



January 2005



Immigrant Health

A Call to Action

*Recommendations from the
Minnesota Immigrant Health Task Force*

January 2005

*The Immigrant Health Task Force was sponsored
by the Minnesota Department of Health and
the Minnesota Department of Human Services*



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What's in this report?

This report describes eight important action steps to improve immigrant health in Minnesota. It suggests concrete ways for policy makers, health care administrators, educators, providers, and immigrant advocates to help carry them out.

For a downloadable copy of this report, as well as a wealth of additional on-line references and resources on how to improve immigrant health in Minnesota, visit the Immigrant Health Task Force website, at www.health.state.mn.us/refugee. Click on "Immigrant Health Task Force Report."

What's the Immigrant Health Task Force?

Begun in 2002, The Minnesota Immigrant Health Task Force was a two-year, joint initiative of the Commissioner of Health and the Commissioner of Human Services. Members included representatives of government, business, health care, academia, and immigrant communities.

Members of the Immigrant Health Task Force (listed on page 24 of this report) are committed to the Task Force's mission: to promote quality, comprehensive, and culturally competent health care for all recent immigrant communities by effecting change in statewide health care delivery systems.



Immigrant Health: Why It Matters

Every week, at least 50 new immigrants arrive in Minnesota. Since the earliest days of our state, when European settlers joined the native population, immigrants have helped make Minnesota a more vibrant and productive place to live.

Immigrants contribute their ambitions, their cultural values and their hard work to their new home. Most Minnesotans would agree that newcomers to the state deserve the same opportunities for meaningful work, education and health care as long-time residents. That is the promise implicit in our constitutionally based guarantees of equality, regardless of race, religion, or national origin.

And yet the reality, especially in health care, is often starkly different. Depending on their legal status, their assets and whether or not they have health insurance, immigrants to Minnesota are among the least served by our state's excellent health and social service systems.

The cost of inattention

Lack of insurance and crippling payment systems discourage many immigrants from seeking the health care they need. Those accessing care may feel

their concerns are minimized when language and cultural differences make it difficult to be understood. The result? Poorer health for immigrants and increased expenses to our health care system.

Immigrants and refugees need screening and treatment for infectious diseases, chronic conditions such as diabetes and high blood lead levels, and depression. Often, they do not get them. The result? Higher rates of infectious diseases, some chronic conditions and some mental health problems among immigrants and refugees than among non-immigrant groups.

Health care providers—most from very different cultures than immigrant community members—may not be aware of significant communication barriers with their patients. The result? Lower rates of comprehension and adherence to doctors' orders by immigrant patients.

Denied access to health care or insurance, many immigrants seek health care only in emergency situations. The result? Higher health care costs, and lower productivity in industries that employ immigrants.

Highly trained and capable immigrant health care providers are not being integrated into our current health care workforce. The result? A shocking loss of human capital, as former physicians and nurses are re-trained for other work.

A commitment to do better

The members of the Minnesota Commissioners' Task Force on Immigrant Health want to find a better way for Minnesota to deal with these compelling problems. Sponsored by the Minnesota Department of Health and the Minnesota Department of Human Services, the Task Force consisted of over 80 representatives from the state's public, private, non-profit academic and health care sectors, many of them also first-generation immigrants to the state.

The Task Force met from July 2002 to July 2004, with the following mission: "To promote quality, comprehensive and culturally competent health care for all recent immigrant communities, by effecting change in statewide health delivery systems."

Common ground in thinking about immigrants and health

Task Force deliberations uncovered the following perspectives shared by most members.

- Immigrants to Minnesota have always been essential to the state's growth, health and economic well-being. With the exception of Minnesota's Indian population, all residents of the state are relatively recent immigrants.
- It is in the state's economic interest to reduce disparities in health status between recent immigrants and those whose families have been here longer.
- Policies and regulations regarding health care should guarantee recent arrivals in Minnesota the same quality of health care service as other Minnesotans.
- Health systems must accommodate the critical needs and differences of immigrant patients, beginning with access to care in a language that they can understand.
- Analyzing data on patients and on health care organizations can improve health outcomes and lessen health disparities.
- Immigrant patients and the providers who care for them must be well informed in order to ensure high quality care. Training providers and educating patients is an ongoing, reciprocal process.
- Although health care delivery to immigrant patients is dispersed among many providers, all can achieve better care by sharing resources and collaborating.

These assumptions, in turn, informed the Task Force's eight final recommendations.

Eight steps to better health for immigrant Minnesotans

Focusing on improvements in the areas of information, policy, health care systems and education, members of the Task Force agreed upon eight essential ways to improve the overall health of immigrants in Minnesota. These are listed below. While the first recommendation, "provide equal access to care for all..." could be viewed as the most important one, the remainder are not in any priority order. All are vital and interconnected.

