

Legislating Access for Immigrant Populations

Sponsor: Cambridge Health Alliance

Location: Cambridge and Somerville, MA

Cambridge Health Alliance (CHA) is a public-private partnership comprising two acute care hospitals in Cambridge and Somerville, Massachusetts, a nursing home, the Cambridge Department of Public Health, a managed care plan, and a network of 20 neighborhood health centers. CHA's two-decades-long effort to increase access to quality care for residents with limited English proficiency (LEP) is just one example of its commitment to community building. Its determination, commitment, and collaboration with local community partners and statewide organizations have ultimately produced state legislation and a local infrastructure for training and employment development for recent immigrants.

CHA serves a metropolitan area with a diverse and quickly growing population of newcomers, most of whom have a primary language other than English. Currently, individuals with limited English account for more than half of all of CHA's ambulatory medical visits. CHA's strong support of language access to health care comes from a clinical understanding of the needs of LEP patients, a commitment to immigrant health rights, and the business sense that providing top-quality health services to new immigrants has a competitive advantage.

Because of rapidly changing demographics, the demand for qualified medical interpreters among local providers far outweighed the available pool. To meet this growing need, CHA collaborated with Neighbors for a Better Community, a local job development agency, and Cambridge College, a local college focusing on adult education, to develop a medical interpreter-training program.

CHA contributed technical assistance, links to faculty, and curriculum ideas. CHA also helped sell the program to interpreter service directors in other hospitals, paid tuition for several CHA employees to attend, and provided the major internship site. Neighbors for a Better Community conducted focus groups with community residents and medical interpreters, recruited faculty, outlined the curriculum, screened applicants, and raised money for program development and scholarships, while Cambridge College provided the space and infrastructure to run the program. Since its inception, 60 students have participated in the program. CHA funded seven of them.

In addition to working to expand the pool of trained medical interpreters, CHA cooperated with Health Care for All, an advocacy group, to pass legislation that requires hospitals in Massachusetts to provide medical interpreters. In 1998, with significant support from CHA, Health Care for All launched the Massachusetts Immigrant Health Access Coalition (MIHAC). MIHAC gained an early advocate in the state legislature, Jarrett Barrios, a newly elected representative from Cambridge, who decided to make interpreter legislation the top priority of his freshman year. Representative Barrios held a public hearing to discuss the issue. The chief executive of CHA was the only representative of a health care organization to testify at the hearing. CHA's director of interpreter services then worked with MIHAC and Representative Barrios to develop successful legislation that was grounded in the practical realities of health care service delivery.

The Interpreter Law, which went into effect on July 1, 2001, requires hospitals to provide competent medical interpreters for all emergency room services and inpatient psychiatric units, offers legal recourse for patients, and provides limited reimbursement from the state. While it is more limited in scope than the services required under Title VI*, the bite in the Barrios bill and the infrastructure needed to carry it out it have a strong impact. Regulations to implement the bill require all Massachusetts hospitals to identify a coordinator to create an interpreter services program, with trained staff, policies, and procedures. The business payoff for CHA's investment in health access services and advocacy manifested itself in spring 2001 as two neighboring hospitals faced closing. Their staffing and patient population had not kept up with the changing demographics of their communities. Partly because of the organizing work done locally by Health Care for All, the way was paved for CHA to purchase the two hospitals. Plans are well under way to work with local community agencies and expand the cultural competency of both institutions, following the lessons that CHA has already learned in how to make this work.

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