

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

Republic of the Marshall Islands (RMI)



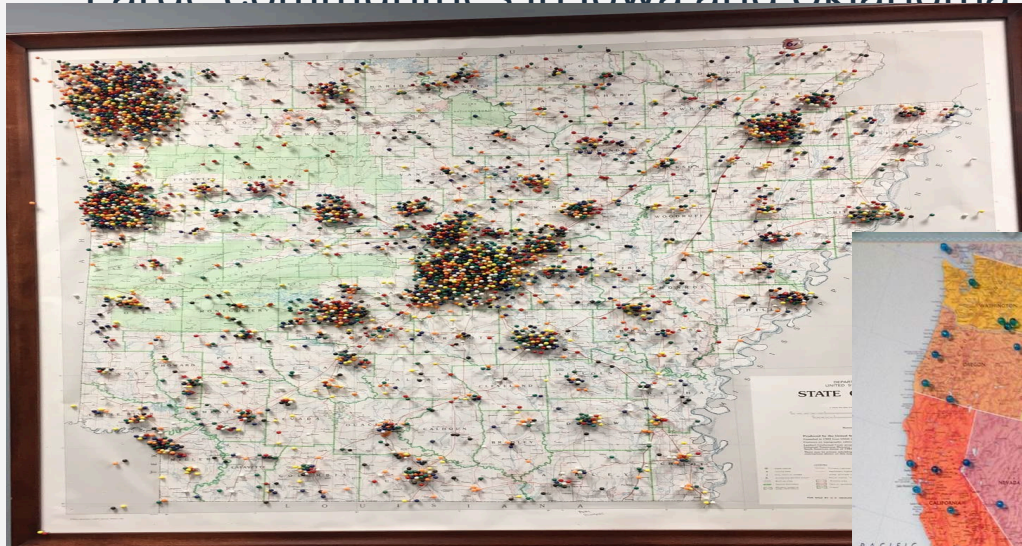
Marshallese Flag Dance



Marshallese Communities in the United States

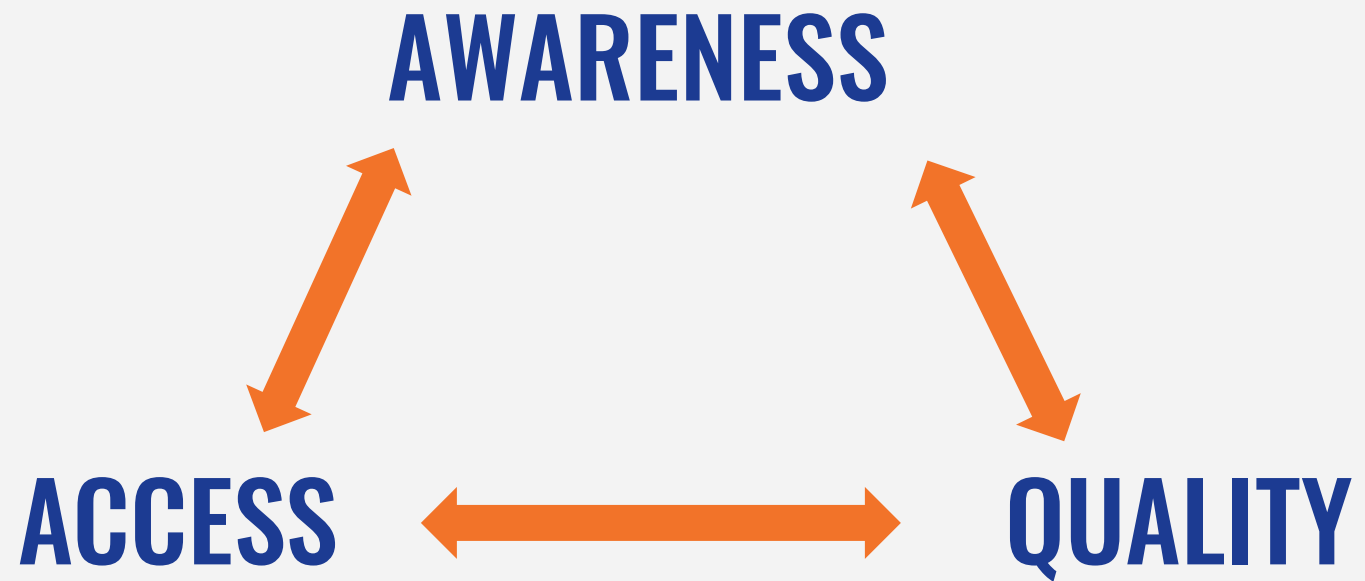
Marshallese in the AR – largest community outside of the RMI

Large communities in Iowa and Oklahoma as well.





