

Navigation Project DVD Tutorial: Transcription

Hi, I'm Dallice Joyner. I'm the Executive Director of the Northern Virginia Area Health Education Center, or the Northern Virginia AHEC, as we so affectionately call it.

We have had the privilege, over the last several years, of working with the Virginia Department of Health, Office of Health Policy and Planning, on a major project that we have taken a great deal of pleasure and adopted to be one of our children. It is called "Navigating through the United States Health Care System: For Immigrants, Refugees and Migrants." And we are going to take the next 60 to 90 minutes to talk to you about not only about the curriculum, but also about the best use of the curriculum and answer some hopefully, what will eventually become, frequently asked questions.

We hope that you will enjoy this next 60 to 90 minutes and I am going to introduce the person who has been most extremely instrumental in finalizing this third phase of the project, Dr. Delana Browning. Dr. Browning is one of the staff of the Northern Virginia AHEC. She is our Communications and Special Projects Manager, and she has a background in Communications, so I would like to bring Dr. Browning up to explain the curriculum to you.

Lane: "Thank you, Dallice."

Good afternoon, everyone. My name, as Dallice said, is Lane Browning, and I'm going to be introducing you to the materials of the "Navigating through the U.S. Health Care System: For Immigrants, Refugees and Migrants." Now that's a mouth full; it is a very long name and it is a very big project. We are going to be taking about this in small doses today.

First, we would just like to let you know that these materials were commissioned by the Virginia Department of Health, through the Office of Minority Health and Health Equity in the Division of Multicultural Health and Community Engagement. And we at Northern Virginia AHEC have been working very closely with the folks at VDH and the Office of Minority Health and Health Equity for a good 6 or 7 years now.

What we are going to talk about today, primarily, is how to use the Workforce Curriculum – that is the white book that you have on your desk here – and how to use the Workforce Reference Guide, which is the other binder that you have on your desk.

That is the main purpose for today's curriculum, but beforehand, I want to just introduce you to all of the components, because as I said, it is a very, very large workforce. So what I am going to do first in today's workshop is introduce you to all the materials. You should all have four books in front of you. Then, Dallice is going to come back and talk to you a little bit about the history of the "Navigating through the U.S. Health Care System" project. She is going to tell you how it came about, all the research that went into it, and some of the rationales for it.

After Dallice finishes, we are going to talk specifically about how to use Book 3 – that is the white book that you have on your desk – and Book 4. After that, we are going to have a very short exercise that will give you a chance to practice with the book. You can flip through the book and become familiar with it. Then, we will have some closing remarks and provide you with some resources on how to further use this material.

So let me go ahead and introduce these materials to you. Now the way that the Navigation project was set up was in two parts. They are two different sets of materials. There are materials designed for the community, and there are materials designed for the providers. Now the community materials are the two you have at your desk, in the binder. There is a purple book and there is a green book. These books are for Spanish-speaking newcomers, for Arabic-speaking newcomers, for Russian-speaking newcomers, and for Vietnamese-speaking newcomers. And then the green book is the information guide...

[Woman from audience raises hand with a question.]

Lane: “Yes, Ma’am.”

Woman: “Excuse me, I have a question – why are there so many books in all the same material?”

Lane: “That is a very good question. *[Chuckles.]* This project started out as simple pamphlets, and we found as we got going that we needed more and more information. So what was originally just an introduction to the U.S. health care system, that is this small book here, *[points to purple notebook]* the purple one, had so many resources in it that we decided to separate it. So what you have first is your purple book, which is kind of like an introduction. It gives you all the basic information – how the U.S. health care system works, how payments work, how to go to the doctor, how to talk to the doctor, what you might need to know about health care for your family, and there is a section in the end that has advice for newcomers from newcomers.

That became so ‘bulky’ that we realized we needed to separate the directory – the information that is in the green book – into a separate handout. So we have these two books. And then we were also asked to create some teaching materials, and those are the books that you see in the binders. That is the material that is designed for providers.

So there are four different kinds of sets. There is a training video for providers, and there is information on the website. Similarly, for community members, you can go to the website and when we get to the end of the presentation, we will have all the information for you.

Now let me talk just a little bit about those linguistic communities. These newcomer guides – the newcomer guide and the information guide – are the two books you have in front of you with the spiral bind, the purple book and the green book. These are each created in linguistic sets. By that I mean that each of these books is designed for the

Spanish-speaking community, the Arabic-speaking community, the Russian-speaking community, and the Vietnamese-speaking community. The first set we did was for Spanish-speaking immigrants, because obviously that is the largest population here in Virginia. It was written and researched specifically for the differences in healthcare between the system in the United States, and the systems that Spanish-speaking immigrants were more familiar with, those in Central and South America, for the most part. So the content is very specific to those people. After that, we then translated it into Spanish. So the Spanish-speaking set is available in English and in Spanish, but the context is specific for Spanish-speaking communities.

