Language Access Evaluation Project

Council of Community Clinics

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harder+company community research

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Our special thanks to the patients at the community clinics who participated in the intercept interviews and focus groups. Their contribution gives voice to consumers of interpretation services at community clinics and their feedback will help in the improvement of these services in the future.

Executive Summary

In 2006, the Council of Community Clinics (CCC) was awarded a one-year grant from The California Endowment (TCE) to complete a thorough needs assessment for interpretation services and language access to further enable community health centers to provide linguistically competent care to non-English speaking patients and integrate services across clinics.

Methods

The language access evaluation project involved data collection with patients and clinic provider/staff at several community clinic sites. Activities included:

- **Provider Survey.** A total of 31 direct healthcare providers and other clinic staff from seven community clinics provided information during an interview facilitated by CCC staff or in a written survey. The purpose of the survey was to obtain information about available interpretation services at each clinic as well as details on how interpretation services are provided during clinic visits.
- **Provider Focus Groups.** Four focus groups were conducted with a total of 48 individuals in order to obtain in-depth feedback regarding how interpretation services are provided at various clinics.
- **Patient Focus Groups.** Four focus groups were conducted with patients from the participating clinic sites. Each group lasted approximately one hour and provided the opportunity to collect feedback on language access issues in a group setting.
- **Patient Intercept Interviews.** A total of 25 intercept interviews were conducted with Somali, Tagalog and Spanish speaking patients at various clinic sites. The intercepts were conducted by trained interviewers in clinic waiting rooms.

Summary of Findings

The goal of the Language Access Evaluation Project was to hear from both patients and clinic providers/staff about how interpretation services are currently provided at community clinics and to identify ways to improve services. Clinic providers/staff gave specific information on clinic policies and procedures regarding language interpretation as well as feedback on how the need for an interpreter affects medical care. In addition, data was gathered from patients to hear from them in their own words about their experiences.

Clinic Provider/Staff Findings

- A majority of clinic providers/staff (96.5%) felt that language access issues are very important to overall clinic operations.
- Most providers felt that they knew how to determine whether an interpreter was needed and that staff at their clinic were knowledgeable about available interpretation resources.
- Most clinic providers/staff (72.4%) reported using interpretation services daily.
- Interpretation services are available in most areas of patient care.

According to the 2006 United States Census, 42.5% of Californians over the age of five speak a language other than English in the home. In San Diego County alone, there are currently nearly 450,000 people – 16.3% of the population – who speak English less than "very well."

- Most clinic providers/staff obtain an interpreter by paging bilingual staff. If an interpreter is not available, the AT&T language line is used.
- Most clinic providers/staff stated that the response time for an interpreter is consistent across languages.
- Language access needs are not consistently tracked as part of clinic operations.
- Most clinic provider/staff (65.5%) stated that their clinic's efforts to address language access needs are highly effective.

Patient Findings

- The location of the clinic and availability of interpretation services are two main reasons that patients continue to go to the clinic.
- Not all patients were aware of their right to interpretation services at no cost.
- Patients shared that they prefer in-person interpretation to telephone communication.
- Some patients reported that they are often reluctant to request an interpreter, even if they are aware of their right to interpretation services. They shared that if they speak some English, the clinic staff assumes an interpreter is not needed.

Language-specific Findings

- Spanish speakers were satisfied with the availability of interpretation services. They shared that bilingual staff is usually available and that their culture is respected. There was concern among the Spanish speaking participants that medical information may not always be communicated accurately and therefore they prefer a bilingual doctor rather than relying on an interpreter to communicate.
- Tagalog speaking patients were able to access clinic staff who speak their language and understand their culture. Tagalog speakers did report that the clinic might assume that if a patient speaks some English, they do not need an interpreter. They also requested that written materials be translated into Tagalog.
- Somali speaking patients reported satisfaction with the quality of interpreters but shared that they do not always have access to an interpreter. Some patients reported that they have had to reschedule an appointment or rely on body language or broken English to communicate when an interpreter is not available. In addition, walk-in appointments are not available to these patients due to lack of interpreters.

Recommendations

The following are recommendations based on key findings:

- **Continue to recruit bilingual/bicultural staff**, especially Somali speakers and interpreters who speak regional dialects such as Mixteco and Illocano.
- **Provide training** so that clinic staff who provide interpretation services have the experience to translate medical terms and health information.
- **Incorporate accountability measures** into clinic operations so that information can be utilized in a systematic way to document and understand language access needs.
- **Prioritize interpretation services** so that alternative arrangements with outside interpreters can be made available when a bilingual staff member is not available to interpret.
- **Outreach to patients** so they are aware of their right to an interpreter and feel comfortable requesting this service.

Introduction

According to the 2006 United States Census, 42.5% of Californians over the age of five speak a language other than English in the home.[1] In San Diego County alone, there are currently nearly 450,000 people – 16.3% of the population – who speak English less than "very well." Over eight percent of households in San Diego County are linguistically isolated, meaning that all members of the household 14 years and over have at least some difficulty with English.[2] The primary source of care for these linguistically diverse populations is the network of community health centers located throughout the County. For this reason, it is imperative that the providers and staff in clinics are well equipped to provide quality health care to patients in a linguistically-competent manner. Ensuring patients with limited English proficiency (LEP) can effectively communicate with their healthcare providers contributes to increased patient satisfaction, as well as improved health outcomes as a result of more accurate diagnoses, agreed and understood treatment plans and increased adherence to medication instructions.[3]

The Council of Community Clinics (CCC) is composed of 17 community clinic and health center organizations operating more than 85 primary care sites throughout San Diego, Imperial, and Riverside Counties.[4] In 2006, the Council of Community Clinics (CCC) was awarded a one-year grant from The California Endowment (TCE) to complete a thorough needs assessment for interpretation services and language access to further enable community health centers to provide linguistically competent care to non-English speaking patients and integrate services across clinics.

In order to fully understand the language access needs of local community health centers, the CCC contracted with Harder+Company Community Research, a comprehensive social research and planning organization that specializes in evaluation, needs assessments, and planning studies, to conduct a needs assessment. Together, the CCC and Harder+Company collected information on language interpretation needs of patients, determined linguistic capabilities of staff, conducted inventories of clinic and community interpretation resources, and identified areas to share resources between clinics.[5] This report is a summary of the findings from the needs assessment.

Council of Community Clinics

The mission of the CCC is to represent and support community clinics and health centers in the efforts to provide access to quality health care & related services for the diverse communities they serve, with an emphasis on low income and uninsured populations.

Source: CCC Mission Statement (http://www.ccc-sd.org/)

[1] U.S. Census Bureau. American Community Survey (ACS): Percent of People 5 Years and Over Who Speak a Language Other Than English at Home. Accessed 15 September 2007.
<http://www.census.gov/acs/www/Products/Ranking/2003/R03T040.htm>

[2] U.S. Census Bureau http://factfinder.census.gov/servlet/ADPTable?_bm=y&-geo_id=05000US06073&-qr_name=ACS_2006_EST_G00_DP2&-ds_name=ACS_2006_EST_G00_&-_lang=en&-_sse=on

[3] California Endowment. California County Profiles: Limited English Proficient Population. June 2006.

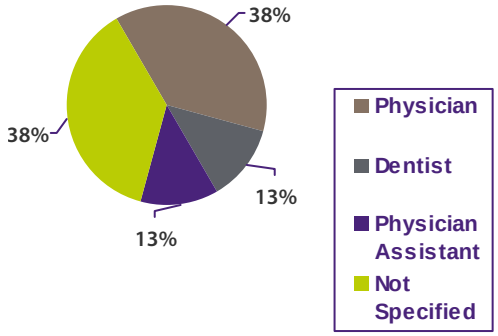
[4] http://www.ccc-sd.org/

[5] The inventory of available interpretation resources and associated costs in San Diego and Imperial Counties can be found in Appendix A.