2016: A New Start



AWARENESS

COMMUNITY: Women's World Day of Prayer



QUALITY Provider “Tip Sheet” by Karli Blocker

Quick Tips for Providers Serving Marshallese Patients & Clients

What should healthcare providers do or understand?	Why is this helpful or important?
<ul style="list-style-type: none"> Say “<i>lakwe</i>” [pronounced YOK-way] at the start of the appointment. 	<ul style="list-style-type: none"> This shows that the provider cares enough to learn something about the patient’s language and culture.
<ul style="list-style-type: none"> Introduce yourself, “<i>lakwe</i>, eta in (pronounced een) (insert your name).” Etam? (this means, “What is your name?”) Then, thank the patient for coming to the appointment. 	<ul style="list-style-type: none"> This helps build the patient-provider relationship.
<ul style="list-style-type: none"> Marshallese families are very large and include extended family as well as non-biological family members. 	<ul style="list-style-type: none"> Providers should be aware for this in order to ask the appropriate questions when taking a family health history.
<ul style="list-style-type: none"> Explain why each family and personal health history question is being asked. 	<ul style="list-style-type: none"> Patients will be more willing to give accurate information if they understand how it affects their health.
<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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.
<ul style="list-style-type: none"> Marshallese customs and beliefs may lead some patients to treat themselves at home before visiting a healthcare provider. 	<ul style="list-style-type: none"> 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.
<ul style="list-style-type: none"> Healthcare providers are encouraged to attend Marshallese community events. 	<ul style="list-style-type: none"> This helps U.S. providers to familiarize themselves with the Marshallese culture, which may improve their rapport with the patient.
<ul style="list-style-type: none"> Some Marshallese patients observe the provider’s body language and tone of voice. 	<ul style="list-style-type: none"> Language barriers lead patients to observe other ways in which a provider may communicate (eg., nonverbals).
<ul style="list-style-type: none"> Don’t ask the patient <i>why</i> they are at the appointment. Rather, ask something like “What can we help you with today?” 	<ul style="list-style-type: none"> 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.
<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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.
<ul style="list-style-type: none"> The provider should apologize to the patient before performing the physical exam. 	<ul style="list-style-type: none"> These behaviors communicate respect and cultivate trust.

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

- Say “*lakwe*” [pronounced YOK-way] at the start of the appointment.
 - “*lakwe*” is the Marshallese word for hello. Saying this simple phrase shows the patient that the provider cares enough about the patient to learn something about their language and culture.
- Introduce yourself, ask their name, and thank the patient for attending the appointment.
 - This helps to 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 ill?

- A Marshallese community health worker (CHW) should be present at the facility and available during the patient’s entire visit.
 - 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, completing paperwork, the appointment, making follow-up appointments, filling prescriptions, 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 blood relation 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 parents, 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.

REFERENCE:
Blocker, K., Hallford, H.G., McElfish, D., Danichuk, N.G., and Williamson Dean, L. “Eliciting culturally and medically informative family health histories from Marshallese patients living in the United States.” (2020) *Journal of Genetic Counseling Special Issue Minority and Health Disparities in Research and Practice in Genetic Counseling and Genomic Medicine – Part 2*, 28(3), pp. 440 – 450. doi:10.1002/jgc4.1248. Epub 2020 April 28.

ACKNOWLEDGMENT:
This project was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$18 million with zero percentage financed with nongovernmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by HRSA, HHS, or the U.S. Government.

heartlandcollaborative.org

AWARENESS

Newborn Screening Education



**Etke aolep niñniñ rej aikuj
bōk bōtōktōk elikin wot
aer lotak?**

Newborn
screening ej
kujoñ
komman
ñāāt?