After that, we went back to the Spanish-speaking community book that we had created. We conducted interviews, we reviewed those books, and adapted the context so that it would be, not only in terms of language but in terms of the culture, appropriate for other communities.

[Question from an audience member.]

Lane: “Yes, Ma’am.”

Woman: “How are the communities chosen and why is there a Russian-speaking book?”

Lane: “Let me let Dallice answer that question for you.”

Dallice: “Thank you for that question. The two questions were how are the communities chosen and why did we choose a Russian-speaking population to do books for. When we went into this original process, we wanted to look at it from a state-wide, not just from a northern Virginia, perspective. Therefore, we wanted to also take into account that not all of Virginia is urban, like northern Virginia. We wanted to look from several different perspectives – from rural, suburban, and urban areas – to take those things into account.

We did the Russian focus groups in a community where Russian is very prevalent, in the Blue Ridge area. It proved, from our perspective, to be very helpful and informative because all of the information and data that we created from a U.S. cultural perspective, was put into content from a cultural perspective. When we took it to the Russian-speaking community, they were like, ‘This is not us. This is not the way we do it.’ So there was a beauty and a richness, from our perspective, in having the cultures actually review some of that data and tell us whether they like it, whether they were offended, whether they thought we should just kick it out, and based on that content created the tools. We also did that with the other communities as well – so from the Russian-speaking community’s perspective, we took into account a community in Virginia where Russian residents were very strong there, as well as with the other cultures.”

Lane: “Now what is important about this is that, rather than think about this as one book, that has been translated into four different languages, you have to stop and realize that each set is a separate tool. There is a lot of similar content, but they are not exact. So you will not be able to find exactly what you are looking for in the Spanish-speaking

book, translated into Russian, for instance. It is a little bit different because healthcare is different for each of these communities. So they really are linguistically and culturally appropriate in that way.

Now there are two important themes – sort of healthcare undercurrents – that have been running through this project since the very beginning. As you familiarize yourself with this tool, I think you will see this time and again. The first is the Class Act Virginia, the Culturally and Linguistically Appropriate Services Act. The tool was developed to keep that in mind – to always make sure that when we are talking with our clients and helping underserved communities, we are doing so in a manner that is linguistically and culturally appropriate.

The second important undercurrent that runs through this tool is the idea of health literacy. We have tried to contain all three dimensions of health literacy in this project – the clinical parts, the preventive parts, and also the navigating the system. One of the things we find very interesting is that in the National Health Literacy Report that came out a few years ago, when they were testing people for health literacy, one of the criteria they used was how well a person could navigate the U.S. healthcare system. We had been working on our Navigating through the U.S. Health Care System project at that point, so we were very pleased to see that. [*Grins.*] We were on the right track.

Now I would like Dallice to come back and talk to you just briefly about the history of the project.

Dallice: “Thanks, Lane.”

When we originally started working on this project, we never intended for it to be five years long. [*Laughs.*] But it came out to be that, and the beauty of that, once again, is because of the richness of all the data that we ended up coming across. I have had the benefit and the privilege of being involved in the process for the last five years, so that is a really big plus. We actually ended up with the project itself becoming somewhat of a 3-phase process, and I will talk about each one of those phases from a historical perspective and then by the end of the session you should have a pretty balanced view of this whole process and know almost as much about it as I do.

We are going to start with the project history and rationale. Basically, we wanted to help our ultimate expectation and rationale. Here it says, “Once you develop educational and web-based materials with a complementary teaching curriculum on ‘Navigating through the Western Healthcare System for New Immigrants and Refugees.’” Basically, what that came down to was that we really wanted to help clarify the systemic, social, and cultural differences between the United States healthcare system and the healthcare system of the new immigrant or refugee. And we found there to be some obvious cultural differences, which when new immigrants, refugees, or migrants come into the area, wherever it is, and they go to encounter the healthcare system, there is going to be a lot of frustration on both sides – both the provider’s side, as well as the new immigrant’s side – and so we really wanted to make sure that we could keep this document – and

you'll hear me say this a couple of times probably – keep this document as practical as possible. Practical from a provider's perspective, meaning you in this case being the providers, because you are going to be the ones who actually go through the materials with the new immigrants, refugees, and migrants. And we also wanted to keep it practical, from the new immigrant's, refugee's, and migrant's perspective, as well – something that they could take and really have some level of relationship to. That was extremely important for us, and we did not want it to be boring, so hopefully we are accomplishing that in this process.

