

# Language-Access Assessment among the Community Health Centers in Arizona



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Arizona Department of Health Services  
Arizona Health Disparities Center

~ Leadership for a Healthy Arizona ~



**Will Humble, Director**  
**Arizona Department of Health Services**

**Arizona Health Disparities Center**  
**Bureau of Health Systems Development**  
**Public Health Prevention**  
**Arizona Department of Health Services**  
150 N. 18<sup>th</sup> Avenue, Suite 300  
Phoenix, AZ 85007  
[www.azminorityhealth.gov](http://www.azminorityhealth.gov)



The Arizona Health Disparities Center (AHDC) is in the Arizona Department of Health Services within the Bureau of Health Systems Development and is the Federal designee for the State. AHDC serves as Arizona's central source of information and resources related to minority health and health disparities. The Center provides leadership by building networks and community capacity to reduce health disparities. Health disparities are avoidable differences in the incidence, prevalence, mortality, and burden of disease within specific population groups.

**AHDC Mission:**

To promote and protect the health and wellbeing of the minority and vulnerable populations of Arizona by enhancing the capacity of the public health system to effectively serve minority populations and reduce health disparities.

**AHDC Vision:**

Health equity for all

We envision a state where each person has equal opportunity to prevent and overcome disease and live a longer, healthier life.

For more information, please visit [www.azminorityhealth.gov](http://www.azminorityhealth.gov).



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Report Prepared by:

Hong Chartrand, MPA, MA  
Arizona Health Disparities Center  
Arizona Department of Health Services

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## EXECUTIVE SUMMARY

Arizona ranks as one of the fastest growing states in the United States with 13.8% of its population being foreign-born, 26.9% of Arizonans aged five and over speaking a language other than English, and 10.5% speaking English less than very well.<sup>1</sup> Within that demographic are patients with limited English proficiency (LEP) who cannot understand, speak, read or write English at a level that allows them to communicate effectively with their health care providers.<sup>2</sup> Such patients need language assistance in order to access the appropriate health care services. Language-access services include oral interpretation<sup>3</sup> and written translation.<sup>4</sup> The lack of language-access services in a health care setting can create communication obstacles and ultimately barriers to quality health care, and discourage LEP patients from seeking primary and preventive care as well as public health services. For these patients, this will lead to a lower quality of overall health care and compound health costs.<sup>5</sup>

Federally qualified health centers (FQHCs), also referred as community health center (CHCs) are local, non-profit community-based health care providers serving low income and medically underserved communities. CHCs are open to all, regardless of insurance status. CHCs often serve a higher proportion of LEP patients than do other medical facilities.<sup>6</sup> In Arizona, at the time of this survey, there were 16 CHCs with over 140 sites statewide that share a mission of providing comprehensive and accessible health care services to low-income, uninsured or underinsured patients. CHCs in Arizona have encountered a growing need for language-access services over the decades, due to rapid immigrant growth and more diverse populations. CHCs have a commitment to removing language barriers to health services yet caring for persons with LEP has a significant impact on staff time and other resources. Although the need for language-access services is clear to most health care providers, CHCs experience a variety of challenges in providing such services.

In order to help assess these challenges, the Arizona Department of Health Services in partnership with the Arizona Association of Community Health Centers, and the Asian Pacific Community in Action, Health Through Action Arizona conducted a web-based survey among the Community Health Centers of Arizona in the Spring of 2012. The goal of the survey was to determine opportunities and barriers to language access services for LEP patients by assessing the language access knowledge, opinions and needs of health care professionals at the Community Health Centers in Arizona. Following are highlights of the results and recommendations detailed in sections four through six.

