



### Cultural Competency

Cultural competency is a critical component of DSRIP, and program success is tied to PPS achieving cultural competency as a means to successfully address healthcare issues and disparities of their community. MIXers can use this platform to share their thoughts and ideas on innovative ways to promote and enhance cultural competency, especially those who are currently working to implement DSRIP at their PPS. We hope that any challenges discussed or questions posed can be considered and addressed by our active and supportive community of DSRIP Mixers! What approaches has your PPS taken to develop and demonstrate the Cultural Competency of your Implementation Plan? What successes have you had and challenges have you faced?



Message by [NYS DSRIP Team](#)

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On august 26, 2015 at 15:04 - 893 views, 77 replies, 15 followers incl. you

#### Cultural Competency

The Institute of Medicine is hosting a free in person or webinar workshop on cultural competency called "Integrating Health Literacy, Cultural Competency, and Language Access Services ". This seems very relevant to the topic of cultural competency and thought would be really useful for the group. Register and find out more about the workshop via the link below.

See more at:

<http://iom.nationalacademies.org/Activities/PublicHealth/HealthLiteracy/2015-...>

By [Olga Strachna](#), 6 months ago

3

Thanks Olga. I registered for this workshop.

You may have seen this but I came across a helpful Health Literacy Toolkit that was pulled together by the National Network of Libraries of Medicine, SE Atlantic Region, which is quite exhaustive and includes materials and references on specific subtopics, including Cultural Diversity, Language and Working with Minority Communities. It includes resources in Asian languages and links to toolkits developed at AHRQ, CMS, AMA, Harvard, etc.

I have attached the word doc.

Here is their link: <http://nnlm.gov/sea/outreach/healthlitkit/index.html>

[hltoolkit2014.docx](#)

By [Deborah Viola](#), 6 months ago

4

Thank you Deb. Great resource. For those that want to attain the information from the National Network of Libraries of Medicine, they can visit, : <http://nnlm.gov/sea/outreach/healthlitkit>

By [Alison Platt](#), 5 months ago

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I just checked out the resource mentioned by Olga and it is excellent. I have worked with a lot of provider offices regarding health literacy /universal approach and have found one resource to be very helpful and especially meaningful to physicians:

 Health literacy ...



. This video is from the AMA and has real people stories in it. It was eyeopening for those who view it. AMA also has health literacy kits for practices .

Our PPS is collaborating with our Community Collaborative ( P2) who received the PHIP grant from NYS and with the overlapping PPS. We are sending out a cultural competency and health literacy survey to see where our partners are and what educational needs are trending . From there we will design a targeted training strategy using multiple media. I keep thinking of the challenge in sustainability for organizations and clinicians as well as evaluation of effectiveness. The community forums we develop and receive input from will be helpful in overcoming many challenges in this workstream. I would really appreciate hearing what others are doing as we can learn from each other for the common good of our communities. Thanks

By [Patricia Podkulski](#), 5 months ago

5

I want to let everyone know that I am the project coordinator for a free, online certificate program (with CEUs) at the UAlbany School of Public Health's Center for Public Health Continuing Education. We have decided to push the concept of cultural competency to structural competency, which is the ability of practitioners to recognize and respond to the ways in which broad social, political and economic structures contribute to the vulnerability and ill health of the individuals and communities we serve. Certificates are available now for the American Indian and Latino Series. Dr. Mindy Fullilove will be giving the first webinar in the African American series on Oct 19. I just confirmed that yesterday so it's not on the website yet. For more information on all of this, our website is: [www.advancingcc.org](http://www.advancingcc.org) . Here's a link to the webinar that introduces the concept, by Dr.

Sayantani DasGupta of Columbia University's Narrative Medicine Dept. All of the webinars have CEUs available whether or not you want to get the certificate.  
[http://www.albany.edu/sph/cphce/advancing\\_cc\\_webinar\\_mar15.shtml](http://www.albany.edu/sph/cphce/advancing_cc_webinar_mar15.shtml) .  
Please feel free to call me if you'd like any further information. My direct office line is 518-474-2285, and email [ecampisi@albany.edu](mailto:ecampisi@albany.edu). I know there is a lot of training out there and this is online and free.

