lakwe!!

Heartland and the Marshallese Life, Culture, & Heritage

Lynda A. Riklon
Objectives

01 To Understand Marshallese Life, Culture, and Heritage

02 To Review NBS and EHDI in the Marshallese Population

03 And More!
Acknowledgements

- Lori Williamson Dean
- Heartland Regional Genetics Network
- Marshallese Educational Initiative
- Laura Hays, PhD
- Sheldon Riklon, MD
- Karli Blocker, MS, CGC
- Brittany Burnside, BS
- UAMS- NW Institute for Community Health Innovation
Who Are We?

- Estimated current population – 74,539 (CIA World Fact book)
- Part of Micronesia
- Main language: Marshallese
  - Large influence of English and Japanese
- Challenges:
  - Education
  - Health (chronic diseases, cancer rates, TB, Hansen’s Disease, mumps, unknown generic disabilities)
  - Employment
  - Nuclear History
  - Climate Change
Marshallese Flag Dance
Marshallese Communities in the United States

Marshallese in the AR – largest community outside of the RMI
Large communities in Iowa and Oklahoma, as well.
2016: A New Start
AWARENESS

COMMUNITY: Women’s World Day of Prayer
Quick Tips for Providers Serving Marshallese Patients & Clients

<table>
<thead>
<tr>
<th>What should healthcare providers do or understand?</th>
<th>Why is this helpful or important?</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Say “likewa” (pronounced YOK-way) at the start of the appointment.</td>
<td>• This shows that the provider cares enough to learn something about the patient’s language and culture.</td>
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<tr>
<td>• Introduce yourself, “likewa, etja in” (pronounced en) (insert your name). “Etja in” (this means, “What is your name?”). Then, thank the patient for coming to the appointment.</td>
<td>• This helps build the patient-provider relationship.</td>
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<tr>
<td>• Marshallese families are very large and include extended family as well as non-biological family members.</td>
<td>• Providers should be aware of this in order to ask the appropriate questions when taking a family health history.</td>
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<tr>
<td>• Explain why each family and personal health history question is being asked.</td>
<td>• Patients will be more willing to give accurate information if they understand how it affects their health.</td>
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<td>• Have a community health worker (CHW) or trained interpreter present at the clinic, and ensure they are accessible to the patient from the start to the end of the appointment.</td>
<td>• Not only may there be a language barrier, but Marshallese and U.S. healthcare systems are different. Therefore, common practices in U.S. facilities may be unfamiliar to Marshallese patients.</td>
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<td>• Marshallese customs and beliefs may lead some patients to treat themselves at home before visiting a healthcare provider.</td>
<td>• Providers should respect a patient’s beliefs and recognize that the patient may not be familiar with how Western medicine works. It could be beneficial for the provider to ask what “home remedies” the patient is using or may have already tried.</td>
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<tr>
<td>• Healthcare providers are encouraged to attend Marshallese community events.</td>
<td>• This helps U.S. providers familiarize themselves with the Marshallese culture, which may improve their rapport with the patient.</td>
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<td>• Some Marshallese patients observe the provider’s body language and tone of voice.</td>
<td>• Language barriers lead patients to observe other ways in which a provider may communicate (e.g., nonverbals).</td>
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<td>• Don’t ask the patient why they are at the appointment. Rather, ask something like “What can we help you with today?”</td>
<td>• Asking “why” can be offensive. Some patients may feel unwanted, discriminated against, or may think that the service provider is not prepared or have time for them.</td>
</tr>
<tr>
<td>• The Marshallese are very private people and do not speak of private matters in front of people of the opposite gender or someone with whom they have not yet built trust or relationship.</td>
<td>• The provider, patient, and CHW or interpreter should all be the same gender, whenever possible. If not, the patient may not be as open and may not share private information.</td>
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<tr>
<td>• The provider should apologize to the patient before performing the physical exam.</td>
<td>• These behaviors communicate respect and cultivate trust.</td>
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</table>

What can a healthcare provider say to a Marshallese patient to make the patient feel more comfortable?

• Say “likewa” (pronounced YOK-way) at the start of the appointment.
  • “Likewa” is the Marshallese word for hello. Saying this simple phrase shows the provider that the provider cares enough about the patient to learn something about their language and culture.
  • Introduce yourself, asking their name, and thank the patient for attending the appointment.
  • This helps cultivate rapport. Talking about non-medical matters shows that the provider cares about the patient on a more personal level.

What services can a healthcare facility, hospital, or clinic provide to encourage the Marshallese population to seek healthcare when in the U.S.?

