Recommendations for Promotores(as) de Salud and Language Access Services at your Health Center

What is a Promotor(a) de Salud?

The American Public Health Association defines a Community Health Worker (*Promotor(a) de Salud*) as "a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the worker to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery."[1]

Community Health Workers/*Promotores(as) de Salud* are known under many different titles, including peer educator, outreach worker, and patient navigator. Regardless of the title, what distinguishes a *Promotor(a)* is that they are part of the community they serve. "They may be from the same geographic community or share life experiences that give them an unusually close understanding of the patient community."

1 American Public Health Association. (2017). Community Health Workers. Retrieved from https://www.apha.org/apha-communities/member-sections/community-health-workers

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What do Promotores(as) do?

As both skilled professionals and members of the community, *Promotores(as)* are in a unique position to address health issues in any underserved community. One of *Promotores(as)'* most valuable attributes is that they are able to identify with and understand the distinct obstacles to accessing health care services that are present in the communities they serve. Their ability to relate to patients based on shared life experiences makes them well equipped to work with any vulnerable, underserved, and/or hard-to-reach communities.

Using the relationship they have built with the community as a foundation, a *Promotor(a)* engages both health care providers and members of the community to work towards better health outcomes, individually and collectively. The following roles are considered to fall within the general scope of practice of a *Promotor(a):*

- Cultural and linguistic mediation among individuals, communities, and health and social service systems
- Providing culturally appropriate health education and information
- Care coordination, case management, and system navigation
- Providing coaching and social support
- Advocating for individuals and communities
- Building individual and community capacity
- Providing direct service
- Implementing individual and community assessments
- Conducting outreach
- Participating in evaluation and research

It is important to note that while a *Promotor(a)* possesses the necessary skills to fulfill each of these roles, it is unlikely that any one individual would be responsible for all of them in any given position. The roles assigned to a *Promotor(a)* will vary from organization to organization.

Interpretation vs. Translation

When discussing interpretation and translation, it is important to understand the differences between the two terms. Interpretation occurs when an interpreter "renders a message spoken in one language into one or more other languages." [2] Translation occurs when a language assistance service is provided in writing; it is "the replacement of written text from one language into another."[3]

2U.S. Department of Justice. (2011). Language Access Assessment and Planning Tool for Federally Conducted and Federally Assisted Programs. Retrieved from https://www.lep.gov/resources/2011_Language_Access_Assessment_and_Planning_Tool.pdf

3Ibid.

The Promotor(a) Role in Interpretation & Translation

One role that Promotores(as) often fill is as an interpreter between patients and clinical staff. Promotores(as) are well positioned to act as the liaison, both linguistically and culturally. By helping patients better understand their clinical provider's care instructions, *Promotores(as)* can build a stronger bond of trust between the patient and clinician and encourage better adherence to follow-up treatment. However, *Promotores(as)* also often come from non-traditional professional backgrounds and are not medically trained. Thus, the bulk of any interpretation services that Promotores(as) provide should be done in the community, rather than in a clinical setting; interpretation should only be provided after Promotores(as) have received proper training. Organizations should always keep this in mind when utilizing *Promotores(as)* in an interpretation capacity and, whenever possible, utilize Certified Medical Interpreters for substantial medical interpretation issues.

Scenario #1

A patient receives a prescription from their health center provider. All the instructions accompanying the medication are provided in English, which the patient does not speak. A Promotor(a) de Salud interprets the prescription materials so the patient can correctly adhere to the prescription instructions, and ensures the patient is completely clear on their follow-up care plan. By assisting the patient in this way, the *Promotor(a)* helps the patient receive better care and potentially reach better health outcomes.

A Note on Federal Standards Regarding Interpretation Services

It is important to understand federal standards as they apply to the day-to- day provision of interpretation services. Under current federal standards, individuals are protected from discrimination on the basis of race, color, or national origin in all health care settings that receive federal assistance.[4] These protections extend to individuals with limited English proficiency (LEP). All covered entities, including CHCs, must provide these individuals meaningful access to language services, free of charge, in the form of interpretation or translation.

