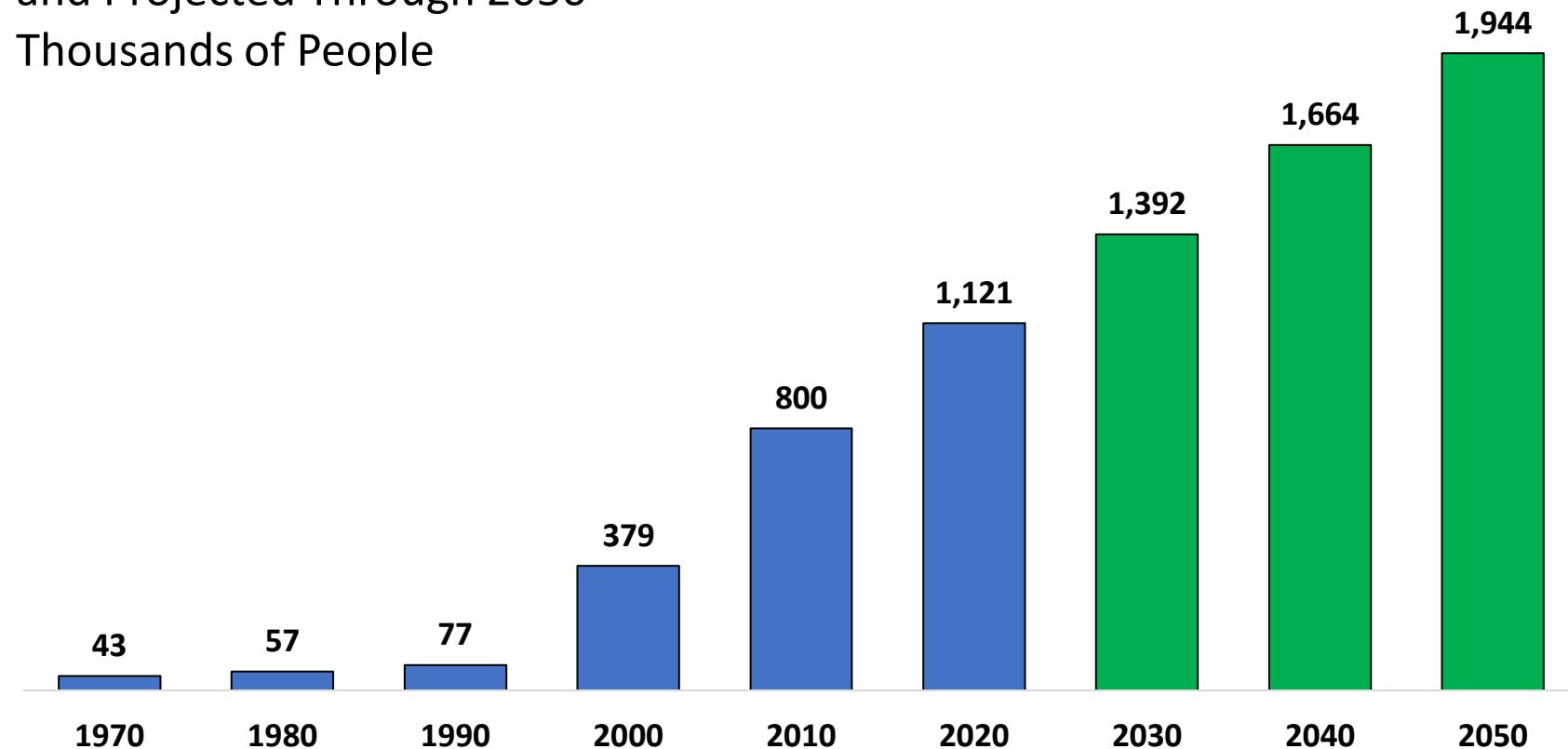
Source: North Carolina Office of State Budget and Management, Population Projections, Vintage 2021.

Hispanic Population is Diverse
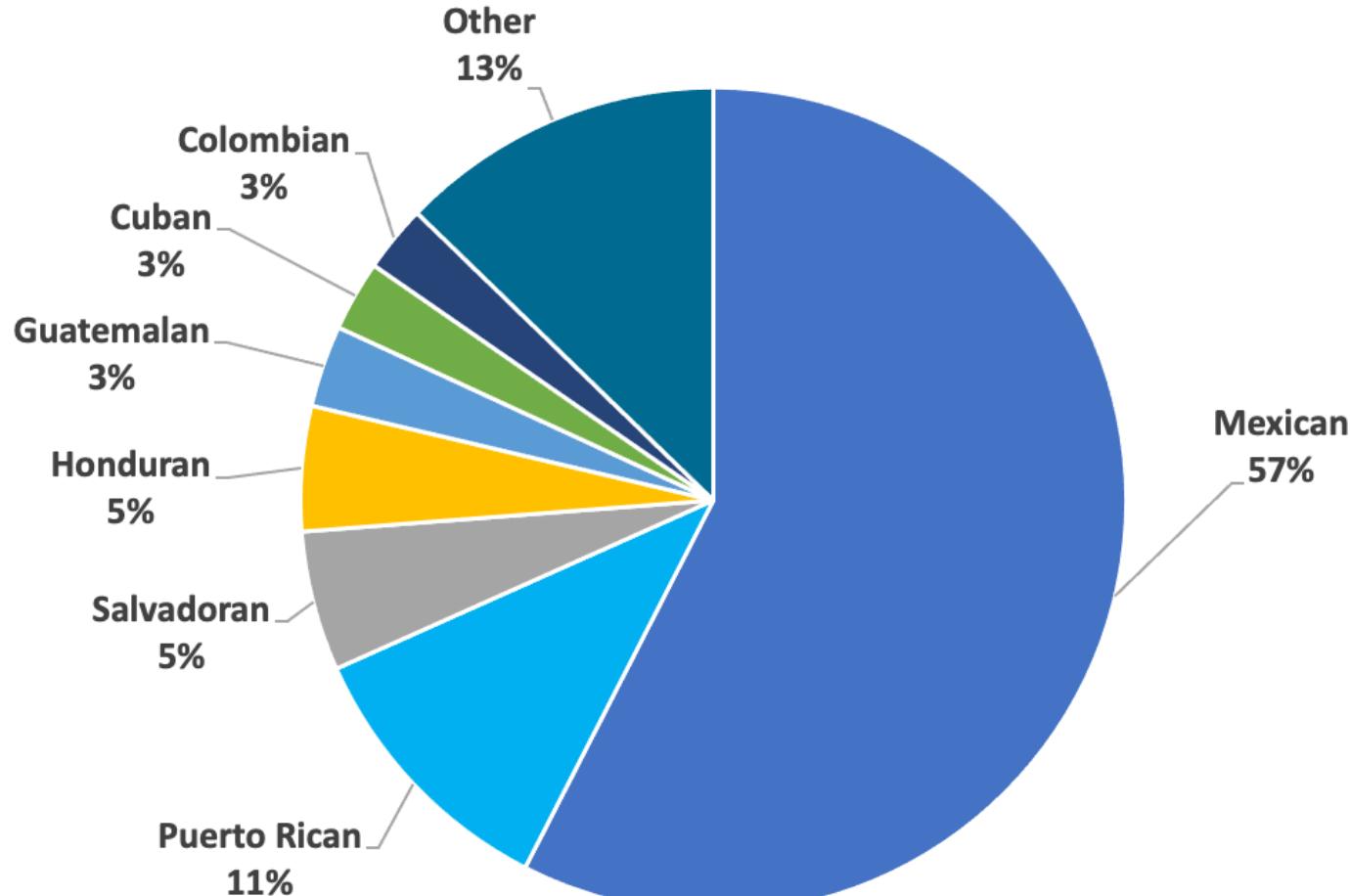
Source: US Census Bureau, 2012-2018 American Community Survey

