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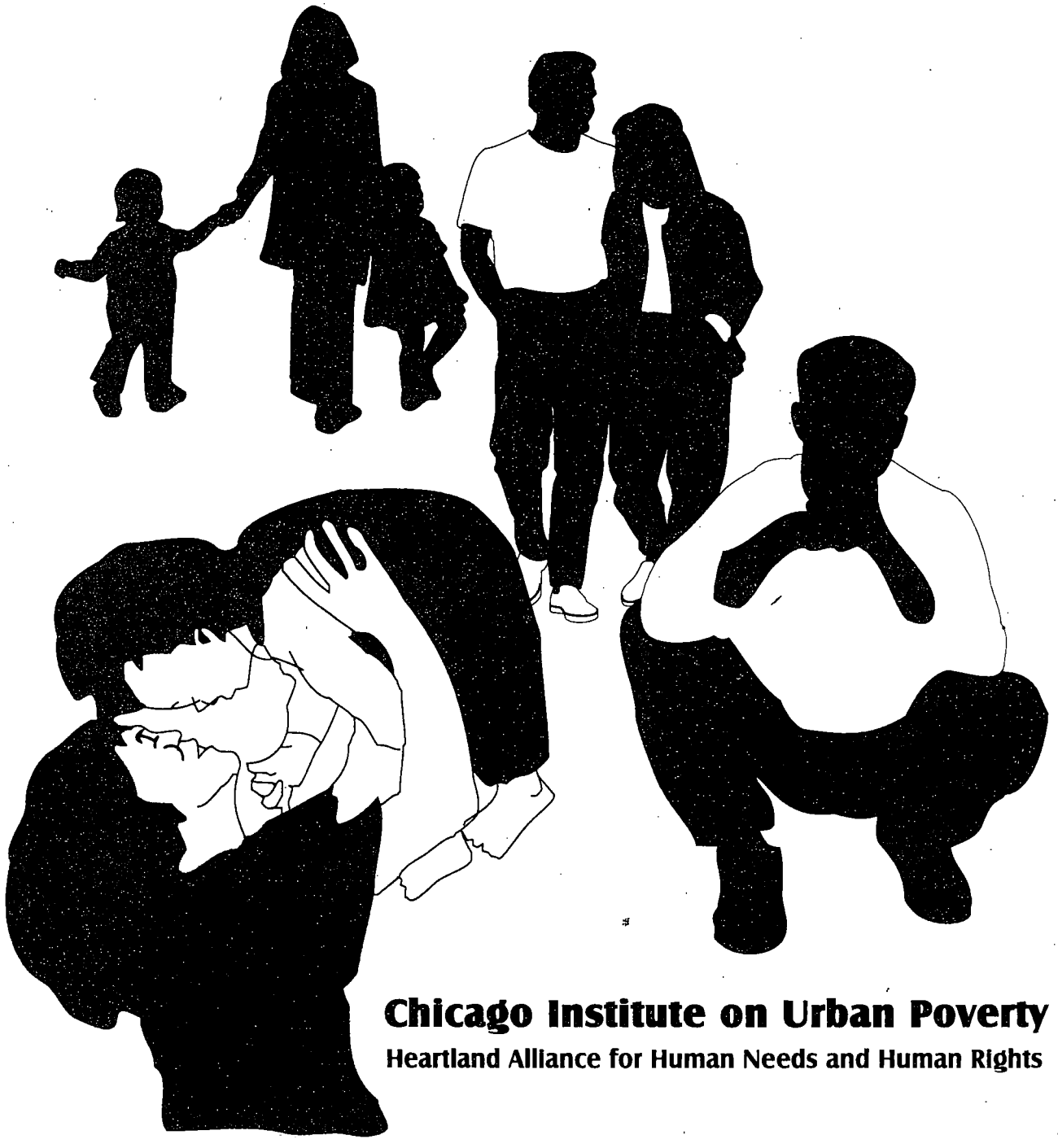
# Impacts of Medicaid Managed Care on Immigrants and Refugees

## A Best Practices Review with Policy Recommendations



**Chicago Institute on Urban Poverty**

Heartland Alliance for Human Needs and Human Rights

# Resources for Cross Cultural Health Care

8915 Sudbury Road, Silver Spring, MD 20901 301-588-6051

## Member Resource Directory Update

The first edition of the RCCHC Members Resource Directory is now in preparation. We hope to have copies mailed to you early this summer. For those of you who have sent in your Directory surveys, thank you very much -- you will be included in this first edition.

