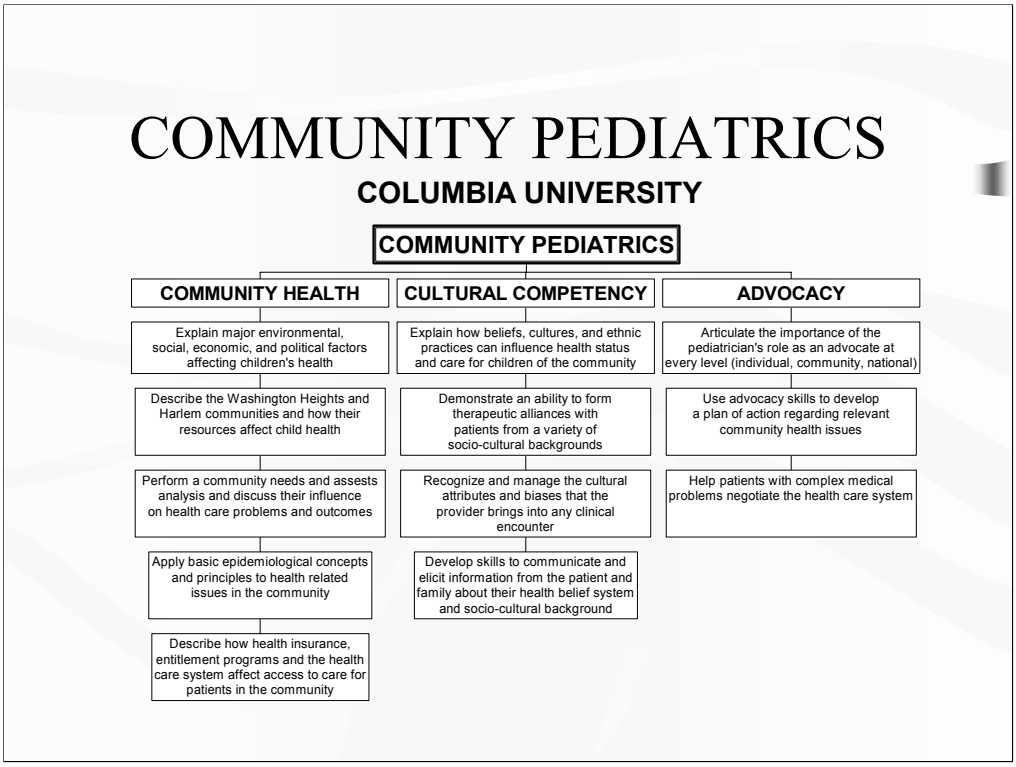
Interpreter Use Training and Introduction to Culturally Effective Healthcare

Community Pediatrics



The Dyson Community Pediatrics curriculum has 3 categories of competencies or focus areas on which to base resident learning:

Community Health, Cultural Competency, and Advocacy.

Goals
#1: Introduce Cultural Competence Concepts
#2: Learn Interpreter Use Skills

- Objectives
  - Define cultural competency
  - Mandates for use
  - Research supporting use
  - Explore Interpreter use skills
  - Discuss service at CPMC and barriers to interpreter use

As our country becomes more diverse, many notable pediatric and governmental organizations have called for greater focus on cultural competency and awareness in the pediatric training curriculum. Doctors in training need to be given the opportunity to develop an awareness of the role of culture in health care delivery. In addition, they need to learn and practice basic skills that can aid them in delivering culturally relevant care to diverse populations.

My personal feeling is that there are 2 primary benefits to becoming more aware of the role of culture in healthcare:

#1. Healthier children and families –(results in better care)

#2. Increased personal satisfaction for the provider.

Cultural Competency

Synonyms:

- Culturally effective health care
- Culturally sensitive health care
- Cross-cultural medicine
- Multiculturalism

I am using the term Cultural Competency because it seems most widely used in the literature and is already used in the Dyson Curriculum, but the drawback is that it may suggest that the learner is culturally incompetent in some way, whereas in reality this is a process and not an endpoint…

The AAP points out the subtle differences in the terms. Cultural competence and cultural sensitivity refer to attributes of the pediatrician, whereas culturally effective healthcare refers to the interaction between the provider and the patient.

