



UPDATE: August 2017

ELEVENTH EDITION

This is the eleventh edition of the EthnoMed newsletter. [Click here](#) to view previous editions.

A message from Medical Director, J. Carey Jackson, MD, MA, MPH:

Race, Ethnicity, and Language Data

Fourteen years ago the Institutes of Medicine published *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*. Among their recommendations was the observation that to find disparities in care, health systems must first collect Race, Ethnicity, and Language (REAL) data at registration. Many health systems across the country began to make this effort. But then in 2008 the economy collapsed and health systems found themselves launching a rearguard effort to shore up their IT and EMR departments as budgets were cut and IT work forces downsized. Since then, the Affordable Care Act was passed and equity became a pillar of care. Electronic medical records were enhanced and since have evolved to facilitate the sharing of medical information.

At UW Medicine this REAL data effort was reinvigorated in 2015 when our CEO was approached by the American Hospital Association and asked to lead an effort to collect and use REAL data and make this a priority for public hospitals. An effort followed to refine our system for collecting and using race, ethnicity, and language data from patients at registration. The effort was remarkable and now we have usable data for 98% of our patients. This allows us to drill down to a granular level and assess health processes and outcomes in the hospital by race, ethnicity, and language spoken. Two examples of how this data can be used are included in a presentation I recorded [here](#).

Briefly, by linking REAL data to health outcomes we can not only find disparities in disease burden, but also focus limited resources to address the neediest populations served by the health system. For example, we identified poorer rates of diabetes control in Latino and Somali communities when compared to 10 other language groups. We could then use limited resources to marshal a focused effort in diabetic management for selected diabetics in these communities to lower their HgbA1c and thereby gain better control of their diabetes. In this way, the collection and use of REAL data accomplishes several goals:

- REAL data helps to find disease disparities in ethnic communities.
- REAL data can help identify differences in care delivery and outcomes for these diseases in these communities.
- Identifying disparities helps us to decide which populations are most in need of limited resources to address those identified disparities.
- Once identified, the interventions and materials needed to address these disparities in care can be developed in a linguistically and culturally appropriate manner.
- The impact of these efforts can be tracked to analyze the relative cost and benefit of the efforts made.

REAL data limits unnecessary effort in communities that are not suffering as much as others, and redirects the resources and effort to those suffering the most. This not only saves money, but also reduces morbidity for disproportionately affected communities. The REAL data process then allows us to track the impact of our efforts. For small language communities, such as those recently arriving refugee groups, the collection of language data is very important. It makes a potentially invisible community visible to administrators and health services delivery systems. This allows health system not only to address health disparities, but to track the health status of refugee communities.

I encourage you to think about both mundane and innovative uses for REAL data and make use of this powerful tool for equity and to address unmet pain and suffering.

OF INTEREST ON ETHNOMED

Community Health Board Presentations

Seattle - King County has seen the emerging development of local refugee community health boards. The following are examples of local health education efforts led by two such boards:

Measles Outbreak - Somali Health Board presentation: 1-hour video of a presentation about measles and a measles outbreak in Somali community in Minnesota. With discussion and education about the concern in Somali communities of a perceived link between MMR vaccine and autism.

Iraqi Refugee Mental Health - Iraqi Community Health Board presentation: 42-minute video slideshow presents community education in Arabic, with summary of talking points in English, about the importance of mental health and about common mental conditions among Iraqi refugees such as anxiety, depression, panic disorders and PTSD.

How Foods Affect Blood Sugar: A Guide for Ethiopian & Eritrean Patients with Diabetes

This presentation is intended to be used by clinicians during discussion with patients about carbohydrates and blood glucose. It is culturally tailored to reflect foods commonly consumed by Ethiopian and Eritrean Americans and includes photos of foods, meal comparisons, portion sizes, and some information about managing diabetes during periods of fasting. Authored by Mei Yook Woo.



Available to view in Amharic and Oromo as narrated video presentations and as PDFs. Tigrigna coming soon.

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Cervical Cancer Patient Education Videos

The following videos highlight the importance of screening, how to get an appointment and ask for an interpreter and/or woman doctor, and what happens during a cervical cancer screening appointment. Videos are provided with or without English subtitles. Produced by Browne Production Group, Fred Hutchinson Cancer Research Center and Harborview Medical Center/University of Washington. Funded by grant # CA187401 from the National Cancer Institute.

Use of Modern Technology for Women's Health and Wellness - Nepali-speaking Bhutanese/English 17 minute 41 second video about the importance of cervical cancer screening, culturally tailored for Nepali-speaking Bhutanese women unfamiliar with western health systems.



A New Life and New Tools - Karen/English 19 minute 21 second video about the importance of cervical cancer screening, culturally tailored for Karen women unfamiliar with western health systems.

See more patient education resources on EthnoMed about cervical cancer and pap testing.

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CALENDAR ITEMS OF INTEREST

Webinar: Journey to Resettlement: Refugee Experiences in Countries of Asylum, August 16, 2017

Webinar hosted by Bridging Refugee Youth & Children Services (BRYCS) about refugee resettlement coming from the experiences of two former refugees.

Eid al-Adha (Id Arafa), September 2, 2017 (estimated)

The Feast of the Sacrifice, this festival concludes the Hajj (annual pilgrimages to Mecca, Saudi Arabia) and recalls Abraham's willingness to sacrifice his son in obedience to Allah.

Washington State TB Educational Conference, October 4, 2017

Professionals, from across Washington State, will learn about current TB topics and network with colleagues at this free one-day conference in SeaTac, WA.

U.S. Conference on African Immigrant Health, October 5-8, 2017

A national conference in Washington DC for public health, medical, research social service and community-based professionals working to improve the health of the African immigrant and refugee communities in the US.

2017 WASCLA Summit, October 13-14, 2017

Washington State Coalition for Language Access (WASCLA) 2017 Summit at the Wenatchee Convention Center.

Focus on LTBI October 17, 2017

A 1-day training in the Oakland, CA area that will provide an introductory course covering the basics of latent TB infection (LTBI) diagnosis and treatment for physicians, nurses, and other licensed medical care providers who diagnose and treat patients with Latent TB infection.

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ABOUT ETHNOMED

EthnoMed was founded in 1994 and is a joint program of the University of Washington Health Sciences Library and Harborview Medical Center in Seattle, Washington. EthnoMed grew out of another hospital program, [Community House Calls](#), which was successfully bridging cultural and language barriers during medical visits, through interpretation, cultural mediation and advocacy with immigrant patients, families and communities. The website was created to reflect and support that experience. In recent years, our content has expanded to reflect many new communities that have settled in the Seattle area.

EthnoMed aims to address disparities in care through enhancing understanding between the medical culture and the culture of the patient. The program is grounded in relationships established with local ethnic communities and the providers who care for them. Our contributors come from a wide range of disciplines and experiences and include nurses, physicians, nutritionists, psychologists, academic faculty, medical interpreters, librarians, community members, and students. Health care providers and community members review content for clinical accuracy and cultural relevance.

We invite you to share your knowledge and educational materials with the EthnoMed audience. Consider being a content contributor, collaborator or reviewer. [Contact Us](#).

We hope that every newsletter edition will lead you to something helpful to your work. Please help us spread the word by forwarding this newsletter to a colleague or two, using the button below. Thank you!

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