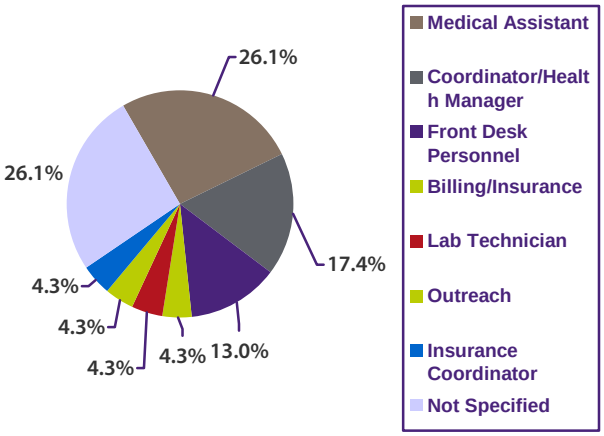
Methods

The language access evaluation project involved data collection with patients and clinic providers/staff at several community clinic sites. All data collection tools (focus group and interview protocols, provider survey, etc.) were developed in conjunction with the Language Access Advisory Committee (LAAC), a project committee made up of participating clinics and local language access resource agencies (see Appendix B for a copy of tools used). Details for each activity are provided below.

E1 Breakdown of Provider Interviews: Direct Healthcare Providers



E2 Breakdown of Provider Interviews: Other Clinic Staff



Clinic Provider/Staff Data Collection

Direct health care providers and other clinic staff from seven community clinics participated in a provider survey. A total of 31 clinic providers/staff members provided information during an interview session facilitated by CCC staff or in a written survey. E1 and E2 provide the breakdown of direct healthcare providers and other clinic staff who participated in the project. Each interview lasted approximately 20 minutes and focused on questions in a predominantly closed-ended survey instrument designed to obtain information about available interpretation services at each clinic as well as details on how interpretation services are provided during clinic visits. A breakdown of interviews by clinic site is provided in E3. In general, the survey items were analyzed across all responses. Differences in responses between direct healthcare providers and other clinic staff are noted. Due to the small sample size, these differences were not tested for statistical significance.

E3 Provider Interview Participants by Clinic Site

Clinic Name	Direct Health Providers	Other Clinic Staff	Total
Clinicas de Salud del Pueblo	1	3	**4**
La Maestra Community Health Centers	2	4	**6**
North County Health Services	2	5	**7**
Operation Samahan	1	5	**6**
San Diego Family Care	0	1	**1**
Sycuan Medical Dental Clinic	0	1	**1**
Vista Community Clinic	2	4	**6**
TOTAL	**8**	**23**	**31**

In addition to the provider survey, four focus groups with clinic providers/staff were held. Two were short groups at one clinic site, one with medical assistants and another with clinic staff. The other two groups were made up of representatives from several community clinics. A total of 48 individuals participated in these focus groups which were designed to obtain in-depth feedback regarding how interpretation services are provided at various clinics.[6]

Patient Data Collection

In order to obtain patient perspectives on language access issues, focus groups and individual interviews were conducted with patients at four community clinic sites (E4). A combination of Harder+Company research staff and contracted interpreters were utilized. Interpreters helped translate the interview protocols and facilitated groups or conducted interviews and then translated the results back to English for analysis. All contracted interpreters attended a half-day training on facilitation to encourage consistent data collection. Details about the focus groups and intercept interviews are provided below.

E4 Patient Data Collection Participants by Clinic Site

Clinic Name	Language	Focus Groups	Intercept Interviews
La Maestra Community Health Centers	Somali	8	8
Operation Samahan	Tagalog	7	5
Clinicas de Salud del Pueblo	Spanish	4	6
North County Health Services	Spanish	7	6
TOTAL		26	25

Focus Groups

Four focus groups were conducted with patients from the clinic sites. Each group lasted approximately one hour and provided the opportunity to collect feedback on language access issues in a group setting. All participants were recruited through the clinics who posted fliers and invited patients to participate. A total of 26 patients participated in focus groups; most were female and over 30 years of age (65.4% and 77.0% respectively). The table in E5 provides a breakdown of demographics for each focus group.

[6] At two of the focus groups, several individuals from Imperial County participated via video conferencing equipment.

E5 Patient Focus Group Demographics

Demographics	Somali (n=8)	Tagalog (n=7)	Spanish #1 (n=4)	Spanish #2 (n=7)	Total (n=26)
Gender					
Male	0.0%	42.9%	75.0%	0.0%	**23.1%**
Female	62.5%	57.1%	25.0%	100.0%	**65.4%**
Not recorded	37.5%	0.0%	0.0%	0.0%	**11.5%**
Age					
Under 20	0.0%	0.0%	50.0%	0.0%	**7.7%**
21-30	37.5%	0.0%	0.0%	14.3%	**15.4%**
31-40	12.5%	0.0%	0.0%	71.4%	**23.1%**
41-50	37.5%	0.0%	25.0%	0.0%	**15.4%**
51-60	0.0%	0.0%	0.0%	0.0%	**0.0%**
Over 61	12.5%	100.0%	25.0%	14.3%	**38.5%**

Intercept Interviews

A total of 25 intercepts were conducted with Somali, Tagalog, and Spanish speaking patients at the various clinic sites. The intercepts were conducted by trained interviewers in the clinic waiting rooms; the interviewers approached the patients as they waited for their appointments. These brief, impromptu interviews each lasted approximately fifteen minutes.

Most of the intercept interview participants (73.6%) were female. Ages ranged from less than 20 years old (11.3%) to 61 years and older (30.2%). All patients interviewed indicated that they speak a language other than English at home and are most comfortable speaking that language. Of the 25 interviewed, the majority showed some discomfort with speaking English: twelve patients indicated that they were a little comfortable with speaking English while six patients indicated that they were not comfortable at all.

Limitations

As with any evaluation project, there were several factors that may limit the ability to generalize the findings to all patients of limited English proficiency across community clinics in San Diego and Imperial Counties. These include:

Challenging Logistics. It was very difficult to arrange patient and provider data collection dates as clinics are very busy; therefore, recruitment of participants during clinic operations proved difficult. Additionally, it is challenging for clinic providers/staff to leave the clinic during work hours to attend a group or participate in an interview. Therefore, some of the provider data collection (i.e., focus groups) was shortened and all questions could not be asked of clinic providers/staff. Patients were usually asked to participate when they were at the clinic for an appointment and may not have been willing to take time out to participate. Limited access to transportation and child care may have led to low turnout at patient focus groups.

Varied Experience of Facilitators. Harder+Company hired outside interpreters to facilitate and take notes during the Tagalog and Somali focus groups. Although these personnel had background in providing interpretation services, had connection to the target communities, and were provided with training prior to the groups, they were not professional researchers and therefore the data collected may not be as thorough or as in-depth as possible.

Cultural/Linguistic Barriers. Some cultures may not feel comfortable speaking openly, especially about medical care, and may be more likely to provide mainly positive feedback. This especially may have been the case with the Somali focus group as the interpreter hired to facilitate the group is well known in the close-knit community so people may have been hesitant to give negative feedback to someone linked to their community.

Small sample size. Only four community clinics participated in the project. In each group, there was about 6-12 participants. The findings therefore represent a sample of clinic providers/staff and patients from each clinic and cannot necessarily be generalized to all community health centers in San Diego and Imperial Counties.

Summary of Findings

The goal of the Language Access Evaluation Project was to hear from both patients and clinic providers/staff about how interpretation services are currently provided at community clinics and to identify ways to improve services. Clinic providers/staff gave specific information on clinic policies and procedures regarding language interpretation as well as feedback on how the need for an interpreter affects medical care. In addition, data was gathered from patients to hear from them in their own words about their experiences. The results of each component of data collection are provided below.

Clinic Provider/ Staff Findings

Direct healthcare providers and clinic operations staff across the seven community clinics agreed that language access issues are key to overall clinic operations. All but one of the clinic providers/staff interviewed (96.5%) felt that language access issues are very important to overall clinic operations. In addition, most clinic providers/staff (96.6%) felt that they knew how to determine whether an interpreter was needed. As one direct healthcare provider remarked, "When patients don't feel like they're being understood, they leave and go other places. They know they're not getting the right care, so they leave." Although most respondents (82.8%) felt that staff at their clinic were knowledgeable about available interpretation resources, there was a difference in this perception among direct providers and clinic staff. Almost all of clinic staff (90.5%) stated that staff is knowledgeable, compared to 57.1% of direct healthcare providers.

"You can get away [without an interpreter] with ear pain if they point to it, but when it comes to something more serious like chest pain, you really need to be able to capture what they're feeling or experiencing so you don't miss something."