Several action steps accompany each of the recommendations. Supporting references and program examples can be found on the Task Force website (www.health.state.mn.us/refugee. Click on "Immigrant Health Task Force Report").

The Task Force's steps to better health for immigrant Minnesotans are:

- 1. Provide equal access to care for all, regardless of immigration or insurance status.** Differences in access to health care between immigrants and non-immigrants exacerbate health disparities. We should provide equal access to care for all, regardless of immigration or insurance status.
- 2. Collect information on race, ethnicity, and language preference of all patients, and on health care organizations' ability to meet the needs of immigrant patients.** Improvements in care for immigrants cannot be documented without data linking immigrant status with health status. Health care facilities should also document their capacity to provide good care to immigrants.
- 3. Eliminate financial disincentives to health care for recent immigrants.** Caring for immigrant patients sometimes takes longer. This is more costly in the short run, especially given the need for interpreting, but cost effective, long-term.

We should work to eliminate financial disincentives to equitable health care for recent immigrants.

- 4. Diversify the health care workforce to include more immigrant and minority providers.** Health care works best when patients and providers have similar backgrounds and values. But immigrants are under-represented in health care professions and capable foreign-trained providers are not being used to full advantage.
- 5. Use trained interpreters.** A trained interpreter facilitates communication between a patient who speaks limited or no English, and the health care provider. Despite existing legal mandates, many health care facilities are not equipped with interpreter services for patients who need them.
- 6. Develop clinical guidelines and best practice orders for immigrant health care.** Adherence to evidence-based best practices ensures consistency of care for immigrants. Health care providers should develop and follow clinical guidelines for patients who are recent immigrants.
- 7. Use community health workers.** As members of the community they serve, they can be highly effective guides to better health for immigrants. Professional standards, training, and certification systems should be developed to enhance the effectiveness of these important health care providers.
- 8. Train health care providers on immigrant health issues and best practices and teach immigrant patients how to navigate Minnesota's health care system.** Providers trained to work across language and cultural barriers can be more effective in treating immigrant patients. Patients who are familiar with US health care systems adhere more readily to treatment and may have better outcomes.

Resources and models support the recommendations

Task Force members were careful to ensure that the recommendations they issued are well supported, credible, and feasible.

The Task Force members reviewed local, state and national reports and research that pertained to each of the eight recommendations. Urgent and timely reports from the Institutes of Medicine, such as *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care* were required background reading for Task Force members. The Task Force was also guided by the *National Standards for Culturally and Linguistically Appropriate Services in Health Care*, issued in 2001 by the Office of Minority Health, US Department of Health and Human Services.

In addition, the Task Force took pains to identify Minnesota programs and practices that exemplify one or more of the eight steps. Suggestions for ways that policy makers, health care providers and administrators, educators and immigrant advocates can implement the eight steps were also drafted.

The end product: an on-line resource, a printed report, and a commitment to do more.

The recommendations, action steps, program examples, and contact information to find out more are all listed on the Task Force's website, designed to be a rich resource of information for anyone interested in immigrant health. The website is housed and sponsored by the Minnesota Department of Health. To access the website, go to www.health.state.mn.us/refugee. Click on "Immigrant Health Task Force Report."

Eight Ways To Improve Immigrant Health

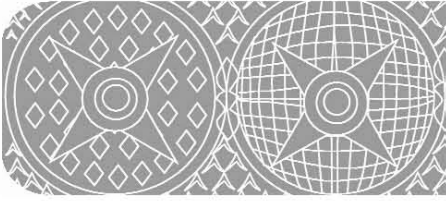
1. Provide equal access to care for all, regardless of immigration or insurance status.
2. Assess patients' language preference, and health care organizations' capacity to provide appropriate care.
3. Recognize different costs of health care for recent immigrants.
4. Develop clinical guidelines and best practices orders for immigrant health care.
5. Diversify the health care workforce to include more immigrant and minority providers.
6. Use trained interpreters.
7. Use bilingual and bicultural community health workers.
8. Train health care providers and educate immigrant patients.

With the production of its website and final report, the Task Force's work as a state-sponsored body is complete. Individual members have committed themselves to work singly and collectively to carry out its recommendations.

Ideas for further work include:

- An on-line action network with information, breaking research and policy initiatives on immigrant health
- Periodic follow-up meetings of Task Force members to report on successes and challenges
- A conference on immigrant and refugee health issues
- Members' linkages to other relevant bodies, such as the Minnesota Task Force on Health Care Disparities

For more information on the Minnesota Commissioners' Task Force on Immigrant Health, contact the Refugee Health Program, Minnesota Department of Health, 612-676-5414 or 1-877-676-5414.