## Results

- More than 80% of the respondents reported that their health centers provided care to LEP patients. Over 80% of the respondents indicated that they encountered LEP patients daily. And approximately 80% stated that their health centers served from less than 10% to over 30% LEP patients.
- The top four communication barriers included: 1) LEP patients lack of understanding during communication with health care providers, 2) health care providers' lack of accessible and qualified medical interpreters, 3) lack of translated materials, and 4) lack of time. Interestingly, few reported lack of understanding of LEP patients by health care providers was a significant barrier.
- Approximately 30% of the respondents reported that they had received training on effective communication with LEP patients.
- 76% of the respondents reported that during registration/intake, their health centers always or most of the time asked LEP patients' primary or preferred oral language. However, only 11.3% of the respondents reported the use of certain types of visual aids in this process, such as language identification cards, to identify patients' primary or preferred language.
- Approximately 33% of the respondents reported that their health centers consistently informed patients of their legal rights to request a medical interpreter at no cost. 28.1% reported that they had received training on CLAS standards and other national best practices in providing culturally and linguistically appropriate health care and only 17.2% reported that they had received training on federal and state language-access laws.
- 66% of the respondents reported that bilingual staff members without formal interpretation training were their top choice for interpretative services, followed by 21.8% that reported a patient's minor child (under age 18) was their number one choice for interpretative services.
- Approximately 25% of the respondents reported that they had received training on how to work with a qualified medical interpreter; furthermore, approximately 10% of direct-patient-care respondents (such as physicians and nurses) reported that they had received such training. Approximately 33% of the respondents reported that their health centers had written policies and procedures that indicated when qualified medical interpreters must be used.
- Approximately 70% of the respondents reported that they were not sure or didn't know if their health centers had quality assurance methods to ensure that language-access services were in place.
- Approximately 48% of the respondents reported that their health centers provided services to deaf and/or hard-of-hearing patients.

- Only 30.6% of the respondents reported that their health centers had a designated person to assume central responsibility and authority for the provision of language-access services.

### Recommendations

- Increase executives' and health care providers' knowledge, obtain their support and partner with them to make language-access services available among CHCs;
- Collect specific data that demonstrates language-access-related quality/safety and liability issues;
- Develop language-access curricula and provide training/education on language-access services to executives and health care providers;
- Conduct a "*Know Your Rights*" campaign for the target audience;
- Encourage CHCs to provide translated materials and signs for directions and services in multiple languages as appropriate for their communities, including the use of visual aids like *I Speak Cards*;
- Identify federal, state and private reimbursement strategies to help CHCs cover costs for qualified medical interpreters;
- Support training and compensation for in-house medical interpreters; and
- Improve training and certification requirements for medical interpreters in all languages.



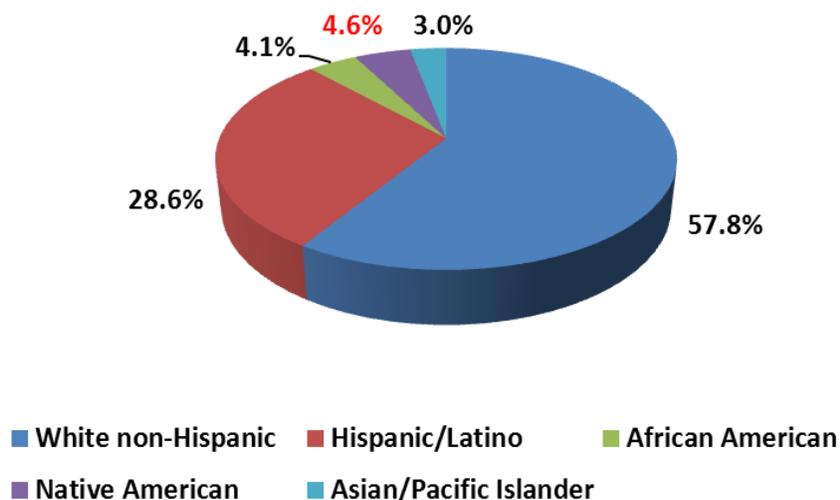
## BACKGROUND

In Arizona, approximately 42 percent of residents belong to a racial or ethnic minority group. Hispanics comprise nearly 29%, Native Americans 4.6%, African Americans 4.1% and Asian/Pacific Islanders 3.0% of the state's population (see Figure 1).<sup>7</sup> In addition, 13.8% of Arizona's population is foreign-born.<sup>1</sup> Within ethnic groups, the percentage of foreign-born population is higher. For example, close to 72% of Asian Americans in Arizona are foreign-born.<sup>1</sup> 26.9% of Arizonans aged five and over speak a language other than English, and 10.5% speak English less than very well.<sup>1</sup> Such individuals who speak English less than very well may need language assistance to access

