



MODEL FOR MOBILIZING UNIVERSITY STUDENTS TO SERVE LIMITED ENGLISH PROFICIENT POPULATIONS



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OVERVIEW

Limited English proficient (LEP) patients often forgo medical care due to linguistic and cultural barriers.

Many non-profit organizations that work with underserved populations often face constant financial and personnel constraints.

Undergraduate students, especially those who speak a second language, may serve as a resource to reach traditionally underserved communities.

The San Francisco Hepatitis B Collaborative (SFHBC) at Berkeley presents a model that community based-organizations can adopt to recruit university students into working with underserved populations.

BACKGROUND

People with limited English proficiency are less likely to have a regular source of primary and preventive care (Jacobs et al., 2004).

A high proportion of non-English-language speakers occur in counties with large cities, such as Atlanta, Chicago, Miami, and New York City (Fig. 1) (Shin et al., 2003).

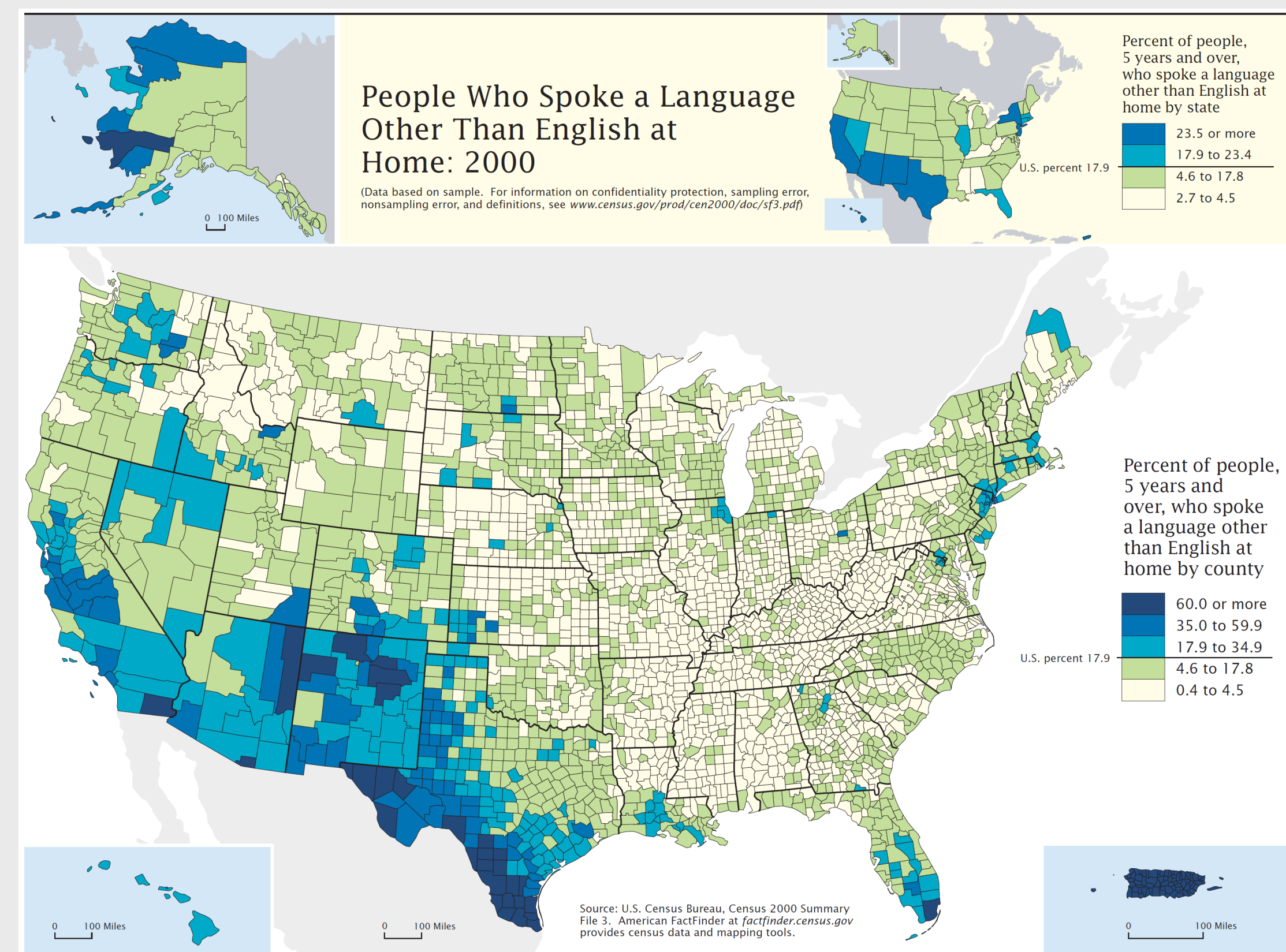


Fig. 1 from the U.S. Census 2000 indicates regions with high proportions of people who speak a non-English language at home.

PROGRAM DESCRIPTION

The SFHBC at Berkeley was established in 2006 as a partnership with health professional students from the University of California, San Francisco Hepatitis B Collaborative (UCSFHBC) (Fig. 2).

Students with the following are actively recruited:

- demonstrated proficiency in an Asian & Pacific Islander (API) language
- prior interpretation experiences
- desire to serve immigrant populations

Training to prepare volunteers for outreach and interpretation activities includes:

- educational workshops on common medical vocabulary
- clinical interpretation skills
- clinical role-play scenarios

Outreaches span several Bay Area cities, including San Francisco, Oakland, and Berkeley.



Fig. 2 depicts UC Berkeley undergraduates and UCSF professional students, faculty, and staff at the anniversary of the UCSF Mt. Zion Hepatitis B Screening Clinic in December 2008.

Partnerships

Forging community partnerships is a key mission for SFHBC at Berkeley.

Partnerships include those focused on hepatitis B advocacy and broad API community health issues (Fig. 3).

Partnerships have provided SFHBC at Berkeley with opportunities and resources to reach LEP API populations.

Sustainability

The following strategic and operational areas are vital to the longevity of the student organization: leadership development, succession planning, extramural funding, and organizational infrastructure.

Active networking with external stakeholders allows SFHBC at Berkeley to sustain outreach activities to API communities.

