How to print Handouts

- On a PC

    - Open PDF

    - Click Print

    - Choose # of pages per sheet from dropdown menu

    - Choose Black and White from "Color" dropdown

- On a Mac

    - Open PDF in Preview

    - Click File

    - Click Print

    - Click dropdown menu on the right "preview"

    - Click layout

- Choose # of pages per sheet from dropdown menu

- Checkmark Black & White if wanted.

- If more details needed please visit our FAQ page: https://www.audiologyonline.com/help

Technical issues with the Recording?

- Clear browser cache using these instructions

- Switch to another browser

- Use a hardwired Internet connection

- Restart your computer/device

Still having issues?

- Call 800-753-2160 (M-F, 8 AM-8 PM ET)

- Email customerservice@AudiologyOnline.com

Adults with CIs who speak English as L2
In partnership with American Cochlear Implant Alliance

Diane Martinez, AuD

Domitille Lochet, MS CCC-SLP, LSLS Cert. AVT

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Diane Martinez, AuD

Diane Martinez, AuD, Assistant professor, is a clinical audiologist at the University of Miami. She has provided clinical education to audiology interns, externs, as well as domestic and international visiting professionals. Specialized training and education include cochlear implant programming with the use of objective measurements, cochlear implant evaluations and how to treat the adult Spanish speaking cochlear implant candidate/recipient.

Domitille Lochet, MS

A trilingual Speech-Language pathologist, Domitille has practiced at the University of Miami Ear Institute since 2011 as part of the cochlear implant team. She has Master of Science from Florida International University (2006) and has been LSLS Cert. AVT certified since 2013. Domitille is presently working toward her SLP clinical doctorate at Northwestern University.

Disclosures

- **Presenter Disclosure:**
  - Diane Martinez: Financial: Diane Martinez is employed by the University of Miami Health Systems and she received an honorarium for presenting this course. Non-Financial: Diane Martinez has no relevant non-financial relationships to disclose.
  - Domitille Lochet: Financial: Domitille Lochet is employed by the University of Miami Health Systems and she received an honorarium for presenting this course. Non-Financial: Domitille Lochet is LSLS Cert. AVT certified and is a SLP Clinical Doctorate student at Northwestern University.

- **Content Disclosure:** This learning event does not focus exclusively on any specific product or service.

- **Sponsor Disclosure:** This course is presented by the American Cochlear Implant Alliance in partnership with AudiologyOnline.

American Cochlear Implant Alliance

- Mission: Advance access to the gift of hearing provided by cochlear implantation through research advocacy and awareness

- Address factors contributing to underutilization of cochlear implants

- Our objective today: To provide considerations when attending to patients who speak English as a second language or who are monolingual Spanish speakers.

Learning Outcomes

After this course, participants will be able to

- Identify 3 elements of cultural humility.

- List 3 stereotypes in our field of speech-language pathology and audiology.

- List 3 ways to appropriately work with an interpreter.

- Identify 3 ways to obtain cultural information from various cultural groups.

- List one free auditory training resource for adult patients who speak Spanish.

Preferred language: Spanish
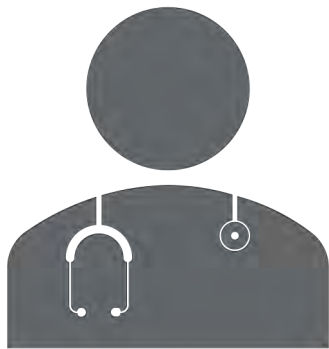
What we know

- Providing evidenced based practice
- EMR provides "language preference"
- Most hospitals have directives on how to use interpreters