By [Elizabeth Campisi](#), 5 months ago

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Thanks for these resources! I'd like to add one as well. For an ongoing forum with a diverse group of health literacy advocates, join the Health Literacy Discussion List: <http://www.iha4health.org/our-services/health-literacy-discussion-list/> .  
Patricia, and others: I'd love to hear more about how you developed your cultural competency and health literacy survey. Was it adapted from existing survey instruments, or did you create it? Also, I'd like to hear how you recruit for your community forums. How do you ensure participation by people from different cultural backgrounds and literacy levels? Thanks!!

By [Julie McKinney](#), 5 months ago

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Thank you for all the great discussion and resources that you have shared! We look forward to hearing additional ideas, discussion and best practices related to cultural competency and health literacy!

By [NYS DSRIP Team](#), 3 months ago

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Hello team! We have begun posting our resources on a CC/HL webpage on our PPS site. Please take a look if you think it might be helpful: [www.crhi-ny.org](http://www.crhi-ny.org) .  
Direct link to the page: <http://www.crhi-ny.org/center-for-regional-healthcare-innovation/cultural-com...>

By [Deborah Viola](#), 3 months ago

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Hi Deborah - would it be possible to put the Advancing Cultural Competency certificate program up on your website? It's free. Great job on the website, it is very clear and well organized with lots of great resources.

By [Elizabeth Campisi](#), 3 months ago

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Hi Julie, you asked about our CC/HL survey: it was composed utilizing CLAS standards. We worked with our P2 Collaborative (recipients of the PHIP grant ) and Millennium Collaborative Care PPS ( our overlapping PPS) and compiled the survey. I have attached a copy for your review. Hope this helps.

[CLAS SURVEY 81015.pdf](#)

By [Patricia Podkulski](#), 3 months ago

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Patricia thanks so much for posting that. It's really great to know how your PPS is approaching this issue.

By [Elizabeth Campisi](#), 3 months ago

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Hi Elizabeth:  
Thanks so much for bringing the SUNY Albany SPH program to my attention!  
We certainly can post the certificate program. For others interested:  
[http://www.albany.edu/sph/cphce/advancing\\_cc.shtml](http://www.albany.edu/sph/cphce/advancing_cc.shtml)

By [Deborah Viola](#), 3 months ago

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Thank you so much Deborah!

By [Elizabeth Campisi](#), 3 months ago

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I hope cultural competency is broadly defined by everyone to include skill building for attracting and treating LGBT patients. Transgender patients are especially under-served, and suffer incredible disparities and lack of access to care. The Fenway Institute's National LGBT Health Education Center provides educational programs, resources, and consultation to health care organizations with the goal of optimizing quality, cost-effective health care for lesbian, gay, bisexual, and transgender (LGBT) people. The Education Center is a part of The Fenway Institute, the research, training, and health policy division of Fenway Health, a Federally Qualified Health Center, and one of the world's largest LGBT-focused health centers. It's a great resource.

<http://www.lgbthealtheducation.org/>

By [Jack Murray](#), 3 months ago

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Thanks Jack. That's an important point. In our series, I only managed to get that topic into the Latino series. I will make sure it's discussed in the African American and Asian series - will look up the Fenway Institute right now.

By [Elizabeth Campisi](#), 3 months ago

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Great to hear! Thanks.