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?

**Marshallese
Interpreters!
Don't miss this
FREE
one-time-only
language-specific
interpreting class!**

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 for 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 Roat 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 Bites*, is being used as an ancillary text for many basic training programs. Ms. Roat 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 Genetics Networks. (HRSA Cooperative Agreement: (UH7MC30777).

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

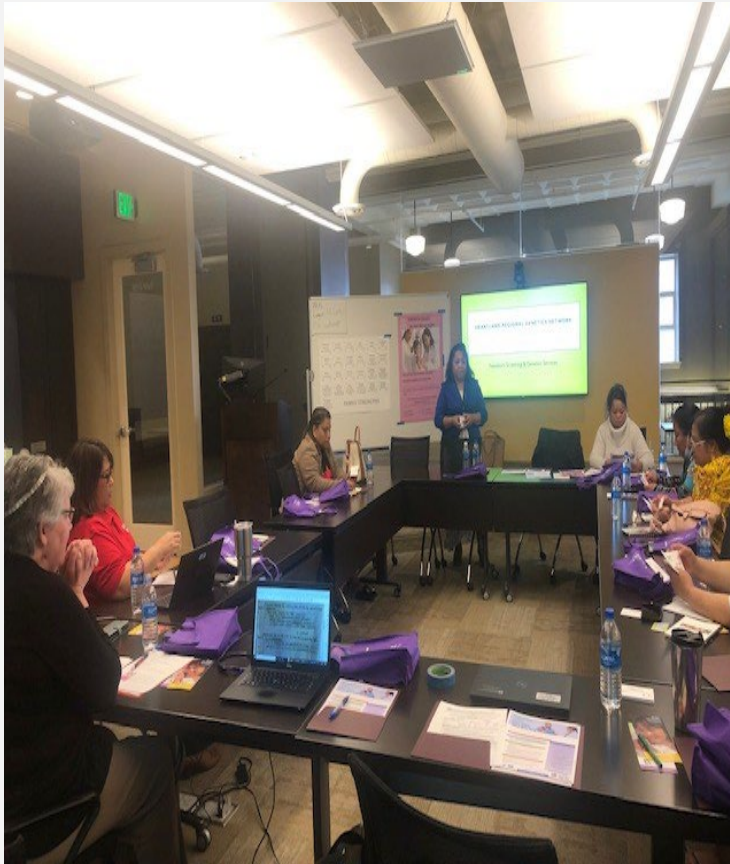


Iowa-Child Health Specialty Clinic and Micronesians One Stop Center



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

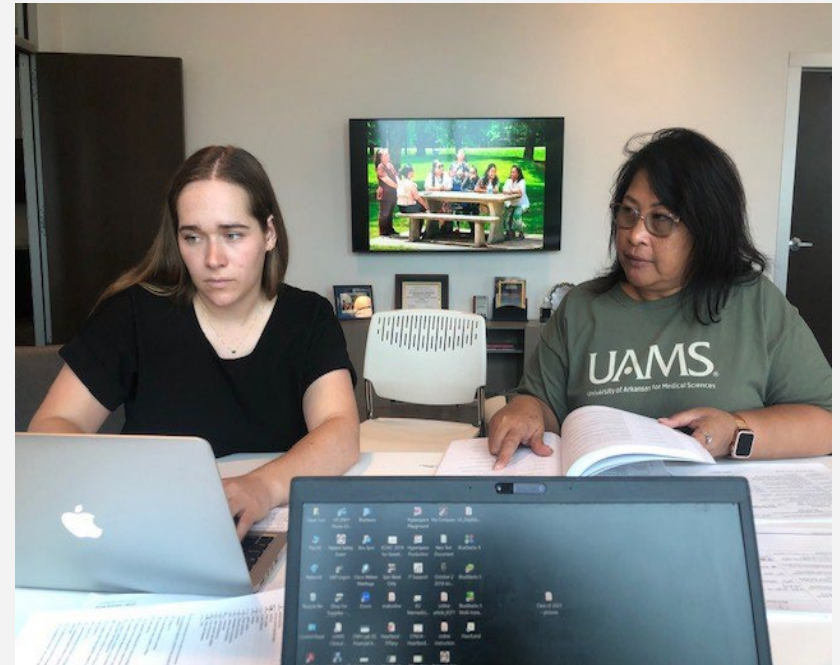
2nd Marshallese Interpreter Training in Genetics and Special Health Care Needs



Yaaayy!!



