Building Transcultural Competences: Working with Interpreters and Cultural Brokers

ISTM INTERNATIONAL CONFERENCE ON MIGRATION HEALTH
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Objectives

• Understand the health implications of working with and without professionally trained interpreters
• How to work with interpreter and cultural brokers in health care setting
• Key elements of training required for transcultural health mediators to ensure effective communications between the health team and the migrant patient
• Key elements of training (best practices) for health practitioners caring for migrants to ensure effective communication with migrant patients

Our Migrant Communities

Primary* Refugee Arrivals to MN by Region of World, 1979-2016

Primary Refugee Arrivals, Minnesota, 2016

**“Other”** Afghanistan, Balkans, Burundi, Cameroon, China, Rep. of Congo, Democratic Republic of Congo, Egypt, Eritrea, Ethiopia, Ghana, Mozambique, Niger, Nigeria, Pakistan, Sri Lanka, Sudan, Syria, Tanzania, Thailand, Uganda, and Vietnam

*First resettled in Minnesota

N=1,186

Sudan, 1,185 (66%)

Other*, 296 (17%)

DR Congo, 104 (6%)

Bhutan, 103 (6%)

Iraq, 100 (6%)

Somalia, 69 (4%)

Ethiopia, 58 (3%)

Burma, 56 (3%)

Other*, 386 (12%)

N=3,186

*First resettled in Minnesota
What is the Minnesota Experience?
Households that Speak Languages Other than English

<table>
<thead>
<tr>
<th>UNITED STATES</th>
<th>MINNESOTA</th>
</tr>
</thead>
<tbody>
<tr>
<td>21.8%</td>
<td>11.9%</td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau, 2017 American Community Survey 1-Year Estimates www.census.gov/acs

What is the Minnesota Experience?
Languages Spoken at Home

<table>
<thead>
<tr>
<th>UNITED STATES</th>
<th>MINNESOTA</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 13.4% Spanish</td>
<td>• 3.8% Spanish</td>
</tr>
<tr>
<td>• 3.7% Indo-European</td>
<td>• 3.5%, Asian-Pacific Island</td>
</tr>
<tr>
<td>• 3.5% Asian-Pacific</td>
<td>• 1.9% Indo-European</td>
</tr>
<tr>
<td>• 1.1% Other languages</td>
<td>• 2.7% Other languages</td>
</tr>
<tr>
<td>• 78.2% English-only</td>
<td>• 88.1% English-only</td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau, 2017 American Community Survey 1-Year Estimates www.census.gov/acs

What is the Minnesota Experience?
Limited English-Speaking Households

<table>
<thead>
<tr>
<th>UNITED STATES</th>
<th>MINNESOTA</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.4%</td>
<td>2.4%</td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau, 2017 American Community Survey 1-Year Estimates www.census.gov/acs

CIH primary care – completed visits: LEP patients vs. English-speakers

<table>
<thead>
<tr>
<th>Year</th>
<th>Patient speaks English</th>
<th>Patient does not speak English</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>3415</td>
<td>179</td>
</tr>
<tr>
<td>2016</td>
<td>2216, 779</td>
<td>879</td>
</tr>
<tr>
<td>2017</td>
<td>8790</td>
<td>676</td>
</tr>
</tbody>
</table>

Our Approach

HealthPartners/ Center for International Health In Person Medical Interpreter

- Required to have 40 hours of professional training
- Additional assessment of interpreter skills (if language is available)
- Extensive “On boarding”
  - Standards of profession/ Ethics/ cultural competency
  - Informal mentorship
- Maintain annual minimal CEU
- Tiered compensation for Certified Medical Interpreters
Alternative to Live-In Person
CyraCom Language Solutions: http://www.cyra.com
LanguageLine Solutions: http://www.languageline.com
MultiLingual Solutions: http://www.mlsolutions.com
Telelanguage: http://www.telelanguage.com

Important Considerations

Definitions

TRANSLATOR
Typically written language
Work in only one direction, translating only into their native language.
Not spontaneous
Done with the use of reference materials
Not necessary bilingual

INTERPRETER
Typically spoken language
Bi-directional
Spontaneous
Done without use of aids/ dictionary
Synthesis information and communicate in the source that in the target

What if I am bilingual?
“Being bilingual in English and the patient’s language is only a prerequisite for being able to interpret (just as speaking English is only a prerequisite for teaching it; being a native speaker doesn’t make you a language teacher)”

Bruce T. Downing, associate professor emeritus and the previous director of the Program in Translation and Interpreting at the University of Minnesota.

