



CULTURE CARE CONNECTION

www.culturecareconnection.org

Increasing the cultural competence of health care providers serving culturally diverse populations
Fall 2014

Funded by U Care

Promoting Health Equity: The Role of the Medical Interpreter

Certification, training key to providing quality interpreter services

If you make an appointment at a clinic that receives federal funding, and request an interpreter in order to discuss your health concerns with your English-speaking doctor or nurse, you should be provided with one. Will that interpreter be fluent in your language? In English? Will he or she know

The role of a medical interpreter is a crucial one. Accuracy and clarity are key, and so is speed.

basic medical terminology in both languages and be respectful of patient confidentiality and the patient-medical staff bond? The answer to these questions is “Maybe.”

The role of a medical interpreter is a crucial one, and being proficiently bilingual is not sufficient to perform this job. Accuracy and clarity are key, and so is speed. He or she needs to be able to understand what the patient says, accurately interpret it into clear English that the medical staff can understand, comprehend the

statements of the medical staff, and interpret those statements back to the patient in language the patient can understand. The interpreter also must have a code of conduct and ethics. His or her role is to be the voice of the patient and medical staff, not to advise the patient or edit what the medical staff says to the patient. Max Barquero-Salazar, interpreter services manager for Children’s Hospital describes interpretation very simply, ‘Just imagine that you’re speaking through a microphone and magically through the speakers your voice comes in a different language.’ And that’s kind of like what an interpreter should be, just like that speaker. It’s not taking any information and trying to add or omit or modify anything.”

Stories of medical interpreters whose work doesn’t live up to these standards are common. A person may consider himself or herself sufficiently skilled to act as a medical interpreter and pay to be listed on the state roster because he or she learned English in school and speaks their native language within his or her family. But there’s a difference between

This Issue

- Clinical Corner 3
- News 4
- Events 5
- Events, Contacts 6

understanding/being understood in casual family conversations and accurately interpreting medical information. This person may not know medical terminology in their native language or, even, the names of some parts of the body. Xul Perez, a certified medical Spanish interpreter

... there’s a difference between understanding/being understood in casual family conversations and accurately interpreting medical information.

and chair of advocacy committee of the Interpreting Stakeholder Group, uses the example of the interpreter who speaks Hmong at home but doesn’t know how to say the word “ovaries” in Hmong. Without knowing the word ovaries, the interpreter cannot convey the doctor’s test results and treatment plan to the patient

[Continued on Page 2 >>](#)

[Continued from Page 1 >>](#)

specifically and accurately. Without the word ovaries, the patient doesn't have the opportunity to ask, "What do ovaries do? Will this treatment affect my ability to have another baby?" A medical interpreter who doesn't know important vocabulary is no help to

Professional interpreters with proven skills and training want ... a registry of interpreters, with fact-checked credentials.

medical staff and may do a disservice to patients.

Another potential problem is unprofessional medical interpreters who do not limit themselves to interpreting. Xul related an incident during which an interpreter inserted his strong opinions when he was supposed to be interpreting a discussion between a mother and her doctor about a critical heart procedure for a her newborn baby. Currently, there is no clear process in place in Minnesota for complaints against medical interpreters who violate standards of practice and the code of ethics, and there is no system for challenging inclusion of these interpreters on the state roster.

Professional interpreters with proven skills and training want to change this. They want a registry of interpreters, with fact-checked credentials. Such a registry clearly would state certifications the interpreter has

earned, interpreter and medical terminology training courses the interpreter has taken, minimum scores the interpreter earned on oral proficiency tests such as the tests developed by the American Council on the Teaching of Foreign Languages. In addition, "We want a mechanism to report and monitor where some interpreters may breach the code of ethics," said Xul Perez.

The Minnesota Department of Health (MDH) does maintain an online roster of medical interpreters. For a fee of \$50 per year, an interpreter can pay to be listed on the roster. But the roster is merely a list; the state does not check the backgrounds of interpreters or fact-check their training or skill levels.

Fortunately, in 2014, the legislature earmarked \$81,000 in Fiscal Year 2015 ([HF 3172; 543.6](#)) for the development of a proposal to promote health equity and quality health outcomes through changes to laws governing spoken language health care interpreters. Submission of the proposal is due by January 15, 2015. To aid in this process, the state is consulting health care providers, payers, clients, community organizations who serve non-English speaking clients, interpreter agencies, the [Interpreting Stakeholder Group](#), and other interested parties who recognize the need to provide high quality interpreter services to patients and medical staff in both the metro and the rural areas of Minnesota.