By [Jack Murray](#), 3 months ago

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Thanks, Jack! Here's another resource, courtesy of Celina Ramsey from Staten Island:  
<http://www.lgbtcultcomp.org/>

I agree with your broad view of CC. If you look at the principle standard of the CLAS Standards, it is a very broad interpretation. We see CC and HL as a way to promote clear, respectful and actionable communication with everyone. (<https://www.thinkculturalhealth.hhs.gov/content/clas.asp> )

By [Julie McKinney](#), 3 months ago

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This is bringing up another point for me - nobody has just one identity and a variety of things make certain people particularly vulnerable and subject to health disparities - including being senior citizens and members of disability populations, and being LGBTQ, on top of being a member of a racial/ethnic or other historically oppressed group. In general, intersectionality is an important but often overlooked point to keep in mind when developing cultural or structural competency programs.

By [Elizabeth Campisi](#), 3 months ago 1

Amen to THAT, Elizabeth! Great point.

By [Jack Murray](#), 3 months ago 0

All these issues can be addressed as "structural competency" and I thank Elizabeth Campisi for introducing me to this concept as I had never heard of it before. This is the real movement to make a difference. <http://structuralcompetency.org/>  
Great posts everyone – very helpful.

By [Patricia Podkolski](#), 3 months ago 2

Thank you Patricia!

By [Elizabeth Campisi](#), 3 months ago 0

Here's a resource from Healthy Roads Media: Refugee Health videos in several languages: <https://store.healthroadsmedia.org/freeaudiovideo.htm> Scroll down to Refugee Health Orientation.

By [Julie McKinney](#), 3 months ago 1

One example that occurs to me on senior populations so you can see how we can do structural competency with this population - the issue of social capital, aging and health. Here's a good article on that, with one author being Keith Chan of the UAlbany School of Social Work: <http://www.hindawi.com/journals/jar/2014/626097/>

By [Elizabeth Campisi](#), 3 months ago 1

Elisabeth, very good points. There seems to be a tension, or maybe a balance to be achieved, between these views of cultural competency: on one hand, many programs address ways to communicate with and understand special populations (for example LGBT), but as you say, then you may be missing other cultural identities that are in play with that same audience. On the other hand, there is the universal precautions approach, where you see every person as an individual who –for whatever reason—is at risk of not understanding or knowing how to follow through on your communication. This is the preferred approach in health literacy circles, although there is value in both. See the Health Literacy Universal Precautions Toolkit from AHRQ: <http://www.ahrq.gov/qual/literacy/>

By [Julie McKinney](#), 3 months ago 2

Thanks Julie - I think it's important it is to start with structural competency (ie how to take into consideration the social determinants of health) before you train on cultural competency. Coincidentally I have been reading this article this morning on intersectionality and structural issues in relation to immigrant health. More thank Culture: structural racism, intersectionality, and immigrant health. I think she lays out her argument very well. Thanks for your link too, I'll go to it now. <http://www.sciencedirect.com/science/article/pii/S0277953612000822>

By [Elizabeth Campisi](#), 2 months ago 0

I've just recorded a short webinar on what structural competency is and how the FREE online certificate series we're offering here at the UAlbany School of Public Health can serve you. I would love to have you watch it and then comment here with any questions or concerns. We're advocating starting your cultural competency trainings with structural competency since it will sensitize you to the larger picture of population health/social determinants of health issues that play out in clinical encounters, in addition to reinforcing the necessity of training in good listening skills that cultural competency programs usually feature. One thing that's important to remember whether you just do cultural competency or go whole hog with structural competency is that you need to meet the CLAS standards (culturally and linguistically important services) and provide free interpreter services by a professional interpreter (not family member). Here's the link to the little webinar I created on structural competency and our certificate program: <http://albanycphe.adobeconnect.com/p65vg3i3k8w/>  
I hope you find it useful  
Betsy

By [Elizabeth Campisi](#), about 1 month ago 0

Thanks Elizabeth- will definitely check out the webinar. SI PPS is actually working on the language access piece right now- based on survey results we found that although 100% of providers are aware of language access requirements, only about 50% have a plan/policy in place and around the same amount are meeting those requirements by providing 'qualified' language access services. We are meeting with our CCHL Site Champions today to discuss proposed 'PPS guidelines for language access', just recently signed a contract with a vendor for the PPS and are getting ready to roll out a Medical Interpreter Training pilot for eligible employees throughout our PPS.