What we do not know

Lack of evidence
- Interpreter use and outcomes

Huang et al. 2019
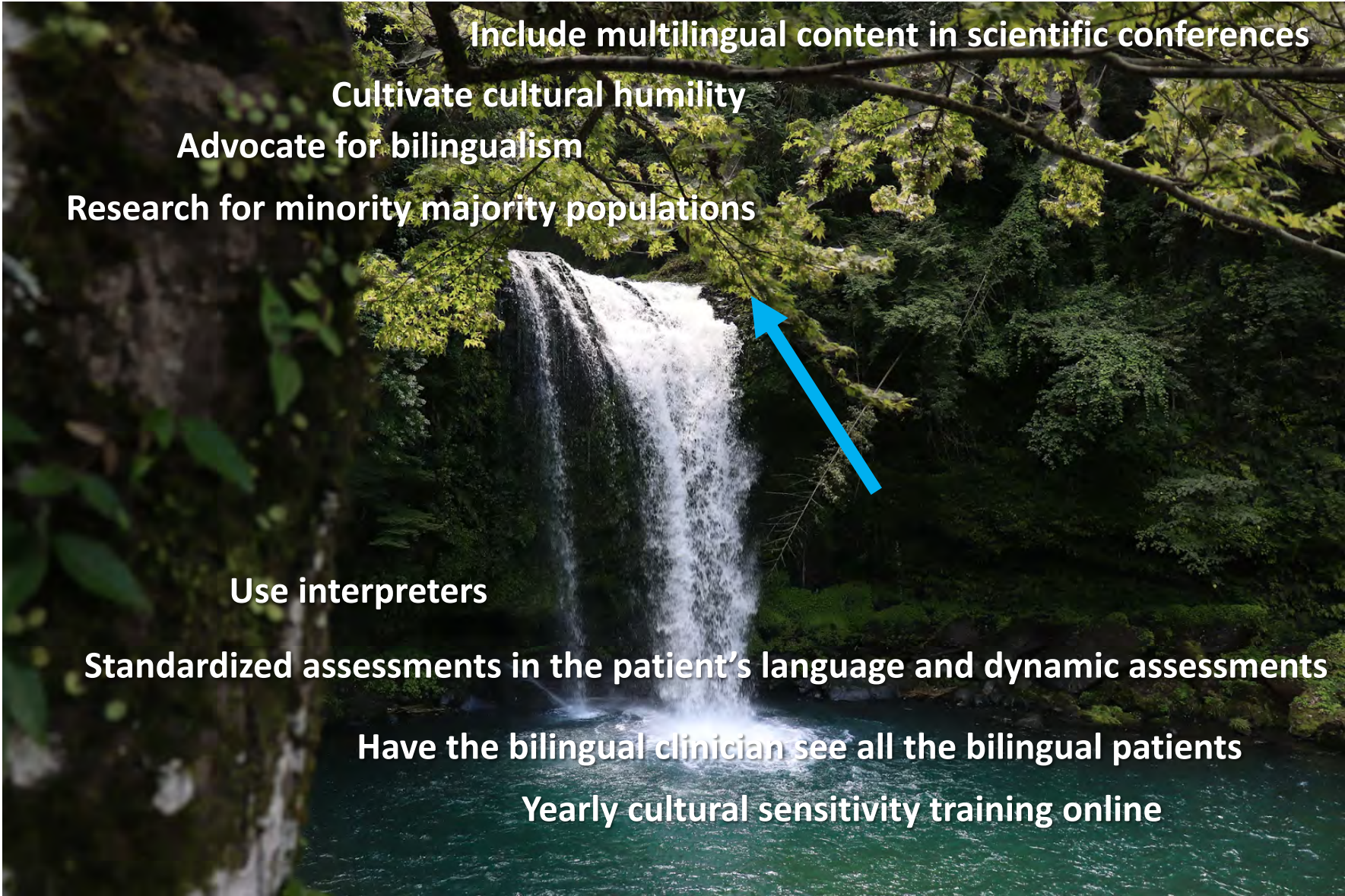
Multilingual Patients

Use > 1 sound system

Have different types/degrees of bilingualism:

- Sequential/simultaneous
- Early acquired/late acquired (Berens et al.)
- BICS and CALP (1984, Cummins)
- May be exposed to more than 2 languages
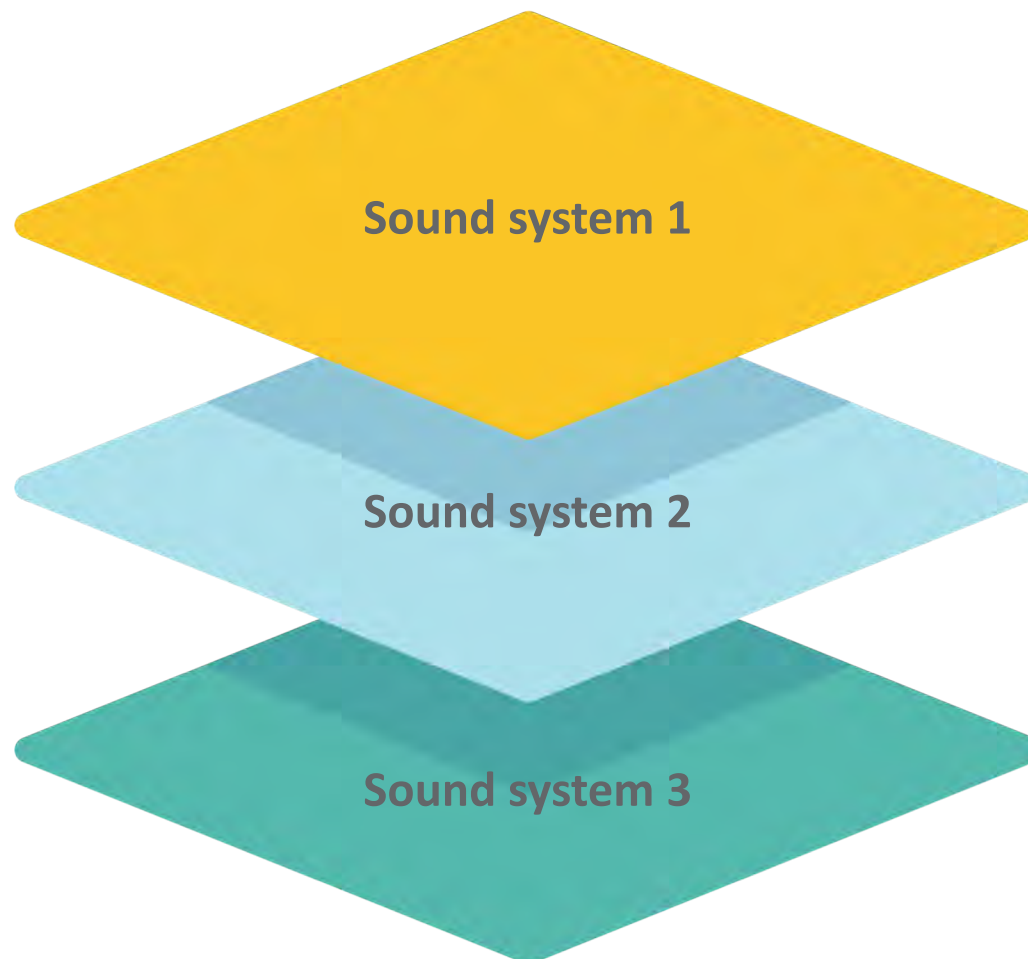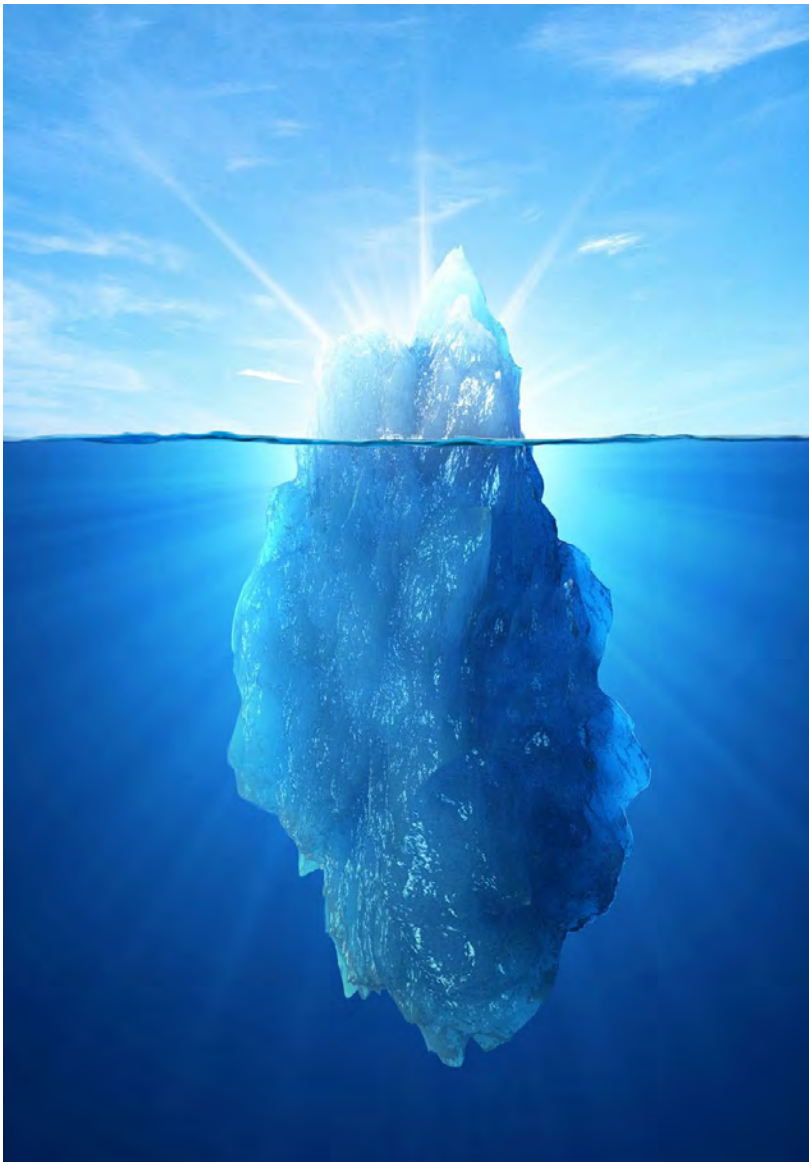
Cultural humility