Xul and other professional interpreters are hopeful a complete registry will be initiated in the near future as a part of this new proposal from the State of Minnesota.

[More on the current MDH interpreter roster system >>](#)

Tips for Using Interpreters

— From the April 2014 issue of [Clinic Link](#), the newsletter for health care providers, published by Stratis Health.

Call Them Early

The earlier a medical interpreter is involved in a non-English-speaking patient's care, the better. Ideally, a patient needing an interpreter will be identified at registration, so an interpreter will be scheduled for all appointments

Take Time to Prepare

The interpreter and clinician should have a short preconference before seeing a patient to clarify the goals of the appointment and what will occur.

Speak Directly to the Patient

Even though an interpreter is in the room, on screen, or linked via telephone, clinicians should speak directly to the patient, not the interpreter. It's important that the patient and provider understand that they are talking to each other.

Use Short, Simple Sentences

Speaking in short sentences allows for complete and accurate interpretation. The preferred method for medical interpretation is consecutive rather than simultaneous interpretation, which can be distracting. Providers should also avoid using complicated medical terminology.

Choose Your Interpreter Carefully

Never use minors, family or friends of the patient as interpreters. And if bilingual hospital staff will be interpreting, they should be trained just like other medical interpreters. Bilingual ability doesn't equal trained medical interpretation.

CLINICAL CORNER

Study Links Sick Leave Disparities in Minnesota to Spread of Illness.

A [study released September, 2014, from the Institute for Women's Policy Research](#) shows that more than a third of Minnesota's workforce lacks access to paid sick days.

The study, which gathered and analyzed data from government surveys like the 2012 National Health Interview Survey and the 2012 American Community Survey, revealed that 41 percent of Minnesota's workers lack access to paid sick days. According to the report, low-income workers, part-time workers, Hispanic workers, and service industry workers have the lowest access to paid sick leave in the state.

Service industry jobs like food industry, daycares, and personal service and accommodation jobs are particularly problematic when it comes to lacking paid sick leave benefits since those workers are the most likely to spread illness.

Disparities in U.S. Chlamydia Infection Rates

A September 26, 2014, report from the Centers for Disease Control and Prevention reveals that infection rates for Chlamydia trachomatis (often termed "chlamydia") were highest among black women aged 14 to 24 at 13.5 percent. Among Mexican-American women, the rate of infection was 4.5 percent. Among white women, it was 1.8 percent. Evidence suggests that chlamydia screening is cost-effective at prevalence >3%. Prevalence among sexually active young women aged 14–24 years was 4.7% overall, suggesting that routine screening of young women continues to be a cost-effective preventive

intervention. In the U.S., chlamydia screening rates are suboptimal, with fewer than half of sexually active young women screened annually.

[More >>](#)

Training to Prevent Racial Disparities in Health Status

As a result of racial disparities in access to health care, an estimated 83,570 African-Americans die each year in the U.S. Unchallenged data show that African-American patients are less likely than white patients to receive a coronary bypass, mammography, hip fracture repair and antibiotics for pneumonia, even when their age, education, income, and insurance status are the same.

According to the landmark Institute of Medicine study, "some health care providers, regardless of the providers' race or ethnicity, were racially biased against African American patients." Cyberounds, a web-based educational program offered by Albert Einstein College of Medicine, is offering an online educational opportunity for health professionals: "Preventing Racial Disparities in Health Status and Access to Health Care".

[More >>](#)

CLAS Standards' Ability to Improve Health Equity

A July, 2014, article in the New England Journal of Medicine talks about the growth of diversity in the U.S., and the role the Department of Health and Human Services Office of Minority Health's National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care play in improving health equity. The article describes, for example, how, based on the CLAS standards, the

Joint Commission has established accreditation standards targeting improved communication, cultural competence, patient-centered care, and provision of language-assistance services. Its "Comprehensive Accreditation Manual for Hospitals" addresses the importance of collecting data on patients' race and ethnic background, meeting patients' communication needs, establishing qualifications for interpreters and translators, and ensuring nondiscrimination in care delivery.

[More >>](#) (Article abstract)

Video Vignettes Document Why Equity of Care Matters

Equity of Care, in collaboration with the [Institute for Diversity in Health Management](#) is featuring 19 video vignettes of health care leaders sharing their ideas on eliminating health care disparities by increasing the collection of race, ethnic and language preference (REaL) data, increasing leadership and workforce diversity and providing culturally competent care. All agree that while hospitals have improved quality of care for diverse patient populations and increased leadership diversity, more work needs to be done.