Provide equal access to care for all, regardless of immigration or insurance status.

Action Step 1: Access to Care

“Lack of health insurance causes roughly 18,000 unnecessary deaths every year in the United States. Although America leads the world in spending on health care, it is the only wealthy, industrialized nation that does not ensure that all citizens have coverage.”

*Institute of Medicine of the National Academies
Insuring America's Health:
Principles and Recommendations
January 2004*

Why does access to care matter?

Differences in access to health care between immigrants and non-immigrants exacerbate health disparities. We should work to provide equal access to care for all, regardless of immigration or insurance status.

All Minnesotans need access to health care. The U.S. is the only developed nation in which health care is not a universally guaranteed right. Nearly 44 million Americans—and nearly one in 12 Minnesotans—are uninsured. The lack of access to health care leads to disparities in health status for immigrants and other minority groups.

Many immigrants are among the uninsured or underinsured. Their lack of access to health care affects us all. Minnesota policymakers have observed that an increase in uninsured residents is inevitable “unless Minnesota takes action to avert a crisis.”

Lack of insurance exacerbates disparities in health status.

People who lack insurance are less likely to seek health care and follow through with treatments prescribed by health care providers.

It is not cost-effective to tolerate a slice of the state's population with marginal or no insurance coverage.

While Minnesotans may feel comforted by the existence of a “safety net” of providers who offer low-cost or free care, such care is seldom comprehensive. Further it is not designed to handle complex or ongoing medical conditions and is not available in many rural areas. People with little or no insurance make greater use of emergency rooms. They may postpone getting care until they are critically ill. Those suffering from infectious and communicable diseases who do not receive early screening and treatment can present a threat to the whole community. Decisions to cut health care benefits for immigrants can have unintended and expensive results.

Even for those with insurance, language and other barriers can impede full access to care. Some health care organizations do not provide interpreters for patients with limited English nor translations of vital documents related to health access and care. Such services are mandated federal and state laws.



Access to Care: What can you do to help?

If you are a policy maker, you can

- Strengthen access to insurance and care for the poor. Immigrants are disproportionately poor and uninsured.
- Increase funding for prevention and treatment of communicable diseases such as TB and HIV-AIDS. Screening and early treatment are cost-effective and protect the community at large from serious infectious diseases.

If you are a health care administrator, you can

- Implement existing mandates and standards such as the Culturally and Linguistically Appropriate Standards (CLAS) issued by the US Department of Health and Human Services.
- Allow providers to offer creative alternatives for discounted or free care.

If you are an educator or researcher, you can


- Document how cuts in public funding for health care affect health outcomes among immigrants and other minority groups.
- Document health disparities between immigrants and non-immigrants and their relationship to health care access.
- Research the impact of equitable access to health insurance and care on health outcomes.

If you are a health care provider, you can

- Become familiar with public programs that offer health care at free or reduced rates, and recommend these to your patients who lack insurance.
- Donate a percent of your work time to free care for immigrant patients.
- Work toward a system of universal health care.

If you are an advocate for immigrants, you can

- Lobby for a system of universal health care. The US is the only developed nation in the world without one.
- Help immigrant patients contact legislators or policymakers to stress the importance of health care for all.

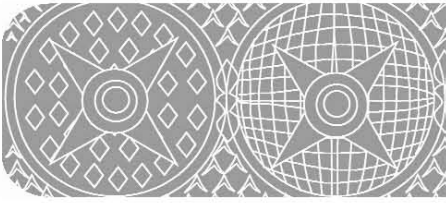


Access to Care: Programs and Tools

Many Minnesota programs are already working toward health care coverage for all, regardless of insurance or immigration status. For a current list of free and sliding fee health services, programs to enroll eligible people in health care programs, and other useful resources, visit the Immigrant Health Task Force website, at www.health.state.mn.us/refugee. Click on "Immigrant Health Task Force Report" and then on "Access to Care."

Access to Care: References

A wealth of references about access to health care for immigrants are cited in the Immigrant Health Task Force website, at www.health.state.mn.us/refugee. Click on "Immigrant Health Task Force Report" and then on "Access to Care."



Assess patients' language preference, and health care organizations' capacity to provide appropriate care.

Action Step 2: Data Collection & Assessment

Why does better data collection and assessment matter?