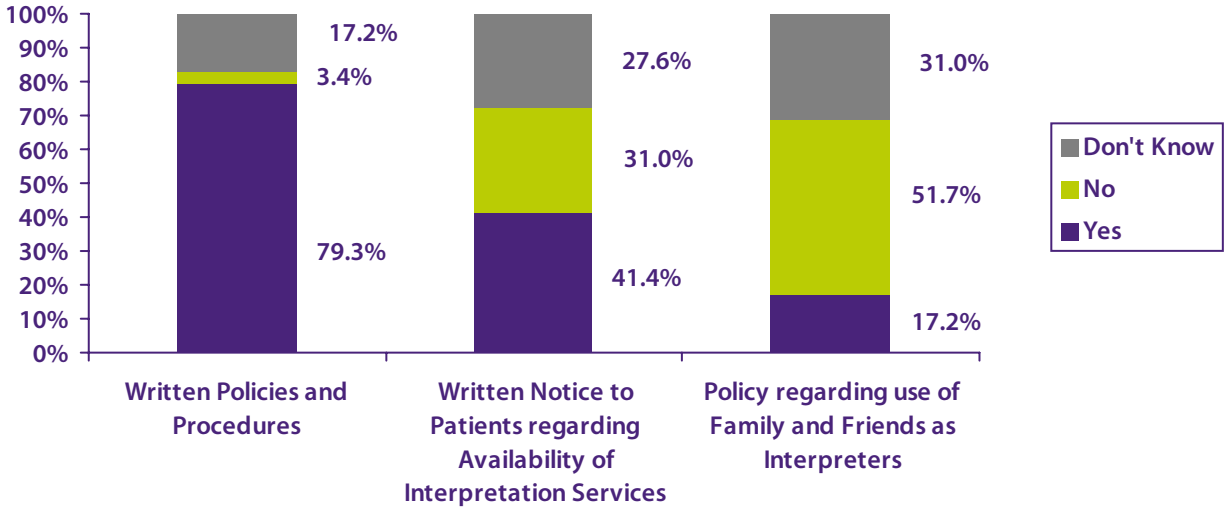
– Direct Healthcare Provider

In addition, clinic provider/staff focus group participants shared that clinic administration and leadership demonstrate commitment to increasing language access to patients. As one provider shared, "those things are very important to us to understand what a patient has been through and what a diagnosis has been. [When we don't have that history], it's difficult and it's like starting from square one."

Policies and Procedures

A majority of clinic provider/staff survey respondents (79.3%) reported that their clinic has written policies and procedures regarding language access (E6).

E6 Awareness of Policies and Procedures Regarding Interpretation (n=29)



However, only 41.4% were aware of a written policy and notice to patients relating to the availability of interpretation services. This varied between direct healthcare providers and clinic staff; 42.9% of direct healthcare providers stated their clinic has such written policies, while 42.9% of clinic staff were unaware. Only three individuals were able to provide details on how these policies are made available to patients: two clinic providers/staff reported that the patient's insurance program provided the information while one stated "through our medical and administrative staff." A few focus group participants commented that their clinics have a clinic manual that provides information on how to access interpretation services.

Most clinic providers/staff (51.7%) reported that there is not a policy in place regarding the use of family or friends as interpreters. Four clinic providers/staff commented that patients do bring friends or family members along to interpret: one provider stated that this practice is discouraged. Many clinic providers/staff felt that allowing a family member to translate was not as ideal as utilizing as a trained interpreter.

Language Access Services

All clinic providers/staff interviewed reported that interpreters are provided at no cost to patients with limited English proficiency. In addition, clinic providers/staff reported that these services are available in virtually all areas of patient care (E7). Two clinic staff reported that interpretation services are not available in Financial Services and one focus group respondent commented that a patient who was sent to radiology for a mammogram was turned away because they could not communicate.

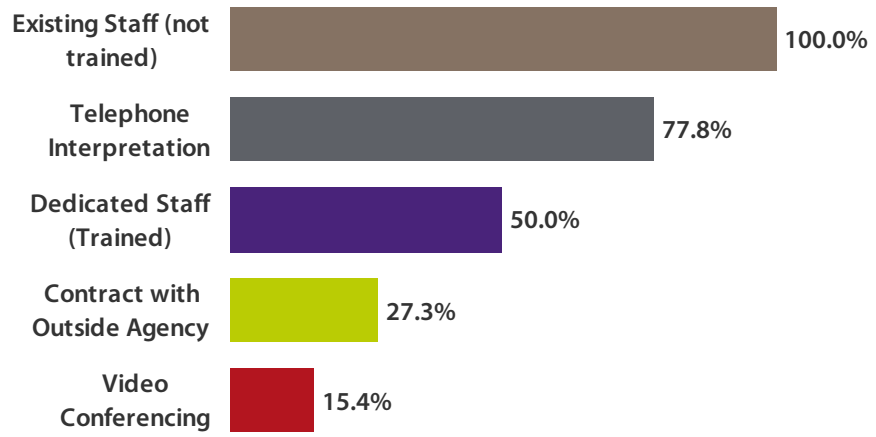
E7 Availability of Interpretation Services across Areas of Patient Care (n=29)

Area of Patient Care	Percent of Providers Confirming
Admissions	100.0%
Appointments	100.0%
Grievance and Compliant Processes	100.0%
Obtaining Informed Consent for Treatment	100.0%
Care Coordination/ Case Management	100.0%
Laboratory	100.0%
Pharmacy	100.0%
Financial Services	93.1%

**Valid Percent (missing or unknown responses removed)*

Provider/staff survey respondents stated that use of interpretation services is very common: 72.4% reported using interpreters daily, 13.8% several times per week, and 13.8% as needed. In addition, clinic providers/staff listed a variety of language access services at each of their clinic sites (E8). Utilization of existing staff who have not been trained to provide interpretation was reported by all clinic providers/staff. Fewer clinic providers/staff (50.0%) reported using staff that have specifically been trained to provide interpretation services. Use of telephone interpretation services was also very common (77.8%). Less common types of services included contracting with outside agencies and video conferencing (27.3% and 15.4% respectively).

E8 Types of Interpretation Services (n=29)*



**Valid Percent (missing or unknown responses removed)*

Examples of Clinic Procedures for Obtaining an Interpreter

- "We have a sheet of languages to point to so [the patient] can indicate what language they speak. This assumes the patient is literate, which often is not the case. We have a phone number to call- we use the speaker phone or pass the phone back and forth." (Clinic Dentist)
- "We find clinic staff when needed; otherwise we use the AT&T line." (Physician Assistant)
- "We usually have at least one staff member that can interpret or else we utilize a family member that is with the patient." (Clinic Provider)

In most cases, clinics seem to rely on medical assistants to provide interpretation services. In a focus group conducted with medical assistants, they shared that this can be challenging as they are often pulled from their other responsibilities to interpret. In addition, the medical assistants shared that they often have difficulty understanding the medical terminology the doctors use and identifying the appropriate words in the translated language. Some medical staff might be hired for a specific position (i.e., lab technician) but were actually hired for their language abilities. One provider shared that often interpretation is not included in the job description up front.

Most clinic providers/staff reported that the procedure for obtaining an interpreter involves paging or contacting bilingual staff. If they are not available, the AT&T language line is used in all clinics as a backup. The average turnaround time for finding an interpreter varied but was usually fairly quick; most clinic providers/staff stated it only took a few minutes. Most clinic providers/staff (70.8%) also stated that the response time was consistent regardless of the specific language need. The six clinic providers/staff (from two clinic sites) who stated that response time varied by language did not provide specifics as to how this time varied.

Clinic providers/staff were asked to describe the procedure for addressing the language access needs of a patient with limited English proficiency when no interpreter was available. In general, most clinic providers/staff stated this is a rare occurrence. When it does happen, clinic providers/staff reported that either internal staff are able to meet the demand for interpretation services or they call the AT&T language line which has capacity for all needed languages. In some cases, clinic providers/staff reported that the appointment was rescheduled or a call was made to a family member or friend to interpret over the phone.

Outside agencies or the AT&T language line were reportedly able to provide interpretation services in a wide variety of languages. Many clinic providers/staff interviewed commented that outside interpreters hired for in-person interpretation are able to provide services in any language. It is important to note that a few clinic providers/staff shared that a telephone is not always available in an exam room or other area of the clinic where interpretation in needed, requiring the patient to be moved around before the language line can be accessed. In addition, using the language line may lengthen the visit as more time is needed to pass the phone back and forth during interpretation.

