



# CULTURE CARE CONNECTION

[www.culturecareconnection.org](http://www.culturecareconnection.org)

Increasing the cultural competence of health care providers serving culturally diverse populations  
Summer 2013

Funded by Ucare

## CUHCC's Language Interpreter Policy Establishes Testing Criteria For Bi/Multi-Lingual Staff

Ensuring the competence of individuals providing language assistance is one of the [15 National Culturally and Linguistically Appropriate Services \(CLAS\) Standards](#)

intended to help eliminate health care disparities. Given the variations in the ways staff acquires their bi/multi-lingual skills, this can be a challenging standard to maintain. To address this challenge, Community-University Health Care Center (CUHCC) recently implemented a policy for ensuring that their bi/multi-lingual staff meets criteria for being language interpreters in their clinic.



CUHCC Associate Director Colleen McDonald Diouf pointed out that among their staff, language proficiency can depend on many factors. "Newer generation speakers of a language, speakers who learned a language outside the home country, and regional differences can all impact the ability to communicate effectively with patients."

A staff member's role can also determine how much medical terminology they need to be able to interpret to patients. "An Interpreter, Patient Service Representative (PSR), and Certified Medical Assistant (CMA) all are tested to different levels of general and/or clinical proficiency," she said.



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### CUHCC's language interpreter policy:

- ♦ Utilizes a phone-based testing system provided by ALTA Language Services
- ♦ Testing is designed to measure proficiency depending on role (medical or general)
- ♦ Testing does not confer any certification
- ♦ Interpreters and PSRs must pass testing—retesting is allowed

For more information on CUHCC's language proficiency testing policy, contact Associate Director [Colleen McDonald Diouf](#), 612-301-0698. ○

## Congolese in Minnesota

The United States expects to resettle tens of thousands of refugees from the Democratic Republic of the Congo (DRC) over the next five years. The refugees are part of a population of more than 3 million Congolese and internally displaced persons forced to flee their homes due to widespread violence, including two wars in 1996 and 1998. The refugees, mostly ethnic minorities from eastern DRC, will be resettled into the U.S. from neighboring countries such as Uganda and Rwanda.

The U.S. has resettled nearly 11,000 Congolese refugees since 2001 with the majority of refugees being resettled in Texas, Kentucky, Arizona, New York, and Colorado. To date, Minnesota has resettled nearly 120 primary refugees from the DRC, and the community is expected to grow. For Minnesota, the expected number of Congolese refugees is currently being negotiated between local and national agencies. In the meantime, it is essential to mobilize the right resources to address their health care needs.

Special health considerations identified in six states where Congolese refugees



have already been resettled indicated that:

- Just over 30% tested positive for exposure to tuberculosis
- Just fewer than 30% tested positive for parasites.
- Approximately 7% of refugees screened tested positive for Hepatitis B
- Approximately 3% of refugees screened tested positive for HIV

Other health conditions noted in this population include Hepatitis C, malaria, and physical symptoms of post-traumatic stress disorder (PTSD) resulting from sexual and gender-based violence (SGBV). These symptoms may take the form of chronic back and

leg pain, migraines, gastrointestinal upset, lower immunity, and generalized fatigue. Signs of stress can be obscured by traditional Congolese values and attitudes: the tendency toward stoicism, the reluctance to openly discuss the trauma, and the stigma attached to any treatment that might suggest mental illness. In addition, despite experiences of SGBV being common within the Congolese refugee population, SGBV is an extremely sensitive issue, and service providers are advised to avoid asking intrusive personal questions about it. National partners are also in the process of identifying and developing a screening protocol for other health conditions endemic to tropical regions.

## NEWS

### Annex receives Culturally Competent Care Award

The Annex Teen Clinic was recognized for delivering high-quality, culturally competent care during UCare's fifth annual "Salute to Excellence!" event on Tuesday, June 18. The Culturally Competent Care Award is new this year and is awarded for making measurable improvements in cultural care excellence after participating in Culture Care Connection training from Stratis Health. The training,



funded by UCare, seeks to improve delivery of culturally and linguistically appropriate services as determined by national health standards.