Improvements in care for immigrants cannot be documented without data linking immigrant status with health status. The Immigrant Health Task Force recommends collecting, at a minimum, each patient's race, ethnicity, and primary language. The complement to collecting data about patients is assessing the capacity of health care organizations to meet those patients' needs. Health care facilities should also document their capacity to provide good care to immigrants, by conducting regular assessments of the cultural and linguistic competence of their services.

Current data on immigrant health status is inadequate. Many clinics and health care systems are unable to identify or quantify the foreign born in their service populations. The link between minority status and health disparities is clear, but there is much missing in our understanding of possible links between health and immigration status or low English proficiency.

Information can be very revealing. Because of screening done by the MN Department of Health, we

know newly arrived refugees suffer disproportionately from infectious disease. Over 80% of active TB cases in 2003 were in foreign born individuals. On the other hand, birth outcomes among recent immigrant/refugee mothers are often better than those among other minority group mothers. There's a lot to be learned from studying the data.

Federal and Minnesota laws permit and encourage collection of relevant race and ethnicity information.

Collection and reporting of data on race, ethnicity and primary language are legal, according to Title VI of the federal Civil Rights Act of 1964. No federal statutes prohibit this collection. The Joint Commission on Accreditation of Hospitals and the National Council on Quality Assurance both recognize the importance of data collection and assessment in the health care accreditation review process.

Health care organizations can do more to collect and analyze useful data.

Increasingly, health care facilities are expected to assess their capacity to serve diverse patients, including immigrants. The US Department of Health and Human Services has issued standards for culturally and linguistically appropriate services in health care that recommend internal

audits and outcomes-based evaluations of cultural competence, as well as data collection on patients' race, ethnicity and language preferences.

Data about health care organizations documents progress toward cultural competence.

A commitment to eliminating health disparities between immigrant and non-immigrant patients should be measurable from the boardroom to the waiting room. Health care networks and systems should have written policies about access, language services, provider training, marketing and of course, data collection. They should also have internal quality assurance measures to track goals toward increased cultural competence.

Assessment leads to rational funding allocations, more cost effectiveness, better care and ultimately, better outcomes.

Without accurate information on the race and ethnicity of patients, providers, clinics and health care systems cannot identify health status disparities. This vital pool of information can serve as a guide in focusing prevention and treatment efforts as well as general expenditure of health dollars.



“The weight of prior research, related public and private efforts, and growing diversity of the U.S. population are likely to increase demand for accurate data on race and ethnicity in health care settings.”

Agency for Healthcare Research and Quality
*Addressing Racial And Ethnic Barriers To
Effective Health Care: The Need For Better Data*
May/June 2002

Data and Assessment: What You Can Do

If you are a policy maker, you can

- Establish mandates and expectations regarding data collection by health care and social service organizations.

If you are a health care administrator, you can

- Develop policies and procedures within your organization to support data collection at the point of the patient’s first encounter with your system.
- Explore existing systems of data collection to assess the need for additional information.
- Use existing markers such as appropriate use of ER visits or increased rates of pediatric immunizations, to measure progress toward better care.

If you are an educator or researcher, you can


- Use existing data to explore the link between immigrant status and health.
- Document ways that health care organizations are using data effectively to improve services.

If you are a health care provider, you can

- Explain the clinical importance of language and ethnicity data to patients, to overcome reluctance to provide such information.
- Learn more about the relationship between immigrant status and poor health outcomes.

If you are an advocate for immigrants, you can

- Ensure that immigrant status is never a barrier to the provision of health care, by monitoring collection systems and uses of data.

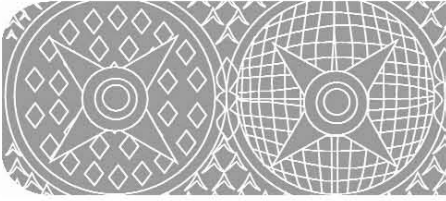


Data & Assessment: Programs and Tools

Many Minnesota programs are already working toward collecting better data. For a current list of these, plus some tools for assessing the cultural competence of health care organizations and other useful resources, visit the Immigrant Health Task Force website, at www.health.state.mn.us/refugee. Click on “Immigrant Health Task Force Report” and then on “Data and Assessment.”

Data & Assessment: References

A wealth of references about data and assessment are cited in the Immigrant Health Task Force website, at www.health.state.mn.us/refugee. Click on “Immigrant Health Task Force Report” and then on “Data and Assessment.”



Recognize different costs of health care for recent immigrants.

Action Step 3: Equitable Payment

“Economic rewards for time spent engaging patients can help physicians to overcome barriers of culture, communication and empathy.”

*Institute of Medicine of the National Academies
Unequal Treatment: Confronting Racial
and Ethnic Disparities in Health Care
January 2002*

Why does equitable payment matter?