Majority of North Carolina Hispanics are U.S. citizens

- **70% of all Hispanics are citizens**
  - 59% are US born
  - 11% are naturalized citizens (foreign born)

- **97% of under 18 are citizens**
  - 93% are US born
  - 4% are naturalized citizens (foreign born)

- **54% of adults (18+) are citizens**
  - 38% US born
  - 16% are naturalized citizens (foreign born)

Source: US Census Bureau, 2017 American Community Survey

Majority of North Carolina Latinos are 2nd or More Generation Americans

3rd Generation+ (US Born Parents) 20%

1st Generation (Immigrant) 43%

2nd Generation (1+ Immigrant Parent) 37%
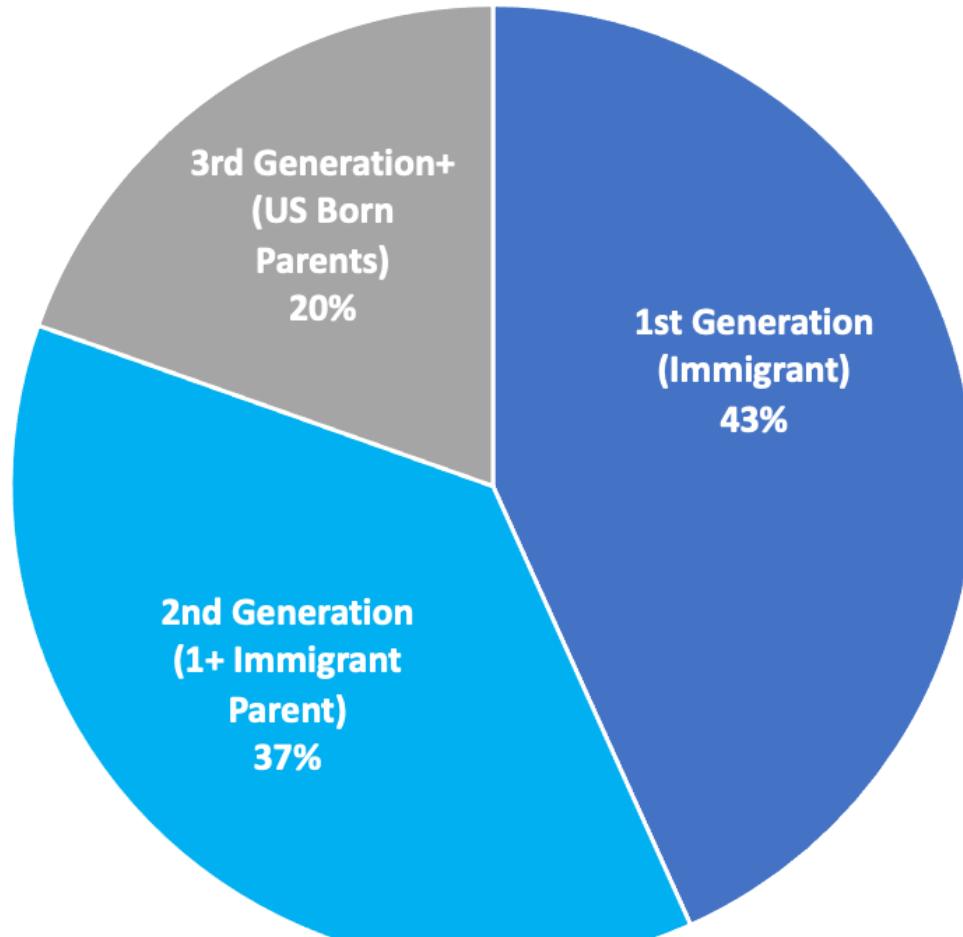
Source: US Census Bureau, 2021 Current Population Survey; IPUMS USA, University of Minnesota, www.ipums.org.

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8.3 of North Carolina population is foreign-born

Growth of immigrant Share of NC population, 1990-2021
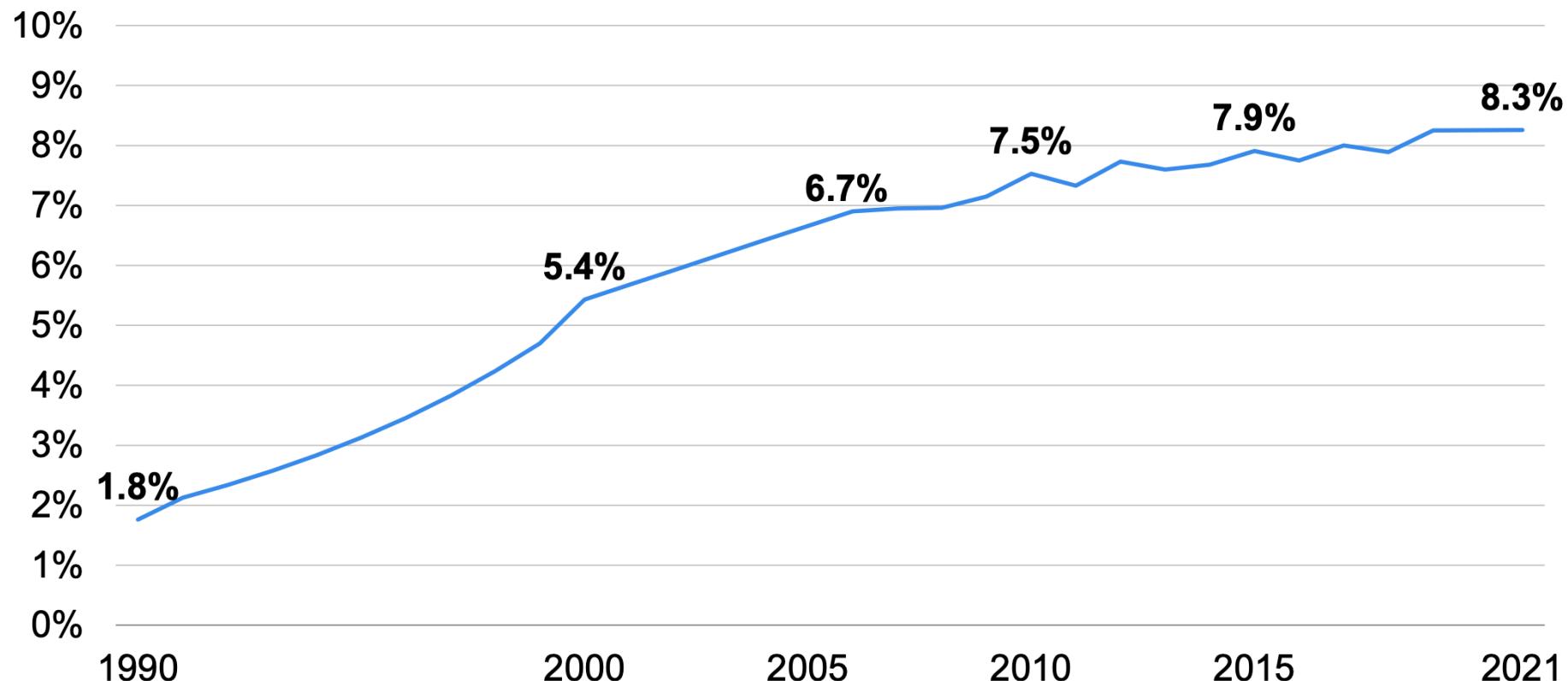
Source: U.S. Census Bureau, IPUMS-USA