With regards to some of the types of materials that we have developed, as Lane said earlier, we started out with a wonderful idea – we were just going to do a web page and some pamphlets, and life was going to be wonderful. Then we got into it – and I would like to say also that we got input from people all over the state on this process – not just from community members, but also from professionals as well. So once we put it out there, we just started getting a barrage of suggestions and input and that was extremely important, too. The key was that we had to take all of that information and try to figure out how to make it into actually workable materials. So the types of materials that were developed in the process were, as Lane said, multilingual pamphlets.

We are in the process of developing a multilingual web-based tutorial, and this is what we intended originally. Initially it was going to be English and Spanish minimally, but we are looking at expanding that also into the other languages because we want to be able to make it accessible to the community – that is extremely important. And we also, of course, wanted to develop the teaching curriculum that would complement all those materials of which you have the privilege of sitting in on today and being exposed to in person.

Our target audience – we really, once again, wanted to make this practical, so we wanted to make it accessible, wherever. So our target audience was community and faith-based agencies, including libraries, churches, synagogues and mosques. Places like that, because we want community leaders to be able to take this material and share it with community members as needed, with whoever works with refugees or migrants. In this way, we hope and anticipate it getting all across the state. You will find that in the course of looking at the materials, the resources are all statewide resources, and that is the beauty of it, too. Once again, we wanted to make it accessible and practical.

We also are targeting healthcare facilities – not just hospitals, health departments, and clinics – and community members themselves. Once again, we wanted to make it practical and accessible. We developed the materials very deliberately. We did the curricula in 3-ring binders so that material could be interchanged and updated as necessary. We did the booklets themselves – which are for the community – spiral-bound, so that they could be easily flipped through and quickly flipped through at any given time. So there was a method to all of our madness.

Starting from the history of this whole project, we were not involved in the very early phases. There were a series of other focus groups that were done around the state, around

2002, prior to our coming into this process. We got a lot of our baseline information from there. The interesting thing about that baseline information was that it showed that consumers across the state, interestingly, shared many of the same frustrations. They were not able to communicate with staff, there was poor customer relations when they went into healthcare encounters where there was a language barrier going on, and there was a lot of confusion around health insurance. I don't know about you, but I speak English and health insurance is still confusing, because you don't know what day or what time the rules are going to change. So I imagine encountering that, not being able to speak the language, and being told by a person in that office that health insurance is 'dadadadada' and then going two offices down and they say, 'No, the rules have changed.' That produces even more frustration, and so from our perspective, once again, when we were developing these materials, it was extremely important for us to help to alleviate some of that frustration as much as possible. Not to say that we can get rid of it, but at least consumers themselves can go into settings having some level of familiarity and being able to understand some of the 'lingo' that goes on. That was extremely important.

We also, early in the process, got input from experts. We consider experts community leaders and frontline staff – who are the other experts – because we know that the health director could be in on the focus group and give us wonderful administrative insight. Or even in a lot of cases the pastor in a community setting, could be in on the focus groups and give us wonderful insight. But nine times out of ten, they are not the ones who actually have the contact with the warm-bodied people. We wanted to go after the people who were physically touching the people who were in need, since you are the ones who remember what their faces look like when they are frustrated, you are the ones who remember the tears when they walk away and they cannot fix it. For us, that was our biggest concern, because at the end of the day this is all about community.

Going through the phases of the project, once again, because I have been involved in all the different phases of it, we ended up with about three different phases. This is the final phase, and I had the privilege of working with three different people through each phase. To me that was just absolutely amazing, being able to stand kind of sort of on the outside and look at the personality type and the work style of the three different people who were involved. In Phase one, we had a person who was an amazing researcher who was very passionate about researching this area. She is the person who not only pulled together much of the content for the books that you have before you today, but she was also responsible for coordinating the focus group surveys. Additionally, she pulled together all of the focus group content, making sure that we got and were able to review the cultural appropriateness of it. So it was extremely important.

Dallice: "Yes."

Audience member: "Were all the focus groups done in northern Virginia?"