Because of cultural and language differences between immigrant patients and Western-trained providers, caring for such patients may take more time than the average office visit. This is more costly in the short run, especially given the need for interpreting, but ultimately cost effective, long-term. We should work to eliminate financial disincentives to equitable health care for recent immigrants.

Current systems of payment are often inflexible or inadequate. Payment for health care should reflect the varying requirements of care for all kinds of patients, including those with limited English proficiency (LEP). Having the same reimbursement system for patients who require an interpreter is unfair and leads to poor care for LEP patients. The state will reimburse health care providers for the cost of interpreting services for patients in publicly funded programs, but the time

spent explaining disease process of how to use the health care system to people foreign to both concepts is not billable. Despite efforts from public agencies, many providers in Minnesota remain ignorant of reimbursement for interpreter services.

Financial incentives should be aligned with best practices. The payment structure should reward health care institutions and providers who follow clinical guidelines for immigrant care, especially if that care leads to improved outcomes.

More basically, immigrants who are insured through public programs may have a hard time retaining continuous insurance coverage. People who are on public assistance commonly bounce in and out of coverage because they are unfamiliar with the complex rules and regulations for retaining public benefits. Such programs should reduce the number of times a recipient must re-enroll to receive benefits.



Equitable Payment: What You Can Do

If you are a policy maker, you can

- Spread the burden of caring for the uninsured more evenly across hospitals and clinics.
- Reduce paperwork requirements in determining patients' eligibility for health care coverage.

If you are a health care administrator, you can

- Allow a longer visit time for patients who need an interpreter without negative consequences to the provider or system.
- Hire bilingual staff whenever possible to decrease interpreting costs and ensure continuity of care.
- Consider billing systems that take into account time spent in direct patient care.

If you are an educator or researcher, you can


- Document the impact of financial barriers and disincentives to care for immigrants.

If you are a health care provider, you can

- Schedule more clinical time for interactions with LEP patients and other immigrants with complex needs.
- Create language-specific clinics to consolidate interpreter schedules.

If you are an advocate for immigrants, you can

- Help immigrant patients enroll in health insurance programs.
- Create health education group teaching programs for recent immigrants to familiarize them with health care systems.

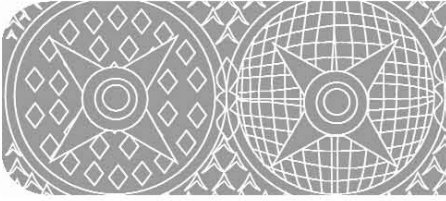


Equitable Payment: Programs and Tools

Some Minnesota organizations are working to eliminate financial disincentives and barriers for those who treat immigrant patients. To learn more, visit the Immigrant Health Task Force website, at www.health.state.mn.us/refugee. Click on "Immigrant Health Task Force Report" and then on "Equitable payment."

Equitable Payment: References

A wealth of references about equitable payment are cited in the Immigrant Health Task Force website, at www.health.state.mn.us/refugee. Click on "Immigrant Health Task Force Report" and then on "Equitable payment."



Develop clinical guidelines and best practices orders for immigrant health care.

Action Step 4: Clinical Guidelines

“Health care organizations... are encouraged to integrate cultural and linguistic competence-related measures into their internal audits, performance improvement programs, patient satisfaction assessments and outcomes-based evaluations.”

U.S. Department of Health and Human Services
National Standards for Culturally and Linguistically Appropriate Services
2001

Why does developing clinical guidelines matter?

Adherence to evidence-based best practices ensures consistency of care. Guidelines reflecting the unique needs of immigrants and limited English speaking patients are rare. Health care providers should develop and follow clinical guidelines for patients who are recent immigrants.

Clinical practice and positive outcomes are enhanced through the used of evidence-based guidelines.

Treatment for most health conditions must be adapted to be effective in educating and treatment people from differing cultural backgrounds. For example, screening protocols for recent refugees require tests for infectious diseases and parasites not commonly found in Minnesota. Guidelines can help mental health providers diagnose and treat

symptoms felt by an immigrant patient who has been traumatized or tortured in his home country.

Guidelines for clinical best practices for many diagnoses already exist, but do not address cultural issues. The National Guidelines Clearinghouse, a joint project of the U.S. Department of Health and Human Services and the American Medical Association, maintains a complete inventory of clinical guidelines, which could be adapted to include LEP and cultural components.



Clinical Guidelines: What You Can Do

If you are a policy maker, you can

- Support the development of clinical guidelines for immigrant and refugee patients.