A challenge I've run into recently is how loosely some of our providers interpret the Title VI regs (particularly FQHC's who cannot bill for reimbursement) and how best to approach making a shift to better adherence to these regulations.

Id be interested in hearing how some other PPSs are dealing with Language Access issues.

By [Celina Ramsey](#), about 1 month ago 0

Hi Celina,

There is problem in the Capital Region with some providers who think that it's fine for family members to interpret. I did a little informal needs assessment for refugee mental health services a few years ago and what I found was startling - providers getting Medicaid reimbursement for mental health services were hesitant to even take non-English speakers because of the cost of providing interpreter services and a resistance to having a third person in the middle of the session. As a result, there are few if any services available to refugees who have issues with trauma. This is a civil rights issue. I'd love to hear from other providers on how they're handling this as well.

By [Elizabeth Campisi](#), about 1 month ago 0

It occurs to me that I should also let you know that the our first webinar in the Asian American certificate series will be Jan. 26. Chau Trinh, Associate Professor and PI of the NYU Center for the Study of Asian American Health will be our first presenter. This is the registration link: [http://www.albany.edu/sph/cphce/advancing\\_cc\\_webinar\\_asianseries\\_jan26.shtml](http://www.albany.edu/sph/cphce/advancing_cc_webinar_asianseries_jan26.shtml) , You can see

the full description at [www.advancingcc.org](http://www.advancingcc.org) but here are the goals: This presentation aims to discuss: 1) the terminology around structural competency and health equity; 2) the underlying landscape of bias, stigma, stereotypes, and discrimination; 3) the Asian American experience; and 4) practice and policy implications to support structural competency and advancement of health equity.

By [Elizabeth Campisi](#), about 1 month ago

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This is an ongoing area of concern where family members and or friends are asked to interpret for the patient, or, staff whose language skills have not been assessed nor have been provided training to interpret are utilized in the patient provider interaction. Fortunately, there are resources available which provide guidance on the implementation and evaluation of language access programs. The CLAS Standards (5-8) supports Title VI OCR which mandates the provision of quality language access services for limited English speakers and the deaf and hard of hearing individuals. A resource of interest comes from the HHS OMH <https://hclsig.thinkculturalhealth.hhs.gov/>.

By [Wilma Alvarado-Little](#), about 1 month ago

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Thanks Wilma, that's really helpful. How do you convince providers that they really need to use trained interpreters?

By [Elizabeth Campisi](#), about 1 month ago

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Is it just that when they see that they have resources available to help them, they're more willing, or is there an additional approach that you use?

By [Elizabeth Campisi](#), about 1 month ago

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When we do not speak the language of the individual, we must use an additional set of skills to continue to provide excellent patient care. And unfortunately, a provider might not have had a positive experience utilizing a family member, friend or staff person not trained to be an interpreter which might have resulted in a poor outcome. So, when expectations are based on past negative experiences, there can be a hesitancy to include a qualified interpreter. The strongest partnerships I've had with providers is continuing to educate each other on the parameters of our roles, our code of ethics and remembering to keep learning from each other.

By [Wilma Alvarado-Little](#), about 1 month ago

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There are times also that the patient only wants a family member to interpret and the office will document that the patient refuses an interpreter and wants their family member there but for the most part our network of physicians and care coordinators have resources provided to them by our IPA to access phone lines or video interpretation. We use a system wide policy and you can obtain reduced \$ rates of interpreter phone lines from what your hospital partners use.

By [Patricia Podkulski](#), about 1 month ago

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Hi Patricia,

Thanks that's really helpful. I didn't realize that reduced rates were available for the phone lines, I'm glad the office is documenting when patients refuse interpreters too - but at the same time isn't it a shame that some families would insist on using their children as interpreters without realizing that not only does the interpretation suffer, but they are putting kids in positions beyond their years when they do that.

