The Contribution of Mediators to Intercultural Care
Brussels, December 9, 2016

The Old USPHS Hospital, Seattle, a U of Washington teaching hospital and clinic, renamed Pacific Medical Center in 1981, with Mount Rainier in the background.
'Interpret this', advocacy in intercultural health care

Community Advocacy by Asian Counseling and Referral Service (ACRS, Seattle) at the Washington State legislature.

Now, imagine not understanding your patient ...

Let’s take a look at a trouble case ...
A Russian Speaking Insulin Dependent Diabetic Woman

She informed the clinic clerk, the nurse and later the MD about her impending loss of coverage for medications.

No one on the clinic staff responded to this concern.

The interpreter took her to Social Services to seek help.

Social Services informed the interpreter that he had no right to bring the patient to the SW office without an MD referral, called the administration and they threatened to remove the interpreter from the on-call list.

Pacific Medical Center, Seattle, ... 1980’s

Let’s look at another case ...
My question: Is she allergic to medications?

Here’s what I heard ...

I don’t know how to say allergy in Navajo, and if you know ...

David Kindle, Windsinger Diagnostician, teacher and patient.

Beginnings: 1968-70 Navajo Reservation

Aide a bit later:

She says she’s had a Windway ceremony done, we call it Chíshíjí. Windway? I was clueless ...

Bilag1ana  b7'azee'   n1
niilkwih?
Whiteman  his medicine  encircling  you vomit?
(implies ‘makes’)
Free interpretation

Does Whiteman’s medicine make you vomit?

Alternative in Navajo

Azee'  daats'7   l1   ay0o
nijool1?
Medicine maybe one/some very much dislikes with you?

Let’s look at another case, a Hmong speaker ...
Clinical interview: a Hmong elder with shingles.

MD – Examining thr patient’s chest wall: Hmm ... It looks like this rash is getting superinfected.

(To the interpreter) ... He’s been scratching this?
(To the patient) – “Does this itch?”

Interpreter (in Hmong) – “Does this itch?”

Patient (in Hmong) - “Yes, it’s bad at night.”

Interpreter – “Yes, it’s worse at night.”
MD – “I know it itches, but you have to tell him not to touch it, it might spread the infection. He has to let it dry out, turn scaly/brown before he touches it.”

Interpreter (in Hmong) – “He says this is like the rice when it’s growing, you know what it looks like before there’s pollen, when it’s still green. You leave it alone. You have to wait until it’s dry, almost brown before you cut it. This (points to the rash) is the same way, he says, ... don’t touch it until it’s turned dry.”
1994 National Working Group Meeting
Battelle Center, Seattle

An Interpreter rose to speak, let’s listen ...

The working group eventually developed into (NCIHC)
the National Council on Interpreting in Health Care
Ly Sieng Ngo
(Mandarin, Cantonese, Khmer, French and English)
Community health worker, interpreter

“When I come into the clinic
I like to sit briefly with the family while we waiting.

That way, I can learn a bit about who they are, their lives, their language use.”

A program director vigorously objected!!
The intermediary in health care: What is the appropriate role?

Labels Vary: Interpreter, Interpreter Cultural Mediator (ICM), Intercultural Mediator, Caseworker Cultural Mediator (CCM) or Case Manager, link worker, navigator, or any convenient family, or bilingual health care worker!!
Where Does Ly Sieng Ngo Fit?
Let’s look at HMC’s program ...
Interpreter Cultural Mediation (ICM) – Languages
(Harborview Medical Center, Seattle, Heritage Program 1994)

Cambodian – Khmer, Somali, Tigrinya (Eritrea and Ethiopia), Amharic and Oromiffa (Ethiopia), Spanish, Vietnamese

Current ICM Coverage
Khmer, Vietnamese, Somali

It’s a Program in Evolution
98 languages, 2/3 telephonic, in person prioritized to complex cases such as speech therapy, teaching, elderly/demented patients, family conferences, cases requiring complex culture brokering, home visits.

Here’s a partial description of ICM/CCM responsibilities
Hearing the patient’s story

“I will tell you something about stories, [he said]
they aren’t just entertainment. Don’t be fooled. They are all we have you see, all we have to fight off illness and death. You don’t have anything if you don’t have the stories”

The Interpreter Mediator Will:

• Interpret and mediate for families and providers in the targeted primary care clinics.

• Focus on cultural and social circumstances which may affect, care, as well as basic health information, during the patient-interpreter-provider interaction.

• Determine family structure and social and health care needs for all members of the families assigned for case management, with the assistance of other clinic staff.

• Make home visits and coordinate care with other social service agencies for families on their case management panel.

Evolution from ICM to CCM at Harborview
Harborviews’ ICM Program Evolves:
Two New Programs

1) Diabetes Management
   End Year 1 - 74%  Improved HgbA1C
   End Year 2 - 89%
   Current Year 3
   6 Month sessions and graduation ceremony

2) Permanent Spanish Speaking CCM in ICU
   Initiated 3 years ago, many new requests from Neurosurgeons and Palliative Care

   ICM to CCM – about 15 years ago
   CCM = Case worker Cultural Mediator
Undiagnosed Illness, Somatization and Undisclosed Narratives: Chronic Abdominal Pain

You Are Here

Clinical Problem Solving:
A Khmer speaker from rural Cambodia
Focused Data Gathering Techniques may include and take into account:

• Folk Terminology
• Family History (with a non-biomedical focus)
• Life/Community events and context
• Dreaming and difficulties with sleep
• Relationships between the living and the dead
• Patients from strong oral traditions
• Story Telling
• Validating a broad context of issues to be discussed

Pre-interview discussion provider/interpreter case manager at Asian Counseling and Referral Service (ACRS)
Sorting out traditional terminology

Variable meanings, and spelling, multiple informants.