"Culturally Effective Healthcare:"

- Appropriate physician knowledge, understanding, and appreciation of cultural distinctions
- Takes into account the beliefs, values, actions, customs, and unique health care needs of distinct population groups
- Strengthens the physician-patient relationship and maximizes the health status of patients

AAP Definition:

"culturally effective healthcare" is "the delivery of care within the context of appropriate physician knowledge, understanding, and appreciation of cultural distinctions… tak[ing] into account the beliefs, values, actions, customs, and unique health care needs of distinct population groups…thereby strengthening the physician-patient relationship and maximizing the health status of patients."[1]

In other words, it is a way to come to terms with the country's increasingly diverse population and an awareness that one-size-fits-all approach to health care is the not most effective way.

Racial and Ethnic Health Disparities

A. Racial and Ethnic disparity data

    A. [Racial and ethnic] "disparities have been documented within health care systems that provide equal financial benefits to all covered individuals, such as Veterans' system, Medicare,"[2] etc.

These disparities have been documented for years, but have recently gained more attention due to an Institute of Medicine report (released 3/21/02) which reviewed more than 100 studies conducted over the past decade. These disparities contribute to higher death rates from multiple causes, decreased likelihood to receive appropriate medicines and therapies such as dialysis and kidney transplant, and higher incidence of certain undesirable procedures such as lower limb amputation.

Increased Focus on Training

- AAP
- APA
- AMA
- STFM
- LCME
- State Legislatures
- Department of Health and Human Services (DHHS)

"A growing body of federal and state laws, regulations, and standards seeks to guarantee that health systems respond to these diverse linguistic and cultural needs by becoming "culturally competent."

1. The **Liaison Committee on Medical Education** which accredits medical schools has proposed standards on cultural diversity.

2. Bills have recently been introduced into the New Jersey and New York legislatures that would require cultural competency training as a condition of physician licensure.

DHHS National Standards for Culturally and Linguistically Appropriate Services in Health Care

--issued December 2000

- Primary aim is the elimination of racial and ethnic health disparities
- Standards focus on access to care in the patient's language

"Ultimately the aim of the standards is to contribute to the elimination of racial and ethnic health disparities and to improve the health of all Americans."

Research

"Can Cultural Competency Reduce Racial and Ethnic Disparities?"[2]

A. What research supports paying attention to cultural differences? [2]

B. Racial and Ethnic disparity data

    A. [Racial and ethnic] "disparities have been documented within health care systems that provide equal financial benefits to all covered individuals, such as Veterans' system, Medicare,"[2] etc.

Cultural Competency Techniques[2]

1. Interpreter services
2. Recruitment and retention policies
3. Training
4. Coordinating with traditional healers
5. Use of community health workers
6. Culturally competent health promotion
7. Including family and/or community members
8. Immersion into another culture
9. Administration and organizational accommodations

Paper entitled "Can Cultural Competency Reduce Racial and Ethnic Health Disparities? A Review and Conceptual Model"[2] , they identified nine major cultural competency techniques:

1. interpreter services,
2. recruitment and retention policies,
3. training,
4. coordinating with traditional healers,
5. use of community health workers,
6. culturally competent health promotion,
7. Including family and/or community members
8. Immersion into another culture
9. Administration and organizational accommodations

Any of the nine cultural competency techniques could, in theory, reduce disparities by reducing errors and improving care.

Interpreter Use Data

- Negative impact of language barriers on:
  - Utilization
  - Satisfaction
  - ± Adherence

Language differences present a problem for 21% of minority Americans receiving healthcare.