Additionally, the staff members or outside contractors providing interpretation services must be qualified.[5] There are separate qualifications for those engaged in interpretation and those who are available to facilitate communication as "qualified bilingual staff." It is important to note that a bilingual *Promotor(a)* may not necessarily meet the qualifications to interpret under the rule. For example, to be a qualified interpreter the individual must adhere to generally accepted interpreter ethics principles. However, a LEP individual may specifically request that an accompanying adult provide interpretation.

To assist with compliance, the U.S. Department of Health and Human Services (DHHS) encourages all covered entities to develop a language access plan.

The National Standards for Culturally and Linguistically Appropriate Services (CLAS Standards)[6] are a set of guidelines from the DHHS' Office of Minority Health intended to facilitate access to quality health services for all individuals. They offer a blueprint for health care organizations to follow to improve quality and advance health equity. *Promotores(as)* can play a key role in the provision of CLAS by focusing on the unique health beliefs, practices, and needs of diverse individuals.

There are four standards regarding language access:

- Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
- Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
- Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
- Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

We encourage health centers to consult legal counsel regarding language access standards.

4 https://www.federalregister.gov/documents/2016/05/18/2016-11458/nondiscrimination-in-health-programs-and-activities?utm_campaign=subscription+mailing+list&utm_medium=email&utm_source=federalregister.gov

5 Ibid.

6 https://www.thinkculturalhealth.hhs.gov/clas

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Background on Language Access Services (LAS) Assessment

In February 2017, MHP Salud and Farmworker Justice (FJ) developed an assessment of language access services (translation/interpretation) for *Promotores(as)* in the health center setting. The assessment asked both *Promotores(as)* and their supervisors to respond to a series of questions that aimed to better understand how *Promotores(as)* are utilized for interpretation and translation, specifically within the clinical and community settings.

A total of 78 *Promotores(as)* and 65 supervisors responded to the assessment. 65% of all respondents worked for a Federally Qualified Health Center.

Of the *Promotor(a)* responses:

- 67% provide language access services (LAS)
- 27% of those who provide LAS spend 20% or less of their time providing these services
- The three most common settings for providing LAS were: out in the community (58%), over the phone (53%), and in the clinic (interpreting between doctor and patient/discussing medical issues) (45%)
- 47% of those who provide LAS services selected health education as the most common topic addressed when providing LAS services
- 54% of *Promotores(as)* have received formal or informal training on providing LAS services. The most common source of these trainings was an internal member of the health center team (25%).
- Only 49% of *Promotores(as)* felt adequately trained to provide LAS services to patients regardless of circumstance or situation. 29% only felt comfortable in certain situations.

The supervisor responses largely mirrored the opinions of the *Promotores(as).* One difference between supervisors' and *Promotores(as)'* responses, however, involved the supervisors' view of how well equipped their *Promotores(as)* were to provide language access services:

- Only 40% of supervisors felt their *Promotores(as)* were adequately trained to provide LAS services to patients regardless of circumstance or situation. 36% only felt comfortable allowing their *Promotores(as)* to interpret in some instances.

Based on these responses, MHP Salud and FJ developed a set of recommendations for health centers regarding *Promotores(as) de Salud* and their role as it relates to interpretation and translation. These recommendations are not for the provision of direct interpretation between patient and provider; rather, they are meant to help health centers develop and incorporate interpretation into their organization that acknowledges the strengths and focus of the *Promotor(a)* role. Beyond *Promotores(as)* providing LAS, health centers should make certified interpretation, either in-person or by phone, available to all LEP patients.

Scenario #2

A patient mentions to the *Promotor(a)* during a follow-up home visit that she did not fully understand their provider's care instructions during their last clinic appointment. The *Promotor(a)* works with the patient's care team to provide clarification regarding the provider's care instructions. This not only leads to higher quality care for the patient, but a stronger bond of trust between the patient and the entire care team.