Interpreter Standards of Practice, Codes of Ethics, and the CLAS Standards

CHIA Standard of Practice (www.chiaonline.org)
IMIA Standards of Practice (www.imiaweb.org/standards/)
IMIA Code of Ethics (www.imiaweb.org/code/)
NCIHC Ethics and Standards of Practice (www.ncihc.org/ethics-and-standards-of-practice)

Why does this Matter?

Poor outcomes for patients
Increased missed communications between patients and providers
Increased risk of error
Decreased satisfaction for patients and providers

APPENDIX D Use of Medical Terminology, Literature, Gregory and Inger, Edureka
Benefits of trained interpreters

- Fewer errors in communication
- Improved patient satisfaction
- Interpreter may act as a cultural liaison to ensure clarification for the physician
- Interpreter may clarify patient meaning beyond language
- Interpreter may function as a link between patients and the health system
- Lower malpractice risk
- Use of a trained interpreter is associated with significantly shorter hospital stays and reduced 30-day readmission rates
- Use of a trained interpreter meets legal requirements of Title VI of the Civil Rights Act

Policy Approaches

National Standards for Culturally and Linguistically Appropriate Services (CLAS)

1. Language assistance for patients with limited English proficiency should be offered at no cost
2. Patients should be notified of the availability of language assistance services in their preferred language, both verbally and in writing;
3. The competence of interpreters should be ensured, and the use of untrained persons or minors as interpreters should be avoided; and
4. Easily understood print materials and signage should be provided in the languages commonly used in the service area

Legislation & Compensation

1964 Title IV of the Civil Rights Act that prohibits discrimination based on race, color and national origin when seeing federal assistance
- Requires medical providers getting federal reimbursement to provide interpreter services for patients with LEP
- National Standards for Culturally and Linguistically Appropriate Services (CLAS)

Certification & Training

Minnesota Spoken Language Health Care Interpreter Roster

- Voluntary Process, Tied to reimbursement
- All interpreter have to be >18 years old
- Demonstrate knowledge of interpreting ethics and codes of behavior
- Demonstrate knowledge of basic medical terminology in English

Certification & Training
Certified Medical Interpreter (CMI) Process

Accredited Certification
Professional identity
Represents an objective measure that the interpreter has met requirements and training to be an interpreter

• "...to ensure that the standards met are those necessary for safe and ethical practice of the medical interpreter profession."
(National Board of Certification for Medical Interpreters)

Two certification programs
• General Exam for all languages
• Language specific in Spanish, Mandarin, Arabic

National certification in healthcare interpreting is available for Spanish, Russian, Mandarin, Cantonese, Korean, Vietnamese

CMI Exam Blueprint

Written Exam ➔ Professional Training
• Multiple Choice
• Ethics
• Terminology
• Cultural Competency training

Oral Exam ➔ Performance based, if language available
• Consecutive or Simultaneous Interpretation
• Also Sight translation

Standards of Practice - Evaluation Tool
Free PDF

http://cchicertification.org/
IMIA Standards of Practice

Best Practices: Overview

Use of trained medical interpreter
- In Person
- Phone
- Video Interpreters

Avoid use as hoc interpreters (e.g. family, friends, other clinic staff)
- Do NOT use children

Training for both the provider and interpreter about techniques
- Adherence to practice standards of disclosure and privacy
- Code of standards
- Professional Conduct

Best Practices: Setting the Stage

Identify patients who may need an interpreter
Allow extra time for the interview
Meet with the interpreter before the interview to give some background, build rapport, and set goals
- If untrained/ad hoc interpreter is being used go over expectations on what you are asking them to do
Document the name of the interpreter in the progress note
Seat the interpreter next to or slightly behind the patient

Best Practices: Conducting the visit

Speak directly to the patient, not the interpreter
- Computer etiquette...do not type or look things up while interpreter is talking/patient is answering
Use first-person statements ("I" statements); avoid saying "he said" or "tell her"
Speak in short sentences or short thought groups
Allow appropriate time for the interpreter to finish the statement

Best Practices: Conducting the visit

Realize that most patients understand some English, so do not make comments you do not want them to understand
Ask only one question at a time
Do not use idioms, acronyms, jargon, or humor
Insist on sentence-by-sentence interpretation to avoid tangential conversations
- Either interpreter and patient or provider-interpreter
Best Practices: Assessing Patient Understanding

- Prioritize and limit the key points to three or fewer
- Use the “teach back” or “show me” technique to ensure patient comprehension
- Have a post-session discussion with the interpreter to get further details and make corrections, if necessary

Thank you for your attention!

Appropriate Use of Medical Interpreters, Juckett, Gregory and Unger, Kendra