By [Elizabeth Campisi](#), about 1 month ago

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Wilma I think you're bringing up an important point that it's important for interpreters to develop a good, long term relationship with providers - that way the trust is there for mutual learning.

By [Elizabeth Campisi](#), about 1 month ago

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Along with having resources available, it's understanding how to best utilize those resources that result in trusting relationships which support the patient's well-being and healthy outcomes. I've seen providers do some of their best work while operating in "fire drill mode" but that's not the time to inform them on the appropriate involvement of an interpreter. Based on the organization, there can be strategies developed to discuss how to partner efficiently and effectively.

By [Wilma Alvarado-Little](#), about 1 month ago

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Working with many offices most do not use consistent interpreters supplied to them by organizations ( plus in- person interpreters charge \$\$\$\$ ) – most use the phone line. Utilizing children for interpretation is never acceptable - unless adult children .

By [Patricia Podkulski](#), about 1 month ago

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Offices who are PCMH recognized do previsit planning, recommended 2 weeks prior to an appointment, thereby planning to meet the patient centric needs.( interpreters, educational materials, whether that person refuses interpreter , etc.

By [Patricia Podkulski](#), about 1 month ago

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Thanks Wilma and Patricia. I think this was really helpful for people to see how people are handling these types of issues on the ground.

By [Elizabeth Campisi](#), about 1 month ago

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Yes, agreed. A patient has a choice in not utilizing a trained interpreter, and hopefully, not a minor. The interpreter is the for the provider as well. If the provider requests for the interpreter to remain present, the interpreter will do so. Here's an article of possible interest from the National health Law program. <http://www.healthlaw.org/publications/the-high-costs-of-language-barriers-in-...> Apologies for the duplicate postings.

By [Wilma Alvarado-Little](#), about 1 month ago

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This conversation also shows how it could be helpful to provide some direct support to community members who might need interpreters. Community education programs could help them to understand their rights to interpreting and why professional interpreters can be trusted and would be better than using their children to interpret.

By [Julie McKinney](#), about 1 month ago

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I agree with Patricia- it is pretty much standard practice to never use under age family members to interpret.

It was interesting to hear which regulations and guidelines the different provider types throughout our PPS adhere to. There seems to be a lack of understanding about the difference between a 'bilingual staff member, a bilingual clinical provider, and a qualified medical interpreter'. I believe that as CCHL leads we should all make defining those terms for our providers a priority.

In reference to the note above on allowing family members to interpret, at my previous job our policy mandated the provider "assess the language capabilities (fluency, knowledge of medical terms, interpreting skills) of this family member or ad-hoc interpreter prior to communicating." This seemed to me to be doing a disservice to the patient and their family members. Many of us working in the field know the detrimental outcomes and adverse events related to failing to communicate in a patients preferred language. Attached is a great publication- The High Cost of Language Barriers in Medical Malpractice.

[Language Access and Malpractice.pdf](#)

By [Celina Ramsey](#), about 1 month ago

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That seems like it would be a great project to do with a community partner. I wonder if anyone reading out there is currently doing anything like this. Wilma I know you've done a lot of work with community groups in addition to interpreting and providing cultural competence workshops. Have you seen any community programs like Julie suggested?

By [Elizabeth Campisi](#), about 1 month ago

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Julie- agreed; education for the public is definitely a huge piece of the puzzle. Empowering patients to know, understand and then be assertive about their rights to language services would only (should only) prompt the providers to utilize qualified services. Ties in directly with health literacy! A note on the bundle pricing/cost for language access vendors- we were able to secure group pricing for our PPS for interpreting and translating services- some of the lowest costs I've ever seen for these types of services (which include Video Remote Interpreting!!!) We actually budgeted for language access infrastructure costs and will be purchasing video interpreter equipment for sites as needed. Just some food for thought.