**Limited English Proficiency or LEP** refers to individuals who do not speak English as their primary language and who have a limited ability to read, write, speak or understand English.<sup>2</sup>

the appropriate health care services and fully participate in their health care decisions. Studies show that the lack of language-access services (including oral interpretation<sup>3</sup> and written translation<sup>4</sup>) in a health care setting can create communication obstacles and health care barriers, discourage limited English proficient (LEP)<sup>2</sup> patients from seeking primary and preventive care and public health services and lead to a lower quality of health care and compounded health care costs.<sup>5</sup> Access to language-access services would likely assist in overcoming these obstacles.

**Figure 1. Population by Race/Ethnicity  
Arizona, 2010**



In order to bridge the language gap between LEP patients and health care providers, a number of public policies have been issued at the national level. The rights of LEP individuals are recognized under core civil rights law. Congress, the Supreme Court and the Executive Branch through the Civil Rights Act of 1964,<sup>2</sup> *Lau v. Nichols*,<sup>8</sup> and Executive Order 13166<sup>9</sup> have affirmed the obligation to provide meaningful language access to LEP individuals. The 2011 Joint Commission Standards emphasizes the importance of effective communication between patients and their health care providers. Among the fourteen National Standards for Culturally and Linguistically Appropriate Services (CLAS) issued by the U.S. Department of Health and Human Services in 2001, Standards 4-7 mandate language-access services. These standards are current Federal requirements applied to all recipients of Federal funds.<sup>10</sup> Private-practice health care providers are encouraged to follow the CLAS standards.

A Federally Qualified Health Center (FQHC), also referred to as a Community Health Center (CHC), is a not-for-profit medical facility located in a medically underserved area<sup>11</sup> in either a rural or urban setting.<sup>12</sup> CHCs often serve a higher proportion of LEP patients than do other medical facilities.<sup>6</sup> According to a survey conducted by the National Association of Community Health

**Interpretation** is the process of understanding and analyzing a **spoken or signed** message and re-expressing that message faithfully, accurately and objectively in another language.<sup>3</sup>

**Translation** is the conversion of **written text** into a different language.<sup>4</sup>

Centers in 2008, 42% of CHCs in the United States reported that LEP patients accounted for 30% or more of their patients, and language services were needed by all sizes of CHCs in both urban and rural settings.<sup>6</sup> In Arizona, at the time of the survey, there were 16 CHCs with over 140 sites statewide that share a mission of providing comprehensive and accessible health care services to low-income, uninsured or underinsured patients. In 2010, CHCs in Arizona provided prevention, treatment and disease management to more than 384,287 patients and of that number, 68.6% were racial/ethnic minorities.<sup>13</sup> Furthermore, 27.3% of the patients were best served in another language and 95.2% lived in poverty (at or below 200% of the Federal Poverty Level).<sup>13</sup> In the same year, among the 2,955 employed by the CHCs in Arizona, 223 were physicians, 69 nurse practitioners, 198 nurses, 31 outreach workers, and approximately 3 interpretation staff.<sup>13</sup>

**Medically Underserved Areas** refers to a geographic location that has insufficient health resources (manpower and/or facilities) to meet the medical needs of the resident population.<sup>11</sup>

In Spring 2012, the Arizona Department of Health Services, in partnership with the Arizona Association of Community Health Centers, Asian Pacific Community in Action's Health Through Action Arizona, administered a survey to determine opportunities and barriers to language-access services by assessing language-access knowledge, opinions and needs of health care professionals who work at the Community Health Centers in Arizona.

