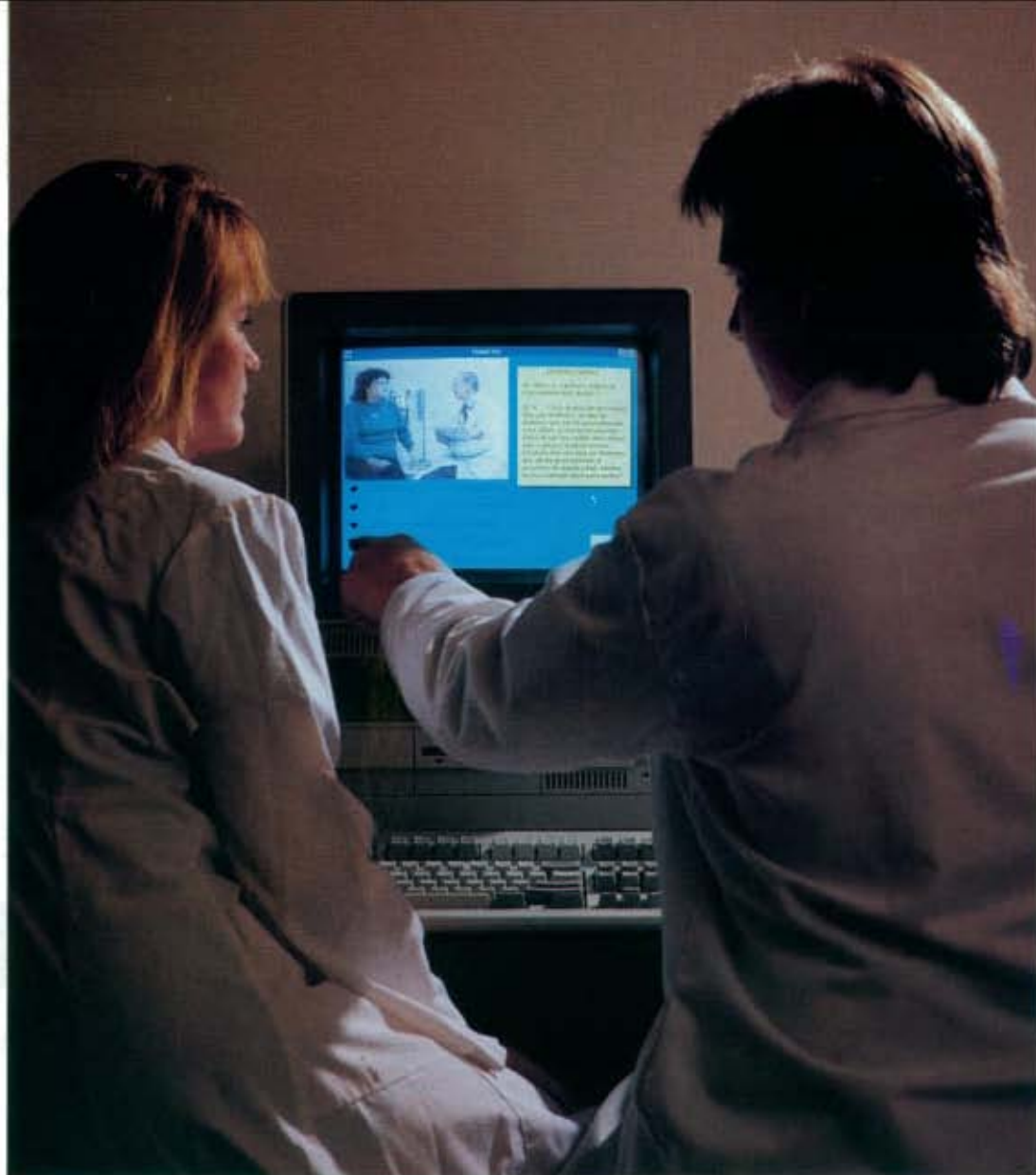


**Technology-based learning helps close cultural gaps**



# Language Lessons

By Bob Evancho

**T**he woman is panic-stricken as she bursts through the door. “¡Ayúdele a mi padre, por favor!” she pleads to the receptionist. “¡Está en el carro! ¡Es diabético!” She motions to a car parked outside the emergency room entry.

It's late at night, and the woman has rushed her stricken father, an elderly Hispanic man, to the hospital nearest their rural Idaho home.

The receptionist alerts a nurse; they follow the woman through the door and find the old man slumped over and unconscious in the car's front seat. They strap him onto a stretcher and carry him into the emergency room. The nurse can tell that the man

is deathly ill, but she isn't sure what the problem is. She calls a doctor.

“Do you know any English?” the nurse asks the daughter. “What is wrong with him? Does he have a bad heart?”

“¡No hablo inglés! ¿Por qué me pregunta?” the daughter cries. “¡Ayúdele! ¡Es diabético! ¡Ayúdele, por favor! ¿No hay nadie que hable español?”

