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**Service Category Definition - DSHS State Services Grant
September 1, 2012 - August 31, 2013**

DRAFT

Local Service Category:	Linguistics Services
Amount Available:	To be determined
Unit Cost:	
Budget Requirements or Restrictions (TRG Only):	Maximum of 10% of budget for Administrative Cost.
Local Service Category Definition:	To provide one hour of interpreter services including, but not limited to, sign language for deaf and /or hard of hearing and native language interpretation for monolingual HIV positive clients.
Target Population (age, gender, geographic, race, ethnicity, etc.):	HIV/AIDS-infected individuals living within the Houston HIV Service Delivery Area (HSDA).
Services to be Provided:	Services include language translation and signing for deaf and/or hearing impaired HIV+ persons. Services exclude Spanish Translation Services.
Service Unit Definition(s) (TRG Only):	A unit of service is defined as one hour of interpreter services to an eligible client.
Financial Eligibility:	Income at or below 300% Federal Poverty Guidelines.
Client Eligibility:	HIV positive resident of Houston HSDA
Agency Requirements (TRG Only):	Any qualified and interested agency may apply and subcontract actual interpretation services out to various other qualifying agencies.
Staff Requirements:	ASL interpreters must be certified. Language interpreters must have completed a forty (40) hour community interpreter training course approved by the DSHS.
Special Requirements (TRG Only):	Must comply with the State Services Standards of Care.

FY 2013 RWPC “How to Best Meet the Need” Decision Process

Step in Process: Council		Date:
Recommendations:	Approved: Y_____ No: _____ Approved With Changes:_____	If approved with changes list changes below:
1.		
2.		
3.		
Step in Process: Steering Committee		Date:
Recommendations:	Approved: Y_____ No: _____ Approved With Changes:_____	If approved with changes list changes below:
1.		
2.		
3.		
Step in Process: Quality Assurance Committee		Date:
Recommendations:	Approved: Y_____ No: _____ Approved With Changes:_____	If approved with changes list changes below:
1.		
2.		
3.		
Step in Process: HTBMTN Workgroup #2		Date: 04/23/12
Recommendations:	Financial Eligibility:	
1.		
2.		
3.		

DSHS STATE SERVICES
1213 HOUSTON HSDA STANDARDS OF CARE
LINGUISTIC SERVICES

#	STANDARD	MEASURE
9.0	Services are part of the coordinated continuum of HIV/AIDS and social services	
9.1	<u>Scope of Service</u> The agency will provide interpreter services including, but not limited to, sign language for deaf and/or hard of hearing and native language interpretation for monolingual HIV positive clients. Services exclude Spanish Translation Services.	<ul style="list-style-type: none"> • Program's Policies and Procedures indicate compliance with expected Scope of Services. • Documentation of provision of services compliant with Scope of Services present in client files.
9.2	<u>Program Policies</u> Agency will develop policies and procedures regarding the scheduling of interpreters and process of utilizing the service. Agency will disseminate policies and procedures to providers seeking to utilize the service.	<ul style="list-style-type: none"> • Review of Program Policies.
9.3	<u>Timeliness of Scheduling</u> Agency will schedule service within one (1) business day of the request.	<ul style="list-style-type: none"> • Review of client files indicates compliance.
9.4	<u>Interpreter Certifications</u> All American Sign Language interpreters will be certified in the State of Texas. Level II and III interpreters are recommended for medical interpretation.	<ul style="list-style-type: none"> • Agency contracts with companies that maintain certified ASL interpreters on staff. • Agency requests denote appropriate levels of interpreters are requested.
9.5	<u>Subcontractor Exclusion:</u> Due to the nature of subcontracts under this service category, the staff training outlined in the General Standards are excluded from being required for interpreters.	<ul style="list-style-type: none"> • No Measure

**DSHS STATE SERVICES
1213 HOUSTON HSDA OUTCOME MEASURES
LINGUISTIC SERVICES**

Purpose: The purpose of the DSHS State Services Outcome Measures is to provide a measurement of the effectiveness of services in terms of health, quality of life, cost-effectiveness, and knowledge, attitudes, and practices (KAP), where applicable.