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Immigrant population, by the numbers

20%
NC children (ages 0-17) in 2021 who have a foreign- born parent.

871,765
Foreign-born residents in 2021

146,141
English Learners in NC public schools in 2022

270,000
Students attending NC public schools in 2021 speak a primary language other than English at home

Source: US Census Bureau, 2017 American Community Survey

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NC foreign-born population is diverse

North Carolina foreign-born residents by country of birth, 2021

Country	Percentage
Mexico	25%
India	10%
Honduras	4%
El Salvador	4%
China	4%
Vietnam	3%
Guatemala	3%
Philippines	3%
Dominican Republic	2%
Germany	2%
Other	41%

Source: U.S. Census Bureau, IPUMS-USA

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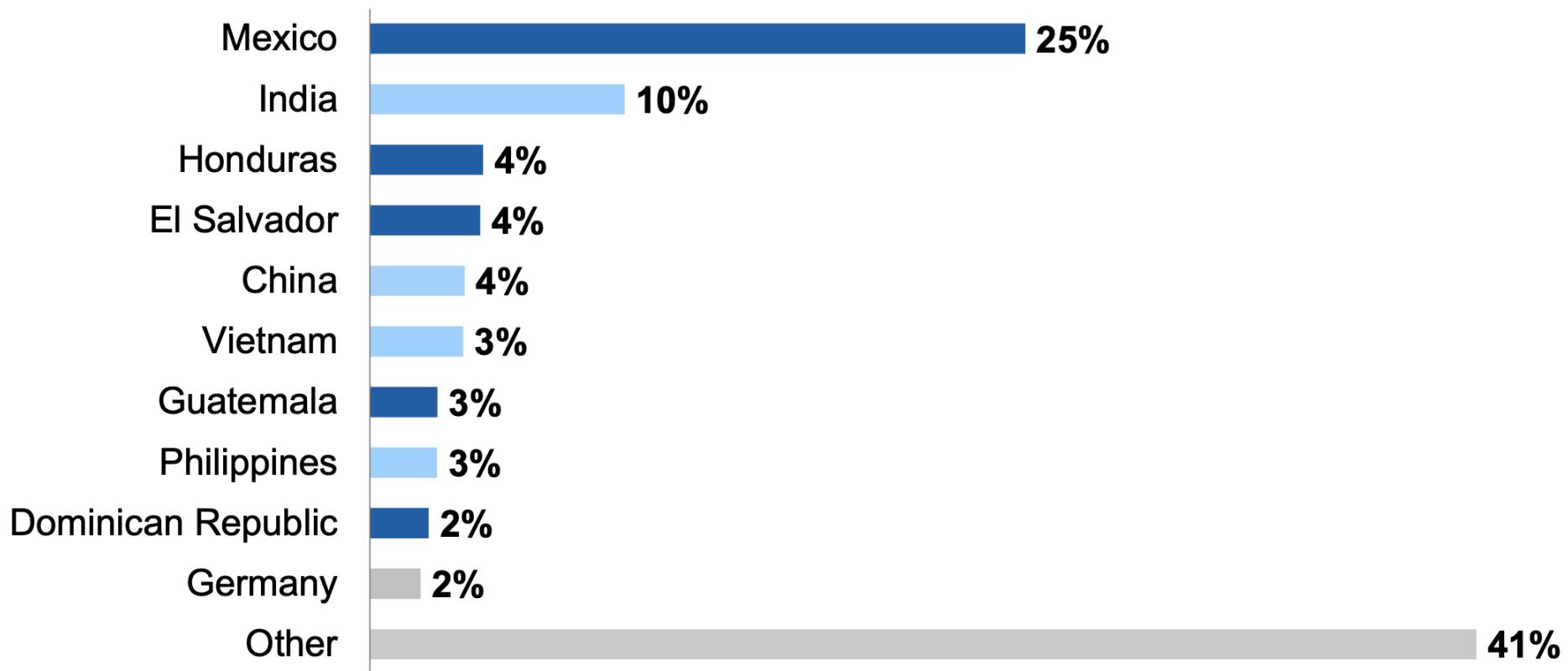
Mexico, Central America, and Asia are the most common origins

NC foreign-born population by world region of birth, 2021


Source: U.S. Census Bureau, IPUMS-USA

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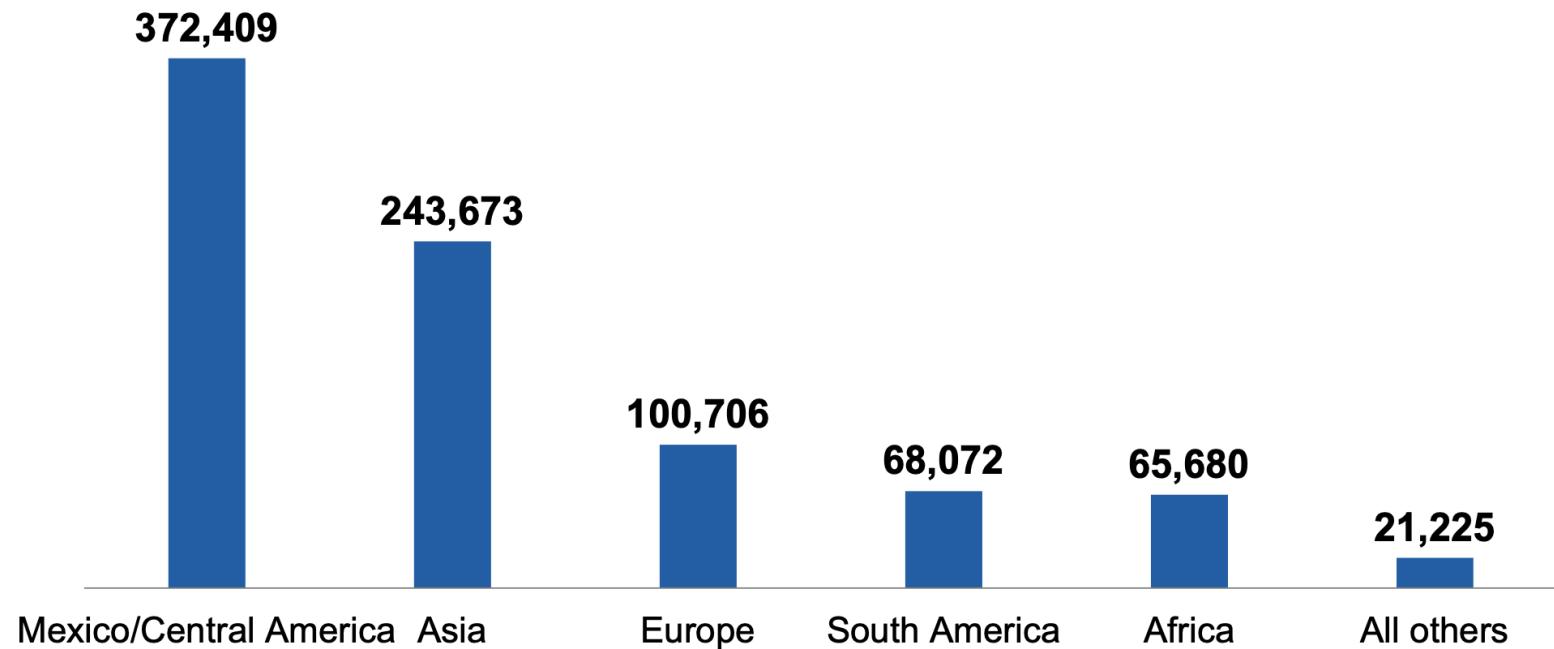
Refugees in North Carolina

