



# Salinas hospital to train indigenous-language interpreters

## Women's fund grant will cover all costs for six people

By Melissa Flores, California Health Report

A new training program for medical interpreters is giving low-income women the skills needed for a hard-to-fill job – working as medical interpreters in indigenous languages.

Six medical interpreters will be taught to work with patients who speak indigenous languages from the Oaxacan region of Mexico, including the languages of Triqui, Mixteco and Zapotec, by the staff of the Natividad Medical Center in Salinas.

Linda Ford, the president and CEO of the Natividad Medical Foundation, said the group will try to recruit women who are trilingual in English, Spanish and an indigenous language.

“This has been a significant challenge here,” Ford said of the need for indigenous medical interpreters.

“The training trains interpreters to actually take cultural aspects into the medical care,” Ford said. “That is why it is so vital. We are not asking a family member, but someone who is trained with medical terminology.”

The Natividad Medical Foundation received a \$25,000 grant through the Community Foundation for Monterey County's Women's Fund. The grant will cover stipends, transportation, books, and assistance with childcare for the participating women. The goal is that the women who complete training will be

hired on a part-time or consultation basis to work with the hospital.

“We know that when women thrive, families thrive, and when families are healthy, communities flourish,” said Julie Drezner, the Community Foundation's vice president of grants and programs. “These grants will help low-income women on the road to economic self-sufficiency by supporting post-secondary education, financial literacy and business development.”

The Women's Fund gave out \$225,000 total in grants to Natividad and other agencies that support women's development in Monterey County.

The grant money will allow the women to complete a six-month internship at Natividad hospital, where Victor Sosa is the language access coordinator. He is certified to train new interpreters and has been working as a health care interpreter since the 1990s.

He said the hospital uses in-person interpreters as well as the Health Care Interpreter Network, which allows interpreters from 16 partner hospitals to talk with patients via live video feed. He said the main languages used are Spanish and sign language, but the network has interpreters who can speak up to 120 languages. He said with indigenous languages, people often speak different dialects so the staff has learned to ask a patient which town they

come from in Mexico so that they can get the best interpreter.

“This developed to cut down on wait time, but also because it is more cost effective,” Sosa said, of the live video network. “We pay for the time we use it rather than searching for an interpreter and paying.”

Sosa said when Natividad's interpreters work over the live video feed with other network hospitals, Natividad receives credit for when they need to use it. They also have a phone conference, which allows a doctor to talk to an interpreter over the phone who then relays information to a patient.

Sosa said that medical interpretation does more than just translate words from one language to another. His staff are trained to do what he calls a “speak back.”

“Many say yes because they are very compliant or meek when they are given instructions even if they don't understand,” Sosa said of the indigenous population. “If they can't articulate it back to the doctor, the staff has to repeat it or get language assistance.”

He said that in addition to knowing the language, interpreters have to develop their short-term memory and listening skills.

“They have to relay that information into the target language with accuracy,” he said.

The training class will also teach the interpreters about the ethics involved, such as patient confidentiality and limited advocacy. Sosa said the students are taught not to try to influence a patient or doctor's decision unless they believe there is a life-threatening situation or the patient's dignity would be affected.

"We want to support the women so they can get a skill and do everything they need to support people in our community," Ford said. "We want to do what it takes to help us get the best possible, safest medical care (to patients.)"

Ford and Peter Chandler, a doctor on staff, said that it can be difficult to find someone who can translate the indigenous languages.

Chandler is the service director for women's services at Natividad Medical Center, and a member of the board for the hospital's foundation.

"It's a huge deal for us," Chandler said, of receiving the grant. "It will make a big impact for our community as well."

He said there is a small pocket of indigenous residents who live around the King City and Greenfield area, who come to the Salinas hospital, especially for obstetrics/gynecology needs

"It is not a huge group of people, but it has a huge impact on our system when they come in," Chandler said. "They don't just speak a different language, but they have a different culture."

He described the culture as very matriarchal, noting that sometimes the women will have an older female family member come in to the hospital with them.

"When they come in for labor, they are very suspicious of us to begin with," he said. "If we end up having a problem with the baby, and we need to keep it on a monitor or they need a c-section, we need to be able to counsel them and give the risks and benefits."

Chandler said that now they often try to explain what is going on with a husband or family member who might speak some Spanish.

"We want our patients to trust us and have confidence in what we are telling them," Chandler said. "We want them to take a recommendation and explain what is going on with the baby...It is less traumatic in the clinic with any type of medical problem (with an interpreter.)"

Medical interpreters take into account cultural differences, grade level and communication differences.

"It takes a lot of time to have to run around and find interpreters," Chandler said. "During the day we can usually find someone – it just takes time. But at night it can be really hard. There's just not that many people around that are actually fluent and trilingual."

One of the solutions the staff has used is to have an interpreter explain any possible side effects that might come up before hand in the clinic during the day. But the grant will allow the group to have interpreters who are available at any time.

"Excellent communication throughout the hospital is a priority," Chandler said.