If you are a health care administrator, you can

- Train providers to recognize the importance of following clinical guidelines.
- Encourage providers to use established clinical guidelines and to improve them with appropriate cultural perspectives.
- Encourage the adaptation of existing standing orders sets that address linguistic and cultural aspects of care.

If you are an educator or researcher, you can

- Research and develop additional guidelines for treatment of conditions prevalent among immigrant patients.
- Review existing guidelines and research to evaluate the impact of culturally competent care on treatment outcomes.

If you are a health care provider, you can

- Follow existing evidence-based guidelines related to appropriate care for immigrant patients.
- Develop standing orders that include appropriate cultural competence practices.
- Use evidence based guidelines and appropriately adapt them to incorporate the consideration of cultural beliefs and language differences.

- Encourage the adaptation of existing standing order sets to address linguistic and cultural aspects of care.

If you are an advocate for immigrants, you can

- Promote the importance of research and evidence-based guidelines in improving immigrant health.

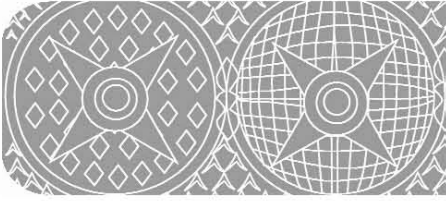


Clinical Guidelines: Programs and Tools

Some Minnesota organizations are working to develop clinical guidelines in caring for immigrant and LEP patients. For a current list of these, visit the Immigrant Health Task Force website, at www.health.state.mn.us/refugee. Click on "Immigrant Health Task Force Report" and then on "Clinical guidelines."

Clinical Guidelines: References

A wealth of references about clinical guidelines are cited in the Immigrant Health Task Force website, at www.health.state.mn.us/refugee. Click on "Immigrant Health Task Force Report" and then on "Clinical guidelines."



Diversify the health care workforce to include more immigrant providers.

Action Step 5: Diverse Workforce

“Patients treated by doctors of the same racial or ethnic background generally experience greater satisfaction and, in many cases, better outcomes.”

Commonwealth Fund
*Disparities in Patient Experience,
Health Care Processes and Outcomes*
June 2004

Why does a diverse health-care workforce matter?

Health care works best when patients and providers share backgrounds and values. But minorities and immigrants are under-represented in health care professions and capable foreign-trained providers are not being used to full advantage.

When patients and providers share language, values, and cultural backgrounds, health care improves.

Racial and ethnic similarity between patients and providers is associated with greater patient participation, higher satisfaction, and greater adherence to treatment, according to recent research.

The implication for immigrant health care providers is clear; more of them are needed in order to provide a range of cultural and linguistic

perspectives on the delivery of care. Unfortunately, many foreign trained health professionals who have emigrated to Minnesota spend years working outside their fields, because of restrictive licensing and certification systems.

Some states have implemented programs to incorporate foreign trained professionals more readily. Other programs are aimed at recruitment and training of minority and immigrant students to become health care professionals.



Diverse Workforce: What You Can Do

If you are a policy maker, you can

- Develop funding sources and programs to encourage immigrant students to pursue health care careers.
- Develop programs to maximize use of fully trained and competent foreign-trained health providers.

If you are a health care administrator, you can

- Set institutional goals for minority and immigrant recruitment and hiring.
- Institute mentoring and apprentice programs to allow immigrant providers to help with patient care.

If you are an educator or researcher, you can

- Research ways that diversity in the health care workforce can be encouraged.
- Recruit and support minority and immigrant students in health care programs.
- Analyze the effect of racial, ethnic or language concordance on health outcomes of immigrant patients.

If you are a health care provider, you can

- Encourage your professional certification or licensing body to address restrictions on immigrant providers.
- Work collaboratively with foreign-trained colleagues who may need sponsorship or mentoring.

- Take advantage of cultural insights offered by foreign trained colleagues.

If you are an advocate for immigrants, you can

- Lobby for changes in immigration laws, certification and licensing systems that restrict the employment of foreign-trained providers.

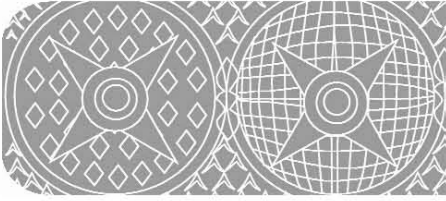


Diverse Workforce: Programs and Tools

Some Minnesota organizations are working to train future health care professionals from a variety of backgrounds. Others are involved in re-orienting foreign-trained professionals. For a current list of these and other resources, visit the Immigrant Health Task Force website at www.health.state.mn.us/refugee. Click on “Immigrant Health Task Force Report” and then on “Diverse workforce.”