NC helped settled 469 refugees in FY2020 and1,163 refugees in FY2022

Legend: ■ 2022 ■ 2020

Country	2022	2020
All others	15%	36%
Rep of South Sudan	15%	
Ukraine	1%	10%
Moldova	1%	6%
Afghanistan	3%	2%
Central African..	3%	4%
Burma	32%	14%
Sudan	4%	4%
Syria	9%	8%
Congo	17%	16%

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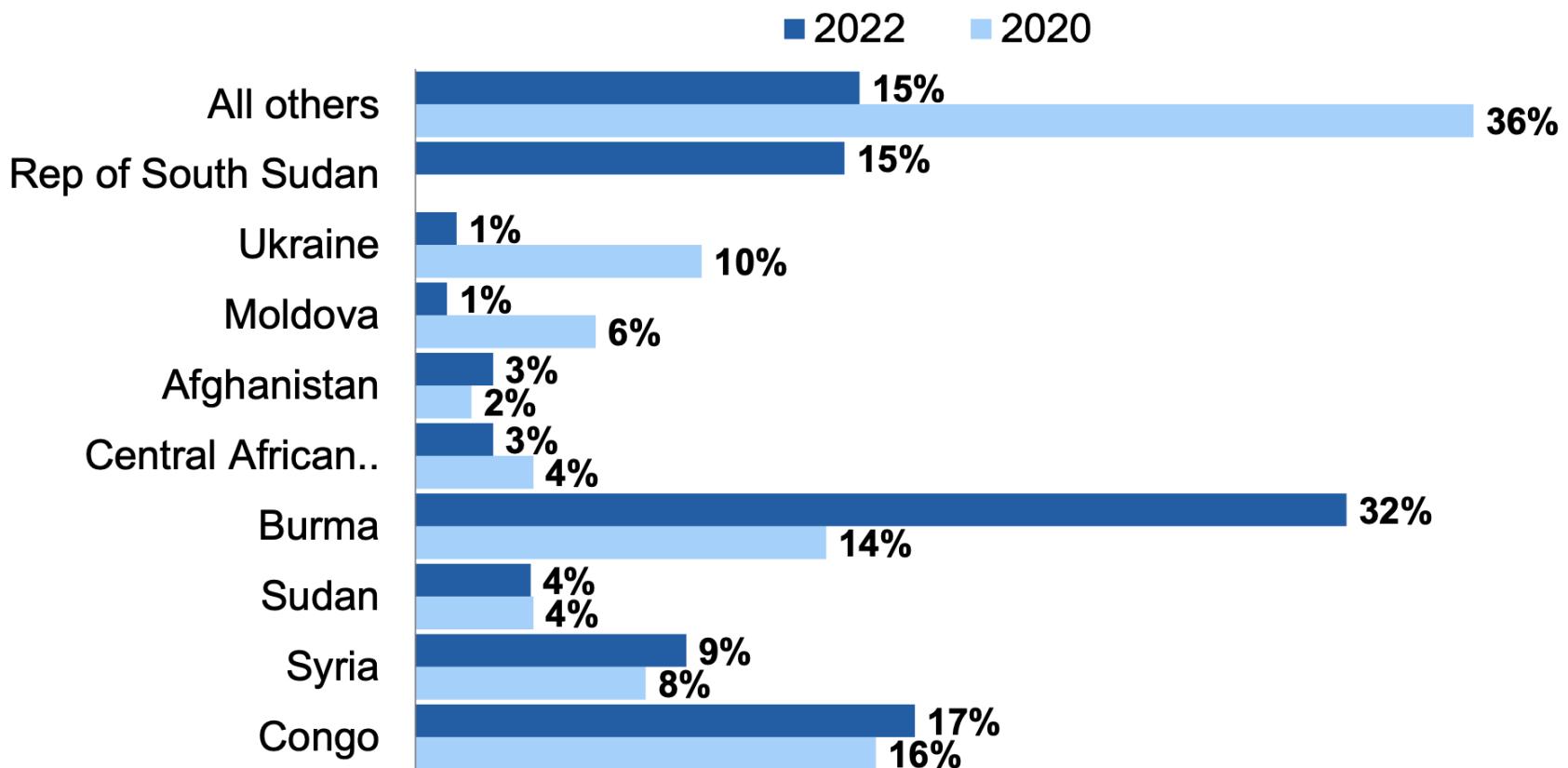
334 languages spoken in homes of North Carolina students

Number of languages other than English spoken in homes of NC public school students by county, 2021