Videos feature health care leaders and experts in the field, including:

- ✦ Rich Umbdenstock, president and CEO, American Hospital Association
- ✦ Maulik Joshi, president, Health Research & Educational Trust
- ✦ Frederick D. Hobby, president and CEO, Institute for Diversity in Health Management
- ✦ Rick de Filippi, trustee and former chairman of the board, Cambridge Health Alliance

To view all of these video vignettes, please visit [Equity of Care](#).

NEWS



The Dramatic Case for Interpreters

You don't need to be convinced about the value of competent medical interpretation. But maybe someone in your organization does. [The Dramatic Case for Interpreters](#) is a video from International Medical Interpreters Association that powerfully demonstrates the despair of people seeking medical treatment in a system and language they don't understand. That's a constituency of 25 million people in the U.S. with limited English skills.

Get Guidance on Language Service Hires

Need help navigating the hiring process for language services such as telephone interpreters, certified linguists or a multilingual website? Here are tips from [LEP.gov](#), the US government website that serves as a clearinghouse for information, tools, and technical assistance regarding limited English proficiency and language services.

- [Before You Hire](#) - Ask Yourself: "What are my Project's Language Needs?" How to make language service hiring decisions.
- [TIPS on Hiring the Right Telephonic Interpretation Vendor](#) How to find a high-quality telephone interpretation vendor.

- [TIPS for Working with Telephone Interpreters](#) Planning, placing, and troubleshooting phone-calls with telephone interpreters.
- [What Does it Mean to be a Certified Linguist?](#) How to decode vendor and linguist qualifications.
- [Top 10 Best Practices for Multilingual Websites](#)
- [Automated Translations—Good Solution or Not?](#)



Winter Survival Tips for New Arrivals

Winter comes every year. New arrivals can use some tips on how to endure the worst that winter can offer. Winter Storms and Extreme Cold is a simple, helpful video from Healthy Roads Media that explains the basics of winter survival. The short video (available in Arabic, Bosnian, English, Somali, and Spanish) covers what to wear, what to do in a storm and how to survive if you're stranded in a storm-bound car.

[Check the Emergencies category of videos for Winter Storms and Extreme Cold >>](#)

Get Help Working with Refugees

The 2014 Health Resources Directory for Diverse Cultural Communities.

The guide lists hospitals, clinics, and organizations that serve Minnesota's ever-increasing diverse cultural communities. Information is organized to direct you to general health services, dental services, home care, mental health, and help for sexual assault and battering. The guide covers Anoka, Carver, Dakota, Hennepin, Kandiyohi, Olmsted, Otter Tail, Ramsey, Rice, Scott, Stearns, and Washington counties.

[Download the PDF version >>](#)

Get a hard copy by contacting the MDH Refugee Health Program, 651-201-5414 (Twin Cities), or 877-676-5414.



Culture Care Connection Website to Be Part of HCMC Provider Training

The [Culture Care Connection website](#) will be included in a new Hennepin County Medical Center (HCMC) online training module for their incoming professional staff, residents and medical students. HCMC's eLearning, patient centered care module will use the site as a source for cultural information in regards to medical practice. HCMC expects to have the training available on an ongoing basis.

EVENTS



October Is Health Literacy Month

Health Literacy Month promotes the importance of understandable health information. The 2014 theme is “Be a Health Literacy Hero.” It’s about taking action and finding ways to improve health communication. Health Literacy Heroes are individuals, teams, or organizations who not only identify health literacy problems but also act to solve them.

[More >>](#)

Metro Refugee Health Task Force Meeting Tuesday, October 7, 2014

The October meeting of the Metro Refugee Health Task Force, will feature Shriners Hospital referral development director Erin Jurkovich and AshaUSA founder Kamala Puram. Jurkovich will describe the pediatric orthopaedic resources available to the refugee community through Shriners. AshaUSA founder Kamala Puram and board member Sayali Amarapurkar will speak on South Asian culture, demographics and health status, and describe the implications for the health care system. Formed in 2014, AshaUSA is focused on promoting health in the South Asian community - which it defines as immigrants from India, Pakistan, Nepal, Bhutan, Bangladesh, the Maldives and Sri Lanka. Metro

Refugee Health task Force meetings are held on the first Tuesday of each month from 9-11 a.m. in the Larpenteur Room at the TIES Event Center

[More >>](#)



Minneapolis Diabetes EXPO October 11, 2014

The Expo is free and includes health screenings, cooking demonstrations, product and service exhibitors, as well as leading experts talking about diabetes management, research and prevention. Get the latest information on preventing and managing diabetes and its deadly complications.

