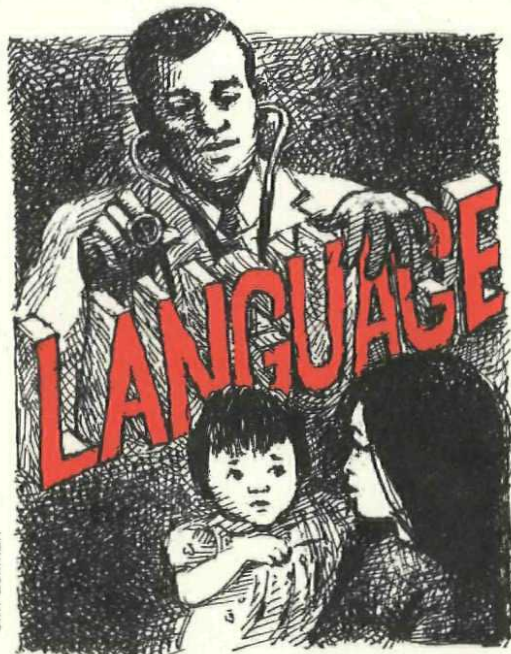


TRENDS & Ideas

COMMUNICATIONS

Breaking Down Language Barriers



Sim Gellman

As the number of languages spoken in the United States climbs, effective healthcare is often impeded by frustrating language barriers between caregiver and patient. Hospitals across the country are finding ways to cope, writes Esther B. Fein in the *New York Times*.

A trained medical interpreter is the best option when doctor and patient do not speak the same language. But keeping on-staff interpreters is expensive, and many hospitals lack the resources to do so. Also, in large urban areas—New York City, for example—it can be impossible to predict what language will be needed out of the hundreds spoken in the metropolitan area.

Hospitals may resort to hit-or-miss efforts, pressing family members, friends, or passersby into service as interpreters. But these efforts bring their own sets of problems. Children translating for immigrant parents may be exposed to potentially disturbing information, while their parents, embarrassed to discuss intimate subjects in front of their children, withhold important information. And friends or other family members may withhold information or try to protect the patient from bad news.

The resulting miscommunication can have dire consequences. Patients become sicker because they do not understand their medical directions, or fail to seek

Most healthcare boards do not yet deserve to be called "visionary," according to *Shining Light on Your Board's Passage to the Future*, a study conducted by Ernst & Young LLP and the American Hospital Association's Center for Health Care Leadership.

The study, which involved 2,079 hospitals and 126 healthcare systems, revealed that:

- Although most hospital boards see board education as the biggest challenge of the next three years, fewer than half of responding hospitals said they had a formal board education program or budget in place.
- Although more than two-thirds of responding systems said they have a formal board education process, fewer than half said that process was fully funded, or separately budgeted for, by the system.



BOARDS

Still Falling Short

• Although system boards seem to be well provided with strategically based information, many continue to spend most of their time on nonstrategic operational concerns.

• Although many system boards now use both internally generated goals and external benchmarks in planning and assessing performance, they continue to apply these standards to year-to-year—rather than longer-range, multiyear—targets.

• Although nearly two-thirds of hospital boards said they had a formal process for evaluating board performance, fewer than one-third had a similar means of assessing individual board members.

On the other hand, the study says that many new systems are choosing board members who are representative of the community, thereby demonstrating their desire for a well-rounded membership.

treatment at all because communication is so difficult. Doctors, lacking complete information, may misdiagnose ailments or order unnecessary, expensive tests.

The federal government, and many states, require hospitals to provide interpreters or risk losing Medicaid and

Medicare reimbursements. But the rules are vague and enforcement difficult. The quality of medical interpreting varies widely across the country; California, Washington, and Illinois have the most comprehensive services, established largely in response to intense lobbying.

The demand for medical interpreters will only grow: According to the 1990 census, 14 percent of people in the United States over age 5 speak a language other than English at home, up from 11 percent in 1980, and demographers say that percentage is rising.

INTERNET

Doctors On-Line

Physicians use the Internet nearly twice as often as other Americans who go on-line, but they remain skeptical about the value of its content, according to the results of a recent study. Michael S. Brown, writing in *Medicine on the Net*, reports that physicians are, however, on the verge of a "deeper commitment" to the Internet.

The 1997 American Interactive Healthcare Professionals Survey, completed in July by the Find/SVP Emerging Technologies Research Group, involved focus groups and telephone interviews with healthcare executives and some 300 physicians nationwide. Forty-three percent of the physicians surveyed use the Internet for professional purposes, although 26 percent of these had someone else go on-line for them, perhaps an assistant or a more mouse-proficient child. On average, the physicians logged almost seven hours on-line weekly, much less use than reported by the healthcare executives. Nine percent of physicians have their own Web page, while 22 percent plan to have one within the next year.

The study's results indicate that physicians are not taking to cyberspace in larger numbers because of three factors: they tend to use familiar methods (for patient education, for example) that they are comfortable with; they have not yet found on-line resources that are timely and accurate; and they have not found a body of infor-

mation large enough to be useful.

Physicians do value the Internet as a source of communication with their peers, however. Sixty-eight percent of on-line physicians believe the Internet enhances communications among healthcare professionals; 77 percent believe professional forums are beneficial.

Expect more physicians to be hyperlinking before long: Of those surveyed, 19

percent plan to begin using the Internet within the next year. Find/SVP's projections show 61 percent of physicians using the Internet for professional purposes by mid- to late 1998. The most valuable Internet resources for physicians, respondents said, will be those that help them manage the business aspects of medical practice and reduce their costs, while maintaining the quality of patient care.



GERIATRICS

Agencies Work Together To Keep Seniors Independent



Service, Empowerment and Transformation (S.E.T.) Ministry of Milwaukee has entered into an innovative partnership with six other agencies to provide high-quality comprehensive care to elderly persons who want to live independently in their own homes.

The partnership, called Lapham Park Venture, is the first of its kind in the Milwaukee area. Started in March 1997, the program serves nearly 200 older adults at the Lapham Park housing complex. Each agency in this model

program offers specific services to help improve residents' quality of life and provide housing stability.

By working together, the agencies "have been able to bring more comprehensive services to every resident who is open to them," said Sr. Lucina Halbur, CSA, president of S.E.T. Ministry. Since the partnership began, very few residents have been moved into nursing homes or group homes, she said.

The program emphasizes holistic case management. The agencies develop strategies aimed at boosting wellness, health promotion, disease prevention, and stabilization for residents at risk of becoming long-term care residents.

S.E.T. Ministry, sponsored by the Wheaton Franciscans, provides a nurse and social worker. The S.E.T. staff makes regular contact with residents to help them with complex health problems and to refer them to partnering agencies as needed. The Milwaukee County Department on Aging picks up the lion's share of the cost for the staff, and the Housing Authority of the City of Milwaukee covers the rest.

Other agencies in the partnership are Community Care Organization, St. Mary's Family Practice Program, YWCA activity programs, and Lapham Park Resident Organization.