For interpreter services, there is a good deal of research documenting negative impact of language barriers on

-utilization

fewer physician visits

reduced receipt of preventative services

-satisfaction

-possibly adherence

--even after controlling for such factors as literacy, health status, health insurance, regular source of care, and economic indicators.[2]

**The presence of language barriers is also associated with higher rates of diagnostic tests.

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There are multiple ways in which having an interpreter would be hypothesized to have a positive effect:[2]

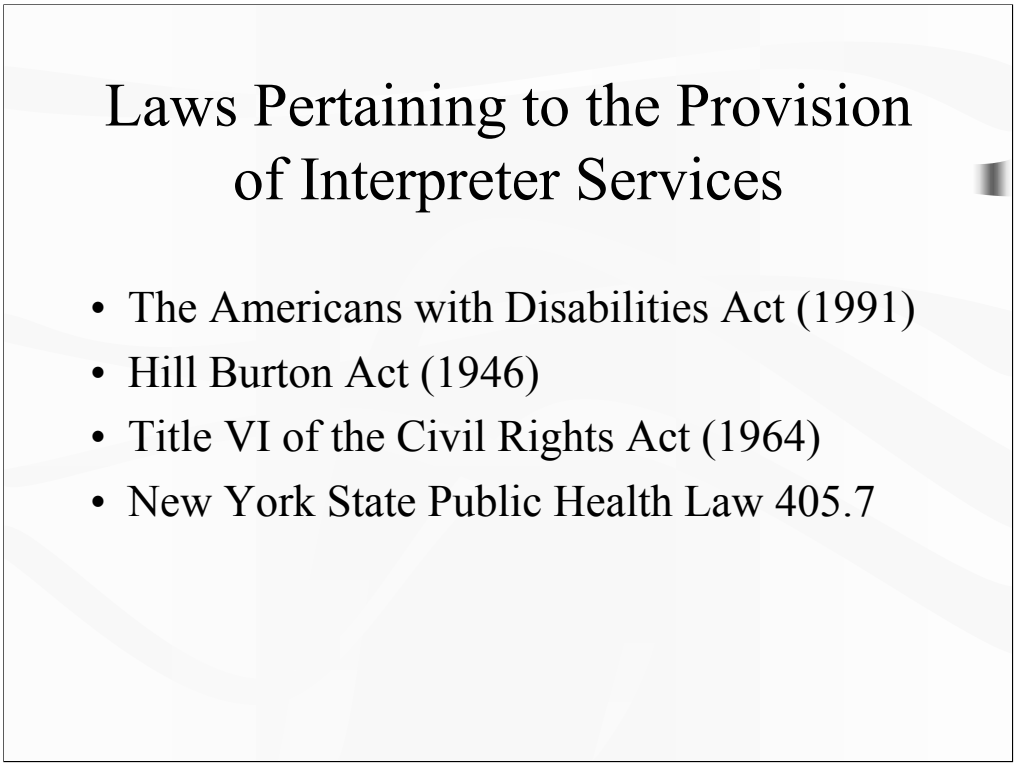
-improved patient education

-change in patients' healthcare-seeking behavior and healthcare preferences

-improved testing and screening, and reduce unnecessary testing

Why Use an Interpreter?

- Quality of care/health outcomes
- Legal ramifications
- Financial concerns



1. The Americans with Disabilities Act (1991)
2. Hill Burton Act (1946)
3. Title VI of the Civil Rights Act (1964)
    1. No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.

4. New York State Public Health Law 405.7

"Hospitals shall manage a resource of skilled interpreters and persons skilled in communicating with vision and hearing impaired individuals and shall provide translations/transcriptions of significant hospital forms, instructions and information in order to provide effective visual and oral and written communication with all patients receiving treatment of the hospital regardless of the patients language or impairment of hearing or vision." The law states that if as little as 1% of a population speaks a language, language services must be available to that population. Language services must be available within 10 minutes in an emergency room and within 20 minutes for other clinical encounters.


Interpreter Use Training
• Goals:
– Improved health care delivery to low proficiency English patients and families
– Improved provider satisfaction and fulfillment

Start video

After video skip to slide 22

Communicating Effectively Through An Interpreter – Cross Cultural Health Care Program's excellent video designed to help providers choose an appropriate interpreter, recognize the signs of professional and non-professional interpretation, work effectively with a trained interpreter and how to guide an untrained interpreter.