Partnerships

Over half of the clinic providers/staff interviewed (59.3%) shared that they partner with representatives of ethnic communities (i.e., Chinese, Filipino, Laotian, Sudanese, and Vietnamese) to actively incorporate their knowledge into service provision. Specific agencies that were mentioned included: African American Women's Association; Catholic Charities; Horn of Africa; and Michael's Church.

Data Tracking for Service Improvement

Provider interview participants were also asked to describe existing processes to track patient utilization of clinic services and to document their language needs. Only 14.3% of clinic providers/staff were aware that their clinic site tracks information about medical visits such as type of encounter, provider, language, and whether interpretation services were needed. In addition, only 23.1% of clinic providers/staff reported that their clinics maintain a log of language access services rendered. However, notation of a patient's primary language in the medical record was more common; 72.0% of all clinic providers/staff interviewed confirmed this practice in their clinic. However, there was a difference in awareness of this practice between direct healthcare providers and staff; 71.4% of clinic staff stated that the patient's primary language is noted in the medical record, compared to only 33.3% of direct healthcare providers.

"We have made efforts beyond other clinics and take care of the patients in their own language. Because of this, we can identify other needs that they might have, such as social services needs or food bank."

– Provider Interview Participant

Additionally, 17.2% of clinic providers/staff shared that the patient's primary language is tracked in the clinic's computer system. Clinic providers/staff did seem to agree that it would be useful to note language in the chart so they could obtain this information easily. This information does not appear to be used systematically to inform provision of interpretation services; only 23.1% of clinic providers/staff stated that language data are used in their organization. However, these clinic providers/staff were not able to provide specifics on how the data are used. Almost half (42.3%) of clinic providers/staff stated their organizations solicit feedback from patients on services provided and language access provision. Typically, feedback is provided in satisfaction surveys, although clinic providers/staff were unsure if these surveys included information specific to language access issues.

Quality of Services

A majority of clinic providers/staff interviewed (65.5%) felt that their clinic's efforts to address language access needs are highly effective. In addition, clinic providers/staff were able to highlight many of the strengths of the language access services provided at their clinics. 74.0% of clinic providers/staff highlighted the availability of bilingual and/or bicultural staff who could provide interpretation services as well as understand the cultural norms of patients.

There were several challenges cited by clinic providers/staff in providing language access services. These included finding staff who were bilingual in languages other than Spanish (especially regional dialects such as Mixteco), and training staff who provide interpretation in medical terminology. In addition, some clinic providers/staff shared that often patients do not disclose that they need an interpreter or decline access to one. As one focus group participant stated, "You feel awkward even asking them [if they need an interpreter] because they feel strong enough in their English [to understand] without an interpreter."

Provider interview participants shared many suggestions of how language access at community clinics could be improved. This includes interpretation training for medical assistants so they can become more experienced in interpreting medical terms and increase their ability to communicate effectively with patients. One provider suggested setting up a department for interpretation and translation where dedicated interpreters are on hand rather than relying on existing staff who have other responsibilities. This would also assist patients who need information interpreted beyond the doctor visit when receiving instructions on follow-up or medication regimens.

Patient Findings

Feedback from patients expanded on findings identified in the provider interviews and focus groups. Interpretation services appear to be more accessible for Spanish and Tagalog speakers who attend clinics where bilingual staff are available to interpret. Somali speakers are able to access interpretation services but often need to be sure to schedule their medical appointment in advance. Overall, patients are satisfied with the care they receive although there were some patients who question the accuracy of the interpretation services they are receiving. In many cases, patients seemed reluctant to complain as they were grateful for the care they do receive and were not aware of the clinic's obligation to provide interpretation free of charge.

Access and Availability

Across all language groups, patients identified the location of the clinic and availability of interpretation services as two main reasons that they continue to go to their chosen clinic. Some patients also value the low cost and the clinic's transportation services. While patients appreciated interpretation services, a few interview participants did not know that clinics are required to provide such services. In each language group, there was at least one person who did not know that a clinic must provide an interpreter at no cost.

"When I came to San Diego as a newcomer, my case manager at the refugees' resettlement office advised me to go [here], since then I come here for medical needs."

– Somali Intercept Interview Participant

At all four clinics, patients who were interviewed identified that there was at least one administrative staff or one receptionist who spoke their language. Additionally, Tagalog and Spanish speakers have access to at least one nurse and one doctor who speak their languages. These patients have repeatedly pointed out the great convenience and ease of services experienced when medical personnel can speak their language. However, Somali patients did not identify any medical staff who spoke their language.

"Sometimes I noticed when a medical assistant is translating, they don't communicate exactly what needs to be communicated. Maybe we don't have enough budget for a professional interpreter, but maybe [we could] train staff to be available for professional interpretation"

- Provider Focus Group Participant

An overwhelming majority of the patients preferred in-person interpretation over phone interpretation. One patient, who had gone to the doctor with her mother, did mention that she preferred phone interpretation as it is more private. The experience in scheduling appointments differed amongst sites. In general, if language access needs were identified prior to the appointment, patients seemed to be more satisfied as the clinic would have an interpreter ready at the time of the visit.

Patient Satisfaction

Overall, patients seem to think highly of both the medical care and interpretation services they receive at community clinics. Patients in the Spanish-speaking and Tagalog-speaking groups rated medical care or interpretation services as "average" or "excellent." However, the ratings for the Somali-speaking group varied more, ranging from "poor" to "excellent" medical care and "fair" to "excellent" interpretation services. Their experience may be impacted by the shortage of Somali speaking interpreters at these clinics.

Despite any inconveniences, all patients would still recommend the clinics to others. For some, the clinics are the only places that they have received medical care since being in the United States. Ultimately, patients expressed the need for readily accessible interpretation services.

Feedback from individual groups

Differences existed amongst the language focus groups. A summary of findings from each language group is provided below.

Spanish Speakers

Spanish speakers at two clinic sites stated that they have had little problem making appointments. The patients felt satisfied with the availability of Spanish interpretation services. Not only is there usually a Spanish version of all patient forms, but there is always someone at the clinic who can speak Spanish and provide interpretation services (at least one either at the administrative, nurse, or doctor level). Additionally, the clinic asks beforehand if the patient will need interpretation services. The patients also feel that their culture is respected, which is important to them.

> **"I was sent to a nutritionist and she told me of the food I should be feeding my child. But when I returned to another nutritionist, that person told me the meal plan was wrong…it ended up being that I misinterpreted it."**
>
> **– Spanish Focus Group Participant**

While interpretation services may be readily available, there is some concern that medical information may not be communicated correctly. As one patient described, "I understand English a little, but I can't really speak it myself. So when there is an interpreter, there are times when they don't tell the doctor what I said completely. Sometimes they don't understand." One patient also mentioned that at the clinic they attend, most nurses speak a mix of English and Spanish. The patient felt that the nurses express themselves in a way very different from him and was worried that they may not understand nor interpret accurately. Another patient was also concerned with privacy. The patient felt uncomfortable being open with personal matters in front of an interpreter and preferred to tell the doctor directly. Finally, patients discussed the long wait time for appointments and felt that because they needed interpretations services, their wait time was longer than other patients.

As a remedy for these issues, it was suggested that there be more doctors who are bilingual. This may help ensure that medical terminology is correctly communicated. Also, patients would not need a third person to interpret the conversation with the doctor. As one patient expressed, "I think everyday it is becoming more indispensable in having both languages. It is a necessity so we can avoid this kind of thing like misinterpreting."

Tagalog Speakers

Likewise, Tagalog speakers have not had huge problems with interpretation services. Patients did not identify at what point in their medical care (scheduling the appointment, upon arrival, etc.) interpretation services were offered to them. This may be due to the fact that patients already know that there is Tagalog-speaking staff on site. Specifically, there is at least one Tagalog-speaking doctor, and thus, when appointments are with her, an interpreter is not needed. As one patient stated, "Of course, [at my clinic], there are a lot of Filipinos. You can say in Tagalog what you want." Patients have become accustomed to the consistent availability of Tagalog-speaking staff.