For those of you who are new, we encourage you to fill out the Resource Directory survey you received in your new member packet as soon as possible. We will be able to include your information in the first edition ***if we receive it by June 7, 1996.***

So send it in soon!

a newsletter of the
Resources for Cross
Cultural Health Care network

Spring 1996

# Cross Currents

## Guidelines for teaching culturally appropriate health care published

A national medical journal has just published curriculum guidelines for teaching culturally sensitive and competent health care to family medicine residents and other health professions students. Based on ten years of development by members of the Society of Teachers of Family Medicine (STFM), these guidelines are intended to inform both the teaching and practice of primary health care delivery to culturally diverse populations.

"The delivery of high quality primary care that is meaningful, acceptable, accessible, effective, and cost-efficient requires a deeper understanding of the sociocultural background of patients and their families," said Dr. Robert C. Like, an author of the guidelines and medical faculty member at the University of Medicine & Dentistry of New Jersey-RWJ Medical School. "Understanding these sociocultural variables in health care settings can result in more favorable outcomes for patients. They can also increase the potential for a more satisfying interpersonal experience between health care providers and patients."

"As providers, we also have to become more aware of how our own personal cultural values, assumptions, and beliefs influence how we provide care, and how the relationships we have and the places we live and work influence us," Like said.

The STFM Task Force on Cross-Cultural Experiences began developing the curriculum guidelines ten years ago after a national survey of family practice residency programs indicated that few training programs provided any formal instruction about culture and health. The Task Force coordinated the work, and solicited contributions from behavioral and social scientists and other STFM members interested in minority and multicultural health care and education.

The guidelines introduce topics related to culture, health, and illness into residency training and graduate medical education. They are based on the premise that health care professionals can develop competency to recognize bias when it occurs, and can use cultural resources to overcome barriers and enhance primary care.

Written in outline form, the guidelines include a suggested list of appropriate attitudes, knowledge, and skills for clinicians; methods of implementing the curriculum into clinical instruction; and bibliographic references and resources for experiential teaching techniques. The format follows curricular guidelines previously published by the American Academy of Family Physicians; but is general enough for adaptation to educational and training programs for a variety of medical specialties, health professionals, and clinical and administrative staff working in health care settings.

(Continued on page 4)

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*Resources for Cross Cultural Health Care*

is a national network of individuals and organizations working to improve access to health care services for linguistically and culturally diverse populations

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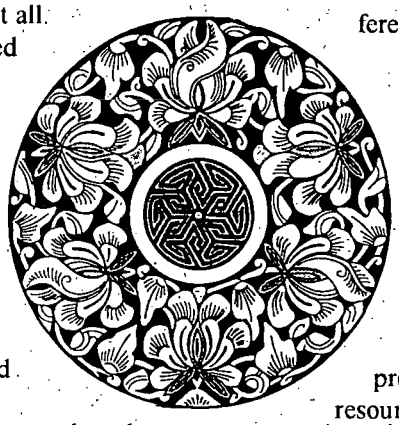
**INSIDE...**



# NY Group Plans for Interpreter Services at Health Care Sites

The New York Task Force on Immigrant Health has begun a multi-strategy project to increase access to medical services for non-English speakers in New York City. The *Access Through Medical Interpreter and Language Services* (ATMILS) project, funded by the Altman Foundation, New York Community Trust, U.S. Office of Minority Health, and United Hospital Fund, will culminate in the development of a blueprint for a comprehensive system of trained health care interpreter service delivery in the city.

According to the 1990 Census, 2.8 million New York City residents speak a language other than English at home, and more than half of those have limited English skills or do not speak English at all. Like many other cities, New York has no standardized approach to medical interpretation, and its health care facilities tend to use a variety of ad hoc methods to meet the needs of this diverse immigrant and refugee population.



The Task Force is starting its work by analyzing selected medical interpreter programs around the country to determine the core elements of each model and to evaluate the feasibility of replicating them in New York. Project staff are doing site visits of interpreter programs in California, Illinois, Massachusetts, and Minnesota.

The project is also assessing the need for interpreters at selected NYC health care sites. Assessment criteria will focus on the demand for interpreter services, and the current availability and methods of bilingual/interpretive services. Staff will also look at patient satisfaction before and after implementation of the ATMILS model program. The program will also attempt to quantify the direct and hidden costs associated with excess diagnostic testing, additional staff time, and poor patient compliance when trained interpreters are not in place.

The blueprint, which will include policy, program, and financing recommendations, is intended to guide the implementation of a demonstration program for trained medical interpreter services in New York City. The Task Force will train and place the interpreters at collaborating health care facilities. Potential placement sites include health maintenance organizations, municipal and voluntary hospitals, and community health care facilities.