**Urban:** a continuously built up territory with a total population of 2,500 or more, that is comprised of census block groups and blocks with a population density of at least 1,000 persons per square mile and surrounding blocks with an overall density of at least 500 people per square mile. <sup>12</sup>

**Rural:** all territory outside urban areas. <sup>12</sup>



## METHODOLOGY

A 27-question survey was designed and posted on [www.surveymonkey.com](http://www.surveymonkey.com) between late March and early May 2012. The survey link was distributed to the identified contacts in each Community Health Center (CHC) in Arizona. The identified contacts encouraged additional CHC staff members to complete the survey.

A total of 337 surveys were generated from the 16 existing Community Health Centers statewide. All the survey responses were exported into MS Excel for coding and cleaning and then exported into SPSS for data analysis.

Surveys from the National Association of Community Health Centers and the Nebraska Office of Health Disparities & Health Equity were used as examples to develop the questionnaire for the survey. Both organizations also provided technical assistance in the survey development.



## RESULTS

### Demographic and location information

Of 337 respondents, the top four health care professions represented were community/patient service representatives, nurses/nurse practitioners, physicians and medical assistants, at 18.4%, 15.7%, 13.9% and 13.9%, respectively (see Table 1). Furthermore, 40.1% were direct patient-care staff,<sup>14</sup> 37.4% support staff,<sup>15</sup> 21.1% administrators<sup>16</sup> and 1.5% other. In terms of the locations of the community health center's operations, 49.3% of the respondents were working in urban areas, 28.5% from rural areas and the rest from a combination of urban and rural areas. 41.2% of the respondents were from Maricopa County, which is the largest county in Arizona, with approximately 60% of the state's population;<sup>1</sup> 14.5% were from Pima County, which is the second largest county in Arizona and 44.2% were from the remaining 13 counties combined.

Profession	Percentage	Number
Behavioral Health Professional	2.7%	9
Community / Patient Service Representative	<b>18.4%</b>	<b>62</b>
Dentist	1.2%	4
Dental Assistant	0.6%	2
Dental Hygienist	0.3%	1
Medical Assistant	<b>13.9%</b>	<b>47</b>
Nurse / Nurse Practitioner	<b>15.7%</b>	<b>53</b>
Pharmacist	2.1%	7
Pharmacy Technician	0.3%	1
Physician	<b>13.9%</b>	<b>47</b>
Physician Assistant	2.4%	8
Other	28.5%	96
<b>Total</b>	<b>100%</b>	<b>337</b>

**Direct patient care:** any aspect of a patient's health care, including diagnosis, treatments, counseling, self-care, patient education and administration of medication.<sup>14</sup>

**Support staff:** a person who provides vital assistance to health care professionals by greeting and registering patients, taking vital signs, completing medical records or educating patients on methods to improve health.<sup>15</sup>

**Administrator:** person who provides leadership, management and administration of a health organization or a clinical site.<sup>16</sup>

## LEP patients

Of 337 respondents, more than 80% indicated that their organizations provided care to LEP patients, and 18.4% said they were not sure. Approximately 1.5% stated that they did not provide care to LEP patients. Of 265 respondents, 83.8% indicated that they encountered LEP patients daily, 7.9% weekly, 4.5% monthly and 3.8% infrequently (less than monthly), (see Table 2).

Frequency	Percentage	Number
<b>Daily</b>	<b>83.8%</b>	<b>222</b>
<b>Weekly</b>	7.9%	21
<b>Monthly</b>	4.5%	12
<b>Infrequently (less than monthly)</b>	3.8%	10
<b>Total</b>	<b>100%</b>	<b>265</b>

Of 265 respondents, 45.3% stated that at their community health centers over 30% of patients seen were LEP patients (see Table 3).