- Awareness that we navigate among various cultures during our day

- ≠ Cultural competency and reflexivity

- Requires historical awareness

Q3,4

Cultural humility research/application

- Physicians, Family medicine
- Psychology, ABA
- Social work
- Nursing
- Audiology, Speech-Language pathology? *Nada*

Without cultural humility: Stereotypes, misconceptions

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Stereotypes/misconceptions in CSD

- All Latinos speak Spanish

- Latinos/Hispanics are one population

- Older patients are set in their way

- Assuming a patient will not buy-in the use of hearing aids

- Assuming there will be no/many issue(s) with maintaining the technology

- Assuming that going to one cultural competence training is enough to serve multilingual populations

What can we do?

Self-reflect, self critique

Learning from patients

Active listening to patients

Every encounter with a patient is a cross-cultural exercise

Institutional and personal accountability

Seek trauma-informed training

Chang et. Al. 2012
Brody and Hunt (2005)
Wright et al. 2019

What can we do?

	Small group discussions
	Availability of constructive professional role models from cultural groups and from the trainee's group
	Videotaping and feedback
	Directed introspection of residents' interactions with patients
	Allow more space for patient initiated questions, becoming the student of the patient
	Address your peers when you are a witness to microaggressions

Tervalon et al. 1998

Hearing Loss in the United States

Total hearing loss[1]
34-36+ million

Potential implant candidates[2]
1.2-1.3 million
severe to profound

~100,000 CI Recipients[3]
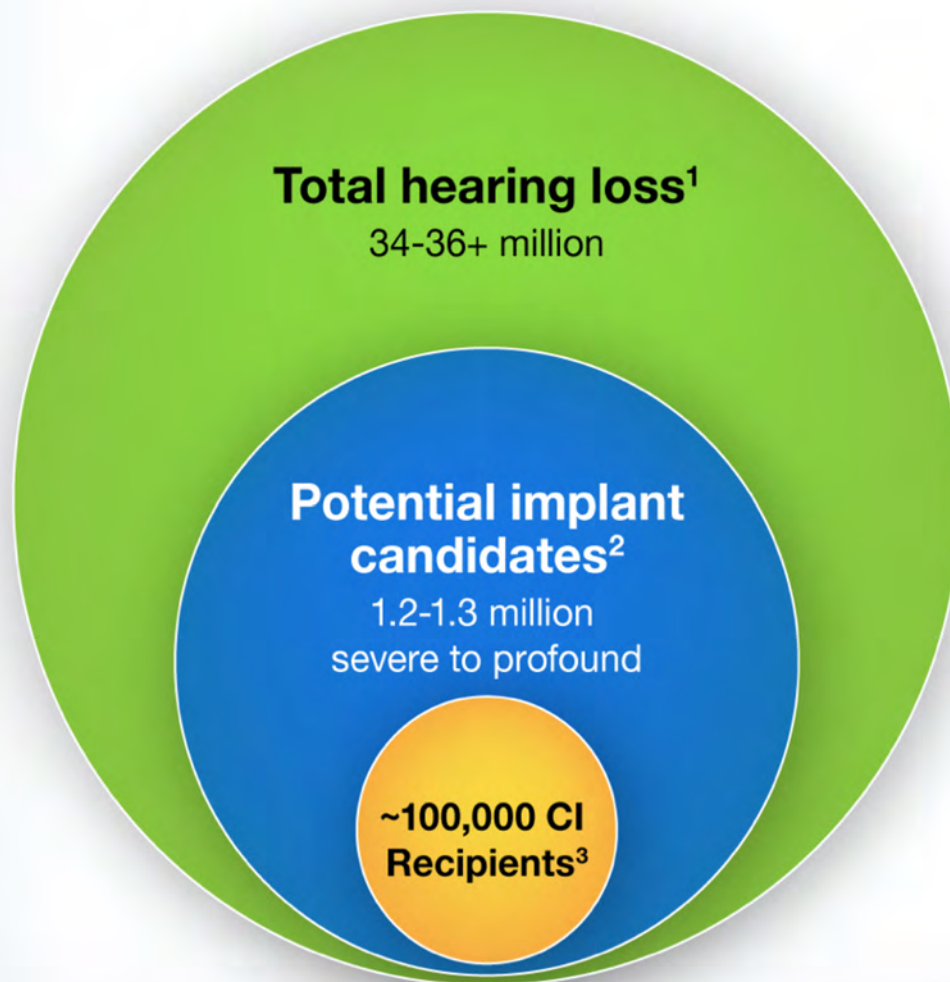
Data Sources:

1 34.52M MarkeTrak VIII:25 Year Trends in the Hearing Health Market, 2009, ~ 36 M American adults report some degree of hearing loss, NIDCD website June 16, 2010

2 iData Research 2010 Report US Market for Hearing Aids and Audiology Devices in 2009 there were approximately 1.2M patients who could benefit from a CI

3 67k, (41.5k adults and 25.5k children) have received CIs in the U.S, NIDCD website June 2010, iData Research 2010 Report: US Market for Hearing Aids and Audiology Devices 67,241 have been treated with a cochlear implant

4 iData Research 2010 Report: US Market for Hearing Aids and Audiology Devices; 5.6% US CI market penetration in 2009

Borrowed with permission from Donna Sorkin, Executive Director, American Cochlear Implant Alliance

Limited English Proficiency (LEP)

Definition:

- Limited English Proficient (LEP) - any person age 5 and older who reported speaking English "less than very well," as classified by the U.S. Census Bureau

- Classification:
    1. Very well
    2. Well
    3. Not well
    4. Not at all

Limited English Proficiency (LEP)

- Represent approximately one in five U.S. residents (2015), or ~9% of the overall U.S population, ages 5 and older

- Has nearly tripled since 1980

Limited English Speaking Households as a Percentage of County Total

Percent
- 20.0 or more
- 10.0 to 19.9
- 5.0 to 9.9
- 1.0 to 4.9
- Less than 1.0
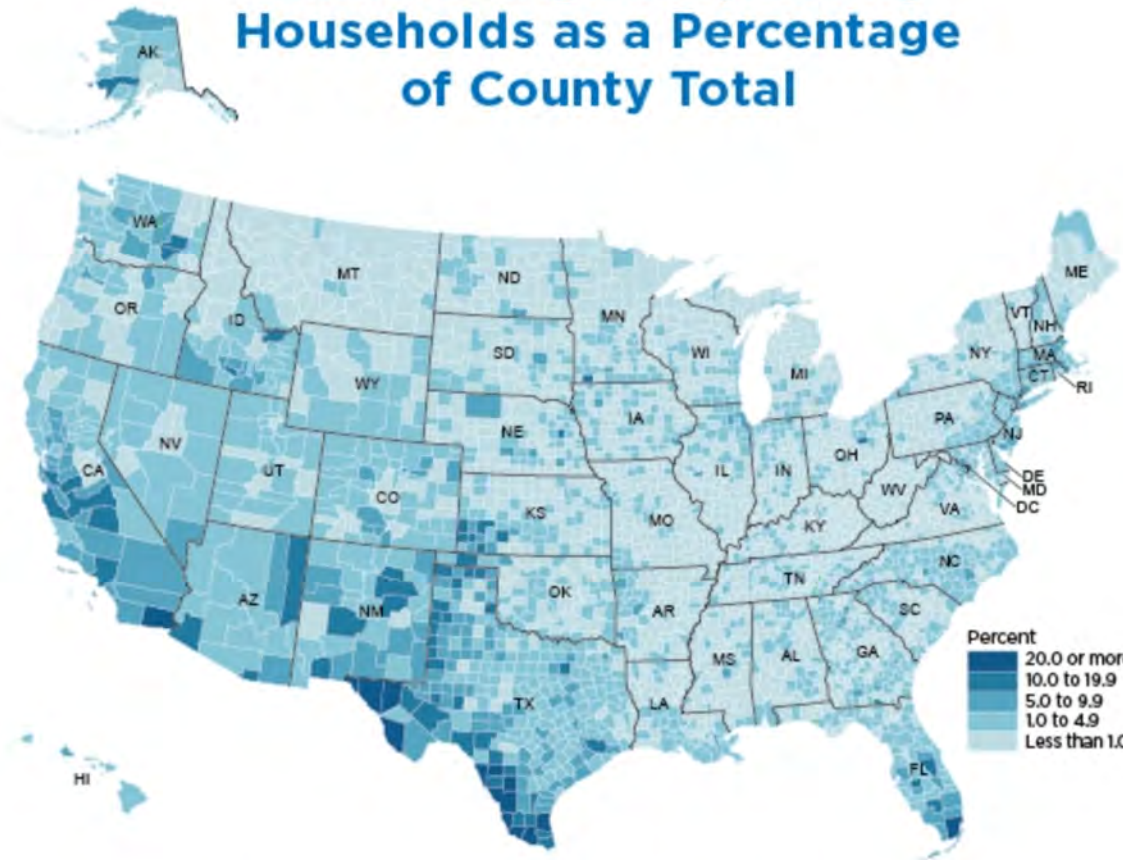
Note: A "limited English-speaking household" is one in which no member 14 years and over speaks only English or speaks a non-English language and speaks English "very well." In other words, all members 14 years and over have at least some difficulty with English.