By [Celina Ramsey](#), about 1 month ago

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I've been aware of CBO's/ community groups (that are not hospital or clinic-based) that started interpreter programs because using staff as dual role interpreters (e.g. case managers AND interpreters) became overwhelming. If there is someone on the list who is aware of this model- it would be great to hear from you!

By [Wilma Alvarado-Little](#), about 1 month ago

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Thanks for that great information Celina. I'm going to put that report on our website as a good resource too. Also, Dr. Glen Flores has done lots of research on the impact of using informal medical interpreters. Here's a link to a nice qualitative study that shows the kinds of medical errors that occur with when people use untrained interpreters, whether or not they're family members. I particularly like that a piece of a script is in there so you can see more easily what happens...he's a great source for this info for folks who have to convince anyone, be it a patient or practitioner [https://www.researchgate.net/profile/Glenn\\_Flores/publication/10966027\\_Errors...](https://www.researchgate.net/profile/Glenn_Flores/publication/10966027_Errors...)

By [Elizabeth Campisi](#), about 1 month ago

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Elizabeth, It would be a great project to do with a refugee center or English as a Second Language (ESL) program. I know of some programs that started in adult literacy centers and teach health literacy to their ESL students. I don't know if any of these include specific guidance on using interpreters, but some of them do address the need to ask for an interpreter. (I'm working one now that's due to come out soon!)

By [Julie McKinney](#), about 1 month ago

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Hi Julie - that's great. Can you let us know when you're done with the program. It would be a great resource for everyone. I will ask our local refugee resettlement organization (USCRI) if they're doing anything like this. If they are, I'll will post again.

By [Elizabeth Campisi](#), about 1 month ago

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Here's a resource that was developed in partnership with Refugee Health Technical Assistance Center (RHTAC) and the National Council on Interpreting in Health Care (NCIHC) <http://refugeehealthta.org/access-to-care/language-access/fag/>

By [Wilma Alvarado-Little](#), about 1 month ago

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Thanks Wilma. By the way, the organization that posted that information is a great resource in general for refugee health.

By [Elizabeth Campisi](#), about 1 month ago

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Yes, indeed!

By [Wilma Alvarado-Little](#), about 1 month ago

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Hi Elizabeth, Finally had time to view your short webinar on structural competency-outstanding. I know Helena Hansen and wondering if she has seen this? I would share with this group, for those truly interested in pushing their understanding of structural competency, to go back to the earlier work of Paul Farmer.

In our PPS we are exploring the use of indexes to flag priority neighborhoods in our region for practitioners as a first step in increasing their sensitivity to the impact of ZIP codes (where our patients/clients live, work) on health. Translating our understanding of these impacts into actual practice and workflows is challenging to say the least but is critical, especially if we are to consider a definition of health care that goes beyond direct medical care.

I would love to share your short webinar on our CC/HL resource page. Just confirming that we may do so.

By [Deborah Viola](#), about 1 month ago

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Hi Deb,

Oh please do. Helena has been an informal advisor to me with this so I'm sure she's fine with it. The



only caveat is that after I looked at the webinar I realized that Jonathan Metzl actually coined the term, "structural competency" in an earlier article, and then wrote the article with Helena elaborating on it.

By [Elizabeth Campisi](#), about 1 month ago

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Also, I love that you're exploring the use of indexes to flag priority neighborhoods -thinking that we could brainstorm with Helena about some of this.

By [Elizabeth Campisi](#), about 1 month ago

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Could you please share the link to the structural competency short webinar that Deb Viola is referring to? Thanks

By [Patricia Podkolski](#), about 1 month ago

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: <http://albanycphce.adobeconnect.com/p65vg3i3k8w/> . I just got off the phone with Jonathan Metzl. I'm now clearer on where he coined the term in writing. It's at the end of this book called "the Protest Psychosis: How Schizophrenia became a black disease." Here's the link on Amazon <http://www.amazon.com/Protest-Psychosis-Schizophrenia-Became-Disease/dp/08070...> , I may re-record the webinar to clarify that but in the meantime you're welcome to post the link.