Dallice: "Okay, the question was, 'were all the focus groups done in northern Virginia?'. No, they were not. Once again, we wanted to make sure that we had a statewide

perspective of the different cultures around the state. Therefore, we actually looked at conducting focus groups more from a regional perspective – kind of like dividing the state into four different regions. So we conducted, I think it was, one focus group – maybe two focus groups, actually – done in northern Virginia. One was in Arabic and one was in Vietnamese, because those tend to be prevalent languages, specifically in this area. We did one in the Blue Ridge area, which was a Russian area. We did, I think, one or two in the Richmond area. And we may have done one, I think, maybe in the southwest area. So we wanted to make sure that we looked at the state from an overall perspective. As opposed, once again, to the northern Virginia perspective. Thanks for that question.”

Phase 2 of the project was around curriculum development, materials development, and tool kit development. Ironically, for the person who participated in that phase of the project, it was really neat for her to work with the graphics artists to do the design of all the materials. So that person was responsible for a lot of the design. We wanted to make these materials so that when you looked at them you recognized that to some extent, they represented cultures. So we think, we hope, we pray, we got that across on these materials.

The third and final phase in which you see our person here, Lane Browning – I am just once again, totally amazed. She is doing an amazing job with this process – the web implementation phase – with which Lane has been working very closely with the Virginia Department of Health IT web master to do that. The whole pilot testing and training phase is what we are going through today. We have already conducted one of these pilot tests. We anticipate doing at least one or two more around the state within the coming months, and also what we are doing today – videotaping for this session. We hope and anticipate that you will take full advantage of these tools and use them on the TRAIN network. We are heavily and busily working through this process, and we are very pleased with the process up to this point.

The objectives for this project have been, one, to help immigrants, refugees, and migrants understand the United States healthcare system, both systemically and social-culturally, because, once again, there is a big difference coming from a Spanish-speaking culture. A nurse might not be a nurse, and it is important for the community to understand that. It is important for us, from the United States to understand that when we throw around a lot of healthcare words and verbiage, it might not necessarily be understandable to the patient or to the client we are using it to, although they are shaking their head and acknowledging that they may understand it. So we really have to take those things into account. We also wanted to help new immigrants, refugees, and migrants recognize the difference between healthcare, once again, in the United States as well as in their country, and make sure that they can help to explain and empower them to explain as much as possible to their providers: ‘In our culture, this is how it is done, so explain to me again what happens here.’” I think that is extremely important. So with knowledge come the tools to bring about better understanding and better communication for all parties involved.

Another objective was to make sure that the community members can locate and use the appropriate healthcare. One example is that they will not go to the dentist looking for what a doctor does or what a healthcare clinic does – just making sure that they understand, once again, that distinction between the two. Also, the objective was to help make sure that new immigrants, refugees, and migrants understand their rights under the law. That is extremely important.

My daughter has recently been involved heavily in the healthcare hospital system and one of the things that I was very grateful for is that our primary provider said, ‘Listen, you have to be the advocate for your daughter, although she is old enough to advocate for herself, somebody else needs to be there.’ We were very, very glad that we were there with her because a lot of the information, because she is younger, although they told her and she shook her head in acknowledgement – and she is an English-speaker – she did not understand it. So we, as parents, had to make sure that we got the understanding with the provider there so that we could all talk it out. Once again, imagine somebody being in that same scenario who cannot speak English. It makes it all the world much worse, much more frustrating, much more depressing. So, once again, we want community members to understand that just because a healthcare provider says, ‘you have to do this,’ you have a choice. Maybe in the newcomer’s culture they did not have a choice, and so it is important for them to understand that. Also, we wanted to help them – we expect that – with the knowledge and this information and with access to this kind of information, they are going to be able to achieve better health outcomes. Eventually, we think we are going to be able, in some way, to measure changes. So we do anticipate doing that.

Now we are going to get into the meat of today, where Lane Browning is going to come back and talk about the other two books, which we also expect a lot of your involvement in this phase. Thank you.

Lane:

We are going to talk now about how to use Books 3 and 4, and I don’t know if you remember, so I’ll go over it again. This one, the white one, is Book 3 and the other binder-notebook that you have in front of you is Book 4. Those are the two we are going to be talking about. In this portion of the training, we are focusing on these materials, because these are the materials that you all, the providers, are going to be using to work with your clients. What I want to do is describe the purpose for each of these two books and the layout, because the layout is really important. It was designed for use. I am also going to talk to you a little about all the types of materials that are available and how you can obtain them. By the end of the training, let’s hope that we have a better understanding of the concerns of these newcomer populations – the immigrants, refugees, and migrants – regarding healthcare.