[More >>](#)

National Immunization Immigrant Mental Health Mini-Conference Series

Sponsored by Fairview Health Services, in collaboration with the University of Minnesota Program in Health Disparities Research.

- ♦ Oct. 21: One Size Does Not Fit All: Community-driven solutions to address behavioral health disparities in immigrant communities. Keynote: Sergio Aguilar-Gaxiola, MD, PhD, is an internationally renowned expert on mental health in ethnic populations.

[Register >>](#)

2014 Many Faces of Community Health Conference October 23-24, 2014

Many Faces examines the ongoing impact of health reforms on safety net providers and showcases ways we can improve care and advance health equity for underserved populations. The theme is “Community Centered Care and the People We Serve”. Millions of people will become newly insured under the Affordable Care Act. Having an insurance card does not guarantee culturally appropriate care or access to supportive services. Many Faces will look at how health centers and other safety net providers will continue to work under health reform to meet the needs of underserved people.

[More >>](#)



2014 Minnesota Alliance for Patient Safety (MAPS) Conference: Safe Care. Everywhere October 23-24, 2014

The Minnesota Alliance for Patient Safety (MAPS) is a statewide patient safety coalition that provides a forum for dialog and a catalyst for change in patient safety. Its mission is to achieve “Safe Care Everywhere” and the concept serves as the theme for this year’s conference.

[More >>](#)

[Continued on Page 5 >>](#)

EVENTS

Webinar: Health Care Equity and Organizational Change: Training for a Purpose

October 29, 2014

Noon-1:00 p.m. CT

This HPOE webinar, held with the Institute for Diversity, highlights Henry Ford Health System (HFHS). HFHS focuses on building capacity and expertise among health system leaders in order to raise awareness and provide tools to improve organizational cultural competence.

This webinar is available free of charge but advanced registration is required

[Register >>](#)

Health Literacy Movie and Discussion Night October 30, 2014

The Minnesota Literacy Council will host an interactive presentation led by Alisha Ellwood from the Minnesota Health Literacy Partnership, followed by the documentary [Childhood in Translation](#).

[More >>](#)

November is National Diabetes Month

One of the American Diabetes Association's primary objectives is to raise awareness and understanding of diabetes, its consequences, management and prevention. American Diabetes Month is an important element in this effort, with programs designed to focus the nation's

attention on the issues and seriousness of diabetes and the people impacted by the disease. In 2014, the Association will focus on teaching and inspiring the public to cook healthier by providing practical, hands-on tips for preparing "good-for-you dishes" that taste great.

[More >>](#)

National Influenza Vaccination Week December 7-13, 2014

The CDC's National Influenza Vaccination Week (NIVW) highlights the importance of continuing influenza vaccination.

The CDC's website offers links to activities and materials to assist flu vaccination partners in their NIVW planning efforts.

[More >>](#)

STRATIS HEALTH CONTACTS

Mary Beth Dahl, RN, CPC,
CPHQ, Program Manager
mdahl@stratishealth.org
952-853-8546

Katie Carleton
Program Coordinator
kcarleton@stratishealth.org
952-853-8541

Cathy Weik, MAL, SPHR,
CCEP, Program Lead Health
Disparities
cweik@stratishealth.org
952-853-8519

Mark Benjamin
Editor
mbenjamin@stratishealth.org
952-853-8578

President and CEO
Jennifer P. Lundblad, PhD, MBA

Director, Medical Affairs
Jane Pederson, MD, MS

Board of Directors
Donna Anderson, MPH
Kathleen D. Brooks, MD, MBA,
board chair
Connie Delaney, PhD, RN
Myron Falken, PhD, MPH
Huda Farah, MSc
William E. Jacott, MD
Ken Johnson, MBA
Mary Jo Kreitzer, PhD, RN
Clint MacKinney, MD, MS
Jan Malcolm
Beth Monsrud, CPA
Michael Spilane, MD
Craig Svendsen, MD
Stella Whitney-West, MBA
Gary Wingrove

Stratis Health is a nonprofit organization that leads collaboration and innovation in health care quality and safety, and serves as a trusted expert in facilitating improvement for people and communities.

Stratis Health works toward its mission through initiatives funded by federal and state government contracts, and community and foundation grants, including serving as Minnesota's Medicare Quality Improvement Organization.

Stratis Health

2901 Metro Drive, Suite 400
Bloomington, MN 55425-1525
952-854-3306 +952-853-8503 (fax)

Email: info@stratishealth.org
www.stratishealth.org

[Subscribe to the Culture Care Connection newsletter](#)

Culture Care Connection is
Produced with Support from



We make lives better.