By [Elizabeth Campisi](#), about 1 month ago

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By the way, Jonathan is presenting a webinar for us on March 2 at noon.

By [Elizabeth Campisi](#), about 1 month ago

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Thank you Elizabeth - SUNY Albany has a great program and it is FREE ! The presentations are excellent.

Thank you Wilma for the refugee health website as well .

Both links are on our PPS website and we are promoting to augment training strategy.

By [Patricia Podkolski](#), about 1 month ago

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Thanks so much for the vote of confidence Patricia! I really appreciate it and the link on your website - it has definitely helped get the word out.

By [Elizabeth Campisi](#), about 1 month ago

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I'm glad it's of interest. And thank you to all for sharing information, your experiences, thoughts and expertise.

By [Wilma Alvarado-Little](#), about 1 month ago

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Here are two additional resources that might be of interest to the group:

1. Webinar Hosted by Voices for Health (California)

In the "The Willie Ramirez Case Study" video on VoicesACADEMY.com, Ms. Price-Wise details a malpractice lawsuit stemming from one word: "intoxicado." During the webinar, she will elaborate on lessons learned from her conversations with medical interpreters and healthcare providers while authoring her book, An Intoxicating Error: Mistranslation, Medical Malpractice, and Prejudice. The audience for this webinar is medical interpreters, interpreter trainers, coordinators and managers of language services, and healthcare providers.

Please register in advance: <https://attendee.gotowebinar.com/register/5630849006388096002>

2. Personal Health Record-This is a Personal Health Record developed by Refugee Connections (<http://www.refugeeconnectionsspokane.org/> ) in Spokane, Washington, with input from members of the refugee communities in that cit The resource is also available in Arabic, Karen, Swahili, French, Russian, Spanish, Kinyarwanda, Tigrinya and English. For more information, contact Susan Hales at [SusanHales2015@gmail.com](mailto:SusanHales2015@gmail.com)

[Personal\\_Health\\_Record\\_Nepali.pdf](#)

By [Wilma Alvarado-Little](#), 28 days ago

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Wilma, I have never seen this website and it is wonderful. Thank you!

By [Patricia Podkolski](#), 28 days ago

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Hi Elizabeth: Are you opening Jonathan's webinar to outsiders? I may be imposing so apologies in advance. I understand this may be a closed session.

By [Deborah Viola](#), 27 days ago

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All of the webinars are free and open to the public...I just don't have descriptions and titles for all of the presentations yet. I'll post them here with the registration links as soon as I have them.

By [Elizabeth Campisi](#), 24 days ago

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I'm listening to a webinar by the author of this book right now. Anyone working in a clinic where providers are too willing to use family interpreters should get this book - the horrible case and the amount they won in their malpractice case will scare them into always requesting professional interpreters <http://www.amazon.com/Intoxicating-Error-Mistranslation-Malpractice-Prejudice...>

By [Elizabeth Campisi](#), 24 days ago

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It's also being recorded in case schedules don't allow those interested to participate at this time.

By [Wilma Alvarado-Little](#), 24 days ago

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Good to know. This is a really great webinar. Thanks for letting us know about it.

By [Elizabeth Campisi](#), 24 days ago

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I concur— the video regarding the error in translation is human impact - excellent and the discussion occurring now is very helpful

By [Patricia Podkolski](#), 24 days ago

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I just received this report from the National Academies Press, which I thought might be of interest to the group. The title is Accounting for Social Risk Factors in Medicare Payment: Identifying Social Risk Factors. I think it's useful to know that this kind of initiative may be coming down the pike.

Here's the link:

<http://www.nap.edu/catalog/21858/accounting-for-social-risk-factors-in-medica...>

Here are the concluding reports from the report summary:

What is clear at this point is that health literacy and social risk factors (SEP; race, ethnicity, and cultural context; gender; social relationships; and residential and community context) have been shown to influence health care use, costs, and health care outcomes in Medicare beneficiaries. However, some specific factors were found not to influence one or more outcomes. The committee has not yet evaluated the literature for the purpose of identifying the factors that could be incorporated into measures used in Medicare payment programs; that is the focus of the third report from the committee.