The first question to think about is who are these two books for. This white book – the course curriculum – was designed for individuals who work directly with, or who are interacting with immigrants and the immigrant communities. They are frontline staff, social workers – any of those folks. It is also intended for trainers, who might be using

this material to teach folks how to work with immigrant communities in introducing the healthcare system.

The workforce reference guide – this one – is your reference guide. This is not something you will use when you are working directly with your client. It is something that you will keep in your office, in your agency, in your practices. You can refer to the book to help you as you are teaching your clients. It is designed in a way so that you can add more material because, of course, this is always going to be updated.

This book – the course curriculum – we like to call the ‘flip chart’ because calling something a ‘Workforce Curriculum for Navigating through the U.S. Healthcare System’ would take you the entire amount of time you have to work with your client. So this is the flip chart. This one we hope you will use when you are working directly with your client. This material was focus group-tested with input from resource mothers. So we worked very closely with young mothers, in particular, to find out their needs in navigating the healthcare system. The design is the way it is because it is designed for flexible use. That is, you are not going to use this whole book at any one time. This book is here depending on the needs of your own individual client.

The reference guide is the background information that will help you to teach your client. If there are some issues about the culture or the healthcare system that your client is coming from, you will find it here in the reference guide. Again, the same rationale – we put it in binders, because we wanted it to be flexible. You are going to be continually learning more things about how to work with your clients, so you can add the material as you see fit, and other folks can do the same thing.

Now the key question on the flip chart – you will notice that it is a landscape format, and we designed it this way because it is interactive. What we are hoping to do is that rather than have you simply read information to your client, you are going to be interacting. So you will set this up on the table, and you will flip through it. The idea here is to model the behavior of asking questions and casual conversation. This is not simply a matter of how we think you should talk to your client. It is because culturally, for many of your non-native born clients, having conversations with their healthcare provider is something new. We are hoping even in the act of teaching and working with your clients, that you will be teaching them that going to the doctor is a different kind of experience, going to the healthcare clinic is a different kind of experience, where you will talk and ask questions.

Audience member: “I have a question.”

Lane: “Yes, Maria.”

Maria (audience member): “I was looking at the book and I noticed that the Spanish and the English pages don’t match. Can you tell me why?”

Lane: “Ah, you noticed that, huh?”

What you have on one side is information translated into Spanish, and on the backside is information in English. It is designed this way so that, as you are working with your Spanish-speaking client, he or she will read the information. As Maria has correctly noticed, they are not direct translations. The information on the front of the page is the information, in Spanish, about the basics of the U.S. healthcare system for your client. The information on the back of the page is information for you, the healthcare worker, explaining why your client might need to know these things. So do not expect a direct translation. We did this for a couple of reasons – one, we want the interactions to be as natural as possible; we want to discourage you from simply reading a text with a lot of words, because of course that is very, very hard to maintain. We want to encourage this behavior of teaching people to ask questions and have conversations when they are talking about healthcare.

The other things you may notice as you flip through the book – everything is written in bullet points. That is so that you can stop and verify understanding. Again, when working with non-English-speaking or non-native English-speaking clients, it is very important that you continue to verify understanding. There are also pages with notes, for staff, so that you can make your own notes and add. It is flexible – you do not have to use the whole text. You can flip through whatever section you need, pull the other sections out for that meeting, and have a custom-designed training for your particular client.

If I can ask you to just take a look, you will see that there are five thematic sections. And each of these is marked by a tab. These five sections continue through three of the tools. It is the way that the Navigation project is organized. The first is called “Types of Care.” If you flip over the front tab, you will find an index to the topics inside the section, “Types of Care.” Again, in this document it is in both Spanish and English. In the other documents it is in whatever language you are speaking of. So this is a bullet point of the relevant topics under the thematic section, “Types of Care.”

The second section is called “Payment Options.” In that section you will see that it tells you about insurance. There is a section to teach you about insurance. There is a section to teach you about government help. There is a section on how to pay for care when you are uninsured.

The third section is “Appointment and Follow-up.” This is the nuts and bolts of what it is like to go to the doctor in the United States. We talked before about the systemic and the socio-cultural differences between U.S. healthcare and healthcare in other countries. So the first two sections sort of speak to the systemic differences. They tell you who is a doctor, where are the places where you can get healthcare, and how can you pay for healthcare. These other two sections in the back speak more to the socio-cultural differences. What is it like to go to the doctor? Why do I have to have an appointment? Why do I have to be on time? Why do I talk to so many people before I talk to the doctor? Why does the doctor send me to other people? Why does the doctor ask me so many questions instead of simply telling me what is wrong with me?