• A Marshallese community health worker (CHW) should be present at the facility and assigned to the Marshallese community. CHWs can explain the health benefits of preventive care, introduce the patient to the provider, help the patient understand the language barriers, and help them navigate the clinic environment.

What services can a healthcare facility, hospital, or clinic provide to encourage the Marshallese population to seek healthcare in the Marshall Islands?

• A CHW can interpret both spoken language and non-verbal cues between the patient and provider, which can help break down the language barrier. The CHW should also be present for the entire visit, including check-in or registration, obtaining the patient’s medical history, performing the examination, interpreting the examination results, and the payment process, as these procedures may be conducted differently in the U.S. as compared to the Republic of the Marshall Islands.

What should healthcare providers understand about Marshallese family relationships when taking a family health history?

• Marshallese families are often large and may include extended family as well as non-biological members.
  • When asked about family members, Marshallese patients may provide information about individuals who are not related to them.
  • They may use the words, such as “brother” or “sister” to describe their siblings, cousins, as well as close friends. Similarly, when asking about the patient’s patients, the patient may be referring to an aunt or uncle who provide parental roles.
  • Because of this, the exact biological relationship should be explicitly explained when taking a family health history.

What should healthcare providers understand about Marshallese culture in order to better serve their Marshallese patients?

• The Marshallese value a healthcare provider who attends events in the Marshallese community and attempts to meet them before they are in a healthcare setting.
  • This will help the community build trust in the providers and be more comfortable seeking healthcare at American facilities.
  • Marshallese people are very private and may not provide accurate or thorough information when questioned about their personal and family health histories.
  • The provider should explain why they are asking these questions and how they pertain to the patient’s health in order to obtain the most accurate information.

heartlandcollaborative.org
AWARENESS
Newborn Screening Education
Newborn screening ej kujoŋ komṃan ŋāāt?

Newborn Screening Education
AWARENESS
Early Hearing Detection and Intervention
AWARENESS

First NBS Outreach in NWA
• 30 plus moms
• Only 1 mom remembered being called to follow up on her baby’s NBS test results
• Interviews/focus groups
QUALITY

1st Marshallese Interpreter Training in Medical Genetics
How do you say “genetic test” in Marshallese? Interpreting for Marshallese Patients in Genetics

What is this? As one of the fastest changing fields in medicine, genetics, a topic that is coming up more often in more healthcare settings. But highly technical vocabulary and complex medical concepts can present real challenges. Interpreters who are not familiar with the concepts and vocabulary related to genetics. And how do you say “genetic test” in Marshallese, anyway?

This 1½ day workshop is a special opportunity for Marshallese interpreters to gather with other Marshallese interpreters from across the nation to learn about interpreting for genetic counseling appointments. This workshop teaches basic concepts in genetics, the roles of various genetic professionals, and what to expect in prenatal, pediatric, and cancer genetics appointments. We’ll learn technical vocabulary in English and then figure out how to convey those ideas accurately in Marshallese. Finally, interpreting exercises based on real-life genetic interviews create opportunities for practice.

Who is teaching? Cindy Root is a national consultant and trainer with 27 years’ experience in the healthcare interpreting field. With an MPH in International Health Services, Cindy has made significant contributions to the healthcare interpreting as a teacher, a program developer, an advocate, and a mentor. Her written works are key resources for interpreters, providers, and administrators alike. Cindy was the principal author of the original Bridging the Gap, and her most recent book, Healthcare Interpreting in Small Sites, is being used as an ancillary text for many basic training programs. Ms. Root is a founding member and former Co-chair of the National Council on Interpreting in Health Care (NCIHC), as well as being known nationally as an engaging speaker and an energetic advocate.

When? Thursday and Friday, November 7-8, 2019
Lunch and snacks will be provided both days.

Where? University of Arkansas for Medical Sciences NW,Baker Conference Rm 1125 N. College Ave, Fayetteville, AR 72703

Application? CLICK HERE TO APPLY BY OCTOBER 21, 2019

Travel/Hotel? Selected applicants will be notified via email. At that time, information about travel and hotel, as well as a detailed agenda will be provided.

Cost? ALL EXPENSES WILL BE COVERED by Heartland Regional Genetics Network and the National Coordinating Center for the Regional Genetic Networks. (HRSA Cooperative Agreement: U57MC30777).