Crucial seconds pass. The old man's pulse weakens; he gasps for air . . .

A worst-case scenario of the language barrier between patient and medic? Sure. But as Idaho's citizenry becomes more diverse, such misfortunes become more plausible. While the dire circumstances depicted above may be rare, communication problems between non-English-speaking patients

*BSU's video is designed to help Anglo health science students better understand Latino medical terms and concepts. Chuck Scheer photo.*

and Anglo health-care workers are not. (In the nurse's case, for example, how could she quickly diagnose the onset of a diabetic coma without any information from the patient's daughter?)

Like the providers of other goods and services, Idaho's health-care community is faced with meeting the needs of an expanding non-English-speaking population. And in the case of furnishing medical assistance, dialogue between client and practitioner is essential. But when cultural and language differences separate the two, problems may occur.

"There is that language barrier," acknowledges Rico Barrera, social service specialist for the Idaho Migrant Council. "There are certain cases where the health-care provider and the [Spanish-speaking] patient are unable to talk together. Often one or both of them get frustrated, communication breaks down, and the service ends up not being provided. This is especially true in the more rural areas where no one is available to act as an interpreter."

And having a translator on hand doesn't necessarily mean the health-care worker will fully understand the patient's problem, adds Steven Loughrin-Sacco, chairman of the Boise State University department of modern languages. He suggests that because the American health-care system is based on Anglo concepts, medical and physiological terms are sometimes lost in the translation.

"Sometimes the [stricken] person will bring in a friend or relative who can speak English, but often there are still problems interpreting the nature of the [medical] problem," says Loughrin-Sacco. "What is needed are health-care practitioners who can understand not only the [Spanish] language but the cultural background of the patient in order to serve the person as quickly and effectively as possible."

Connie Maus, a registered nurse and administrator at Boise's St. Alphonsus Regional Medical Center, agrees. She points

out that even if health care is readily available to non-English-speakers, it doesn't do them much good if the health-care worker cannot pinpoint the ailment or injury. "Misdiagnoses can occur when there is a language or cultural difference between the patient and health-care practitioner," she says. "One of the biggest questions in the health-care community today is, 'How do we meet the medical needs of our changing population?'"

In Idaho, the largest segment of the changing population to which Maus refers is the Latino community. According to Idaho Department of Commerce figures, Hispanics continue to be the largest and fastest-growing minority in Idaho. As of mid-1992, the

nology (see "Interactive Video Teaches Nurses," *FOCUS*, Winter 1992). The financial backing included \$5,000 in seed funding from the BSU Foundation and \$500 from the university's mini-development grant program.

Among the institute's objectives is the production of a prototype video of interactions between health-care professionals and their Latino patients in a clinical environment. According to Loughrin-Sacco, the video will provide health-care workers with instructional experiences that cannot be duplicated in the classroom or provided by textual materials.

The institute's interactive video will focus



*The Idaho Migrant Council's Barrera: Videos are helpful, but we need to look at the overall health-care system.*

state's Hispanic population stood at 54,772 or 5.13 percent of the overall population. (The next highest statewide minority percentages were American Indians at 1.46 and African-Americans at 0.36.)

"I don't think there is any doubt that there is a need for more knowledge of Spanish among [Idaho's] health-care professionals," says Loughrin-Sacco. BSU nursing professor Hilary Straub agrees. "Less than 1 percent of health-care workers in Idaho speak Spanish," she observes, "while in some counties, 30 percent of the population speaks Spanish. The situation is a severe handicap to the [Spanish-speaking] client."

BSU has responded to that need. Loughrin-Sacco and Straub have received financial support to establish an interdisciplinary institute on transcultural health care that will teach Spanish culture and language to BSU students and regional health-care professionals through interactive video tech-

on medical language and concepts, says Loughrin-Sacco. "It starts off teaching Spanish pronunciation visually instead of just hearing it on headphones, so you can see the people's mouths move," he explains. "After that it goes into vocabulary building so those watching the video can become familiar with terminology in regard to diseases, body parts and other words related to health care."

A three-credit course for Nampa-area health-care professionals will be offered at BSU's Canyon County Center. BSU also will offer a four-credit elementary Spanish class for health-care workers using technology-based learning this fall. "Rather than receiving instruction from a teacher in a traditional classroom, the student's primary sources of information are on computer, laser videodisc, television, electronic bulletin boards, videotape and other electronic and print media," explains Modern Language Resource Center director Bruce

Swayne, who will be the course instructor. "Rather than following a traditional classroom schedule, students use the instructional resources at any hours the laboratories or resource centers are open."

The programs offered by the institute are what Loughrin-Sacco, Swayne, Straub and others hope will be among many more methods of language education to help professionals who have non-English-speaking clients. Loughrin-Sacco and Straub are working on other grant proposals.

With sufficient financial backing, it is the objective of BSU and southwest Idaho's health-care community to get at least one Spanish-speaking health-care professional on every shift in every hospital in the area (see box).