All of that is part of the socio-cultural difference in healthcare. You will find that under this section. So under “Appointment and Follow-up” you can see information on making an appointment, seeing the doctor or nurse, talking to the doctor or nurse, asking questions, and getting medicine at the pharmacy or the drugstore. Again, even the simplest kinds of things can have social or cultural differences.

On the section “Health Care and my Family,” you are going to find the relevant topics, “My Family,” “Women’s Health,” “Traditional Medicine,” “Mental Illness,” and “Death and Dying.” Now again, because these last two sections that I have just discussed tend to be about the socio-cultural differences more than the systemic differences, you will find some differences in content across the different linguistic sets. Because the material we are working with today was designed for the Spanish-speaking newcomer, it is arranged in this way. So these are the kinds of socio-cultural concerns that speak to Spanish-speaking newcomers. In the other books, in the other linguistic sets, they may be arranged slightly differently, or they may have a different emphasis.

The final section is “Advice for Newcomers from Newcomers.” When we did our focus groups we asked recent immigrants what they would tell other folks like them to help them get through the system and in here you will find that information. You will also find some information on staying well, which is not always an approach to medicine that you find everywhere around the world.

What I would like each of you to do is take a few minutes and just review these sections. Given what your job is and what your clientele is, knowing the kinds of things you do – see where the relevant systemic and socio-cultural differences that you may have to encounter can be found. Just familiarize yourself with the book. Now, as you do this, ask yourself what are some common issues, or some basic questions that you encounter all the time that you may have to explain to your clients. See how you might answer those as you flip through this book.

Lane: “Any questions? Yes, Anna.”

Anna (audience member): “I don’t do a lot of patient education. All I do is handle Medicaid applications and payments. So I don’t understand how useful this information is to me.”

Lane: “So you don’t necessarily work directly in treatment with clients?”

Anna: “No.”

Lane: “So if all you do is deal with payment information how is this book going to help you? Well, I think if you turn to the section on payment options, do you have to do a lot of information about Medicaid eligibility?”

Anna: “Yes.”

Lane: “Okay, there is an entire section in the book here that will help you. While it is often thought that this is just information for clinicians, it is also going to be important for people who are working in some of the more administrative sides. And thank you for your question.”

There is a handout that you all received at the beginning of the workshop, and what I am going to be doing is introduction you to Senor B. I am going to give you a brief description of Senor B – of his health issues and behaviors and his experiences and perceptions of healthcare in the United States. What I would like you to do is imagine that you have a 20-minute appointment with Senor B, and on the backside of your sheet, tell me what four or five sections are going to be relevant to him. So listen while I tell you a little about Senor B and use this opportunity to familiarize yourself with the book.

Senor B is a 27-year-old male. He has been in the United States for five months. He lives with his cousin and two friends. He is married and his wife is in his home country. He sends his money home. He is employed in construction part-time. He has minimal English skills and he reads at a ninth grade level in Spanish, but has low health literacy in Spanish. Now this is his health issue, these are his health behaviors – Senor B has been having trouble breathing. He comes in and tells you that he has been seeing a “Yerberero.” If you do not know what a Yerbero is, turn to page 13 in your workforce reference guide and that will let you know. At home, he also saw a “Curandera” in addition to the herbalist. He has no medical diagnosis and he has been experiencing problems working. His breathing problems are making it difficult for him to work. He fears these problems are going to prevent him from working even more. And he is afraid he is going to get very ill.

Now this is his experience of healthcare here in the United States – he does not trust medical doctors in this country, and he tells you he does not trust them because the doctors do not get to know you. They often misdiagnose, especially at the free clinics. They are often expensive and he is afraid he will not be able to afford the medication. He is just going to use the emergency room when he needs to, or he is going to have his wife send him the medication he can get from home.

Now, you’ve got 20 minutes. What are you going to do with Senor B? How is this tool going to help you? What things do you think you might address? Flip through the book and see. What information that you can find in this book is most pertinent to Senor B’s situation? Then list the three or four most relevant topics that you think you would address with this gentleman that would help him. We are going to give you 10 minutes to conduct this little exercise. And then we will come back and discuss what you might have found.

[DVD pauses for 10 full minutes.]