LEP Patients	Percentage	Number
<b>Less than 10%</b>	11.7%	31
<b>Between 10% and 20%</b>	11.7%	31
<b>Between 20% and 30%</b>	10.2%	27
<b>Over 30%</b>	<b>45.3%</b>	<b>120</b>
<b>Don't know / not sure</b>	21.1%	56
<b>Total</b>	<b>100%</b>	<b>265</b>

## Languages

When the respondents answered which languages other than English they encountered most often, they were asked to rank the languages by frequency, with "A" being the most frequently encountered language. Of 262 respondents (three respondents who listed English were excluded), the most frequently encountered language was overwhelmingly Spanish, at 87.8%, followed by Navajo, at 6.9% and Somali, at 1.1% (see Table 4). The other languages listed in the survey as response options included some Asian languages (Chinese, Vietnamese, Tagalog, Japanese, Korean, Karen, Thai, Tibetan, Burmese, Nepali, Hindi, Urdu, Cambodian and Hmong); certain European languages (German, Portuguese, Romanian, Italian and Polish); Persian (Farsi),

some languages from Mexico (Totonacan, Mixteco and Tepehua), some African languages and dialects (Swahili, Congolese languages and French from francophone African countries) and some Native American languages (Apache, Hopi, Tohono O’odham and Yaqui).

**Table 4. Most Frequently Encountered Languages (other than English)**

Language	Percentage	Number
Spanish	<b>87.8%</b>	<b>230</b>
Navajo	<b>6.9%</b>	<b>18</b>
Somali	<b>1.1%</b>	<b>3</b>
Arabic	0.4%	1
Karen	0.4%	1
Out-of-country tourists with multiple languages	0.4%	1
Unknown	3.1%	8
<b>Total</b>	<b>100%</b>	<b>262</b>

**Registration / Intake**

As shown in Table 5 and Table 6, during registration/intake, of 263 respondents, 155 (58.94%) indicated that LEP patients were always asked about their primary or preferred oral language; of 265 respondents, 146 (55.09%) indicated that patient's primary or preferred oral language was documented in the patient's file. Of 264 respondents, 87 (32.95%) indicated that LEP patients were always asked how well they spoke and understood English, and 113 (42.8%) respondents stated that LEP patients were always asked whether they would like an interpreter. Of 258 respondents, 59 (22.87%) indicated that the proficiency of LEP patients' ability to speak and understand English was always documented in their files.



Table 5. Frequency of the questions asked during registration/intake							
	Always	Most of the Time	Sometimes	Rarely	Never	Not Sure	Total
A. Patients' primary or preferred oral language	155	45	14	5	4	40	263
B. Whether the patient would like an interpreter	113	48	23	17	7	56	264
C. Patients' preferred language for receiving written translated materials	94	48	35	14	10	62	263
D. How well the patient speaks and understands English	87	48	43	15	5	66	264

Table 6. Frequency of the questions documented during registration/intake							
	Always	Most of the Time	Sometimes	Rarely	Never	Not Sure	Total
A. Patients' primary or preferred oral language	146	51	17	9	1	41	265
B. Whether the patient would like an interpreter	85	42	32	21	17	66	263
C. Patients' preferred language for receiving written translated materials	77	39	27	19	22	77	261
D. How well the patient speaks and understands English	59	41	43	18	22	75	258

### Visual Aids

Of 265 respondents, 11.3% indicated that they used certain types of visual aids, such as an / *Speak* card to help LEP patients identify their primary or preferred language. Approximately 53% stated they did not use visual aids, and approximately 36% were not sure.

### Interpretative Services

As shown in Table 7, of 215 respondents, 66% indicated that bilingual staff without formal interpretation training was their top choice for interpretative services; of 163 respondents, 55.2% stated that qualified medical interpreters in-house was their top choice; and of 183 respondents, 25.1% indicated that family members or friends were their top choice for

interpretative services and of 124 respondents. One respondent pointed out that in-person interpretation (rather than telephonic) was extremely important with complex and psychosocially laden care issues. Another respondent stated that interpreter lines had been added [in the clinic] which were helpful; however it was more effective when a patient had an actual interpreter with them. One respondent indicated that s/he was aware of phone [interpretation] services, but that there was no phone in treatment rooms.

**Qualified medical interpreter:** an interpreter who is able to interpret effectively, accurately and impartially using any necessary specialized vocabulary in a health care setting.