Diverse Workforce: References

A wealth of references about increasing diversity in the health care workforce are cited in the Immigrant Health Task Force website, at www.health.state.mn.us/refugee. Click on “Immigrant Health Task Force Report” and then on “Diversify Workforce.”



Use trained interpreters.

Action Step 6: Trained Interpreters

“Inadequate language services can negatively affect access to and quality of health care and may lead to serious health consequences. Numerous factors, including costs, lack of training, and the diversity of languages spoken, hinder the provision of such services.”

Commonwealth Fund
*Providing Language Interpreter Services
in Health Care Settings*
August 2004

Why do interpreters matter?

A trained interpreter facilitates communication between a patient who speaks limited or no English, and the health care provider.

Federal and state mandates require health care facilities to offer language assistance or interpreting services free of charge for those who need them. These mandates include Title VI of the Civil Rights Act, and Minnesota’s Bilingual Services Act, among others. Despite existing legal mandates, many health care facilities are not equipped with interpreter services for LEP patients, and rely instead on family members or even children to interpret. It is a violation of federal mandate to use a minor child as an interpreter.

Failure to provide meaningful access can result in a loss of federal funding for hospitals and other health care facilities. Increasingly, hospital accreditation bodies, such as the Joint Commission on Accreditation of Hospitals, link provision of language services to high quality health care.

However, the demand for trained medical interpreters exceeds the supply.

Training is essential, since the skills required in interpreting go far beyond mere fluency in two languages. Meeting the demand for trained interpreters in rural areas is a significant challenge, and many rural providers rely on telephone interpreting services.

The profession is developing rapidly, with new standards for training, ethical behavior, and certification of skills. Training programs are proliferating and the supply of professional interpreters is increasing. Meanwhile, health care facilities must make more than a good faith effort to provide interpreters for limited English patients.



Trained Interpreters: What You Can Do

If you are a policy maker, you can

- Enforce existing mandates and guidelines about linguistic access for patients who speak limited English.
- Advocate for increased reimbursement for trained medical interpreter services in health care.

If you are a health care administrator, you can

- Forbid the use of patients' minor children or family members as interpreters in your health care organization.
- Assess the languages spoken by your patient population, and plan accordingly for adequate interpreter services.

If you are an educator or researcher, you can

- Help deliver a training curriculum for health care interpreters, or train providers how to work effectively with interpreters.
- Document the effect of using interpreters on immigrant health care outcomes.

If you are a health care provider, you can

- Schedule a professional interpreter in all important visits with patients with limited English.
- Collaborate with interpreters to improve outreach and education of immigrant patients.
- Seek training in working effectively with an interpreter as part of the health care team.

If you are an advocate for immigrants, you can

- Insist that immigrant patients with limited English be offered timely interpreting services, at no cost to the patient.

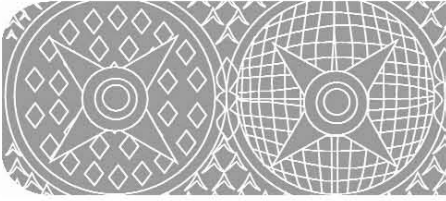


Trained Interpreters: Programs and Tools

Several Minnesota programs use interpreters to improve immigrant health, while others are working to increase the number of trained professional interpreters. Useful tools from Minnesota and around the country are listed on the Immigrant Health Task Force website at www.health.state.mn.us/refugee. Click on "Immigrant Health Task Force Report" and then on "Trained interpreters."

Trained Interpreters: References

A wealth of references about interpreting in health care are cited in the Immigrant Health Task Force website, at www.health.state.mn.us/refugee. Click on "Immigrant Health Task Force Report" and then on "Trained interpreters."



Use community health workers.

Action Step 7: Community Health Workers

“Their [community health workers] effectiveness stems in part from their knowledge of target populations’ customs and beliefs, their ability to build trust among alienated individuals or groups and their bilingual capabilities”

Blue Cross Blue Shield Foundation
of Minnesota
Critical Links Study
May 2003

Why do community health workers matter?

CHWs are bilingual, bicultural individuals who serve as a bridge between the health care system and hard-to-reach patients. As members of the community they serve, they can be highly effective guides to better health for immigrants.

Community health workers provide a unique service within the health care system. They perform a variety of functions, including informal counseling and social support; health education; assistance with enrollment in health insurance programs; advocacy; referral and follow-up services.

Community health workers are both effective and cost effective. Research studies show that CHWs improve health outcomes among minority and immigrant populations. A recent study by Minnesota’s Blue Cross and Blue Shield Foundation

revealed that health care employers value community health workers for their skills in advocacy and community involvement.