Outcome Measure	Indicator	Data Collection Method
1.0 Knowledge, Attitudes, and Practices		
2.0 Health		
2.1 Increased or maintained access to medical care	A minimum of 90% of clients referred and scheduled for linguistic services will receive services.	<ul style="list-style-type: none"> • CPCDMS and file review
3.0 Quality of Life		
4.0 Cost-Effectiveness		



[Home](#) > [Blog](#) > [How Medical Interpreters Can Help Cut Health Care Costs](#)

How Medical Interpreters Can Help Cut Health Care Costs

By Alison at Accredited Language

Posted on Monday, July 25, 2011

Category: [Interpreting](#), [Medicine](#)

Hospital administrators, medical interpreters, health care providers and their patients would all do well to note a newly-published study showing that better-informed patients can help cut the cost of patient care. The study, released by Harvard University, shows that providing patients with more information about their conditions and treatment options not only helps by improving patient care, but also by saving money. More comprehensive information can especially help decrease the rapid turnover rate in repeat visits from patients supported by Medicare.

How Extra Information Cuts the Cost of Health Care

According to [the study](#), providing patients with more information about their health and treatment options can help slow the stream of Medicare patients through hospitals by approximately 20 percent. Patients lacking comprehensive information about their conditions — and possible solutions — are more likely to opt for less-effective treatment options, leading to repeat visits.

In some cases, for instance, doctors who do not receive a complete list of medications previously prescribed for the patient may prescribe a drug that reacts poorly with pre-existing medications. Such gaps in communication contribute to a patient's being more likely to require multiple visits within a short period of time, each of which costs time and money.

Medical Interpreters Keep Patients Informed

Although the study does not specifically reference the role of medical interpreters in providing patients with comprehensive information, the results are readily applicable to the medical interpreting profession. The instances of confusion focused on in the study — such as patients taking [conflicting medications](#) — are areas where linguistic expertise can prevent miscommunication and errors.

A [skilled medical interpreter](#) who specializes in health care terminology helps overcome linguistic barriers. Medical interpreters play a key role in ensuring that patients, as well as doctors, nurses and other hospital staff are well-informed. A medical interpreter helps convey information about prescriptions, [medical instructions](#), treatment options and post-discharge instructions — all important elements if a patient's treatment is to be successful.

Medical Interpreters Save Time, Money and Trouble

Previous studies have shown that one in five Medicare patients have to return to the hospital within 30 days of a previous admission. The health care law going into effect in October 2012, which will require hospitals to pay the costs for those patients readmitted within 30 days, is likely to cost these health care facilities billions of dollars. Currently, Medicare pays some \$17 billion per year for patients readmitted within 30 days of their last stay.

By enhancing patient-physician communication and ensuring patients are better-informed, medical interpreters can play an important role in cutting such costs. But the medical interpreter's job is far more important than simply pinching pennies: A [medical interpreter can make the patient's experience easier](#) and, most importantly, safer. By facilitating the exchange of communication between patients and hospital staff, medical interpreters don't just help cut costs — they help minimize risks and improve patient care.

Accredited

Language Services ▾

Why Medical Interpreting Needs Qualified Professionals

By Alison at Accredited Language

Posted on Monday, July 11, 2011

Category: [Interpreting](#), [Medicine](#)

Medical interpreting is never something that should be left to unqualified interpreters. In the interest of high-quality patient care, and the safety and comfort of both medical staff and patients, professional interpreting services should always be used in the health care field. A recent study on the relationship between [language barriers and medical malpractice](#) (pdf) highlights the necessity of professional medical interpreting with some shocking case studies.

Need for Accuracy in Medical Interpreting

[Professional medical interpreters](#) have the knowledge of medical terminology and languages needed for fast, effective and accurate interpreting between patients and physicians. Incorrect interpreting in the medical field can have particularly dire consequences, even putting a patient's life at risk if, for example, the patient is unable to effectively communicate an allergy or symptom. Simply having an "okay" or "good enough" understanding might work in informal, non-professional settings, but in a medical context, this just won't do.

In more than one case described in the study, conflicting records show that health care workers were not even certain what language the patient spoke. The probability of incorrect interpreting is obviously much higher if you don't know what language you're hearing! A professional agency, on the other hand, would be able to identify the language in question and [provide an interpreter](#) with the linguistic knowledge needed.

Importance of Using Unbiased Professional Interpreters

Another dangerous approach to medical interpreting is using family members as interpreters. Several cases report the use of a child, sibling or parent as an interpreter, since he or she could speak the languages of the patient and the doctor — but this approach can backfire drastically.

First, a bilingual family member is unlikely to be conversant in the [medical terminology](#) needed to properly interpret a patient history or diagnosis. Second, family members can't be impartial. They may lie or omit information in order to avoid dealing with painful circumstances or to protect their loved ones from difficult truths.

The use of family members who are children for medical interpreting, as occurred in several cases highlighted in the study, is particularly risky. In some cases, the children who were acting as interpreters were also the patients! A child receiving medical treatment is already likely to be scared and overwhelmed. Adding the burden of asking that child to act as a medical interpreter is simply going to make the situation worse for the patient.