Patients felt that staff were able to identify patients who needed interpretation services and those who did not. While this can be very helpful in streamlining the process, at times this may be misleading. The clinic might assume that all patients have some recognition of English. For example, patient forms are only available in English or Spanish but not Tagalog. Furthermore, one patient believed that once one is observed speaking some English, interpretation services may no longer be offered to that patient, even though an interpreter is still needed to relay medical information. Another patient said that because he can understand a simple command like "open your mouth," he may not be identified as needing interpretation services. Patients may not want to speak up about needing interpretation services because they are grateful for what they have been given. In fact, the majority of Tagalog-speaking patients were not aware that the clinic is required to provide an interpreter at no cost.

The interactions with staff have varied for Tagalog speaking patients. Some patients have developed cordial relationships with clinic staff. One patient talked about always being welcomed to the clinic and being given full service treatment. For example, if she forgot to write her address on a document, the clinic still promised to deliver her medicine to her door. Another patient mentioned that the clinic arranged transportation for the patients to get home as well.

The patients also appreciated the fact that there are many Filipino professionals at the clinic. With these clinic staff, patients feel respected and understood. One patient identified why this was so important: "If you go there and complain, you can tell the doctor. It puts you at ease so you can ask…. When they take your vitals first, they ask, 'Why is it high? What's the problem?' I say, 'It's because I cooked *bagoong*.' [7] Filipinos, they understand why." However, Tagalog speakers felt non-Filipino staff did not show the same cultural awareness. In fact, any negative experiences mentioned by the patients involved non-Filipino staff.

> **"[My doctor] is not Filipino. He speaks English. If I say something to him, if he doesn't understand he calls a Filipino, an interpreter. That's why it's not bad."**
>
> **– Filipino Focus Group Participant**

[7] *Bagoong* is the Tagalog term for 'fermented shrimp paste.'

In general, Tagalog speakers are satisfied with the existing interpretation services. Patients are grateful and are willing to speak the little English they may know if that is what has to be done. However, for elderly patients and for patients who speak another dialect such as Illocano, interpretation is greatly needed.

Somali Speakers

It is apparent that acquiring interpretation services is currently most difficult for Somali speakers compared to Spanish and Tagalog speakers. Many of the patients recalled times at which they had to reschedule appointments because there was no interpreter available. For most, they feel that the community clinic is the only place they can receive Somali interpretation services, so they must accept a rescheduling or attempt to go through the appointment without interpretation services. If they choose to go through the appointment without an interpreter, patients reported they rely on use of body language or broken English. Understandably, these methods may not sufficiently convey all the problems that they are experiencing. On their end, patients try to call days ahead to secure an interpreter, but sometimes this is not always possible. One patient pointed out that while walk-in appointments work for most patients who speak English, this convenience cannot be accessed by Somali-speaking patients if they wish to have an interpreter present. Furthermore, one person stated that a person cannot be seen unless there is an interpreter available to assist the doctor, and thus, an appointment may not start on time.

One patient talked at length about her experience. When she was notified that there was no interpreter available, the clinic told her to come back the following week when one would be present. This made the patient worry as she questioned whether medical personnel would remember everything about her case. Because she now had to wait longer than usual for the results of her physical examination, she wondered if, during the wait, her symptoms were being neglected. Another Somali-speaking patient felt that an experience without an interpreter makes one less likely to return to the clinic. However, the clinic remains one of her only resources since she is new to the area, so she feels that her options are limited.

Moreover, seven patients identified at least one time at which they were offered interpretation services upon meeting the doctor. This implies that these patients walked through many steps of the appointment process (i.e., calling to schedule, checking in, waiting for the appointment, having vitals checked by a nurse) without being offered services.

Despite issues, Somali patients say they are satisfied with existing interpretation services. They feel that their culture is respected by most clinic staff, and the patients are grateful for whatever services they can have. However, they do hope that some improvements can be made. Patients commented on the one to two hour wait needed to find an interpreter. They feel that this could be addressed by having more Somali-speaking interpreters (with medical backgrounds) as there are few in-house interpreters now.

Recommendations

The following are recommendations are based on the key findings.

- **Continue to recruit bilingual/bicultural staff**. Both clinic providers/staff and patients shared that there is a shortage of bilingual/bicultural medical staff. This was especially true for Somali speaking patients who shared that often their appointments are rescheduled if an interpreter is not available. In addition, patients who speak regional dialects such as Mixteco or Illocano are not able to access an interpreter who speaks their primary language. Although many clinics fill clinic staff positions with bilingual staff, they often have other responsibilities that compete with interpretation services.

- **Provide training.** Most clinic staff who provide interpretation services have not received formal interpretation training and do not necessarily know how to translate medical terms or health information. Most of the staff interviewed requested access to training opportunities to enhance their skills as an interpreter. This might help put patients more at ease who often question the accuracy of the interpretation services they receive. Conducting an interpretation skills assessment of existing and new staff responsible for interpreting can help evaluate language proficiency and interpretation skills in order to identify training needs.

- **Incorporate accountability measures.** Although several of the clinics do note the patient's language preference in the medical record or in the clinic's electronic records, this information does not appear to be utilized in a systematic way to document and understand language access needs. In addition, language access is not a factor evaluated in clinic satisfaction surveys or feedback forms. Creating more opportunities to collect information about patients' language needs and their experience with interpreters can help clinics identify ways to improve language access services on an ongoing basis.

- **Prioritize interpretation services.** Many clinic staff and patients shared that they prefer language access services be provided by a dedicated interpreter rather than someone who has other responsibilities in the clinic. If this is not feasible across the board, compiling a list of staff interpreters, as well as interpretation services available in the community, can help clinic staff quickly identify an interpreter. In addition, noting language needs at the time a patient schedules an appointment can ensure that an interpreter is available and reduce the use of the language line which is costly and requires telephone communication rather than in-person interpretation assistance. Monitoring the flow of patients during drop-in hours can help clinics prepare for more immediate language access needs during such times.

- **Expand the availability of outreach to patients.** Although many patients were aware that they are entitled to interpretation services free of charge, some were not informed of this policy and were reluctant to request an interpreter. Educating patients about interpretation services and how they can aid medical care can make patients feel more comfortable using an interpreter and more willing to request one.

Appendix A:
Interpretation Resources and Associated Costs in San Diego and Imperial Counties

Council of Community Clinics
Increasing Language Access in Community Health Centers Project

Interpretation Resources and Associated Costs in San Diego and Imperial Counties

Agency	Service Locations	In-Person Interpretation	Telephone Interpretation	Videoconferencing Interpretation	Languages Spoken	Interpreters Specific to Health Care
Alliance for African Assistance 5952 El Cajon Blvd. San Diego, CA 92115 (619) 286-9052 x 56) http://www.alliance-for-africa.org/New%20Website/8.new%20translation%20program.htm	Throughout Southern California (in person) and Nationwide (telephonic)	$60/hr (1 hr minimum) and $45 each hr after, assessed in 30 minute increments; plus $0.32/mile	Yes	No	80 100 interpreters on call	Yes
American Language Services 3707 5th Ave. #417 San Diego, CA 92103 (619) 233-3340 or (800) 951-5020 http://www.alsglobal.net/index.html		Varies by language: 3 hr minimum - $240-$550; 3-6 hrs - $390-$850; Additional hrs - $80-$185/e	Varies by language; Rates per minute w/5 minute minimum: $25-$45 (5 min); $40-$80 (10 min); $60-$115 (15 min); $120-$205 (30 min)	No	235+	Yes
Catholic Charities - San Diego Language Bank 349 Cedar Street San Diego, CA 92101 (619) 287-9454 http://www.ccdsd.org/refusdlb.php	Most SD County	$40/hr with a 2 hr minimum	$30/hr		73 languages spoken	Yes
Deaf Community Services of San Diego, Inc. 3930 Fourth Ave, Suite 300 San Diego, CA 92103 (619) 398-2441 x100 www.dcsofsd.org		$60/hr, with a 2 hr minimum, plus charges for travel, parking, etc	N/A	No	Sign language	