Number of languages Spoken (Other than English)   1   206

Source: NC DPI

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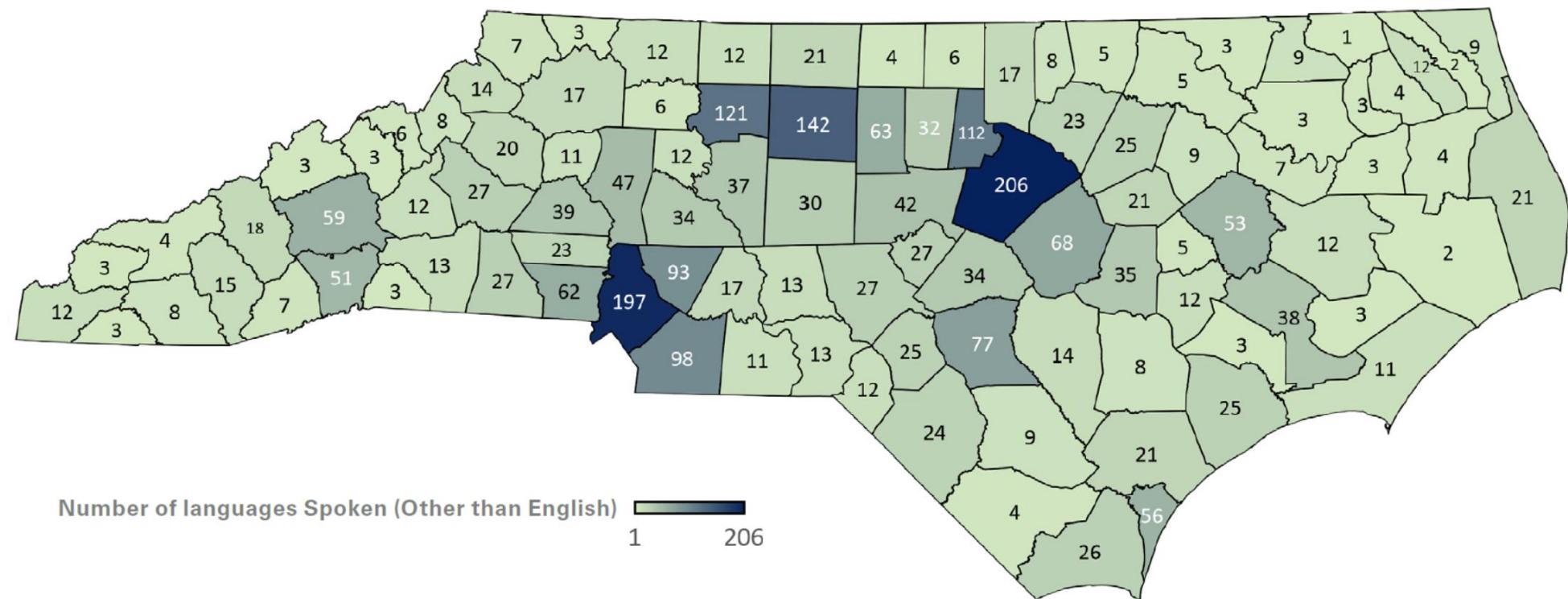
The majority of North Carolina immigrants speak Spanish

Top five languages among NC Foreign-Born, 2021

Language	Percentage
Spanish	54.4%
Chinese	3.0%
Telugu	2.6%
French	2.6%
Vietnamese	2.3%

26% of NC immigrants do not speak English well or very well

Ability to speak English among NC foreign-born adults (18+), 2021
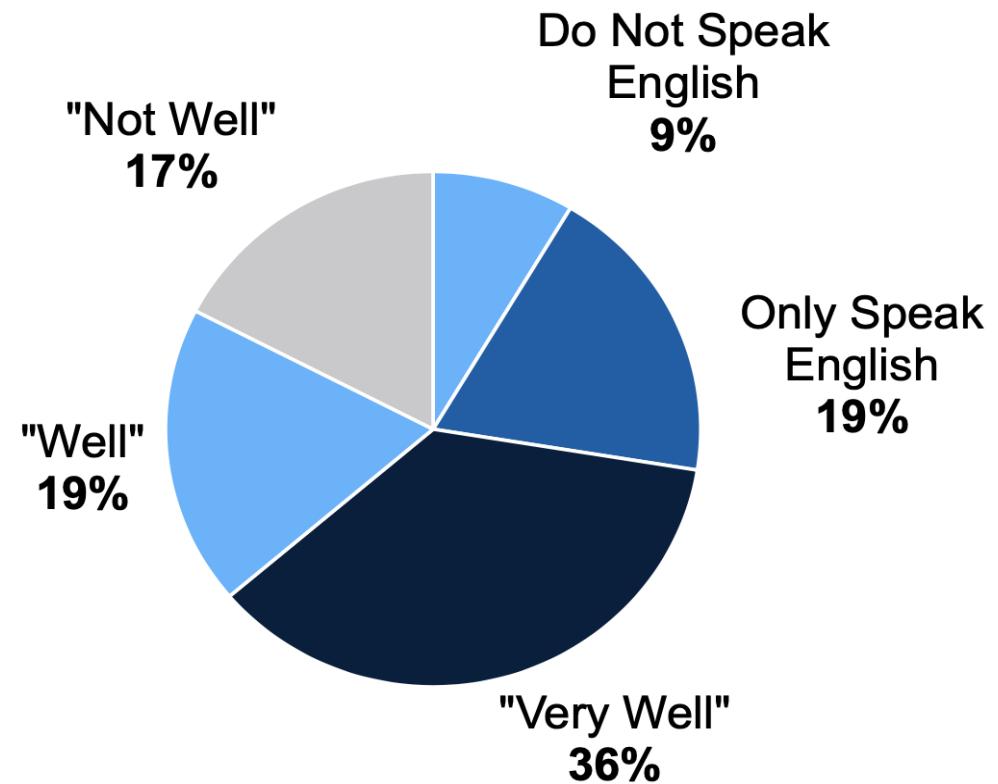
Do Not Speak English **9%**

Only Speak English **19%**

"Very Well" **36%**

"Well" **19%**

"Not Well" **17%**

Source: U.S. Census Bureau, IPUMS-USA

Health disparities in the Hispanic population

- Heart disease is the second biggest killer of Hispanics after cancer.
    - Heart disease accounts for about 1 in 5 Hispanic deaths in the US.
    - Hispanic people hospitalized for heart failure are on average younger than whites and have a higher rate of death.

- Hispanic people across the country are significantly more likely to die from diabetes compared to non-Hispanic white people.

- Uncontrolled high blood pressure is higher among adult Hispanic men, which can lead to stroke.

- There are many factors that contribute to these disparities, from lower income levels to lack of health insurance to challenges with language barriers.

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NC Immigrants are less likely to have health insurance