Planning is also underway for a conference entitled "Accessing Health Care through Medical Interpreter and Language Services." Health care organizations, institutions, and government agencies from a wide range of cities and states will be invited. The interpreter blueprint, program model, and evaluation results will be presented. The conference will

*(Continued on page 5)*

# Language and Culture in Health Care to Hit the Internet in New Web Site

A national clearinghouse and interactive forum on models, policies and standards related to language and culture in health care will make its debut on the World Wide Web later this year. Funded by the Henry J. Kaiser Family Foundation, the site will be run jointly by Resources for Cross Cultural Health Care and the National Conference of State Legislatures.

Through an electronic repository of informational, policy-oriented, and technical resources, this web site will provide an organizing locus for the expanding field of expertise in the delivery of health care services to individuals with linguistic and cultural needs. By organizing networks of experts to produce, review, and analyze these resources, the web site will have the capacity to offer information and technical assistance to communities, health professionals, and institutional providers. It would also fill a large gap in the area of education, advocacy, and public policy development for consumers of these services and the organizations and governments that must respond to their needs.

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Email: jpfortier@aol.com

Editor: Julia Puebla Fortier

To receive a complimentary issue of Cross Currents and information about RCCHC membership, please call or write to the above address.

*Interview with the Author*

# *JAMA* article on Language Barrier Issues in the Emergency Room

In an article published in March by the *Journal of the American Medical Association*, David Baker, MD, and his colleagues from Atlanta and Los Angeles report on their investigation of the issues of use, effectiveness, and satisfaction related to interpreter interaction with limited English speakers in the hospital emergency room.

The study is based on a cross-sectional survey of 467 native Spanish-speakers and 63 English-speaking Latino patients presenting in the ER with nonurgent medical problems at the Los Angles County-run Harbor-UCLA Medical Center. The objective was to determine how often interpreters were used for Spanish-speaking patients; patients' perceived need for an interpreter; and the impact of interpreter use on patients' subjective and objective knowledge of their diagnosis and treatment. The article concludes that interpreters are often not used despite a perceived need by patients, and the interpreters used at this institution usually lack formal training in this skill. Patients' self-reported understanding of their disease was highest among those who didn't need an interpreter. Only 57 percent of those who had an interpreter and 38 percent of those who thought one should have been used understood their conditions. However, there were no differences in objective measures of that understanding (based on chart review) between those who had an interpreter and those who thought one should have been used.

According to Baker, this investigation of the impact of language barriers in the ER stemmed from the Robert Wood Johnson Literacy in Health Care Study, and reflects his long interest in the barriers to access to health care. Trained at UCLAs medical and public health schools, he is a general internist who combines research and clinical practice as a faculty member at the Emory University School of Medicine. He has been involved in public health activities in Latin America, and is frequently called upon to see Spanish speaking patients.

"I know from my clinical experience that if I don't understand a (non-English-speaking) patient, I can order lots of diagnostic tests, but if I can speak to the patient, in 5 minutes I can know what's going on," Baker said.

The study's major findings confirmed many assumptions Baker had already developed, and offered a few surprises. "A critical issue is that Spanish speaking patients should first be directed to Spanish speaking providers," Baker said. "I was very surprised by the difference in self-reported understanding between encounters using interpreters and those where both spoke the same language." He acknowledged that this was not necessarily a reflection of the ideal circumstances, as the interpreters being used in this study were not necessarily trained to interpret. In fact, Baker said, many times these interpreters are the same bilingual staff who often speak directly with Spanish-only patients. "But when they act instead as interpreters for their colleagues, the quality of understanding goes down."

A large part of the problem is the informal manner in which bilingual staff are used to handle non-English speaking patients. "You're pulling someone away from their regular responsibilities to go interpret, and sometimes you wonder, why wasn't I directed to this Spanish-speaking patient in the first place?" He believes that hospitals can improve the efficiency of their systems if they first direct patients to clinicians that speak their languageas, in his experience, an interpreted encounter can take twice as long.

However Baker cautions that it is important to test the true bilingual capabilities of providers, especially their ability to take a complete history, and also to instruct staff to efficiently use trained interpreters when competent bilingual staff are not available. He advocates more research be done to determine exactly what level of language competence is needed for providers to conduct effective bilingual encounters.