Consequences of Unqualified Medical Interpreting

When you need to overcome linguistic barriers in the health care field, professional medical interpreting is always a must — period. Patient care suffers when communication between patient and doctor is hindered. Incorrect interpreting can lead to unnecessary medical mistakes and have serious consequences.

Health care workers, both doctors and administrators, should not have to waste precious time struggling to communicate with patients. In medicine, every second counts. Professional medical interpreting benefits everyone involved, and can save serious time, hassle — and even lives.

Medical interpreters break barriers to care

Demand grows at hospitals in area

By JULIE M. MCKINNON
BLADE STAFF WRITER



Hospital patient Josefa Negrin of Toledo talks with Christina Alvarado, a medical interpreter at Mercy St. Vincent Medical Center.

Spanish is Christina Alvarado's first language. The Toledo native didn't learn English until kindergarten.

And for the last three years, the Mercy St. Vincent Medical Center registered nurse has combined those languages with a third — medicine — to interpret for Spanish-speaking patients such as Josefa Negrin of Toledo, an 81-year-old who left Cuba as a refugee with 36 relatives more than three decades ago.

Medical terminology can be tricky even for native English speakers, much less those such as Mrs. Negrin who know enough of their adoptive country's language to have a basic conversation but not much more. So when Ms. Alvarado was asked to help communicate with Spanish-speaking patients, and then to become a certified medical interpreter three years ago, she accepted and refers to a book of medical translations as needed, she said.

"It's a different language," said Ms. Alvarado, St. Vincent's supervisor of robotic surgery. "You have to kind of stay on top of things."

Medical interpreters such as Ms. Alvarado not only are trained to communicate terminology, but they are not emotionally tied to patients as English-speaking relatives would be. They also receive instruction in ethics.

While the need for interpreter services in medical settings increases as Toledo becomes more diverse — and as the Joint Commission, an independent organization that sets the standards by which health-care quality is measured, ups requirements for them — demand for medical interpreters who speak different languages or use American sign language is bound to climb, hospital officials say.

At St. Vincent, use already is on the rise from just a decade ago, when requests for a foreign or American sign language interpreter came along maybe once a week, said Helen Lambros, the hospital's patient representative.

"Now it's a daily occurrence, to get a call to provide an interpreter," said Ms. Lambros, adding there are multiple requests some days.

By far, Spanish is the foreign language most requested at Mercy. There are eight certified medical interpreters throughout northwest Ohio for that language, including Ms. Alvarado and two others at St. Vincent.

Christina Alvarado holds the book for basic training for Spanish Medical Interpreters.

Ms. Lambros said Chinese and Arabic are the languages next most often requested by patients and families at St. Vincent, and Mercy contracts with interpreters through the International Institute and elsewhere and with a telephone service offering help around the clock with 170 languages.

"We reach them at any phone, but we have special phones, too, with two handsets," Ms. Lambros said, so both patient and health-care provider can be on at the same time.

ProMedica also has had an increase in requests for foreign or American sign language interpreters in the last five years. Requests by Spanish-speaking patients and families have doubled, said Jewell Lightner, corporate director of diversity.

More than 6 percent of Lucas County's population was Hispanic in 2010, up from 4.5 percent a decade earlier, according to the latest U.S. Census Bureau statistics.

The percentage of Asian residents also has increased, census statistics show.

While ProMedica does not have its own interpreters, the health system also uses outside interpreters and a telephone service. Three years ago, ProMedica also began introducing at its locations satellite interpreter systems, portable units that work much like Skype, that now are found in Toledo Hospital, Flower Hospital, Bay Park Community Hospital, and Center Health Services in Toledo, Ms. Lightner said.

Portable units allow health-care providers and patients to communicate through a live interpreter onscreen, which is especially helpful in emergency situations, Ms. Lightner said. There is no wait as there is for an outside interpreter, and it's more personal than through a telephone, she said.

"It's really bringing the best of both worlds by having a live interpreter instead of waiting for an interpreter to arrive," said Ms. Lightner, adding that Fostoria Community Hospital uses a similar system.

American sign language, Russian, Mandarin, Pennsylvania German, Polish, Arabic, and Vietnamese are other languages most requested at ProMedica, Ms. Lightner said. Others include Hindi, Somali, Korean, French, Turkish, and Filipino, she said.

"I really refer to ProMedica as a multilanguage and multinational corporation," Ms. Lightner said.