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Recommendations for Promotores(as) and Interpretation

- **Interpretation should not be the primary role of *Promotores(as) de Salud*.** While *Promotores(as)* are well-positioned to ensure smooth communication between patients and providers, interpretation should not be their primary role. The *Promotores(as)'* strengths truly lie in acting as a holistic cultural liaison – ensuring the clinical care team is providing care in a manner that is culturally and linguistically appropriate. So, while interpretation may fall under that umbrella of duties, it is only one component of what the *Promotor(a)* can contribute to the care team. In general, interpretation should not take more than 20-25% of a *Promotor(a)'s* time. Additionally, unless the *Promotor(a)* is integrated as part of the clinical care team, interpretation should be focused on health education, rather than administrative (i.e. billing, scheduling, etc.) or medical issues.

- **If interpretation will be a role within the *Promotores(as)'* scope of duties, training is essential.** As with any new role, training is key to ensuring that provided interpretation services are done with efficiency, efficacy, and integrity. This training should not necessarily be focused on certifying the *Promotor(a)* as a certified medical interpreter, rather it should focus on how the *Promotor(a)* can successfully integrate interpretation and translation services into their current duties as a part of the care team. This training might include basic medical terminology, familiarity with the clinic's operations and workflow, and general guidelines around providing interpretation. If your organization already has a set training for volunteer interpreters, this is a good starting point for the training that should also be provided to the *Promotores(as).* Local Area Health Education Centers (AHECs)[7] and community colleges are also good resources when looking for training opportunities.

- **Cross-training the clinical team is also vital**. It is also important to cross train all clinical staff so they can fully understand when it is appropriate for *Promotores(as)* to provide interpretation services. Oftentimes, clinical staff do not fully understand the *Promotor(a)* role as they have not been a traditional part of a care team. This can lead to diminished efficiency and capacity, hesitation from team members, and a lower quality of care for patients. By fully orienting the clinical team to what the *Promotor(a)* is and is not able to do in their capacity as an interpreter, care teams are better equipped to provide the care their patients need in an appropriate, efficient manner. This training can be part of a larger orientation to the *Promotor(a)* model for your organization's providers, or can be done as a stand-alone training specifically focusing on interpretation within the clinical setting.

- **Keep in mind the *Promotor(a)'s* main focus and ultimate purpose: to act as a source of support for the patient population.** It is most important for *Promotores(as)* to speak the native language of the clinic's patient population, rather than that of the clinical team. Supervisors of *Promotores(as)* should be proficient in both English and the native language of the patient population so they can act as intermediaries between *Promotores(as)* and clinic staff when necessary. While having bilingual *Promotores(as)* can certainly be beneficial, the most important asset a *Promotor(a)* provides to the clinical team is a deep understanding of, and trusting bond with, the community that they serve.

Contact Us

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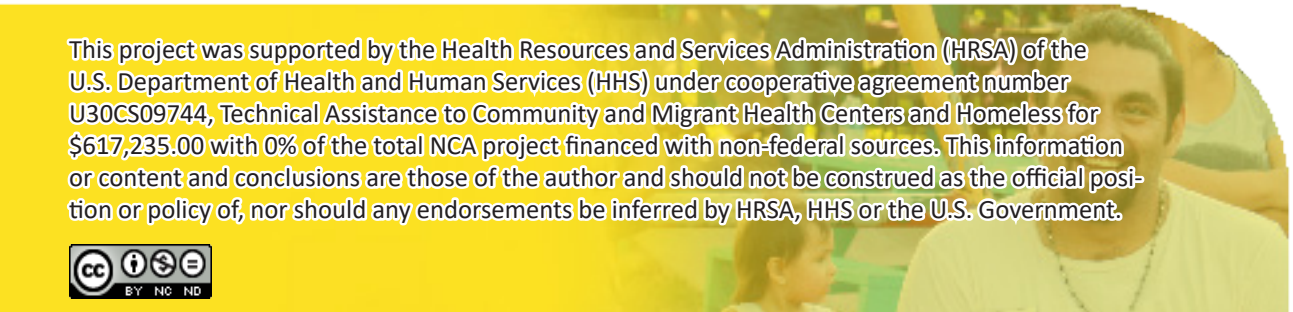
7 **http://www.nationalahec.org/**



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