**Table 7. Types of Interpretative Services Utilized by the Community Health Centers in Arizona \***

	1	2	3	Total
<b>A. Bilingual staff without formal interpretation training</b>	<b>142</b>	44	29	<b>215</b>
<b>B. Qualified medical interpreters in-house</b>	<b>90</b>	46	27	<b>163</b>
<b>C. Qualified medical interpreters from an external language agency, including: Onsite interpretation at a health care center</b>	29	25	<b>34</b>	<b>88</b>
<b>D. Qualified medical interpreters from an external language agency, including: Telephonic interpretation</b>	53	<b>60</b>	56	<b>169</b>
<b>E. Qualified medical interpreters from an external language agency, including: Video interpretation</b>	10	15	<b>56</b>	<b>81</b>
<b>F. Community volunteer (unpaid)</b>	15	13	<b>56</b>	<b>84</b>
<b>G. Family members or friends</b>	46	<b>74</b>	63	<b>183</b>
<b>H. Patient's minor child (under age 18)</b>	27	28	<b>69</b>	<b>124</b>

\* Top 3 most frequently used interpretative services, ranking them in order of frequency used, 1 being the highest.

### Training/Policies

Of 265 respondents, 25.7% indicated that they had received training on how to work with a qualified medical interpreter; 69.4% answered no and 4.9% were not sure. As shown in Table 8, only 10.1% of direct-patient-care respondents had received training. Furthermore, 11% respondents from urban areas had received training. 5.3% from rural areas and 3.9% from both urban and rural areas had received training (see Table 9). Of 265 respondents, 33.2% stated

that their organizations had written policies and procedures that indicated when qualified medical interpreters must be used; 16.2% answered no and the rest were not sure. Of 88 who said their organizations had written policies and procedures, 52.3% indicated that they had received formal training on these policies and procedures; 28.4% answered no, 9.1% were not sure and 10.2% said the question was not applicable.

**Table 8. Working with a Qualified Medical Interpreter by Responsibility**

Responsibility \ Training	Training on how to work with a qualified medical interpreter		
	Yes	No	Not Sure
Direct Patient Care	34 (10.1%)	77 (22.8%)	5 (1.5%)
Support Staff	19 (5.6%)	65 (19.3%)	6 (1.8%)
Administrator	13 (3.9%)	41 (12.2%)	2 (0.6%)

**Table 9. Working with a Qualified Medical Interpreter by Location**

Location \ Training	Training on how to work with a qualified medical interpreter		
	Yes	No	Not Sure
Urban	37 (11.0%)	86 (25.5%)	8 (2.4%)
Rural	18 (5.3%)	55 (16.3%)	3 (0.9%)
Both Urban and Rural	13 (3.9%)	43 (12.8%)	2 (0.6%)

## Signs

Of 264 respondents, 68.9% indicated that their organizations displayed signs in languages other than English indicating directions, services, etc. Of 182 who said their organizations displayed signs in languages other than English, all indicated that they had Spanish signs for directions and/or services; eight had signs in Somali; five had signs in Navajo; two had signs in Braille and one respondent indicated that his/her organization had signs in Arabic, French, Korean and Japanese in addition to Spanish. One respondent stated that all the staff in his/her organization had the language identification cards.

## Translated Materials

As shown in Table 10, the top 3 written or printed materials that have been translated and provided to the LEP patients were informed-consent forms, at 81%; health educational

materials, at 80.7% and patient intake or admission forms, at 77.5%. In addition to the materials listed in Table 11, the respondents also indicated other written or printed materials, including immunization forms, discharge information, depression screening questionnaires, program information, developmental handouts and developmental screening forms for pediatric visits. A couple of the respondents noted that they provided translated materials in Spanish to LEP patients but were not sure about other languages.