% foreign-born with health insurance, by age in NC and US, 2021

■ US ■ NC

- 0-17: US 81%, NC 65%
- 18+: US 81%, NC 67%
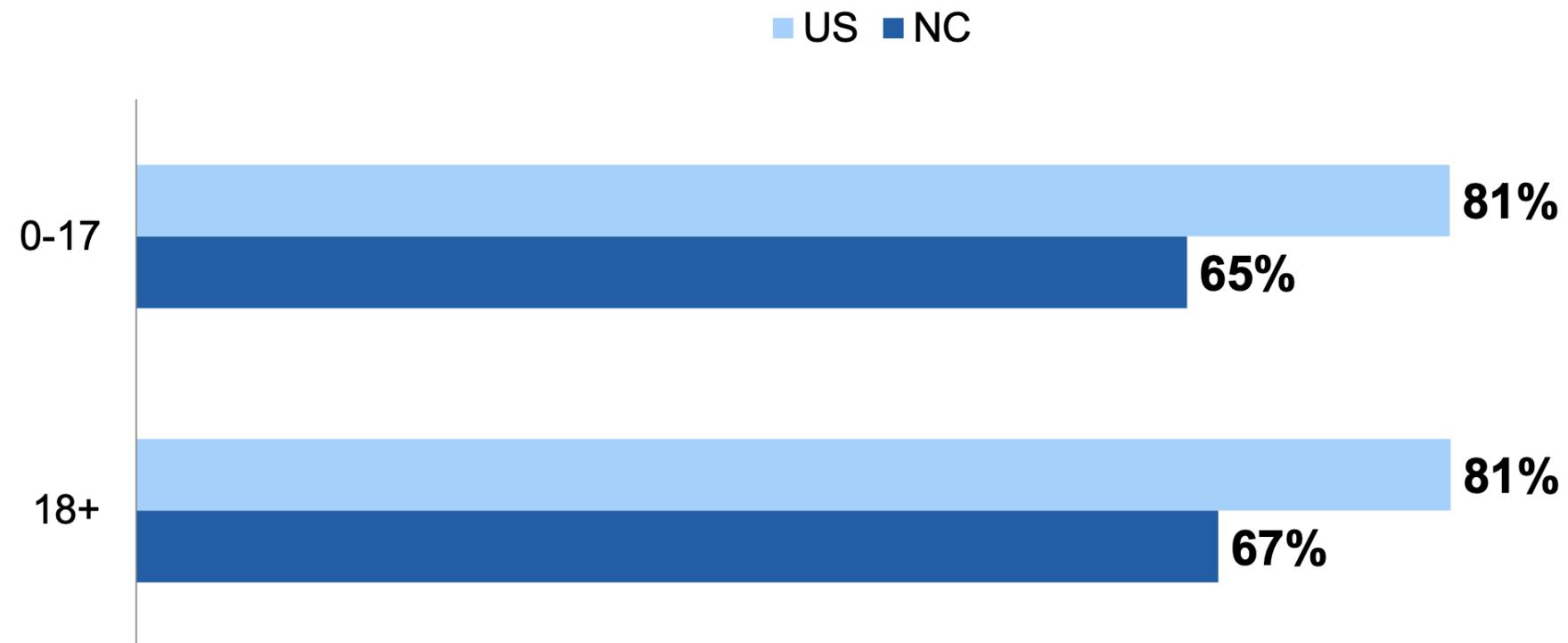
Source: U.S. Census Bureau, IPUMS-USA

NC Immigrants are less likely to have Medicaid

% foreign-born with health insurance through Medicaid by age in NC and US, 2021

■ US ■ NC

0-17
- US: **40%**
- NC: **23%**

18+
- US: **19%**
- NC: **8%**
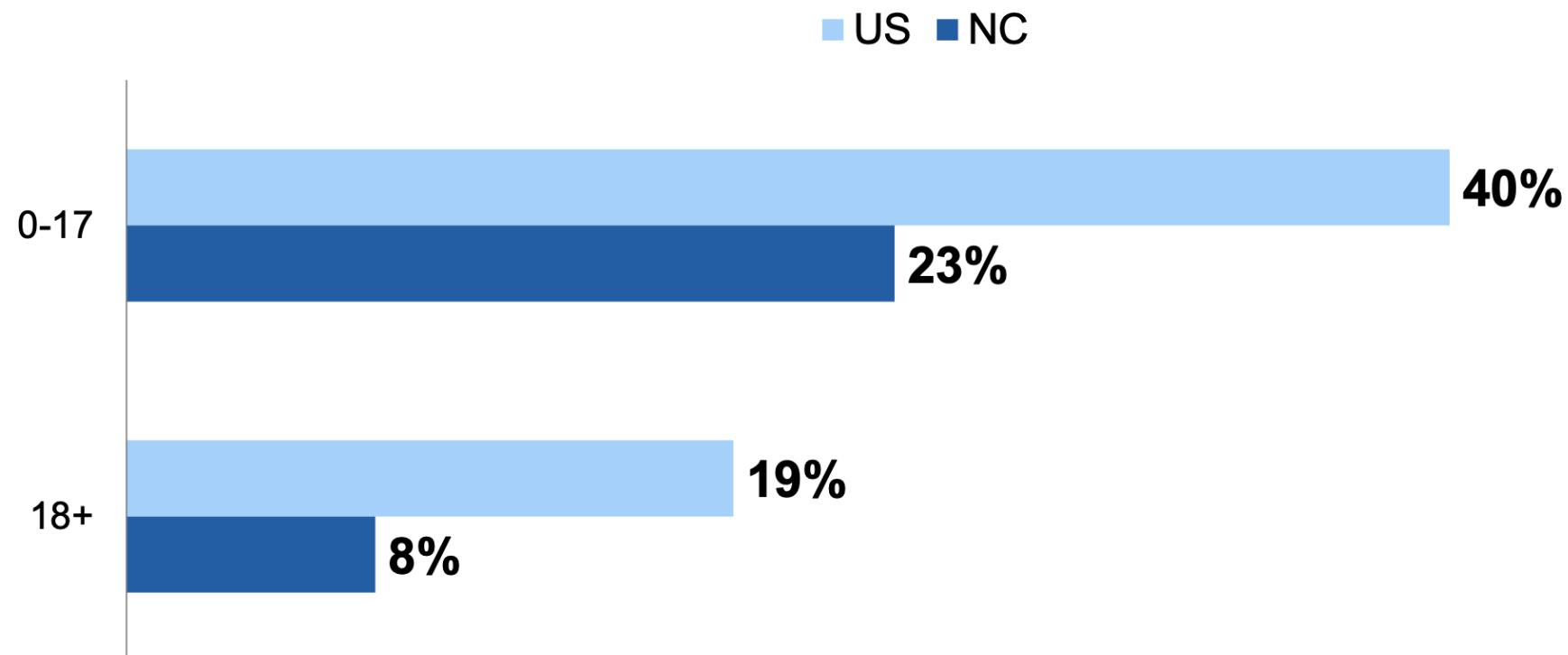
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Source: U.S. Census Bureau, IPUMS-USA

Barriers to access to care

- Hispanic North Carolinians are uninsured at higher rates than their white and African American counterparts.
- Historic mistrust in government
- **Language access barriers**
- Transportation
- Technology access
- Physical access
- Many institutions lack cultural competency

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Language Access

More than 25 million people living in the United States in 2019 were Limited English Proficient (LEP).

Language barriers can pose significant obstacles to accessing essential public services and institutions such as schools, health care, police and fire departments, and the legal system.

Federal law requires all providers of federally funded services to take steps to ensure language access.

Title VI of the Civil Rights Act of 1964, specifies that any federal, state, or local agency receiving federal funding must provide LEP individuals "meaningful access" to the programs it supports, including those run by subcontractors.

Noticias Newsletter

Health Equity at Work in Your Communities Newsletter

Cafecito Tele-town Halls

Stakeholder Meetings & COVID-101s

Robocall & Text Message Campaigns

NCDHHS COVID-19 Website in Spanish

Media Interviews & Paid Media

Video Campaigns

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Obligations and tasks assigned to departments and agencies within a state, county, or city by the language access laws and policies

Document Translation
Requires agencies to translate documents into one or more languages. The documents for which translation is required are typically those "vital" or critical to accessing services or important information. Laws and policies may explicitly state the number of languages or which specific languages documents must be translated into, depending on the size and characteristics of local LEP populations.