United States Census Bureau
U.S. Department of Commerce
Economics and Statistics Administration
U.S. CENSUS BUREAU
census.gov

Source: 2012-2016 American Community Survey 5-year estimates
www.census.gov/programs-surveys/acs/

www.census.gov/programs-surveys/acs/

Top 10 Languages Spoken by Native - and Foreign Born LEP Individuals, 2015

Native-Born LEP Population

- Korean, 1%
- Italian, 1%
- Tagalog, 1%
- Arabic, 1%
- Yiddish, 1%
- Vietnamese, 1%
- French, 2%
- Chinese*, 3%
- German*, 3%
- Other, 10%
- Spanish, 77%

Foreign-Born LEP Population

- Polish, 1%
- Portuguese, 1%
- French Creole, 2%
- Arabic, 2%
- Russian, 2%
- Tagalog, 3%
- Korean, 3%
- Vietnamese, 4%
- Chinese*, 8%
- Other, 15%
- Spanish, 61%

Notes: Chinese includes Chinese, Mandarin, and Cantonese; Hmong includes Mien; German includes Pennsylvania Dutch.
Source: MPI tabulation of data from the U.S. Census Bureau 2015 ACS.

Top 10 Languages, Other than English, Spoken in the Home, 2015

Rank	Languages Spoken at Home	Total	Bilingual Share (%)	LEP Share (%)
	Total	64,716,000	60.0	40.0
1	Spanish or Spanish Creole	40,046,000	59.0	41.0
2	Chinese	3,334,000	44.3	55.7
3	Tagalog	1,737,000	67.6	32.4
4	Vietnamese	1,468,000	41.1	58.9
5	French	1,266,000	79.9	20.1
6	Arabic	1,157,000	62.8	37.2
7	Korean	1,109,000	46.8	53.2
8	German	933,000	85.1	14.9
9	Russian	905,000	56.0	44.0
10	French Creole	863,000	58.8	41.2

Notes: Chinese includes Chinese, Mandarin, and Cantonese; French includes Patois and Cajun; German includes Pennsylvania Dutch.
Source: Migration Policy Institute (MPI) tabulation of data from the U.S. Census Bureau 2015 American Community Survey (ACS).

Considering Customs and Beliefs in the Clinic

Definition of culture:

"The customary beliefs, social forms, and material traits of a racial, religious, or social group."

- Health customs: family involvement

- Religious beliefs: follow medical treatment?

- Interpersonal customs: eye or physical contact

How to Obtain Cultural Information?

- Ask patient
- Outside sources
  - www.ethnomed.org
  - *Culture Clues* at www.depts.washington.edu
  - *Office of Minority Health* at www.minorityhealth.hhs.gov
  - Invite member from cultural organization
  - In-house cultural competence training
  - Interpreters as cultural brokers

Q1 25

Language Access

- As per national study in 2006, 63% of hospitals treat limited English proficiency (LEP) patients either daily or weekly

- Using a qualified interpreter may improve patient experience and safety.
  - As per the Joint Commission, LEP patients may experience the following when an interpreter is not available:
    - Longer hospital stays
    - More adverse events
    - Higher 30-day readmission rates compared to English speakers

Language Access

Appropriate:

- On-site trained or contracted medical interpreters
- Telephone or video medical interpreter services
    - Languageline.com
    - Cyracom.com
- Staff trained/certified as interpreters
- Bilingual clinicians with certified proficiency (for direct communication)