At the University of Toledo Medical Center, the former Medical College of Ohio, about half of all requests for medical interpreters — which have been on the rise overall in the last year — are from deaf patients and families, said Norma Tomlinson, associate vice president and associate executive director of the hospital.

Spanish is the foreign language most often requested, and there also are requests for Chinese, Ms. Tomlinson said. UTMC contracts with interpreters and a telephone interpreter service, and the Joint Commission's new standards now outline what interpreters can be used, she said.

"You can't just use family," she said. "You can't just use somebody who learned Spanish in high school."

Ms. Tomlinson added: "We need to be sure that [patients] understand, and they need to be addressed in the language in which they're going to be most comfortable."

This year, the Joint Commission put in place new and revised requirements to improve communication with patients as part of its hospital accreditation program. Among items addressed are qualifications for language interpreters, which may be met through language proficiency assessment, education, training, and experience.

Mercy decided three years ago to have some employees become certified medical interpreters, and the hospital system strives to meet language, dietary, religious, and other cultural needs of patients, said Jeanne Heintschel, Mercy's retention and diversity officer.

Relatives cannot interpret for patients, even though some ask, because they may not convey everything or make other errors, Mercy officials said.

"They can get it all wrong," Ms. Heintschel said. "You could be so upset and crying, you could miss half of what the doctor says."

Mercy College of Ohio has offered Spanish classes for health-care workers for a few years, Ms. Heintschel said.

Medical interpretation goes beyond local hospitals and their doctors.

Neighborhood Health Association has its own interpreters, and it also uses outside interpretation services. The Toledo-Lucas County Health Department uses a telephone service, and it also works with the International Institute and Adelante for one-on-one interpretation services.

At St. Vincent, part of the orientation for nursing hires is briefing on how to help patients who need interpretation services, said Ms. Alvarado, the certified interpreter.

As it turns out, Ms. Alvarado's family helped Mrs. Negrin's when they left Cuba, fetching them from a refugee camp in Wisconsin. Mrs. Negrin and her family have known Ms. Alvarado since she was a baby, and the younger woman was 18 when she took care of the Cuban native as a home health aide.

Maricela Rodriguez of Toledo, one of Mrs. Negrin's 14 children, said her mother feels at home at St. Vincent. Having a Spanish interpreter, the two-handset telephone in her hospital room, and other considerations help, she said as her mother hugged Ms. Alvarado's hand in both of hers.

"We always can use someone else who knows better English than us," Mrs. Rodriguez said. "They've been so great to her and us."

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Deaf People Have More Mental Health Problems, Less Access to Care

Review finds patients need doctors skilled at communication

March 16, 2012



FRIDAY, March 16 (HealthDay News) -- Deaf people are about twice as likely to have mental health problems as people in the general population, according to a new review of evidence.

In addition, deaf people have greater difficulty getting mental health care and the quality of care tends to be lower, according to the review appearing online March 15 in *The Lancet*.

The researchers also found that deaf children who cannot make themselves understood within their family are four times more likely to have mental health disorders and more likely to suffer mistreatment at school than deaf children who can communicate with their family members, according to a journal news release.

One study found that deaf boys were three times more likely and deaf girls twice as likely to report sexual abuse, compared to children who could hear.

The review found that deaf patients report fear, mistrust and frustration in health care services. Along with communication problems when seeing health professionals, deaf patients have difficulty accessing health information.

"Improved access to health and mental health care can be achieved by specialist services with professionals trained to directly communicate with deaf people and with sign-language interpreters," said Dr. Johannes Fellingner, from the Health Centre for the Deaf at the Hospital of St. John of God in Linz, Austria, and colleagues.

About seven per 10,000 people worldwide are severely or profoundly deaf, with onset of deafness before language development, according to the release. U.S. research has shown that about 25 percent of deaf students have other disabilities, including learning difficulties, developmental delay, visual impairment and autism.

"Patients from the deaf community have the same need for good communication and safe care as everyone else," said British researchers Dr. Andrew Alexander,

from the Royal United Hospital in Bath; Dr. Paddy Ladd, from the Centre for Deaf Studies at the University of Bristol; and Steve Powell, from SignHealth, in Beaconsfield, in an accompanying commentary.

"Clinicians have a responsibility to recognize that communication is a two-way process, and that they need assistance to communicate with this group of patients," they said. "So what should you do when you meet your next patient from the deaf community? Putting yourself in their shoes and asking them how best to communicate would be a good start."

More information

The American Academy of Family Physicians offers suggestions on how [deaf or hearing-impaired people can work with their doctor](#).