Agency	Service Locations	In-Person Interpretation	Telephone Interpretation	Videoconferencing Interpretation	Languages Spoken	Interpreters Specific to Health Care
Horn of Africa 5348 University Ave. Suite 108 San Diego, CA 92105 (619) 583-0532 http://www.hornafrica.org			Yes *(No-cost provided there is funding to cover this service)*	No	Swahili, Somali, Arabic	
Interpreters Unlimited PO Box 27660 San Diego, CA 92198-1660 (800) 726-9891 or (800) 821-9999 http://www.interpretersunlimited.com	California	Yes; Vary according to language, but ranges anywhere from $44/hour - $115/hour; 2-hour minimum, plus travel time and reimbursement for mileage, tolls, and parking.	Yes; Vary according to language, ranges from $44/hr (Spanish) - $99/hr ("Exotic" language); 1-hr minimum (Spanish - $15 if call is under 10 minutes during normal business hrs)	No	100+ Contract with 5,000 interpreters throughout CA	Yes – Medically Certified (CHIA Affiliated)
Interpret That! 3089 Clairemont Drive San Diego, CA 92117 (619) 384-3942 http://www.interpretthat.com/rates.htm	Nationwide	½-day (4 hrs) - $250; full-day (8 hrs) - $500 Plus $0.37/mile and $45/hr travel time	No	No	Russian and Ukrainian	No
Kurdish Human Rights Watch E. Washington Avenue El Cajon, CA 92019 (619) 447-9933 http://www.khrw.com/sandiego/index.html				No	Middle Eastern languages such as Kurdish, Arabic, Chaldean, Farsi, and Turkish	
Language Line (AT&T) 1 Lower Ragsdale Drive, Bldg. 2 Monterey, CA 93940 (877) 886-3885 www.languageline.com	Nationwide	No	Yes: $250 enrollment fee; minimum $100/mo $2.60-$4.87 per minute depending on language & time	Yes – sign language and Spanish only	Over 170 languages	Yes

Agency	Service Locations	In-Person Interpretation	Telephone Interpretation	Videoconferencing Interpretation	Languages Spoken	Interpreters Specific to Health Care
Language Services Associates - InterpreTalk 607 N. Easton Road, Building C Willow Grove, PA 19090 (800) 305-9673 http://www.lsaweb.com	Nationwide	Yes; Vary according to language, but ranges anywhere from $75/hour - $150/hour; 2-hour minimum, plus travel time and reimbursement for mileage, tolls, and parking.	Yes; Charged by the minute; the rate depends upon call volume and starts at $1.99/minute with no set up fees or monthly minimums.	Yes - limited availability	191, including American Sign Language (in-person only)	Yes
Language Translation, Inc. 4379 30th Street, Suite #7 San Diego, CA 92104-1323 (619) 516-4037 or (800) 655-3397 www.languagetranslation.com/		Vary based on ½-day (4 hrs) and full-day (8 hrs) rates; vary by language, interpreter qualifications, travel, equipment, and subject matter			38	
Miramar Language Services 4196 Adams Ave., Suite 202 San Diego, CA 92116 (619) 281-0200 http://www.miramarlanguage.com		*Requested 01/12/07 with follow up on 02/20/07; no response to date*	*Requested 01/12/07 with follow up on 02/20/07; no response to date*		*Requested 01/12/07 with follow up on 02/20/07; no response to date*	
Network Interpreting Services 4201 Mt. Voss Drive San Diego, CA 92117 (619) 284-1043 or (800) 284-1043 http://www.networkinterpretingservice.com/	San Diego, Imperial, Riverside Counties	Yes San Diego: $65/hr 7am to 5pm (2 hour minimum); $75-85/hr after hrs Imperial/Riverside: $75/hr 7am to 5pm (2 hour minimum); $85-95/hr after hrs	No	Yes San Diego: $65/hr 7am to 5pm (2 hour minimum); $75-85/hr after hrs Imperial/Riverside: $75/hr 7am to 5pm (2 hour minimum); $85-95/hr after hrs	American Sign Language	Yes

Agency	Service Locations	In-Person Interpretation	Telephone Interpretation	Videoconferencing Interpretation	Languages Spoken	Interpreters Specific to Health Care
San Diego Chinese Center 428 Third Ave. San Diego, CA 92101 (619) 234-4447 http://www.sandiegochinese.net/sdcc/index.htm	San Diego County	*Requested 01/12/07 with follow up on 02/20/07; no response to date*	*Requested 01/12/07 with follow up on 02/20/07; no response to date*	*Requested 01/12/07 with follow up on 02/20/07; no response to date*	Cantonese, Mandarin, Hakka, Hockkien, and See-Yup	
TranslationLinks 104 Broadway Street, 6th Floor Denver, CO 80203 (888) 878-2520 or (619) 819-9182 http://www.translationlinks.com/interpretation.htm	Nationwide	Yes: Vary between languages (Spanish as least expensive at $99/hr, with a 2-hr minimum)	Yes; Flat rate of $2.65/minute	No	"Most"	Yes
Translation Solutions 13941 Capewood Lane San Diego, CA 92128 (858) 613-0936 http://www.translationsolutions-us.com	San Diego, Orange & Los Angeles Counties	Yes Vary by language; half day fee ($400 - $700) or a full day fee ($800 - $1,400)	Yes Vary by language. Minimum: $150 - $200 plus rate per minute range of $2 - $4/minute.	No	25+ including Spanish, French, Portuguese, Italian, Vietnamese, Tagalog, Mandarin, Cantonese, Korean, Japanese, Russian, Polish, Arabic, Eastern Armenian, Western Armenian	Yes
The Vietnamese Federation of San Diego 7833 Linda Vista Rd San Diego, CA 92111 (858) 268-1220 http://vietfederationsd.org/index.htm		*Requested 01/12/07 with follow up on 02/20/07; no response to date*	*Requested 01/12/07 with follow up on 02/20/07; no response to date*	*Requested 01/12/07 with follow up on 02/20/07; no response to date*	*Requested 01/12/07 with follow up on 02/20/07; no response to date*	

Appendix B:
Language Access Evaluation Project
Data Collection Tools

(English version only;
for Somali, Tagalog, and Spanish translations please contact CCC)

PATIENT FOCUS GROUP PROTOCOL
CCC Language Access Evaluation Project

Introduction

Hello, my name is _____. I work with Harder+Company Community Research, a consulting firm in San Diego. We are working with the Council for Community Clinics to help them evaluate interpretation services at community clinics throughout San Diego and Imperial Counties. The Council is very interested in hearing from you about your interpretation needs and how they affect your medical care.

Our goal is to listen to your thoughts, feelings and ideas about your language needs when you visit the doctor or go to the clinic for medical care. The information that you provide today will allow the Council to better understand the interpretation needs at community clinics and will help them design a project to help improve the ability of local clinics to meet the needs of their patients. We're very interested in your honest opinions. Please feel free to speak openly about your experiences. Everything we discuss today is completely confidential. We will tell the Council what the group as a whole had to say, but will not tell them what any single person said.

Before we begin, I'd like to discuss a few things about focus groups.

- A focus group is a group of people that get together to talk about their ideas on a specific topic. Everyone in a focus group brings valuable feedback because you are the ones that are experiencing the services first-hand.
- Everyone's ideas and comments are valid. There are no right or wrong answers in a focus group.
- Everyone in a focus group should have an equal chance to speak, and no one should dominate the conversation.
- Please be sure to speak one at a time and not interrupt anyone else.
- Our discussion today is confidential which means that we will only report what the group as a whole said and won't name any one individual. In addition, we agree that everything said in the room stays in the room and that no one will repeat what any one person had to say. What you say today will not affect, in any way, the services you receive at this clinic.
- We will take notes during the group so we remember everything. In addition, we would like to use a tape recorder as a back-up. Is that OK with everyone? *(If not okay, proceed without recorder)*

Does anybody have any questions before we begin? Let's start by going around the room and introducing ourselves. Please tell us your name and how long you have lived in San Diego/ Imperial County, and how long you have been going to a clinic for medical care.

Questions

1. What were your reasons for choosing this clinic? *(EX: Location? Specific language not provided elsewhere?)* What are the things you look for when you decide where to go for medical care?

Now I'd like to talk specifically about your experiences while receiving medical care here at this clinic.

2. Let's start with when you first called the clinic to make an appointment. What was your experience?

3. When you (usually) arrive at the clinic for your appointment, what has been your experience with the front-office staff (administrative assistants, receptionists)? *PROBE: Do they make an effort to communicate with you in your preferred language? Do you feel they are respectful of you and your cultural background?*
    a. When you need to fill out forms or sign papers, is there staff available to interpret what you are signing and/or explain the forms to you?