Inappropriate:

- Untrained/uncertified staff
- Pt family or friends
- Minors

On-site Interpreter Considerations:

- Document interpreter's name in chart

- Meet briefly with interpreter to set goals and discuss background

- Sit interpreter next to or slightly behind pt

- Speak and look at the pt, not interpreter

- Speak in short sentences

- Ask one question at a time

- Keep key points to 3 or fewer

- Allow interpreter time to complete the statement

- With pt, use "teach back" method

If no interpreter, consider the following:

- Captioning in PowerPoint
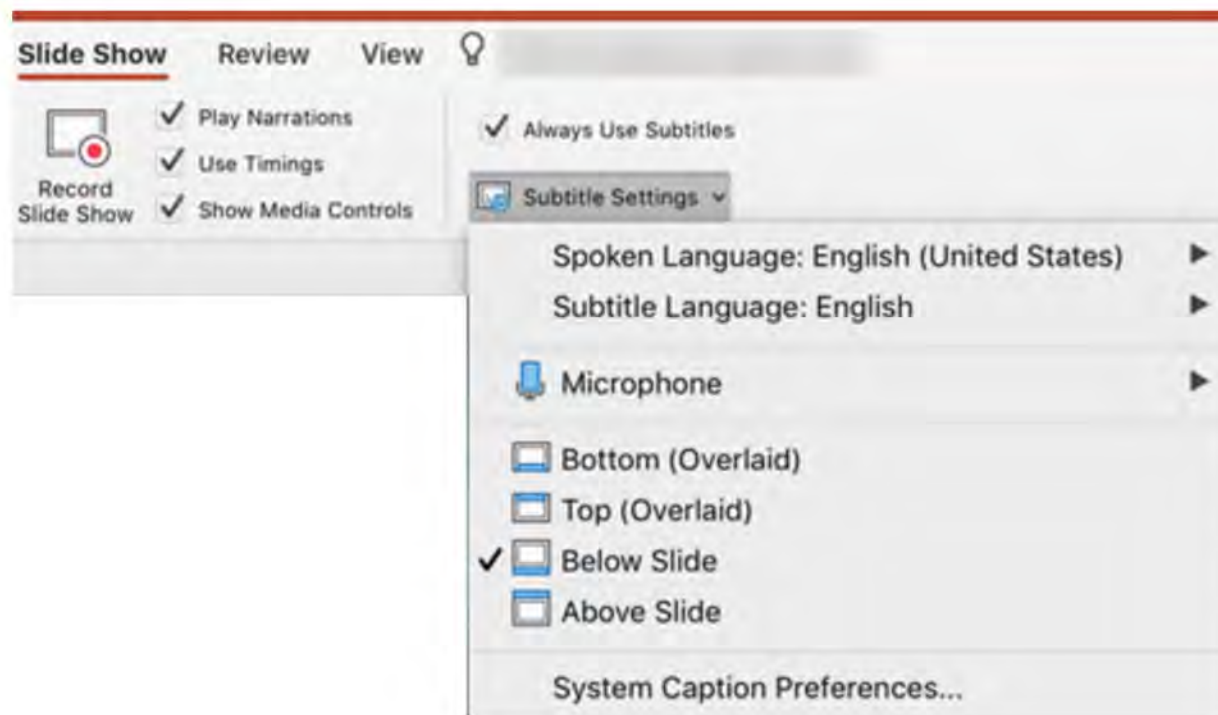
Captioning in PowerPoint:
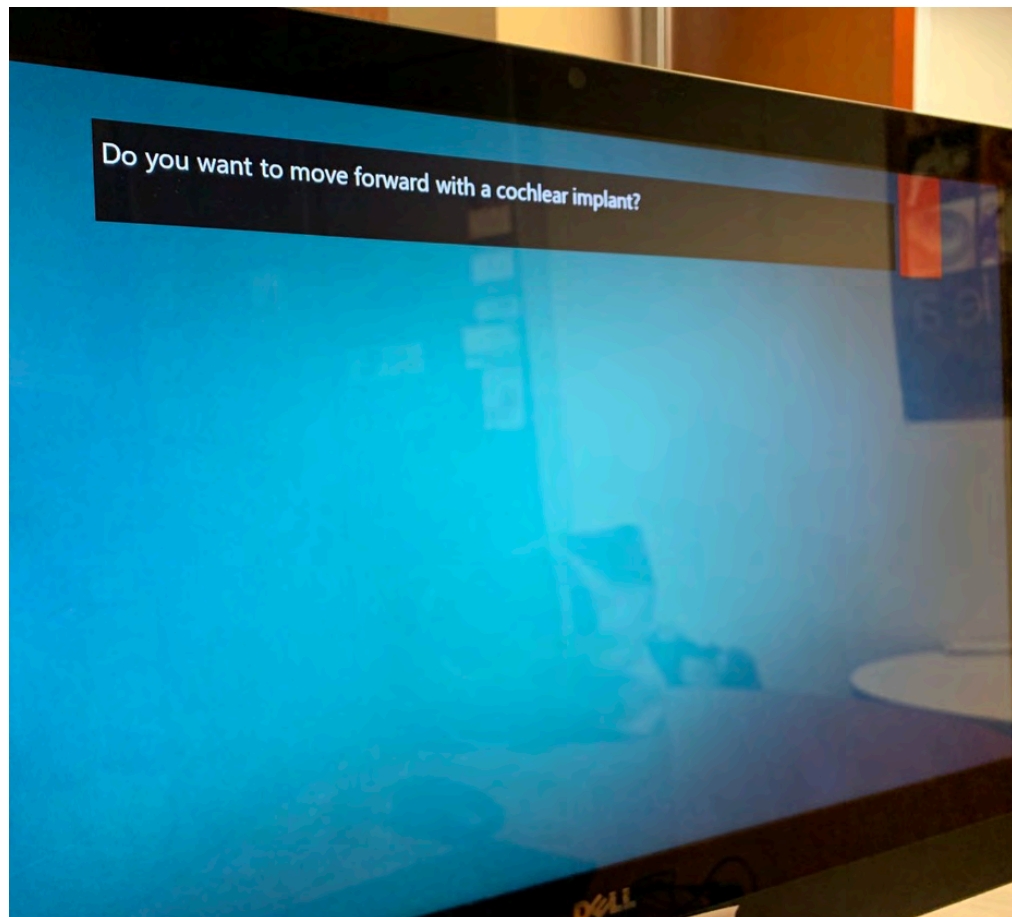
If no interpreter, consider the following:

- Apps for dictation and translation

    - Intelligent Translator

    - Google Translate

    - iTranslate

Consider Translating Instructions for:

- Pre- and Post-Op testing, including counseling
- Initial stimulation, including instructions for progressive maps
- Programming

Clinic Material Roadblocks:

Word lists by Auditec:

- Arabic, Cantonese, Cebuano, Ethiopian, French, Italian, Japanese, Korean, Mandarin, Polish, Portuguese, Russian, Spanish, Tongan, Vietnamese

Limitations:

- Patient instructions
- Scoring

Clinic Material Roadblocks:

- Interacoustics now holds the rights to make the Hearing in Noise Test (HINT) available and plans to make it clinically available in their audiometers over the next years.

- A system made for research is soon to be available, and information about this can be acquired at OLLU@Interacoustics.dk.

- Spanish AzBios available at: http://www.auditorypotential.com/purchase.html

*Permission for HINT sentences mention obtained from Interacoustics via Dr. Sigfrid Soli at House Clinic, Los Angeles, CA

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Tips and Tricks for the Clinic:

- If no recorded word or sentence lists are available in the patient's language, consider:
  - Interpreter live-voice administration assistance
  - Trained bilingual staff member live-voice administration assistance
  - Consider family member's voice

Tips and Tricks for the Clinic:

Additional Clinical Tips:

- In addition to translated written instructions for behavioral programming and loudness judgement scaling, the audiologist may also consider:

- Use of objective measurements, such as the Electrical Stapedial Reflex Threshold (ESRT) method

- Since they are highly correlated with subjective measurements *(Hodges, et al 1997)*, ESRT measurements may help with lessened opportunity for misunderstanding with loudness judgement task, in those with long-term hearing loss, cognitive impairments and children.
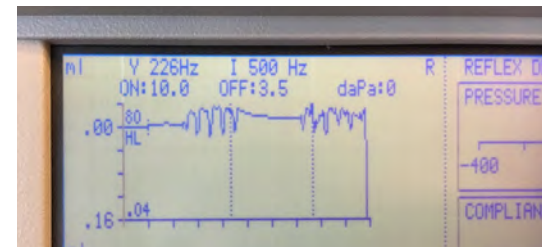
Summary:

- Sign up for a new podcast, read a new book to expand your cultural humility

- Think outside of the box in order to provide access for all patients

- Use all resources available to you and the patient

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