Long Term Risk

By: James Heng for Dr. Putsch
Reconstructing interviews - I
Keut Chreun – Thinking too Much
New Year’s Celebration
Prayers for the dead

- Family Gathering
- Happiness, Grandchildren
- Anger towards adolescents
- Photographs

- Thinking Too Much
- War
- Starvation
- Killing of 22 yo Son
- Death as a soldier
- Pol Pot Khmer Rouge

- Somatic Compliants
- Troubled sleep Nightmares
- Headaches
- Witnessed murder 9 yo son
- Bad Death
Sor sai Kchey
Postpartum Period in Khmer

Three months post partum is a high risk time for the mother. Failure to replace maternal heat, and other restrictions may lead to a variety of chronic problems termed toas.

During the traditional treatment, mother warming, Ang Pleung, also called ‘roasting,’ the mother is placed on a cot over hot coals daily.

Photo courtesy of Ethnomed
The Illness – Disease Dichotomy

Illness “is what is happening to the patient. Listen to him. Disease is what is happening to science and to populations.”

THE INTERPRETER’S ROLE IN HEALTH CARE –1994
BATTELLE CENTER, SEATTLE, WASHINGTON

BLACK BOX / CONDUIT
HEALTH EDUCATOR
BILINGUAL / BICULTURAL HEALTH WORKER
COMMUNITY MEMBER
JUNIOR CLINICIAN
COMMUNITY REPRESENTATIVE
NEGOTIATOR/MEDIATOR
COWORKER / TEAM MEMBER
PATIENT ADVOCATE
CULTURE BROKER/INFORMANT
CULTURAL EXPERT
NEUTRAL, EXPERT COMMUNICATOR BETWEEN INDIVIDUALS AND CULTURES
The Interpreter Mediator Will: II

- Provide cultural information to the clinic providers and staff in didactic training and case conferences

- Provide telephone assistance and triage for families in the family’s native language

- Work with the Community Advisors to provide social support for families and to provide broader health education to the targeted ethnic communities

- Work with clinic quality improvement committees to remove barriers to care for the target communities
The Interpreter Mediator Will: III

• Evaluate and assist in design of educational materials

• Keep accurate records of work through specific data collection and reporting mechanisms

• Serve as a representative of the ICM Program to outside agencies

• Work as a team member with the nurse supervisor, medical directors, other health providers, program administrator, community advisors and other participants
Complex illness with a ‘culture bound’ explanation

<table>
<thead>
<tr>
<th>Problem</th>
<th>Inactive/Resolved Problems</th>
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<tbody>
<tr>
<td>1) Coronary Artery Disease</td>
<td>hospitalized, no infarct</td>
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<tr>
<td>a) Inferior wall myocardial infarction, '70</td>
<td></td>
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<tr>
<td>b) Long-standing angina pectoris, '60</td>
<td></td>
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<tr>
<td>c) Crescendo Angina, 1/73</td>
<td></td>
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<tr>
<td>2) Insulin Dependent Diabetes Mellitus, long standing</td>
<td>Rx isoniazid x 1 year</td>
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<td>3) Positive tuberculin, '71</td>
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<td>4) Diverticular Abscess, 5/72</td>
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<tr>
<td>a) Three Stage Sigmoidectomy, 5-8/72</td>
<td></td>
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<tr>
<td>5) Cholelithiasis, 7/72</td>
<td>Cholecystectomy, 7/72</td>
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<tr>
<td>a) Choledococutaneous fistula</td>
<td>Fistulectomy, 8/72</td>
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<td>6) Nausea, vomiting and abdominal pain, Fall/74</td>
<td></td>
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<tr>
<td>a) Excessive Excedrin use -1-2 years</td>
<td></td>
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<tr>
<td>b) Multiple ER visits</td>
<td></td>
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<tr>
<td>7) Inability to Sleep, Fall/74</td>
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Dr. Robert Putsch
Both physician o patient help and therapy. Historical Beliefs were used in child Beliefs were

This ethno-centric crap makes me wanna throw up...
don't give me that BULLSHIT! you've JUST GOTT INDIGESTION!
ETHNOCENTRIC EXPECTATIONS

What’s going on here?

Psychiatrist: Ask her how long she thinks she’ll need to take these medications.
Interpreter (in Vietnamese): He says you should take this medicine for two weeks and come back and see him.

The return date and time were discussed in Vietnamese.

Interpreter: She says she’ll take the medicine for two weeks and then she’ll come back to see you.
Language and Outcomes

- 70% > chance of admission from ER (adults)
- > risk of ER intubation for asthmatic children
- < access to PC and to ER follow up visits
- < understanding of ER diagnosis/instructions
- < levels of preventive care
The God of Communication:
You know, it’s like the God of Radio

Haasch'44[ti’7
Talking God

Host Y4’ii (of twelve) in the Navajo Night Way Chant. This nine day ceremonial known as T[’44’j7 is hosted by the Y4’ii Bicheii, the Grandfather of the Y4’ii, Talking God.

Taylor McKenzie, MD
Cultural Humility vs. Cultural Competence: A critical distinction in defining physician training outcomes in multicultural education.


Self-reflection, realistic and ongoing self-appraisal

Lifelong Learner Model

Patient Focused/Centered Interviewing and Care

Community Based Advocacy
Persons who speak different languages live in different worlds, not the same world with different labels attached. 

Sapir-Whorf Hypothesis (1928)

“Theu-Van’s Clinic”

The community’s view of a hospital or clinic may have little to do with the institutions self image.
Can you Hear Me?

Now imagine not understanding your patient.