Genetics Glossary in the making!



Interpreting for Pediatric Genetics

Bilingual Glossary of Pediatric, Prenatal and Cancer Genetics Terms English – Marshallese

April 14, 2022

(n) – noun

(v) – verb

(adj) – adjective

(adv) -- adverb

Term	Marshallese Term or equivalent
abnormal (adj)	Ejabikbik, ejab emman, enana
abortion (n)	Man lojem, E Mij lojem,
ACMG 59 (n)	Lajrak in kuj kein ilo enbwinin juon armij im emoj loi ke rej kuj ko im nañinmij ko einwot cancer im menono ekkā aer walok ibben juon bamle ak nañinmij inmij bodrañ.
adaptive skills (n)	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
adoption (n)	kokajiriri
American College of Medical Genetics and Genomics (ACMG) (n)	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
amniocentesis (n)	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 nañinmij ak utame
amniotic fluid (n)	Dren ne ninnin (ningning) ej ebebe ie ilowan lojen jinen
anencephaly (n)	Jabikbik an eddek boran ak komelij eo an juon niñniñ (ningning) ilo ien eo ej eddek lojen jinen Ekke aer mij mokta jen aer lotak ak jet raan elkin aer lotak
benign (adj)	Rejab elolo kuj in cancer ilo kakolkol ko, ejelok cancer

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



Salem, OR



AWARENESS/ACCESS

Ottumwa



Ottumwa



AWARENESS/ACCESS

Ottumwa



QUALITY

4th Marshallese Interpreter Training in Medical Genetics Kona, HI



Kona, HI

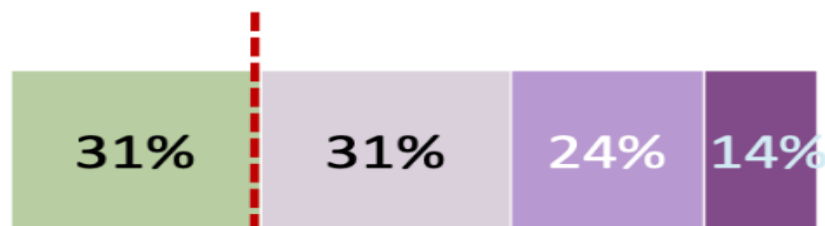


Marshallese Medical Interpreter Training

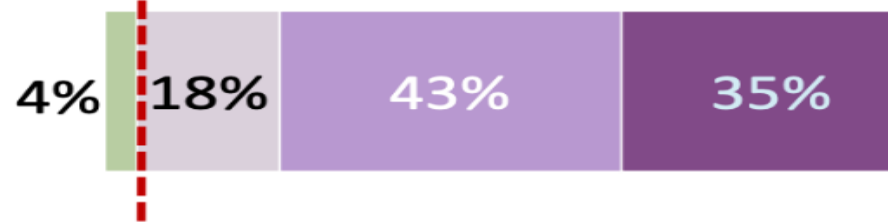
Interpreter improvement rates



Before Training



After Training



■ Uncomfortable* ■ Neutral ■ Comfortable ■ Very Comfortable

*Represents items as uncomfortable or very uncomfortable

In progress: Marshallese Videos

lakwe!
Naij juōn taktō in
bōdañ.

lakwe taktō!
lalmen kakōlkōl en
kein kajuōn an
niñniñ?



AWARENESS

Ready to learn more about **Genetic Testing?**

Watch our **informative videos** designed to walk you through the process step-by-step.

We're here to help you **feel confident and informed** so you can make the **best decisions** for your family's health.



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You can view the videos on our website at:
www.heartlandcollaborative.org



Scan Me
To Watch Our Videos
with English Subtitles

REF: Clinic

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!!**

Lynda A. Riklon
lariklon@uams.edu



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