Oral Interpretation
Requires agencies to provide in-person or remote interpretation services for LEP individuals. Laws and policies may also provide guidance or regulations on the use of bilingual staff, professional interpreters, and volunteers.

Accuracy of Services
Ensures the provision of accurate interpretation and translation services by, at the most basic level, requiring services be provided by qualified individuals. Other strategies include prohibiting particular types of services (such as machine translation or the use of family members as interpreters), creating bilingual testing and certification processes, and service quality assessments.

Training Staff on Language Access Rights and Procedures
Builds staff knowledge and expertise related to serving LEP individuals through professional development and training on topics such as agency language access responsibilities and cultural and linguistic competency. Some professional development regulations only target senior staff/leadership while others target agencies' staff more broadly.

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Best practices to provide quality customer services at call center

- Making sure automated messages are available in both Spanish and English

- Having a protocol for when you need an interpreter – have a clear understanding of what that protocol is

- Send follow-up text/email messages in Spanish (make sure they are translated)

- Be aware of hold times; non-English

- Speaking clients tend to wait significantly longer than English speaking clients

- Offer resources that you know are available in Spanish

English Script
Hello, this is Dr. Betsey Tilson, Chief Medical Officer for the North Carolina Department of Health and Human Services, calling to let you know that the expiration date on many COVID-19 at home tests has been extended by the FDA. Don't throw away your expired tests yet! Visit MySpot.nc.gov/NewDate to see if your COVID-19 test expiration date was extended. Again, go to MySpot.nc.gov/NewDate to see if your COVID-19 test's expiration date was extended. Paid for by NCDHHS. 919-877-6805.

Spanish script:
Hola, soy Yazmin Garcia Rico, directora de Política y Estrategia Latina e Hispana para el Departamento de Salud y Servicios Humanos de Carolina del Norte. Llamo para informarte que la FDA ha extendido la fecha de expiración de muchas pruebas caseras de COVID-19. ¡No tires tus pruebas caseras todavía! Visita Vacunate.nc.gov/NuevaFecha para ver si se extendió la fecha de expiración de tu prueba casera de COVID-19. Nuevamente, visita Vacunate.nc.gov/NuevaFecha para ver si se extendió la fecha de expiración de tu prueba casera de COVID-19. Pagado por NCDHHS. 919-877-6805.

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HOW TO NAVIGATE a call, IF SOMEONE DOES NOT SPEAK English

- If English is NOT the case patient's preferred language:
  Clarify what language they prefer: " What language do you prefer?"

- "Ok, May I call you back in just a few minutes **with an interpreter?**

- IF Spanish is their preferred language:
  "Ok ¿Puedo llamarle en unos minutos con un intérprete?"

Suggestions:
- Record a message that can be played in their language that you will be calling them back with an interpreter
- Always have at least a Spanish speaking staff member on shift –prioritize their time to serve Spanish speaking callers

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Best Practices - Communicate Effectively Through an Interpreter

- **Acknowledge the interpreter as a professional in communication**. Respect his or her role.

- During the medical interview, **speak directly to the patient**, not to the interpreter.

- **Speak more slowly** rather than more loudly.

- **Speak at an even pace in relatively short segments**. Pause so the interpreter can interpret.

- Assume, and insist, that **everything** you say, everything the patient says, and everything that family members say **is interpreted**.

- Be aware that **many concepts you express have no linguistic or conceptual equivalent in other languages**. The interpreter may have to paint word pictures of many terms you use. This may take longer than your original speech.

- Give the interpreter time to restructure information in his/her mind and present it in a culturally and linguistically appropriate manner. **Speaking English does not mean thinking in English.**

- Remember that your patient may have been a victim of torture or trauma. This may also be true for the interpreter. If you need to ask questions that may be extremely **personal or sensitive**, explain to the patient that doing so is part of your evaluation and reiterate that the information will remain confidential.

Best Practices - Communicate Effectively Through an Interpreter

- **Avoid:** Highly idiomatic speech, complicated sentence structure, sentence fragments, changing your idea in the middle of a sentence, and asking multiple questions at one time. Also avoid making assumptions or generalizations about your patient or their experiences. Common practices or beliefs in a community may not apply to everyone in that community.

- **Avoid patronizing or infantilizing the patient.** A lack of English language skills is not a reflection of low cognitive function or a lack of education. Your patient may be a college professor or a medical doctor in her own country just as easily as she may be a farm worker.

- Ask the patient **what he/she believes the problem is**, what causes it, and how it would be treated in their country of origin.

- Ask the patient to **repeat back** important information that you want to make sure is understood.

- **Be patient.** Providing care across a language barrier takes time. However, the time spent up front will be paid back by good rapport and clear communication that will avoid wasted time and dangerous misunderstandings.

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Guidelines for your conversations - also apply when using interpretation support

- Be sure to **personalize the call** to sound approachable and friendly and help build a personal connection with the case patient. In addition, you may add "Good Morning," "Hi," or another welcome phrase to start the call.

- Your outreach here can make a significant difference in this individual's situation – take your time. You do not need to rush.

- Meet the person where they are while on the call – curb your enthusiasm!

- This is about accompaniment: active listening, empathy, and collaboration.

- Always use a **warm, welcoming, confident tone of voice**, and remember that you are here to help. We want to ensure these individuals are informed and receive the support, resources, and information they need.

- You do not need to have every answer to all possible questions, but you can help connect people to others who have answers.

Cafecito: Mejor salud a través de un mejor conocimiento

Miércoles, 26 de abril | 6 a 7 p.m.

Envíanos tus preguntas durante el evento en vivo:
(855) 756-7520 Ext. 92902#
Se proporcionarán subtítulos de traducción en tiempo real de acceso a las comunicaciones (CART).

Presentando:

Yazmin Garcia Rico, MSW
Directora de Política y Estrategia Hispana y Latina, NCDHHS

Dra. Viviana Martinez-Bianchi
Profesora Asociada, Directora de Equidad en Salud, *Departamento de Medicina Familiar y Salud Comunitaria, Universidad de Duke*

Francisco Guzmán
Coordinador de Alcance a las Minorarías, *División del Bienestar Infantil y Familiar, NCDHHS*

- **Investigate and assess language needs early on** - you don't want to be playing "Catch up", incorporate language access needs into your budget early on, conduct needs assessments, develop language access resources and a protocol for them

- **Advertise availability of language access Services** - create awareness of language access services at your agency, make it known. Post about it on your websites, social media profiles, newsletters, etc. highlight existing resources that can help with language needs

- **Use qualified professionals for written translation & oral interpretation** - language access services cannot succeed without effective oral interpreters and translators; avoid using machine translators and if you are using them make sure to double-check translations and assure quality. Also avoid leaning on bilingual/multilingual staff who don't have proper certification, they can be great for editing and seeking advice from, but there needs to be consistency and quality

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Best Practices - Language Access

- **Thoughtfully Develop Contracts to Retain Highly Qualified Professionals & Include Critical Elements in Language Contracts-** Quality and accuracy of language services contractors should be a top priority

- **Trained interpreters** can reduce liability, help ensure appropriate utilization, and increase client adherence and satisfaction with services. Trained interpreters help to assure effective communication between the client and provider, support effective use of time during the clinical encounter, and improve outcomes.