Okay, so, has everybody finished? Let’s take a look and see what you managed to find. Here are some relevant topics you may have found that you would want to address with

Senor B. Under the tab section “Types of Care,” you might take a look at “Understanding Health and Healthcare in the U.S.,” on pages 3 and 4. You might want to tell him about the medical mode, the biomedical mode of medicine as opposed to the more holistic, cultural view of medicine that he might be used to. You might also want to talk to him about emergency care versus non-emergency care. Going to the emergency room might not be the best option for Senor B, and so on pages 23 and 24, there is a little bit of a teaching exercise to show him the difference between those kinds of medicines. Also, in the section “Where to Get Care,” under “Types of Care,” pages 25 and 26, you might teach him a little bit about free clinics, or, given the fact that the wait is so long at free clinics, and he may have some chronic illnesses that need to be looked at quickly, you might also pay attention to the section on retail clinics. It is not the best solution, but it is some information that may help your client.

You might also want to talk to him about people who give care. Teach him a little bit about who the doctor is, that the doctor can be trusted – because remember he said he did not trust doctors – why doctors ask questions the way they do. Also talk to him a little bit about the physician assistants and the nurses, so he knows that these people are also people that he can trust. You would find this information on pages 53, 54, 55, 56, 57, and 58. In the tab section “Appointment and Follow-up,” if you have time, you might also want to talk to him about how to make an appointment, especially if you have already talked about the free clinic. On pages 81 and 82 you can discuss the need to make an appointment and the importance of being on time.

In the section under “Appointment and Follow-up,” called “Seeing the Doctor or Nurse,” there is a teaching element to help him describe his symptoms. Let him know that it is very important to let the doctor know what he is feeling. There is also a section to teach him about how to ask questions and why it is important to ask questions. There is also an explanation in that section about seeing the doctor or nurse about the possibility of tests being ordered and why tests are necessary. Again remember, going to the doctor and having a test may not be a familiar experience for your client if he is coming from a culture where doctors do not perform a lot of diagnostic tests.

Finally, you might want to take a little time with him on the section called “Getting Medicine from the Drugstore.” In that section, on pages 107 and 108, there is a little paragraph to teach him about the importance of following the medication’s instructions. So any number of things, and there are several other things you might find that would work, but this would cover a 20-minute teaching session. I imagine your pages look similar, or there may have been some other things you saw that you needed to read.

Now if you flip to the back page on your handout, we will do another scenario and give you another bit of hands-on work with the tests. This time, you are going to be doing an in-home visit. You have a 30-minute appointment with Senora A. Senora A is a 21-year-old female. She is four months pregnant with her second child and her first child, as you can see on the bottom, is now 18-months-old.

This one is a little bit different from the last exercise. First – as you can see among the questions – what might you assess? Make a list of the five or six things you might assess for this client. What information, again, in the curriculum, would you want to discuss with her? See if you can find those sections in the flip chart, in the same manner we did before – in what tab section, in which relevant topic? Then, think about what other sections might be applicable and just note down the sections (the tab sections). Again we are going to give you ten minutes to go through this exercise, and then we will come back and discuss your observations.

Think about, as you do this, the potential problems that you might encounter. Think about your time as you do this exercise, because again, you have a 20-minute appointment with Senora A. Now we will come back in 10 minutes and again we will discuss the possibilities for using this tool in dealing with this client.

[DVD pauses for 10 whole minutes.]

Did you find that exercise a little bit easier, now that you are more familiar with the book? Well here are a few things we might assess in dealing with Senora A. You might want to know first how long has she been in the U.S.? Where was the first child born? Is she, or a spouse if there is one, employed? Does she, or a spouse if there is one, have insurance? Has she ever used care in the United States? Does she have an existing relationship with a healthcare facility already? Has she had any prenatal care for this pregnancy yet? Then, of course, we are going to want to ask, what is the health status of the first child? What is the nutrition status of the first child? Is the child receiving any support, or nutrition supports at this point? Are there any child care issues? Who is watching after the child – the parent or someone else?

Your assessment sheet may look like this and it may have other questions in it. Now, based on that assessment, here is some information you might want to discuss with, or to teach to, your client, using the curriculum. Again, in the curriculum section “Types of Care,” you might want to talk to her about the difference between emergency and non-emergency care so she understands when and if she is having an emergency and she should go to the emergency room. You might want to discuss with her places to get care. Again, that is on pages 19 and 20 of the curriculum, determining where to get care. Given the fact that she is going to need prenatal care ongoing, this could be an important discussion with her.

Under “Payment Options,” look at the section “Paying for Care: Government Help.” This is an entire document that will explain Medicare, Medicaid, and many of the related support programs. You will probably want to spend a lot of time with your client discussing this section. In particular, the section on FAMIS moms, because she will be eligible for a certain period of time. That discussion is on pages 71 and 72. You might also want to discuss with her Medicaid, labor and delivery on pages 73 to 76 in the curriculum. Remember that for each page, one page is Spanish and one page is English, so these are very short discussions. I think you will certainly want to teach her about

Medicaid coverage using the chart, “Access to Medicaid for Recent Immigrants.” That chart is found on pages 77 and 78 in your curriculum.