Unlike many other health care professions, however, there is no standardized training and credentialing program for community health workers. In the highly regulated health care industry, this is a barrier to employment and greater use of CHWs. Stakeholders interested in developing community health workers as a profession are working hard to create training curricula and standards of practice.



Community Health Workers: What You Can Do

If you are a policy maker, you can

- Support the development of community health worker training and certification programs.
- Advocate for insurance reimbursement of community health worker services in health care.
- Fund programs to support health care organizations that use community health workers.

If you are a health care administrator, you can

- Hire and develop career ladder programs for community health workers in your health care organization.
- Assess the cost effectiveness of community health workers for your facility.

If you are an educator or researcher, you can

- Evaluate the effectiveness of community health worker programs in improving immigrant health.
- Help develop or deliver a training curriculum for community health workers.

If you are a health care provider, you can

- Collaborate with community health workers to improve outreach and education of immigrant patients.

If you are an advocate for immigrants, you can

- Promote community health care workers' role in improving immigrant health.

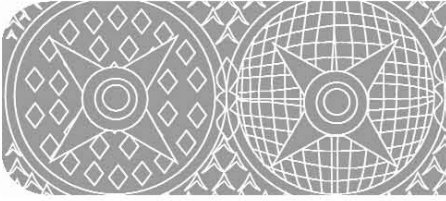


Community Health Workers: Programs and Tools

Several Minnesota programs use community health workers to improve immigrant health, while others are working to increase the number of trained CHWs. Useful tools from Minnesota and around the country are listed on the Immigrant Health Task Force website at www.health.state.mn.us/refugee. Click on "Immigrant Health Task Force Report" and then on "Community Health Workers."

Community Health Workers: References

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Train health care providers and educate immigrant patients.

Action Step 8: Trained Providers and Educated Patients

“The US has experienced over the last two decades the largest wave of immigration in its history. As a result many cultural groups are coming into our clinics and hospitals, making it increasingly important that health care providers acquire new knowledge and competencies to meet their needs.”

California Endowment
*Principles and Recommended Standards
for Cultural Competence Education of
Health Care Professionals*
2003

Why do training and education matter?

The process of immigration and acculturation itself has health implications. Health care providers and all those who interact with immigrant patients can be more effective if they are trained to work across language and cultural differences.

Patients who have learned about US health care systems adhere more readily to treatment and may have better outcomes. Both patients and providers who approach each other with respect and interest can learn from one another.

Training in cultural health beliefs and behaviors is now recognized as an essential part of health care education. Cross-cultural training builds the attitudes, knowledge and skills necessary for effective clinical encounters. Medical educators strongly recommend the integration of cross-cultural education into the training of current and future health professionals.

Just as providers must be trained, patients must be educated. Patients who understand the US health care system and how it works are more likely to be active participants in their own health care. This active participation is hampered for immigrants by language and cultural constraints. Patient education, especially when delivered in a culturally appropriate fashion, can reduce such constraints and open up avenues of communication between patients and providers.



If you are an advocate for immigrants, you can

- Support the development of programs to orient recent immigrants to the Western health care system.
- Develop patient advocacy and community health worker programs.
- Help develop and distribute multi-lingual patient education materials.

Training and Education: What You Can Do

If you are a policy maker, you can

- Support requirements for cultural competency training for health care providers.
- Find funds for provider training and patient education programs.

If you are a health care administrator, you can


- Require cultural competence and linguistic access training for all staff who interact with immigrant patients.
- Offer incentives or recognition for providers who demonstrate cultural competence.
- Institute programs to orient immigrant patients to clinical procedures.
- Assess organizational needs before instituting cultural competency programs.

If you are an educator or researcher, you can

- Evaluate the effectiveness of provider training programs.
- Help develop or deliver patient education programs for immigrant patients.
- Evaluate the cost and benefits of provider training and patient education programs.

If you are a health care provider, you can

- Collaborate with community members to improve outreach and education of immigrant patients.
- Seek out additional training in cultural and linguistic competence.
- Assess your patients' satisfaction with their treatment.
- Assume a leadership or mentoring role for colleagues who are less familiar with cultural competence.



Training and Education: Programs and Tools

Several Minnesota programs are leading the way on training providers and educating immigrant patients. Useful tools from Minnesota and around the country are listed on the Immigrant Health Task Force website at www.health.state.mn.us/refugee. Click on "Immigrant Health Task Force Report" and then on "Training and education."

Training and Education: References

A wealth of references about training and education are cited in the Immigrant Health Task Force website, at www.health.state.mn.us/refugee. Click on "Immigrant Health Task Force Report" and then on "Training and education."

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