He also suggests research be conducted on determining the true costs of setting up a system that efficiently handles non-English speakers. "I think the reason hospital administrators ignore this issue is they fear that dealing with it would be prohibitively expensive," he said. "It may cost some. But I think if we learn how to manage it efficiently, it won't cost a lot." ❖

***For more information, the citation for the article mentioned above is: David W. Baker, MD, MPH, et al. Use and Effectiveness of Interpreters in an Emergency Department, JAMA, March 13, 1996—Vol. 275, No. 10, pp. 783-788.***

# Southwest Resource Center Addresses Latino Health Research, Training

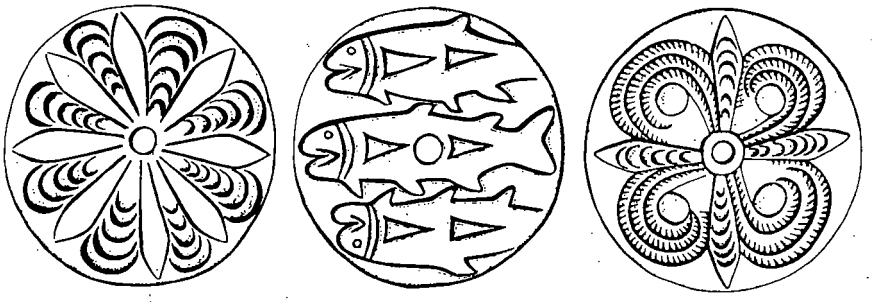
The Center for Health Policy Development (CHPD), in San Antonio, TX, offers a variety of resources to assist organizations serving the health needs of Latino communities. The Center was organized in 1978 to address the lack of information on Hispanic health status and access needs.

Through networks and long-term collaborative relationships with individuals and institutions, CHPD pursues a number of strategies to improve awareness around Hispanic health issues. These include conducting demonstration projects, developing and coordinating workshops and meetings, and sponsoring applied research and policy analysis.

CHPD sponsors a Hispanic Health Resource Center that focuses on the collection and dissemination of health materials that take into account the literacy, language, class, color, and culture issues facing Mexican Americans and other Hispanics. Posters, audiovisuals, "fotonovelas," and "teatros" are examples of the kinds of materials found at the resource center. The center also publishes two newsletters that address Hispanic health issues.

Through a grant from the Centers for Disease Control and Prevention, CHPD also runs the Southwest ADIS/HIV/STD Information and Training Project, which provides culturally appropriate educational materials, technical assistance, and training to organizations that serve Hispanics in the Southwest. CHPD also receives funding to recruit Hispanics into the health professions and to assist them with completing the necessary courses to enter health training programs. ❖

***For more information about CHPD and its resources, contact them at 210-520-8020 or 800-847-7212.***



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## *Language, Culture Web Site*

The National Conference of State Legislatures (NCSL), in partnership with the network of experts organized by Resources for Cross Cultural Health Care (RCCHC), will be responsible for developing and maintaining this site during the grant period. NCSL currently maintains a web site of its own and, through its immigrant policy initiatives, has built a coalition around these issues with other national policymaking organizations such

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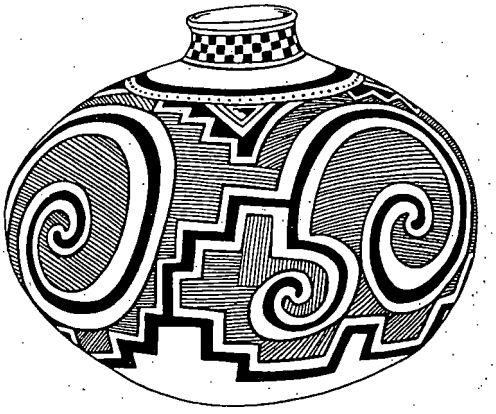

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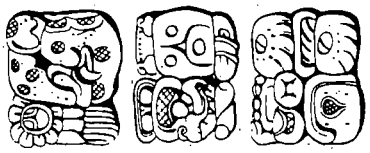
## *Cultural Competence Guidelines*

The authors faced several difficult issues as they were developing the guidelines. As the preamble states, "[we] attempted to become aware of our own medicocentric and ethnocentric biases during the drafting of this document." They also wanted to avoid stereotyping groups of people while acknowledging the presence of common sociocultural attributes. The guidelines attempt to enlarge the view of culture beyond ethnic differences to include socioeconomic, religious, and other concerns pertinent to health and health care.

The "Recommended Core Curriculum Guidelines on Culturally Sensitive and Competent Health Care" have been endorsed by the American Academy of Family Physicians and the Society of Teachers of Family Medicine Board. They appear in the April/May issue of the journal *Family Medicine* (Volume 28, No. 4, 1996). They will also be available as a document reprint for a small charge from the STFM later this spring. ❖

***For more information, contact Mary Ruhl, STFM, at 800-274-2237.***



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## RCCHC-NCSL Web Site

as the American Public Welfare Association, the National Governors' Association, the National Association of Counties, and the U.S. Conference of Mayors. RCCHC, which publishes the Cross Currents newsletter, is a national network of individuals and organizations working on cross cultural health issues. It will identify a group of policy and practice experts that will be responsible for developing the content for the web site.