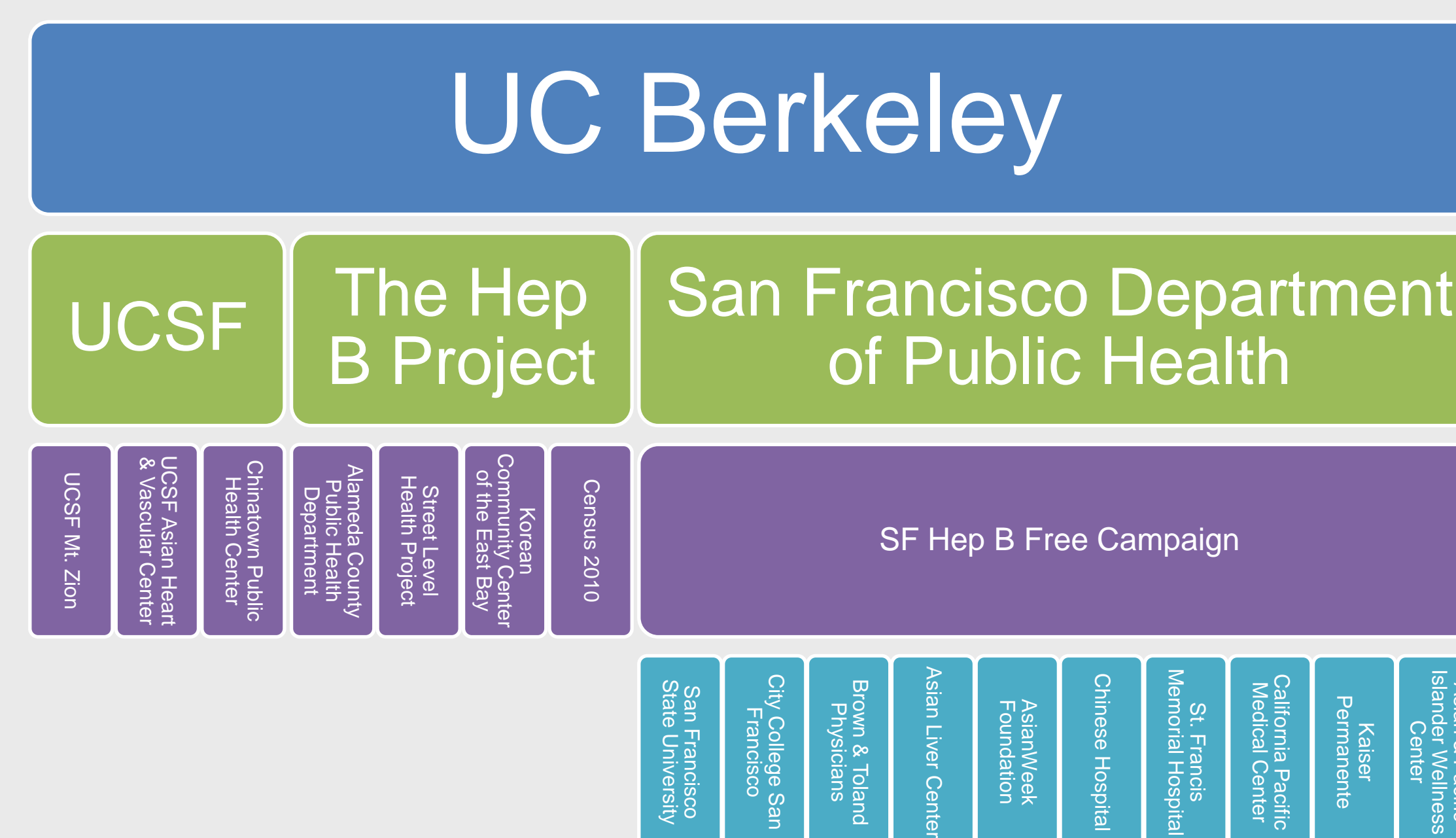


Fig. 3 shows the range of SFHBC at Berkeley's community partners.

EVALUATION

Health professionals who are culturally-competent and linguistically-concordant are more equipped to provide patient-centered care to LEP clients.

In the past two years, SFHBC at Berkeley has recruited over 100 students, most whom have chosen careers in the following health fields: medicine, pharmacy, dental, nursing, public health, and biomedical research.

Students have expressed a great deal of benefits from their involvement in SFHBC at Berkeley, achieving personal gains while becoming better advocates for the API community (Table 1).

KEY FINDINGS

Student Advocacy

Undergraduate students fluent in a second language offer an invaluable resource to linguistically-isolated communities.

The SFHBC at Berkeley model presents a framework to organize students (Fig. 4) through direct service-learning, working as interpreters and health educators.

Community Service

Undergraduates value experiential learning, such as community engagement activities.

SFHBC at Berkeley's reach relies on partnerships with a network of health professionals and community-based organizations.

Career Development

SFHBC at Berkeley creates a pipeline of future professionals to advocate for underserved communities.

Exposure to health professional students, faculty and mentorship fosters undergraduate interest in diverse health careers and working with underserved populations.

Table 1. Volunteer Survey Results

Motivation for Volunteering	%
Help community	97
Gain clinical exposure	94
Work with UCSF	72
Reduce language barriers	64
Practice language skills	64
Know someone with hepatitis B	14
Effect on Professional Goals	
Confirmed or inspired their decision to apply to medical, pharmacy, or nursing school	100
Strengthened interest in pursuing career in public health or working with underserved populations	88
Volunteer Benefits	
Improving language skills	88
Improving cultural competency skills	60

Table 1 shows the results from an evaluation survey that was administered January 2009 to volunteers to determine their motivations for joining SFHBC at Berkeley. (n=41, response rate 66%)