4. What about the nursing staff, what has been your experience with them? *PROBE: Do they make an effort to communicate with you in your preferred language? Do you feel they are respectful of you and your cultural background? Do they explain what they are doing when they take your vitals, give medication, take samples, etc.?*

5. Have you ever been told of the policies at this clinic about interpretation services? Have you ever been told what your rights are as a patient with regards to interpretation service? *Probe: are you aware that you are entitled to interpretation services? (If not, provide group with pamphlets at end of discussion.)*

6. When were interpretation services offered to you? *PROBE: when making the appointment, when arriving at appointment, when first met with doctor?*

    a. If they were offered, who does the interpreting during your visit? *(EX: doctor, nurses, administrative staff, AT&T phone interpretation services) If no one at the clinic is identified, ask if they bring along a family member or friend to interpret.*

    b. How long does it usually take to get an interpreter to assist you?

    c. Is there a method you prefer? Why or why not?

    d. How satisfied are you with the interpretation services you receive? Have the interpreters protected your confidentiality? Are the interpreters impartial, meaning they allow you to speak for yourself without interjecting any of their personal beliefs, ideas or advice?

7. Once the doctor walks in, what is your experience: how are interpretation services provided?
    a. Are you able to tell your doctor everything you need to about your health? Why or why not? *Probe: Are you able to communicate how you feel medically, emotionally and/or psychologically?*

b. Do you always understand what the doctor tells you about your family's or your medical condition?
c. Do you always understand your doctor's recommended treatment plan, medications and follow-up procedures?

8. Are there other places you go to for medical care? *(EX: hospital, private doctor's office, etc.)* How do interpretation services here compare to those other places?

9. Were there times when there were no interpretation services available to you at this clinic?

    a. If so, how did that affect your visit? *(EX: had to reschedule*) If you had to reschedule, did this affect your decision to go back to this clinic in the future?

    b. If you proceeded with the appointment without services, how did the doctor or medical professional communicate with you?

    c. Has there ever been a time when lack of interpretation services has affected your ability to receive medical care?

10. What have been the greatest challenges in using interpretation services at this clinic? What have been the greatest benefits?

11. In general, do you feel satisfied with the medical care you receive at this clinic? Why or why not?

    a. Do you feel your doctor or nurse makes an effort to meet your religious and cultural health beliefs, and language needs? Why or why not?

12. And specifically, what are your feelings on the interpretation services provided? Were they useful?

    a. If not, how could they be improved?

13. Is there anything else you want us to know about your experience with the interpretation services?

Those are all the questions I have for you. Are there any other questions you have about our conversations today or our research in general?

I want to thank you for your time and patience. Remember, all this information will be kept confidential. If you have any further questions, my contact information is… (Give them information to other resources, etc. at end of focus group)

PATIENT INTERCEPT INTERVIEW
CCC Language Access Evaluation Project

INTRODUCTION

Hi, my name is _____. I'm doing a 5- minute survey to find out about what people think about this clinic and the interpretation services that are available. Everything you tell me today is completely confidential and won't affect the services you receive here at [clinic name]. If you're eligible and decide to participate you'll get a small gift to thank you for your time.

ASK SCREENERS

Did you receive interpretation services at the clinic today?

IF NO: *Ok, thank you. That was my only question.* END INTERVIEW
[IF NEEDED, TO CLARIFY: *I'm sorry but you don't qualify for the survey. We are only interviewing people who received interpretation services at their medical visit.*]

IF YES: CONTINUE

14. What language do you speak at home?

15. What language do you feel most comfortable communicating in?

16. How comfortable do you feel speaking English?

NOT COMFORTABLE AT ALL	A LITTLE COMFORTABLE	VERY COMFORTABLE
❑	❑	❑

17. What were your reasons for choosing this clinic? *(EX: Location? They provide a specific language not provided elsewhere?)*

a. Who at this clinic speaks your language?

	YES	NO
Doctor(s)	❑	❑
Nurse(s)	❑	❑
Administrative staff/receptionist(s)	❑	❑
Other (please specify) _____	❑	❑

Let's talk about your experience today at the clinic…

18. Do you know what a healthcare interpreter is? Are you aware that the clinic must provide an interpreter for you at your visit <u>at no cost</u> to you?

19. For today's appointment, when were interpretation services offered to you? *PROBE: when making the appointment, when arriving at appointment, when first met with doctor?*

    e. What method of interpretation services did you use? *(EX: face-to-face, over the phone)* Do you have a preference?

    f. How long did it take to get an interpreter to assist you? *PROBE: Did you have to call in advance to secure one?*

20. Have there been any times when there were no interpretation services available?

    a. If so, how did that affect your visit? Did you have to reschedule? Did it make you less likely to return to that clinic in the future?

    b. If you proceeded through the appointment without services, how did the doctor or medical professional communicate with you?

21. Using the scale below, please rate the following:

IN GENERAL, HOW WOULD YOU RATE….					
The medical care you received today	POOR	FAIR	AVERAGE	GOOD	EXCELLENT
The clinic's interpretation services	POOR	FAIR	AVERAGE	GOOD	EXCELLENT

22. Would you recommend this clinic to other people?

23. Is there anything else you would like to tell us about the interpretation services you received at this clinic?

Those are all the questions I have for you today. I want to thank you very much for your participation.

As I mentioned, for speaking with me today, I have a $10 gift card for you to (insert grocery name according to site, see box).

So that we have it for our accounting records, could you please fill out this quick voucher form? (give form)

SITE NAME	GROCERY STORE
Clinicas de Salud La Maestra	VONS
Operation Samahan North County HS	RALPHS

INTERVIEW / SURVEY FOR CLINIC PROVIDERS AND STAFF

CCC Language Access Evaluation Project

INTRODUCTION

The Council of Community Clinics (CCC) was awarded a grant from The California Endowment to develop a comprehensive plan to enhance language access and interpretation services in San Diego and Imperial Counties. This project will provide information to enable community health centers to provide linguistically competent care to non-English speaking patients and integrate services across clinics. The CCC is working with community health centers, whose staff have extensive community based knowledge and experience, and additional community resources to address gaps in interpretation. As part of this project, the CCC is collecting information on language interpretation needs of patients, determining linguistic capabilities of staff, and conducting asset inventories of clinic and community interpretation resources.

This interview / survey is designed to capture the views of clinic providers and staff on the linguistic capabilities and capacities in community clinics throughout San Diego and Imperial Counties. *Your answers will remain confidential and will not be individually shared. Answers from all surveys will be aggregated to help the CCC assess needs as a whole.*

Name of Clinic: _____

Date of Interview: _____

Is the interviewee a:

____ **Direct Health Care Provider** (i.e. Physician, Registered Nurse, Nurse Practitioner)

____ **Other Clinic Staff** (i.e. Medical Assistant, Front Desk, Appointment Scheduler, Care Coordinator, Certified Application Assistant)

Administration

1) On a scale of 1 to 5, how important are language access issues to the overall clinic operations?

NOT IMPORTANT	NOT VERY IMPORTANT	AVERAGE	SOMEWHAT IMPORTANT	VERY IMPORTANT
1	2	3	4	5

2) Is staff knowledgeable about available interpretation resources?

YES	NO	DON'T KNOW

3) Do you know how to determine whether an interpreter is needed?

YES	NO

Policies and Procedures

4) Does your clinic have written policies and procedures supporting the provision of linguistically appropriate services such as the use of interpreters?

YES	NO	DON'T KNOW

5) Is there a written policy and notice to patients relating to the availability, at no cost, of an interpreter?

YES	NO	DON'T KNOW

a. If yes: how is it made available to the patient?

6) Is there a policy in place regarding the use of family or friends as interpreters?

YES	NO	DON'T KNOW

Provision of Service

7) How does your organization provide language access services?

	YES	NO
Existing staff (not trained interpreters)		
Staff dedicated / trained interpreters		
By telephone		
Via videoconferencing		
In-person through outside agency		
Other (please specify)		

8) If bilingual providers and/or staff are utilized to perform interpretation, how often are they used?

Getting an Interpreter

9) What is the procedure for when a patient with limited English proficiency (LEP) arrives for an appointment and no interpreter is available?

10) What is the process for obtaining an interpreter?

11) What is the average wait time for an interpreter?

a. Does this vary depending on language?