To order:

Cross-Cultural Health Care Programs

At Pac Med Clinics, 1200 12th Ave S,

Seattle, WA 98144

f (206) 621-1161

1. Volunteer Interpreter Services – Tel: 305-9607
    1. For on site interpreting
    2. Receive ~8 hours of training – interpreter training and some medical terms, typical situations, commonly used forms, etc.
    3. May be medical students, retired persons, varied walks of life, and varied experience levels May use by phone or request their presence in person (best to give some notice in advance).
    4. Have sign language available

2. Pacific professional interpreters- paid for by the hospital. Each ACNC site has an access code. At Audubon, speak with Miriam the Nurse or Sandra Ortiz for info about using the headphones. The caller needs to know the site specific access code (Get from site administrator.)

3. Morgan, Rangel, 180th, and 21 Audubon Clinics have headphones that can be hooked into the phone to use when calling in for interpreters. (The provider wears one headset and the patient the other.) The ER now has a dual phone system as well, and their own Pacific Interpreters access code – get from the ER staff. They may want folks in the ER to try to get a volunteer interpreter first (cheaper for the hospital).

Strategies for Working with Limited-English Speaking or Low Literacy Skilled Patients[3]

- Speak S L O W L Y
- Use a Normal Tone of Voice
- Avoid Jargon and Slang
- A Picture is worth a thousand words
- Use the “show me” approach when appropriate
- Limit visit goals

» Continued

Strategies for Working with Limited-English Speaking or Low Literacy Skilled Patients[3]

- Repeat instructions
- Attempt to verify understanding of important points
- Avoid invasive, not easily understood procedures at the first visit
- Avoid talking “down” to parents
- Demonstrate RESPECT

The following slides are redundant when using the video.

The Role of Language in Communicating in Health Care[3]

- Communication forms:
  - Written
  - Spoken
  - Non-Verbal or Body Language
  - Sign

Challenges for Language Communication[3]

- Non-Primary Vs Primary
- Slang
- Medical Vs Lay terminology
- Literacy
- Speed
- Dialects
- Culturally appropriate
- Use and misuse of Interpreters
- Family roles as communicators
- Gender roles in communication

How to Choose an Interpreter[3]

- Use a professionally trained interpreter (if possible).
- Avoid using hospital personnel who are bilingual if they have not had training as an interpreter.
- Avoid using family members as interpreters, especially those of a different age or gender from the patient.
- Do not use children to interpret.
- Be sensitive to the patient's right to privacy and their choice of who should act as an interpreter.

Problems may arise when the interpreter is of a different social class, educational level, age, or gender.

How to Work with an Interpreter

The Pre-Visit[3]

- Encourage the interpreter to meet with the patient before the interview; when possible meet with the interpreter yourself ahead of time.
- Advise the interpreter where you want them to sit
- Establish the context and nature of the visit
- Ask the interpreter if they have any concerns that they want to share with you before the visit

The Visit[3]

- Introduce the interpreter formally at the beginning of the interview.
- Direct questions to the patient, not to the interpreter unless they are meant for the interpreter.
- Speak in short phrases.
- Avoid technical terms, abbreviations, professional jargon, and idioms.

The Visit (con't)[3]

- Encourage the interpreter to translate the patient's own words rather than paraphrasing or omitting information.
- Watch the patient's nonverbal communication
- Be patient. An interpreted interview takes longer.

And, possibly ask the interpreter to provide feedback

References

1. American Academy of Pediatrics Committee of Pediatric Workforce. Culturally Effective Pediatric Care: Education and Training Issues. *Pediatrics.* January 1999; Vol.103 No. 1:167-170
2. Brach, C. and Fraser, I. Can cultural competency reduce racial and ethnic disparities? A review and conceptual model. *Medical Care Research and Review.* Vol. .57, Supplement 1, (2000) 181—217
3. (Welch M), Ackerman SA, Mutha SM. Culture and Communication in Health Care – A Curriculum for Teaching Culturally Appropriate Care to Health Professionals (Workbook in development). The Network and Center for Health Care Professions, University of California, San Francisco 2000.

Presentation prepared by Hetty Cunningham, M.D. Last revision 5/4/02.

When using this presentation, give out the "interpreter use handout."

I usually only use the first 16 slides for the one hour presentation.

Hetty