"UCare greatly values the high-quality health care delivered by the Annex

Teen Clinic medical professionals," said Nancy Feldman, President and CEO of UCare. "Our program recognizes clinics for outstanding work based on measurable quality-of-health criteria tied to early detection, preventative care, and care for people with chronic conditions. Our new Culturally Competent Care Award honors providers striving to increase the effectiveness of care they provide to our increasingly diverse membership."

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## NEWS

### VIA Offers Translation Grant Program to Support Language Access



VIA, a provider of online language translation and localization services is offering \$1,500 of In-kind Translation to organizations whose efforts to connect with the communities they serve may be hindered by language and cultural barriers.

VIA's Annual Translation Grant Program is an, in-kind donation program awarding \$1,500 in translation services to two organizations that share their philosophy of improving health care access for under served communities. The award can be used in a variety of ways, including general outreach, recruitment of volunteers and/or education.

For example, the 2011 award recipient, Caring Health Center, Inc. applied the grant funds to support their growing refugee community and reached 6,889 people by translating their general brochure into Arabic, Russian, Nepalese and Tigrinya. By providing this helpful information into these various languages Caring Health Center was able to improve access to quality health care for their underserved populations.

For additional information and an application, [click here](#).

## RESOURCES

### Police Use of Medical Interpreters



The following thought-provoking access topic was discussed on [Diversity Rx's](#) listserv, [CL AStalk](#), concerning what to do when police ask ER interpreters to help them out

Erin Neff, Ed.M., Interpreter Services Program Coordinator for Legacy Good Samaritan Medical Center in Portland, Oregon offered these insights:

As a general rule, we tell police that we will not interpret for them. The only exception is if it is crucial for the patient's medical care.

Here are the reasons why we do not interpret for the police:

- 1) Distrust: Interpreters are to remain neutral. If they are interpreting for the medical establishment and also the police, patients may distrust the interpreter to remain a neutral party and may not want to reveal medical information to the provider (through the interpreter) for this reason.
- 2) Training: Medical interpreters are trained specifically in medical terminology, not legal terminology. A good analogy is, you wouldn't ask a surgeon to act as a lawyer. Some interpreters may have the legal

interpreting background and training, in which case they may feel more comfortable with the terminology, but by acting as both medical and legal interpreter you risk creating patient distrust.

3) Title VI: Title VI states that all recipients of federal funds must provide meaningful access to language services. Medical establishments are not the only ones subject to this law. So are social services, police, etc. In many cases, police know they need to bring their own interpreter but they try to use the staff interpreter because it is easier and more convenient for them. It is difficult and uncomfortable to say no to the police; they often have a close relationship with the ER and can be intimidating. Ultimately, setting these boundaries is important to protect the interpreter from liability issues and maintain a neutral role with the patient. Our first responsibility is to the patient's well-being and medical care. It is law enforcement's legal obligation to provide interpreters for their needs, not the hospital's.

4) Exceptions: Court investigators are often called in to determine if the patient needs to be placed on a mental health hold. Sometimes this process happens in the ER. Because this process is part of the care plan for the patient and the provider is the one calling in the court investigator, we do interpret for these cases.

The main question we ask when there is a non-hospital staff person asking to use our interpreter services is: Is the purpose of this interaction part of the patient's plan of care? If so, we interpret. If not, we don't. Interactions with the police are usually NOT part of the patient's plan of care.

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# RESOURCES

## Immigration in Minnesota: 5 things you should know

The [Minnesota Compass project](#) reports that while Minnesota still has proportionally fewer immigrants than the U.S. as a whole (7% compared with 13% nationally), the state's foreign-born population is actually increasing faster than the national average—in Minnesota, it has tripled since 1990, but only doubled nationally.