Finally, in the section “Healthcare and my Family,” given all the needs of this client, you will want to take special care in going through the section on women’s health. That section begins on pages 119 and 120. Also, you will want to discuss prenatal care. You will probably want to discuss the importance of routine check-ups on pages 125 to 126. You might want to talk about the Women and Infant Care program, the WIC program. And you will probably want to discuss the importance of immunizations, because again, there may be cultural differences here between how to treat infant care and how not to, and so discussing immunizations may be very important.

Any questions?

[There are no questions.]

You may have found other things to assess with this patient and other ways to use this curriculum, but as a hands-on exercise, this is a good way to become familiar with the book and the tools and to see how useful it can be.

Okay! Now hopefully as you take these books home or back to your office, you will find new ways that they can be useful. But what we want to do now is just conclude and give you some information about how to get more resources and how to get access to more materials.

Again, I just want to review the various components of the Navigating the U.S. Healthcare System for Immigrants, Refugees, and Migrants.” We have the four different books, including the Newcomers Guide, which you all have in front of you. This is the purple spiral-bound notebook. The green Information Guide is a directory of healthcare resources, health departments, and free clinics throughout Virginia. The Workforce Curriculum, which you will now be familiar with after our exercises, is what you would use to teach your clients. Lastly, the Workforce Reference Guide, which is a place for you to collect your resources and expand your knowledge as you continue to work with limited English-proficient patients.

We also have a website and it is, if you will note, please jot down the website here at the bottom of the page. It is at the Virginia Department of Health website. There, we have some toolkit items, as well, that will direct you to the website.

Maria (audience member): “Excuse me, I have a question. What materials are available on the website right now?”

Lane: “Oh, thank you. That is a good question. Which materials are available on the website right now? At the moment, the Newcomers Guide and the Information Guide are completely uploaded on the website, in both Spanish and English. They are also available in PDF form for download.”

Again, let me just remind you of the components, how all-encompassing this tool is, and the fact that there are four culturally-specific sets. That is, coming soon, we will have not only the Spanish and English language sets for Spanish-speaking newcomers, but also the linguistic sets for Arabic-speaking newcomers, for Russian-speaking newcomers, and for Vietnamese-speaking newcomers. Now you might ask, how do these differ? I will give you one example to let you think about how the same information can be presented in different ways that are culturally appropriate. Remember, these are not simply four translations of one book.

As I said before, the contents in sections 3 and 4, in each of these books, tends to be distinct because those are the sections that concentrate on the socio-cultural dimensions of healthcare in the United States. But everyone has a lot of similar issues, so the example I would give you is patient autonomy, which is a very important concept in U.S. healthcare, and often different in other cultures. So while each of these linguistic sets deals with the example of patient autonomy, you will find the discussion of that in a different context, in a different place in the book.

For instance, there is a discussion of that in the Spanish language set when in the section it talks about appointment norms, where you learn that you need to ask questions yourself. In the Vietnamese language section, that notion of patient autonomy comes forward in the discussion of non-traditional medicine because it is very important that American doctors understand if you have been using other medicines. So that is where the discussion of patient autonomy makes the most sense. In the Arabic language set, the question about patient autonomy comes up in discussions on gender norms, because those are very common questions that Arabic women would have.

The unique features, we believe, of this educational tool, has to do with its use of dual perspectives and its use of dual perspectives in many ways. What this tool tries to do is not simply educate the non-English-speaking newcomer about the U.S. healthcare system, but also to provide American and U.S. healthcare providers with a little bit of an understanding of the newcomer's – the immigrant's – healthcare culture themselves. That is the easiest way to bridge the communication gaps, if people are coming from both directions. It tries to focus on both the systemic and the socio-cultural differences, and it tries to take the perspective of community members and the providers.

So we have tried to design this tool as a multi-dimensional, useful piece of information. It has a lot of flexibility in use, as we have tried to show, and the involvement of the newcomer community itself. Finally, we have done our best to incorporate all of the concerns of culturally and linguistically appropriate services, and for health literacy.

For further information, you can go to the website, at the VDH website, or if you have questions, you can contact the Office of Minority Health and Health Equity at VDH. Karen Reed is the contact person. And again, if you have questions, I would refer you to the Navigating through the U.S. Healthcare System website. And once again, there is the URL.

Thank you very much.