YES	NO

b. If yes, what is the range of wait time for certain languages? i.e.:

i. Spanish: wait time of _____

ii. i.e. Other common languages for San Diego/Imperial Counties:

1. Vietnamese: wait time of _____

2. Tagalog: wait time of _____

iii. Less common languages (i.e. Farsi, Hmong, Kurdish): wait time of _____

Type of Interpreters

12) If your institution contracts with independent freelance interpreters, what languages are provided?

13) If your institution contracts with telephonic interpreters, what languages are provided?

14) What arrangements are made for languages not provided?

15) Does your clinic partner with representatives of ethnic communities to actively incorporate their knowledge and experience in organizational planning?

YES	NO

a. If yes: what organization(s)?

Care Delivery

16) Are interpreters provided at <u>no cost</u> to the patient?

YES	NO

17) Please indicate all areas of patient care where language access is made available:

	YES	NO
Admissions		
Appointments		
Care coordination / case management		
Financial services		
Grievance and complaint processes		
Obtaining informed consent for treatment		
Pharmacy		
Laboratory		
Other (Please specify)		

Data Collection and Reporting

18) Do you keep a log of language access services rendered during patient encounters?

YES	NO

19) Is data tracked relating to the patient's process through the system? (i.e. location of medical encounter, language, duration, date and time, provider, type of interpreter)

YES	NO

20) Is the data collected used in the organization?

YES	NO

a. If yes: how is it used?

Quality Management

21) Do you solicit feedback from patients on service provided and language access provision?

YES	NO

a. If yes, is this feedback used to develop increase language initiatives in the clinic?

22) Is the patient's primary language consistently noted in the medical record?

YES	NO

Closing Comments

23) What is the main strength of the language services provided at your clinic?

24) What are the main challenges?

25) On a 5 point scale, with 5 being 'highly effective' and 1 being 'highly ineffective', how would you rate you clinic's efforts in addressing language service needs?

HIGHLY INEFFECTIVE	SOMEWHAT INEFFECTIVE	AVERAGE	SOMEWHAT EFFECTIVE	HIGHLY EFFECTIVE
1	2	3	4	5

26) What could be done to improve language access at your clinic?

FOCUS GROUP DISCUSSION FOR CLINIC PROVIDERS AND STAFF

CCC Language Access Evaluation Project

INTRODUCTION

The Council of Community Clinics (CCC) was awarded a grant from The California Endowment to develop a comprehensive plan to enhance language access and interpretation services in San Diego and Imperial Counties. This project will provide information to further enable community health centers to provide linguistically competent care to non-English speaking patients and integrate services across clinics. The CCC is working with community health centers, whose staff have extensive community based knowledge and experience, and additional community resources to address gaps in interpretation. As part of this project, the CCC is collecting information on language interpretation needs of patients, determining linguistic capabilities of staff, and conducting asset inventories of clinic and community interpretation resources.

This focus group is designed to capture the views of clinic providers and staff on the linguistic capabilities and capacities in community clinics throughout San Diego and Imperial Counties. *Your answers will remain confidential and will not be individually shared. Answers from all surveys will be aggregated to help the CCC assess needs as a whole.*

Location of Focus Group: _____

Date of Focus Group: _____

The focus group was comprised of:

____ **Direct Health Care Providers** (i.e. Physician, Registered Nurse, Nurse Practitioner)

____ **Other Clinic Staff** (i.e. Medical Assistant, Front Desk, Appointment Scheduler, Care Coordinator, Certified Application Assistant)

Administration

1) How important are language access issues to the overall clinic operations? *(Scale of 1 to 5,with 5 being the highest)*

2) Does clinic administration/leadership demonstrate commitment to increasing language access to patients?

    a. *Does your clinic have a taskforce or committee that addresses language access issues? Is there a Provider Champion or executive-level staff responsible and accountable for language access service and improvement initiatives?*

    b. *Does clinic leadership encourage staff participation and input into addressing language services? Who is involved in addressing language access issues – physicians/providers, leadership/administration, frontline workers?*

    c. *Does clinic leadership communicate goals and programs relating to language access to appropriate staff at all levels? If yes, how does the communication take place, how often, and is it effective?*

    d. *Is there organized and on-going recruitment of contract interpreters? Does your clinic partner with representatives of ethnic communities to actively incorporate their knowledge and experience in organizational planning?*

Policies and Procedures

3) Does your clinic have written policies and procedures supporting the provision of linguistically appropriate services such as the use of interpreters? How long have they been in existence?

    a. *Do these policies explain the regulatory and statutory obligations for providing language access to patients with limited English proficiency (LEP)?*

    b. *Is there a process for monitoring compliance with the policy and procedures?*

4) Is there a written policy and notice to patients relating to the availability, at no cost, of an interpreter?

    a. *How is it made available to the patient?*

    b. *Is the statement posted prominently at all points of initial patient contact?*

    c. *Is it translated into the most common languages spoken by patients?*

5) Is there a policy in place regarding the use of family or friends as interpreters? What is the level of compliance? Is this policy made available to patients in their primary language?

Care Delivery

6) Is language access made available during all hours of your institution's operations? If not, during what hours do you make language access available?

7) Is language access made available in all areas of patient care (*i.e. scheduling of appointments, admissions, care coordination, financial services / billing, complaint processes, obtaining informed consent for treatment, pharmacy, and lab*)?

8) Are interpreters provided at no cost to the patient?

9) What languages are needed at your clinic site?

   a. *Has the clinic conducted any demographic analysis of the local population to identify needs?*

   b. *Are there language needs that your clinic has difficulty addressing?*

Getting an Interpreter

10) Are the patient's language needs identified prior to the visit (i.e. during scheduling or registration)? If not, what is the protocol for when a patient arrives for an appointment but no interpreter is available?

11) Are there patients who are not adequately served by interpretation services? In what ways?

12) How does your organization provide language access services (i.e. existing staff that are not trained interpreters, staff dedicated /trained interpreters, by telephone, via videoconferencing, in-person through a contracted agency or freelance interpreters)?

   a. *What languages are provided by your clinic's method(s) of interpretation?*

   b. *What arrangements are made for languages not provided?*

   a. *Which method of interpretation is considered the most effective? Why?*

13) What is the process for obtaining an interpreter?

   a. *What is the average wait time for an interpreter?*

   b. *Does this vary depending on language?*

   c. *Does this vary depending on method of interpretation?*

   d. *Do providers and staff receive training on the appropriate use of a face-to-face interpreter?*

14) If bilingual providers and/or staff are utilized to perform interpretation, under what conditions and how often?

   a. *How does this affect their productivity in their normally assigned work?*

   b. *How many are available to provide interpretation services (on average per day)?*

   c. *Is the ability to speak a second language a consideration in hiring criteria? Is there organized and on-going recruitment of bilingual staff?*

   d. *Is there a mechanism in place to evaluate the language skills and proficiency of staff believed to be bilingual? Are the following elements assessed of bilingual staff and providers: confidentiality, fluency and register of language skills, medical terminology in the non-English language, and/or cultural awareness related to population groups served?*

15) What has been your experience working with contracted interpreters?

   a. *How competent (or qualified) are the interpreters?*

   b. *Are they adequately trained on health care issues or medical terminology?*

   c. *What are the challenges you face in working with interpreters? How does the clinic support your efforts to overcome these obstacles?*

16) How does having an interpreter present affect the visit with the patient?

    a. Is more time needed to see a patient when an interpreter is present, or does using an interpreter save time?

Data and Quality Management

17) Is data tracked relating to the patient's process through the system (i.e. location of medical encounter, language interpreted, duration, date and time of day, provider, and method of interpretation)? How is the data collected used in the organization?

18) Do you solicit feedback from patients on service provided and language access provision?

    a. Do patients prefer one method of interpretation over another?

    b. Has the clinic taken this feedback into consideration in their language access services?

19) Is the patient's primary language consistently noted in the medical record?

    a. Who gathers this information and is this policy consistently applied?

    b. Is the use of an interpreter documented in the patient's medical record? If yes, what is the frequency of compliance?

    c. Is there a notation in the medical record made if a professional interpreter is refused?

Closing Comments

20) On a 5 point scale, with 5 being 'highly effective' and 1 being 'highly ineffective', how would you rate you clinic's efforts in addressing language service needs?

21) What is the main strength of the language services provided at your clinic? The main weakness?

22) What are the biggest challenges faced in providing services to LEP patients? Does the clinic support your efforts to address these challenges?

23) What could be done to improve language access at community clinic?