Questions? Contact Lynda Riklon at 479-236-2176 or LARiklon@uams.edu.
Covid-19 Enid Outreach
MEI, RMI Consulate, UAMS, & HRGN
Covid-19 Enid Drive thru Outreach
MEI, RMI Consulate, UAMS, & HRGN
ACCESS

Crescent Community Health Center

• Ann
• Dustin
• Irene
Warm Welcome from Iowa
Crescent, Adna Betwel and Josolyn Gordon
Iowa-Child Health Specialty Clinic and Micronesian One Stop Center
AWARENESS
Dubuque, IA
AWARENESS
Ottumwa, IA
Traditional lunch in Ottumwa
ACCESS

Advocacy Training in DBQ!

- Community engagement (NBS talks)
  +
- Interviews of mothers of children with special health care needs
  =

  NEED IDENTIFIED

- NEED
  Advocacy
  Medical home
AWARENESS/ACCESS

NBS/health screening in Enid with Dr. Hays!
QUALITY

2nd Marshallese Interpreter Training in Genetics and Special Health Care Needs
Yaaayy!!
Genetics Glossary in the making!
<table>
<thead>
<tr>
<th>Term</th>
<th>Marshallese Term or equivalent</th>
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<tbody>
<tr>
<td>abnormal (adj)</td>
<td>Ejabikbik, ejab emman, enana</td>
</tr>
<tr>
<td>abortion (n)</td>
<td>Man lojem, E Mij lojem,</td>
</tr>
<tr>
<td>ACMG 59 (n)</td>
<td>Lajrak in kuj kein ilo enbwinin juon armij im emoio loi ke rej kuj ko im naĩinmij ko einwot cancer im menono ekkā aer walok ibben juon bamle ak naĩinmij inmij bodrai.</td>
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<tr>
<td>adaptive skills (n)</td>
<td>Kabeel ak kilen mour ko ewor ibbam ak ko kwoj ekatak non am moron in mour im aineman im jokane ilo juon jukjuk in bed. Kabeel im jela kulen lale iok make</td>
</tr>
<tr>
<td>adoption (n)</td>
<td>kokajiriri</td>
</tr>
<tr>
<td>American College of Medical Genetics and Genomics (ACMG) (n)</td>
<td>Jikin jikuul eo ilo America im ej komani ekatak ko kin nememe in enbwin juon armij, ej komani katakin ko im lelok support ko ikijien naninmij ko rej jelet armij</td>
</tr>
<tr>
<td>amniocentesis (n)</td>
<td>Ne takto ej driboj lojen juon ri bororo kin nittol non an bok jidrik dren jen jikin ningning eo , dren ne lowan jā ne non kabbok naĩinmij ak utame</td>
</tr>
<tr>
<td>amniotic fluid (n)</td>
<td>Dren ne ninnin (ningning) ej ebebe ie ilowan lojen jinen</td>
</tr>
<tr>
<td>anencephaly (n)</td>
<td>Jabikbik an eddek boran ak komelij eo an juon niřniň (ningning) ilo ien eo ej eddek lojen jinen Ekke aer mij mokta jen aer lotak ak jet raan elkin aer lotak</td>
</tr>
<tr>
<td>benign (adj)</td>
<td>Rejab elolo kuj in cancer ilo kakolkol ko, ejelok cancer</td>
</tr>
</tbody>
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AWARENESS/ACCESS

Pocahontas
Heartland, Legal Aid, Family Support, MEI, Dr. Laura Hays
Pocahontas

Heartland, Legal Aid, Family Support, MEI, Dr. Laura Hays
AWARENESS/ACCESS

DeQueen

Heartland, Legal Aid, Family Support, MEI, Dr. Laura Hays
QUALITY

3rd Marshallese Interpreter Training in Medical Genetics
Salem, OR
Marshallese interpreter training in medical genetics in Salem, OR
AWARENESS/ACCESS

Ottumwa
Ottumwa
AWARENESS/ACCESS

Ottumwa
QUALITY

4th Marshallese Interpreter Training in Medical Genetics
Kona, HI
Kona, HI
Marshallese Medical Interpreter Training
Interpreter improvement rates

Before Training

- Uncomfortable*: 31%
- Neutral: 31%
- Comfortable: 24%
- Very Comfortable: 14%

After Training

- Uncomfortable*: 4%
- Neutral: 18%
- Comfortable: 43%
- Very Comfortable: 35%

*Represents items as uncomfortable or very uncomfortable
In progress: Marshallese Videos

lakwe!
Naij juon taktō in bōdañ.

lakwe taktō!
lalmen kakōlkōl en kein kajuon an niňniň?
AWARENESS

In progress......

- Marshallese caption and voice-over of the genetics video series
- Individualized Health Plan – translated
- Care Notebook App
- Re-visit OK and IA
- Springfield, MO – NBS talk
Kommol tatatata HRGN, we love you chromosomes and genes...God bless!!

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