Compass project manager Craig Helmstetter points out 5 things Minnesotans should know about this growing population:

### 1. Minnesota's immigrant population is different from the U.S. as a whole.

Over half of all immigrants nationally are from Latin America, including Mexico. In Minnesota, less than a third of the immigrant population is from Latin America. Nationally only four percent of the immigrant population is from Africa. Here that figure is 20 percent.

Immigrants in Minnesota are much more likely to be refugees fleeing war-torn countries than are immigrants in most other states.

### 2. As a group, immigrants are younger.

The median age of state's immigrant population is somewhere in the low 30s. That has big implications for our current—and future—workforce.

### 3. Some immigrants are highly educated (others are not).

A higher proportion of Minnesota's native-born population has a high school diploma than does our immigrant population (94% compared with 73%). However, advanced degrees are slightly more common among the state's immigrant population than the native-born population (14% and 10%, respectively).

### 4. Most immigrants are employed, especially those who have been here five or more years.

According to census data collected from 2008-2010, about 70 percent of the local immigrant population age 16 to 64 was working for pay. The workforce participation for those who have been here fewer than five years is 56 percent. Those who've been here longer have a workforce participation rate that is slightly higher—79 percent— than the overall native-born population.

### 5. Workforce participation rates vary considerably by specific immigrant group.

A snapshot of the largest immigrant groups in Minnesota shows workforce participation rates varying from highs of over 75 percent for those born in India, Liberia, and Vietnam to a low of 48 percent for the most recent of the larger immigration populations, Somali immigrants. Differences by gender are also dramatic.

[More >>](#)

# EVENTS

## Native American Day Celebration

September 28, 2013

Indian Health Board sponsored health and resource fair. Exhibition dancing, cultural activities, children's activities, food demos, 5K walk/run, Nice Ride bike tours, and more. To host an exhibitor table please contact [Tish Rivera-Cree](#), 612-721-9839

[More >>](#)

## Mamogramas Gratis

September 30, 2013

Free mammograms, health information, snacks, and door prizes. All women screened on this day will receive a \$10 gift card.

For information, contact [SAGE Program](#) 651-284-3986

## Rainbow Health Initiative Conducting The Voices of Health Survey



Rainbow Health Initiative is the only organization collecting statewide data on Lesbian, Gay, Bisexual, Transgender and Queer health. The survey documents the health of Minnesota's LGBTQ communities. LGBTQ people are a part of every ethnic, geographic, and age community. For more information please call 612-206-3180, or visit [www.rainbowhealth.org](http://www.rainbowhealth.org)

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## EVENTS

### XIII Binational Latino Health Week October 13 and 20, 2013

XIII Semana Binacional de Salud Latina ,or XIII Binational Latino Health Week brings health resources to the Latino community.

As part of the Semana Binacional de Salud, [Saint Mary's Health Clinics](#), the Consulate of México and the Consulate of Ecuador are planning two Latino Family Health Fairs that will take place at Our Lady of Guadalupe Church (401 Concord Street, St. Paul, 55107) on Sunday October 13th from 11 AM to 3 PM and at Assumption Church (305 East 77th Street, Richfield, 55423) on Sunday October 20th from 12 – 3:30 PM.

Free influenza immunizations will be offered at both health fairs. Participation in this family oriented health fair is free. If you would like more information or are interested in participating in one or both health fairs please call Cristina, 651-287-7767.

### 2013 Many Faces of Community Health Conference All Access: Health Reform and the Safety Net October 24 and 25, 2013

This conference explores the ways that safety net providers can improve care and reduce health disparities in underserved populations. The conference will cover clinical, public policy, and management topics that

impact quality improvement and health disparities in primary care settings.

**Note: The Minneapolis Council of Churches Face the Facts: Understanding Urban Poverty** workshop on the 25th, which is included for registrered attendees, is also offered independently as a stand-alone option. Participants play the role of a two-parent, double-income family member with three children. The challenge is to cover all the major material necessities on a limited budget for one month.

For information on registrations, contact [Sean R. Schuette](#) , 952-564-3077  
[More >>](#)

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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.

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