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Tags: [hearing problems](#), [sexual abuse](#), [disability](#), [children's health](#), [mental health](#)

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NEWS RELEASE

Culturally Deaf People Seeking Health Information Get Little Help from the Internet

In-person encounters with health care workers can be troubling, too

Release Date: September 14, 2011

Editor's Note: When used as a cultural label, the word "Deaf" is capitalized in this news release. When used as a term for an audiological condition it appears as a lower-case "d." People who are culturally Deaf are those who are deaf from birth or became so early in life.

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BUFFALO, N.Y. -- The Internet is considered primarily a "visual" medium, as opposed to an aural one, and is thought by many to pose little barrier to non-hearing users. So hearing persons may be surprised to learn how difficult and dangerous the Internet can be for culturally Deaf persons seeking medical or health information.

Lance Rintamaki, PhD, a health communication researcher at the University at Buffalo, says that many culturally Deaf people also face dangers in face-to-face encounters with health care providers that they find frightening, and for good reason.

A new study he co-authored finds that the Internet -- the source of much medical information for most of us -- poses multiple communication barriers for the culturally Deaf, barriers that go far beyond inconvenience and can seriously compromise their health in ways virtually unknown to the hearing population.

"An Examination of Internet Use and Access to Health Information by the Deaf," by Rintamaki and Elizabeth Karras, PhD, postdoctoral fellow and assistant visiting professor in health communication, University of Illinois, Urbana-Champaign, is currently in press in the journal *Health Communication*.

The study is based on information gleaned from focus groups of deaf subjects, who discussed their difficulties operating in the health information and medical care spheres.

Rintamaki says, "The culturally Deaf (those who are deaf from birth or became so early in life) number only about 517,000 in the U.S. but already have poorer health than the general population. For many reasons they confront significant barriers in accessing the health, safety and other community supports they need to sustain health and well-being.

"People may assume the Internet would be a natural boon for anyone who is deaf," he says, "but while it is useful for those who became deaf or hard of hearing later in life -- those for whom English is a first language -- it is often not as useful for those who are culturally Deaf.

"This is because the culturally Deaf tend to 'speak' American Sign Language or ASL," Rintamaki says, "English is a second language to them. Many understand it poorly and read or write English at about a fourth grade level.

"This is well below the grade level at which information is presented on most health or medical websites," he says, "so they run into a literacy wall, and there are no online translation services currently available for ASL."

Rintamaki, an assistant professor in the UB Department of Communication in the College of Arts and Sciences, has conducted extensive research into the problems the deaf confront when seeking health

care and information, and the ways in which they use or don't use the Internet to get either.

"Deaf people report that problematic person-to-person communication with medical professionals is a common experience and a source of fear for many of them," Rintamaki says, noting that health care providers cannot give them information verbally because the culturally Deaf do not 'speak' English, providers seldom 'speak' ASL and aural ASL translation services are often unavailable or simply disregarded.

"For these reasons, this makes it more challenging for culturally Deaf patients to communicate to clinicians what has happened to them, describe their symptoms, or clearly define pain," Rintamaki says, "they often understand only bits and pieces of the information given to them by doctors and others -- not enough to engage in discussion, ask meaningful questions, clarify misinformation or even know when the provider didn't understand them in the first place.

"This," he says, "puts them at serious risk of misdiagnosis and mistreatment, and many of the stories they tell of their experiences in this regard are harrowing."

Rintamaki says that, given the verbal issues here, we might expect that the Internet would offer something of a solution for the culturally Deaf, permitting them to search for information so they can just read it.

"We need to remember that, although non-English speaking immigrants to the U.S. can learn English, it's a different challenge for culturally Deaf people," he says, "and because they also write English at a low grade level, it is difficult for them to ask meaningful questions online about symptoms, treatments, risk, medications and so on.

"This so-called 'visual' medium, then, can prove to be a real challenge for culturally Deaf people who need it most," Rintamaki says. To address this, he and Karras are working on a project, still in early development, that could greatly increase the ability of the deaf to understand what is on the Internet.

"It is essential to Deaf people's health and well being and the development of good service delivery models that we develop a better understanding of how they manage health information," says Rintamaki.

"Although the current research examines the health care experiences of long-term members of deaf people, their experiences and health service needs remain poorly addressed," he says. "Our research suggests that it is particularly important to focus on the role of information and Internet technologies utilized by culturally Deaf people, given the capacities of such technologies to bolster their independence and participation in society."

The University at Buffalo is a premier research-intensive public university, a flagship institution in the State University of New York system and its largest and most comprehensive campus. UB's more than 28,000 students pursue their academic interests through more than 300 undergraduate, graduate and professional degree programs. Founded in 1846, the University at Buffalo is a member of the Association of American Universities.