"I think it is imperative that we do that," comments Loughrin-Sacco. "Without any kind of advertising we've had lots of people in the health-care field who have shown interest in the courses we plan to offer. Most of the [health-care] students and professionals I have met have told me they want to learn Spanish."

St. Al's Maus, a Boise State graduate, points out that language education and cultural awareness should not be limited to the Hispanic community. "It's incumbent that we be aware of our changing society," she says, pointing to the growing number of Asian and Middle Eastern residents in the Boise area. "We need to be prepared for our community's diversity. We have become an extended society; we are a very mobile people, traveling, touring and working. We need to be prepared to provide health care for more than typical clients. Health care is essential for everyone."

To prove her point, Maus points to St. Al's AT&T language line. It works this way: Let's say a person of Asian ancestry comes to the hospital for treatment but he can't speak English and no one on staff speaks his language. All the hospital staff needs to do is identify his native tongue, say, Thai, and match it with the code number for that language into the system. "AT&T can then connect us to an interpreter in a matter of minutes," Maus says. "The system can hook us up to interpreters in 140 languages."

In addition, St. Alphonsus has formed a Transcultural Committee, a group comprised of hospital staffers and community members who are addressing concerns about language and cultural barriers.

St. Luke's Regional Medical Center also employs the AT&T language line. In addition, the Boise hospital has established a volunteer group of translators who understand medical terminology. "This is especially important for [non-English-speaking] parents of newborns in intensive care," explains Vera Fink, divisional director of women and children services at St. Luke's.

St. Luke's is also installing a Spanish version of its "Newborn Channel," a 24-hour program on neonatal care that is hooked up to the hospital's television system.

St. Luke's has taken other steps to meet the needs of non-English-speaking patients. "What we do whenever there is a patient with a different cultural standard is to establish a care plan that meets those cultural needs," says Fink, an adjunct instructor with BSU's nursing department. "We have a coordinator work with the patient so that our care-delivery system meets the cultural as well as emotional, spiritual and physical needs of the patient."

Despite the advances, the Idaho Migrant Council's Barrera says plenty still needs to

be done. He points to the plight of seasonal migrant workers with whom he works. "Sure the system has progressed and migrants are receiving more services than in the past," allows the Boise State graduate. "But that is not to say everything is taken care of. Videos are helpful, but we need to look at the overall health-care system in regard to the segment of [Idaho's] population that I work with... There is still a void in regard to the logistics behind making health care accessible to migrant workers and their families. What also needs to be done is to empower these families to help themselves."

With more health-care practitioners able to speak Spanish, perhaps Barrera's hope will become more of a possibility. □

## SOUTHERN EXPOSURE FOR HEALTH SCIENCE STUDENTS

By Bob Evanchio

**'O**ur objective," says BSU Health Science Dean Eldon Edmundson, "and the objective of the local health-care community is to have at least one Spanish-speaking staff member on duty during every shift of every hospital in our area."

An ambitious goal, no doubt. But efforts by Edmundson and other southwest Idaho health-care officials may make it a reality someday.

While buzzwords such as "pluralistic society" and "global community" are sometimes cavalierly tossed about, Edmundson and others have taken the matter to heart in regard to meeting the health-care needs of southwest Idaho's Hispanic community.

"Actually, the long-range goal is to have a Spanish-speaking staffer on every floor of every shift of every hospital," comments Edmundson, "but right now we'd settle for one on every shift."

To help attain that objective, Boise State will offer its health science students the opportunity to gain firsthand experience in both Spanish and health care next summer through the BSU Studies Abroad Program in Morelia, Mexico.

Administered by BSU's Division of Continuing Education, the Studies Abroad Program offers academic travel opportunities to many countries. Although the Morelia summer program has been offered for 12 years, 1994 will mark the first time that opportunities will be available in the various health-science fields.

"We thought we should take advantage of the university's arrangement in Morelia," says Edmundson. "It's an outstanding opportunity for people in our health-care programs to learn about Spanish language and culture."

The Morelia program runs from early May through mid-July with four weeks of formal classroom study in Spanish and other subjects. In addition, the health science students who make the trip next year will serve internships at local hospitals and clinics. Earlier this summer, Edmundson visited Morelia and met with local health-care officials to set up the internships.

"One of Eldon's missions is to have as much cross-cultural and language competence among our health-care students as possible," says Steven Loughrin-Sacco, chair of BSU's department of modern languages. "This is an excellent opportunity for nurses and other health-care people. I think it will be pretty intensive for them, but they will be working in hospitals actually using their Spanish."

Boise State usually sends about 20 students to Morelia each summer. Students and faculty stay with local residents and visit Puerto Vallarta, Mexico City and other sites. Scholarships may be available for the 1994 session.

"It is an outstanding opportunity for our health science students," says Linda Urquidi, Continuing Education assistant director. "Not only do they serve internships and learn Spanish, but they can take advantage of the other cultural events, too." □