

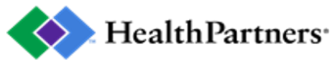
Meeting the Challenges of Diabetes: Working with Non-English Speakers with Diabetes

December 6, 2022



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MN Health Plans Collaborative



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How Language & Cultural Differences Impact Diabetes Care

The role CHWs and interpreters play in reducing barriers

Hilda Herrera, Certified Healthcare Interpreter & Community Health Worker

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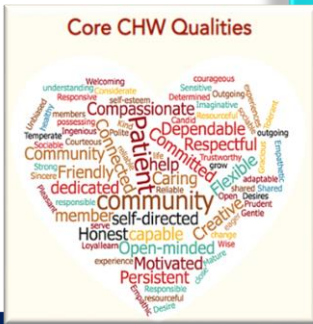
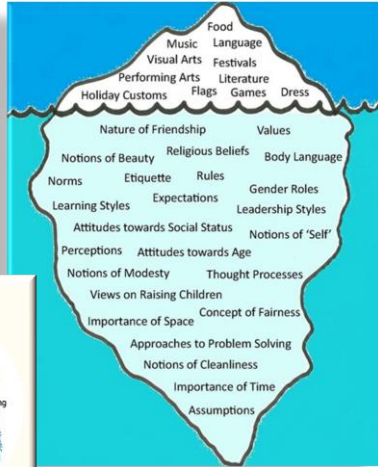


Case Study #1

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Interpreter

- Conduit
- Clarifier
- Cultural Broker
- Advocate



Core CHW Roles	
1.	Cultural Mediation Among Individuals, Communities, and Health and Social Service Systems
2.	Providing Culturally Appropriate Health Education and Information
3.	Care Coordination, Case Management, and System Navigation
4.	Providing Coaching and Social Support
5.	Advocating for Individuals and Communities
6.	Building Individual and Community Capacity
7.	Providing Direct Service
8.	Implementing Individual and Community Assessments
9.	Conducting Outreach
10.	Participating in Evaluation and Research

CHW

- Bridge
- Social Determinants of Health
- Cultural Broker
- Advocate

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Case Study #2



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Coaching Non-English Speaking Members

Marie Sherwood, UCare Health Coach

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What is Health Coaching?



Partnership to explore, guide and inspire a member to improve their health and wellness.



Coaches help members define a vision of health and look at behaviors and thoughts to change to achieve this vision. This includes:

- Exploring reasons and readiness for change
- Connecting to values and needs
- Revealing strengths and identifying steps to take
- Empowering the member and building confidence.
- Believing the member holds the answers to the challenges they face. We guide them through a journey of change.

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Utilization of Language Line



Schedule appointments, allowing 1 hour.



Pre-schedule specific languages when needed.



Get the interpreter's name and clarify how to pronounce their name and members to personalize the connection.



Ask for clarification if interpretation goes too long



Request interpreter by name when possible.



Always give thank you for helping and try asking how to say thank you in their language or how to say hello .

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How we engage



- Make outreach calls to identified and referred members with language line.
- Reach members and ask permission to speak to member.
- Verify information, explain who I am, why calling.
- Introduction to the health coaching program:
 - Ask if they feel they could use some help in making changes and learn what is biggest issue they are having about their health condition.
 - Explanation is given about Health Coaching and how this may help to change habits and improve health. If member agrees we enroll them in program.
 - Discuss scheduling of appointments, 1-2 calls/month, and how to call Health Coach.

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Tips



- Use direct open-ended and fewer questions, listen and reflect for better connection (i.e., motivational interviewing).
- Meet the member where they are at with their health and readiness to change.
- Balance the use of assessment tools and moving towards members recognizing what their needs are and how they can support and self-manage their health.
- Coordinate with CM or CC when possible.
- Give more time but notice and honor the member's attention.

Presentation title

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Tips



- Calls may need to be more frequent; every 2 weeks verses every month.
 - Explain these are scheduled appointment calls for member, ask permission to schedule and for their agreement to participate.
- When member asks me to do things for them, I ask how they could do this themselves.
 - Encourage action and the reasons why they want to take a step or action.
 - Not all members are appropriate for coaching and may need help getting to proper support person, e.g., Dietitian, CC or CM, Pharmacist or MD.
- Ask what the best way is to help them learn.
- Explain how to call back to reach their coach or CM/CC.

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Case Example: Non-English Speaking in Diabetes Coaching



Common questions asked:

- What is your biggest concern with your diabetes (THE WHAT) and what are your reasons for change? (THE WHY)
 - Common to hear I do not know what to eat and fear that they will get worse

Next Steps:

- Review and explore understanding of what actions or directions have been given
 - Often hear no education has been given or they are told to eat fewer carbohydrates
 - Ask what they understand and how they could learn more
- Uncover strengths, past experiences and challenges
 - Highlight the changes they have made and hear their story
 - Believe the member has the answers within them

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Case Example Continued



- Develop a plan with member and find action steps that move towards the change they want to make. (THE HOW)
- Ex: Asked a member how they might cut back on their servings of rice and explored how they could measure this. The member responded that they could take a smaller spoonful instead of 2. This resulted in an action step they could focus on.
 - Follow-up revealed that member had lowered blood sugars.
 - The member felt good about this choice and noted a feeling of control over managing blood sugars. (Member found the answer rather than me giving it to them).

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Questions?

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Additional Resource – Cultural Care Connection

[LINK: Language Resource for Minnesota Health Care Professionals](#)

- This collection of resources is intended to provide the health care community with tools to improve their communication with individuals and families who speak a language other than English.
 - There is a language resource available for each threshold language. Threshold languages are languages other than English spoken by 1,000 individuals based on U.S. Census data.

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Thank You!

[Evaluation Link](#)

Certificate of Participation –
upon completion of Evaluation

Recording - Recording can be found at the
[Performance Improvement Project - Diabetes](#)
[Page on the Stratis Health Website](#)