While attempting to appeal to a diverse audience of policymakers, practitioners, and advocates, the web site will initially focus on issues related to improved language access to health care. This will be complemented by special sections related to NCSLs immigrant health project, and cultural competence issues that complement the main focus of the site. Specific areas to be addressed will include the following:

- background information for a variety of levels of expertise;
- operational models and best practices, including training and quality issues;
- legal information related to civil rights law and other statutes; and
- policy briefs on issues related to cost, coverage, regulations, and accreditation standards.

Web-site users will be able to search, reac, and download archival documents. There will also be news or works in progress that will be updated on a regular basis. The designers intend to include many opportunities for interactivity to promote user interest and to allow for participatory development of the site's content. ❖

*For more information, contact Julia Puebla Fortier, RCCHC, 301-588-6051 or Ann Morse, NCSL, 202-624-5400.*

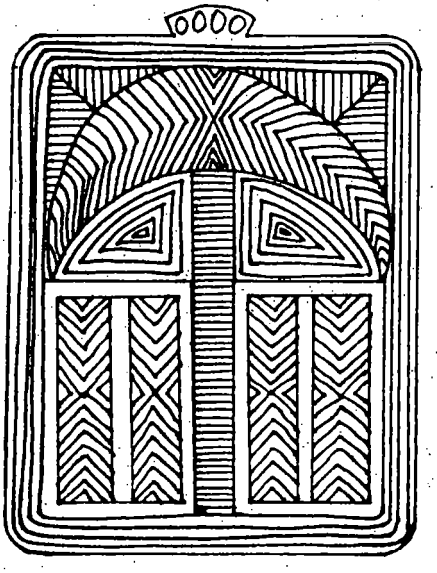
## ❖ Call for Stories ❖

*—Second call—*

Medical interpreting is a complex, professional job requiring a great deal of knowledge and a high degree of skill. Anecdotal reports abound about the consequences of miscommunication in medical and public health settings resulting from poor interpretation; however, most of these stories have not been recorded or written down. A compilation may serve to advocate for medical interpreting or educating health professionals. We are asking medical providers, interpreters, and advocates to submit any experience or vignette regarding miscommunication that relates to language differences in health care settings. We will be conducting qualitative analysis on all stories sent to us, and your submissions will provide documentation in support of professional medical interpretation services.

**Please send all submissions via mail, internet, or fax by July 31, 1996 to:**

Phuong Ngo
TDH -- Refugee Health
1100 W. 49th Street
Austin, TX 78756
Email: pngo@tb.tdh.state.tx.us
Tel: 512-458-7494/512-458-7527 (fax)



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## The New York Task Force

address the implications of this project for the rest of New York State, and for the nation as a whole.

The New York Task Force on Immigrant Health, housed at the New York University School of Medicine, is a network of health care providers, social scientists, community advocates, and policy makers. It is organized to facilitate the delivery of culturally sensitive and epidemiologically informed health care services to New York's immigrants. Its mission is accomplished through research, education, information dissemination, and program and policy development. Since its founding in 1990, the Task Force has conducted several analyses of barriers to health care for immigrant populations. The Task Force has done work on language as a barrier to care, including a staff survey at Bellevue Hospital, pilot research on medical interpreter programs across the country, and curriculum and training development. The Task Force has also developed a session, "Working with Interpreters and The Cross-cultural Interview," as part of an immigrant health training program for maternal-child health providers. ❖

*For more information about the project, contact Marisa Raphael at (212)263-8783 or email: raphaelm@is.nyu.edu*

Spring 1996 Issue

# Cross Currents

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## Notes from the Editor...

As I look out the window, there are daffodils and periwinkle blooming, and it seems a bit odd to be calling this the Winter issue of *Cross Currents*. So we're going to face reality and call it the Spring issue, and if anyone asks what happened to the Winter 1996 issue, we'll say it got buried in the excessive amounts of snow we got this year. (Don't worry—you'll still get four issues this year).

Deadline for newsletter articles/ideas for the Summer issue is June 1.

With the flowers comes also the hope for a national conference on cross cultural health issues, with a strong possibility arising for early 1997. Will keep you posted...



## Upcoming Features in Cross Currents...

Language and cultural competence in mental health settings,

How to set up an hospital interpreter service program,

Advocacy organization studies, analyzes civil rights complaints on language access to health services.