By [Elizabeth Campisi](#), 23 days ago

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I wanted to let everyone know about our 2 upcoming webinars. On Tuesday, Jan, 26, Chau Trinh-Shevrin of NYU will present Structural Competency and Health Equity: Asian American Experience in New York City (registration link:

[http://www.albany.edu/sph/cphce/advancing\\_cc\\_webinar\\_asianseries\\_jan26.shtml](http://www.albany.edu/sph/cphce/advancing_cc_webinar_asianseries_jan26.shtml) ) and on Feb

1 Robert Fullilove of Columbia University will present Mass Incarceration and its Impact on Public Health. (registration link:

[http://www.albany.edu/sph/cphce/advancing\\_cc\\_webinar\\_aaseries\\_feb1.shtml](http://www.albany.edu/sph/cphce/advancing_cc_webinar_aaseries_feb1.shtml) ). I

By [Elizabeth Campisi](#), 21 days ago

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One more webinar - this should interest anyone here whose PPS has a lot of refugee patients...Feb 5 at noon - Trauma and the Refugee Patient: Barriers and Strategies for Care. Presenters: Dr. Kate Porterfield NYU/Bellevue Program for Victims of Torture and Jim Sutton, Director of Community Medicine and Rochester General. My aim was to make this demonstrate theory to practice. Again, all of these are free, offer free CE credits and free certificates of completion. More information and a registration link is here:

[http://www.albany.edu/sph/cphce/advancing\\_cc\\_webinar\\_asianseries\\_feb5.shtml](http://www.albany.edu/sph/cphce/advancing_cc_webinar_asianseries_feb5.shtml)

By [Elizabeth Campisi](#), 15 days ago

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Hi Everyone, I want to let you know that we are having a conversation on the Health Literacy Discussion List about different types of CC and HL trainings. People are talking about balancing in-person and online trainings, which is better for what purpose, and how to assess the trainings.

You can see the whole thread here: [http://listserv.ihahhealthliteracy.org/scripts/wa.exe?](http://listserv.ihahhealthliteracy.org/scripts/wa.exe?A1=ind1602&L=HLDL&am...)

[A1=ind1602&L=HLDL&am...](#)

By [Julie McKinney](#), about 21 hours ago

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Thanks Julie, that's really helpful. There is definitely a need to do both in person and online so I'm interested in this discussion.

On that note, we are having another structural competency webinar on Wed, Feb, 17. The presenter does an excellent job of combining cultural and structural competency. The title is: Violence Against South Asian Women: Understanding Cultural "Competency" of Structures that Heal. Here's the registration link. [http://www.albany.edu/sph/cphce/advancing\\_cc\\_webinar\\_asianseries\\_feb17.shtml](http://www.albany.edu/sph/cphce/advancing_cc_webinar_asianseries_feb17.shtml)

By [Elizabeth Campisi](#), about 21 hours ago

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Hi everyone! Thank you for this engaging and informative discussion. I encourage you to join our new DSRIP group on LinkedIn to continue this conversation, as we transition all MIX discussions to the LinkedIn platform within the next week or so. To join the new LinkedIn group, click here:

<https://www.linkedin.com/groups/8466940>

Thank you again and we look forward to continuing the conversation on LinkedIn.

By [michelle golden](#), about 19 hours ago

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Hi Michelle - I've joined! When is the complete change over happening?

By [Elizabeth Campisi](#), about 19 hours ago

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Since I've gotten some questions about the Health Literacy Discussion List, I'll tell you how to join.

Go to this link and register: <http://listserv.ihahhealthliteracy.org/>

There is a lot of information on this list that can be very useful for the work we are all doing for DSRIP.

By [Julie McKinney](#), about 17 hours ago

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