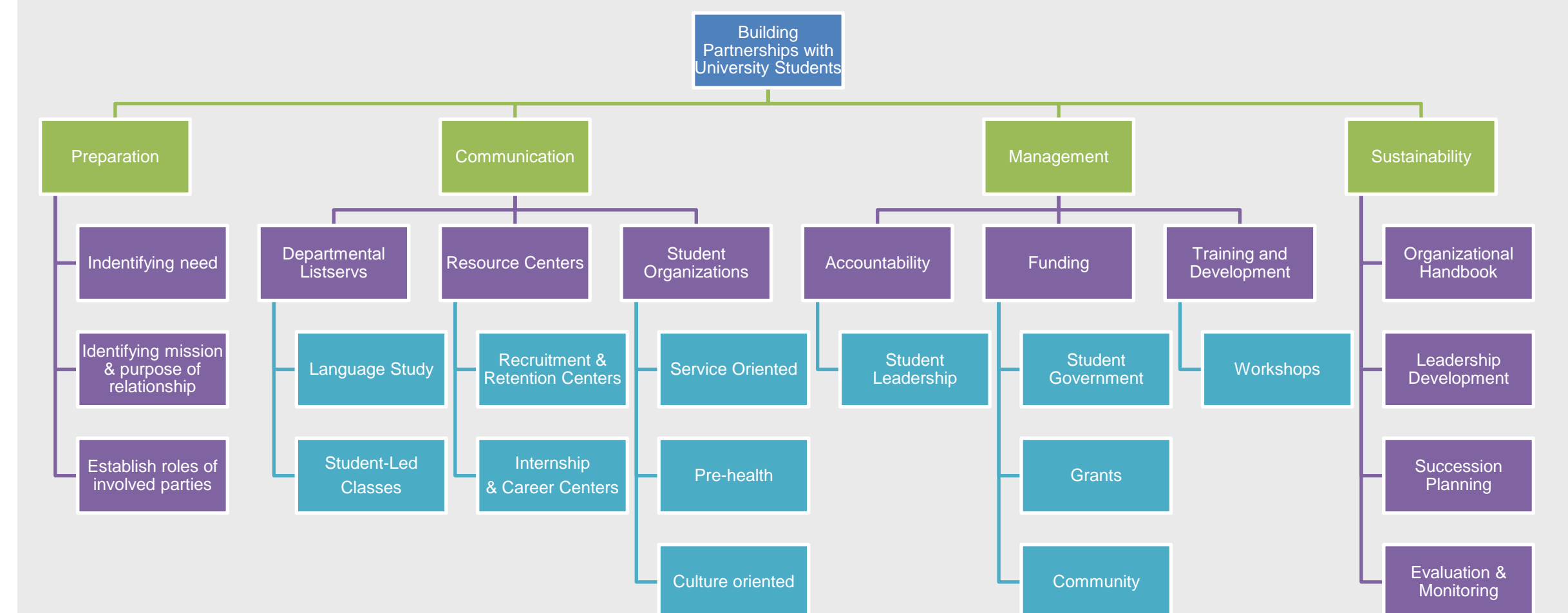


Fig. 4 shows a framework that community-based organizations can adopt to establish partnerships with university students.

CONCLUSIONS

The SFHBC at Berkeley model offers a framework for:

- culturally-competent and linguistically-proficient students to organize themselves in advocacy and direct service to LEP populations.
- community-based organizations to leverage the talent and resourcefulness of idealistic students.

This student-run organizational model is applicable wherever

- there are large LEP populations
- sufficient undergraduates with language-concordant proficiency in non-English languages.

SOURCES

Jacobs EZ, Shepard DS, Suaya JA, Stone E-L. Overcoming Language Barriers in Health Care: Costs and Benefits of Interpreter Services. (2004). *American Journal of Public Health*, 94, 866-869.

Shin HB, Bruno R. (2003). Language Use and English-Speaking Ability: 2000. Available at U.S. Census 2000 Briefs and Special reports: <http://www.census.gov/population/www/cen2000/briefs/>