- **Use appropriate platform(s) for intended audience** - Appropriate platforms of various mediums and differing languages should be considered for communicating with the intended audience

NC Department of Health and Human Services ✔
NCDHHS · 6d · 🌐

On April 1, all NC Health Choice beneficiaries automatically moved to Medicaid!
Beneficiaries now have more benefits like non-emergency medical transportation (NEMT) and no enrollment fees or copays.

¡Todos los beneficiarios de NC Health Choice fueron transferidos automáticamente a Medicaid el 1 de abril!
Los beneficiarios ahora tienen más beneficios como transporte médico no urgente (NEMT, por sus siglas en inglés) y cero cuotas de inscripción o copagos.

NC Health Choice beneficiaries moved to Medicaid on April 1!

¡Los beneficios de NC Health Choice pasaron a Medicaid el 1 de abril!

Best Practices - Adapting interventions to serve diverse populations

- Strive to follow the most current guidelines regarding high-quality translation and/or cultural and linguistic adaptation strategies

- Have those staff most familiar with the unique characteristics and needs of the targeted population lead the efforts; and

- Pilot-test any newly adapted materials/programs before implementing them broadly, to ensure that all issues have been adequately addressed for the targeted population

COVID-19 SPANISH TRANSLATION WEB-ANALYTICS OVERVIEW

Most Spanish-language users prefer pages translated & reviewed by a native Spanish speakers over the automatic "Select Language" feature available on webpages. However, Spanish is the most popular automatic "Select Language" feature (60%).

How is website traffic driven?

- Most Spanish-language users land directly at a Spanish-language page, from Google (58%) or an ad (29%).
- 40,000 people visit Spanish COVID pages each month.
  - This is 10% of all users, and 30% of vaccine-interested users.
- Traffic is due to translated pages being close to online searches (ex. Including use of informal Spanish 'tu' form)
- The COVID website was translated thoughtfully by native Spanish speakers instead of using machine translation. As a result, Google designates it as a Spanish-language authority, and it reaches 3-7x the population of other NC websites.

1,200 people/day view natively translated Spanish pages, versus 20 people/day who use the automatic "select language" feature available on all pages

Most Popular Spanish Sections:
~Behavior patterns look consistent inside and outside NC; Users are looking at similar pages and searching for NC zip codes

A Funny Side Effect

- The NC COVID website has become a worldwide authority on COVID — it appears in the first page of Google search results in California, Texas, Mexico, even Central and South America.

~42%	~22%	~17%	~6%	~9%
Covid-19 Vaccine information	Covid-19 Vaccine records	Covid-19 testing	P-EBT	Covid-19 Treatment

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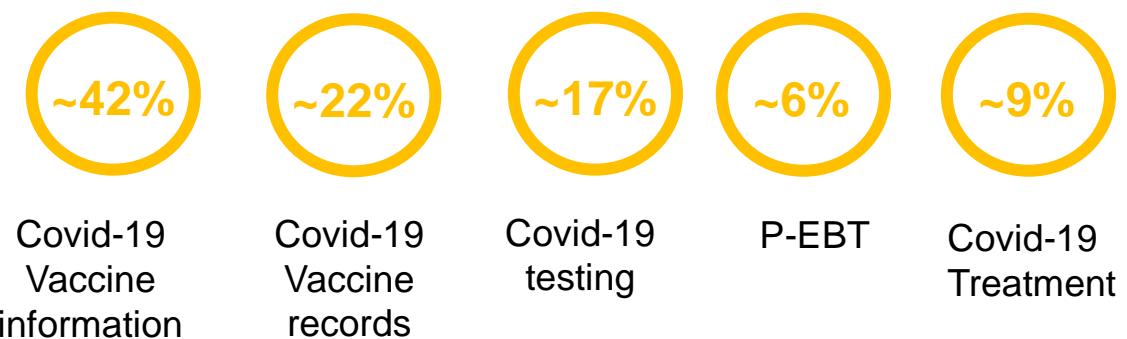
Cultural Competency & Humility

Structures and systems — Federal, state and local regulations, laws, built environment (public works, infrastructure , etc.)

Community — Relationships and communications between organizations and institutions

Institutions and organizations — Schools, health care administration, businesses, faith based organizations, institutions.

Interpersonal — Individual relationships, support group, social networks, cultural context

Individual — Individual attitudes, beliefs, knowledge and behaviors.

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Cultural Competence

The process by which individuals and systems respond respectfully and effectively to people of all cultures, languages, classes, races, ethnic backgrounds, religions, spiritual traditions, immigration status, and other diversity factors in a manner that recognizes, affirms, and values the worth of individuals, families, and communities and protects and preserves the dignity of each

Cultural competence is a set of **congruent behaviors, attitudes, and policies** that come together in a system or agency or amongst professionals and enable the system, agency, or those professions to work effectively in cross-cultural situations (National Association of Social Workers, 2015)

*** Other culturally related terms exist, "cultural responsiveness," "cultural proficiency," and "cultural sensitivity."

Approaches to Foster Cultural Competence

Individual Level
- Demonstrate self-awareness and respect for cultural diversity
- Learn about client cultures, home countries, histories, and experiences
- Engage respectfully with clients
- Confidentiality

Organizational level
- Commit to cultural competence and value diversity
- Engage and partner with immigrant and refugee communities
- Integrate clients cultures and language across services
- Address broader barriers that impede access to services
- Develop programs and services that reflect an understanding of diversity between and within cultures.

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Cultural Humility

Cultural humility goes farther than cultural competence. The National Institutes of Health (NIH) defines cultural humility as "***a lifelong process of self-reflection and self-critique*** *whereby the individual not only learns about another's culture, but one starts with an examination of her/his own beliefs and cultural identities.* https://hogg.utexas.edu/3-things-to-know-cultural-humility

-*"Cultural humility suggests that social workers should not view themselves as experts in other people's cultures but as learners. By acknowledging that I do not know everything about another person's culture, I am showing respect and I am opening my heart and mind to learning," Allan Barsky, chair of the NASW National Ethics Committee* https://onlinemasters.ohio.edu/blog/cultural-humility-in-social-work/

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Closing comments on how to better serve the Hispanic/immigrant population

- Be aware of the impact of social systems, policies, practices, and programs on the Hispanic populations
  - Understand barriers and current fears and/or sentiment to inform the development of communication and outreach strategies (monitor, track, and adjust strategies/processes)

- Participate in professional education and training programs that advance cultural competence
  - Continue learning and engage with community partners

- Be mindful of cultural differences and approach situations with cultural humility and sensitivity

- Diversify the workforce – hire people that represents the communities you are serving and trying to reach

- Promote and invest in language access

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Thank you!

Questions?

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Participant Feedback