**Table 10. Types of written or printed materials translated and provided to LEP patients**

	Yes	No	Not Sure	Total
<b>A. Patient intake or admission forms</b>	193	14	42	249
<b>B. Informed-consent forms</b>	204	7	41	252
<b>C. Follow-up care instructions</b>	157	22	68	247
<b>D. Pharmaceutical drug labels/medication instructions</b>	120	26	96	242
<b>E. Patient satisfaction surveys</b>	160	20	71	251
<b>F. Patient financial statements or bills/sliding scale information</b>	103	26	119	248
<b>G. Health educational materials</b>	201	9	39	249
<b>H. Referral forms</b>	89	50	106	245

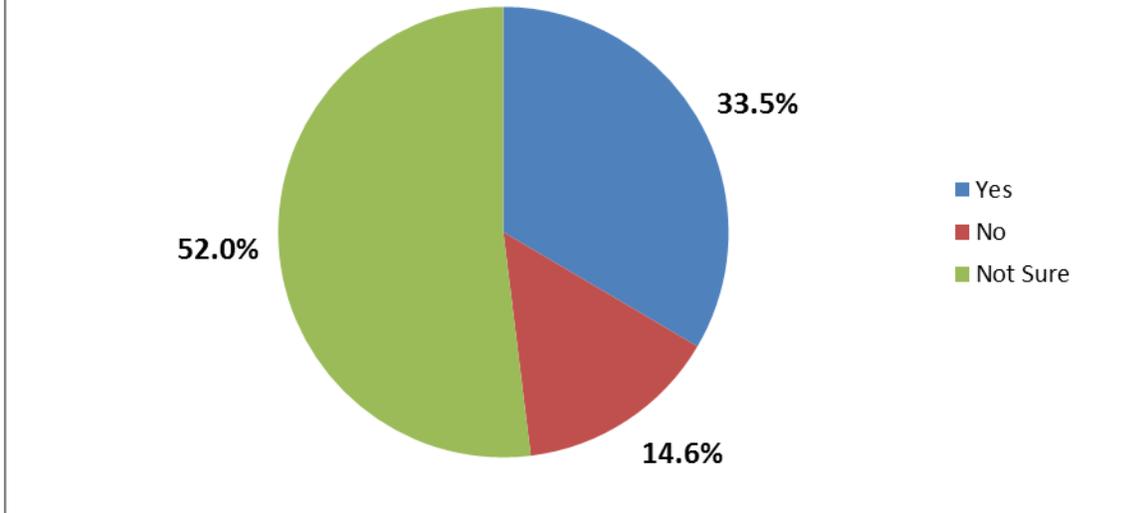
## Legal Rights

Of 254 respondents, 33.5% indicated that their organizations consistently informed patients of their legal rights to a qualified medical interpreter at no cost to them, 14.6% answered no, and more than 50% were not sure (Figure 2). As shown in Table 11, of 85 respondents who said that their organizations consistently informed patients of their legal rights, approximately 91% used oral communication; approximately 50% used translated documents and 25.9% used translated posters or signs.

**Table 11. Types of communication about legal rights with LEP patients**

Form	Percent	Number
<b>Orally</b>	90.6%	77
<b>Translated documents</b>	49.4%	42
<b>Translated posters or signs</b>	25.9%	22

**Figure 2. Informed patients of their legal right to a qualified medical interpreter**



### Effective Methods to Assure Language-Access Services

As shown in Table 12, of 222 respondents, the top 3 quality assurance methods that the Community Health Centers used to assure that language-access services were effective included established specific training requirements for interpreters, at 34.7%; identified and standardized hiring qualifications for interpreters, at 30.6% and analyzed and collected patient satisfaction data by language, at 22.5%. In addition to the methods listed in the table, the respondents also indicated that they utilized medical assistant's or their bilingual staff's language skills. One respondent noted that his/her organization purchased a DVD for language learning but that it was not well utilized by employees. Approximately 70 respondents stated that they were not sure or didn't know if their health centers had quality assurance methods in place.

Table 12. Effective quality assurance methods used to assure that language-access services		
	Percent	Number
We have identified and standardized hiring qualifications for our interpreters	30.6%	68
We have established specific training requirements for our interpreters	34.7%	77
We analyze and collect patient satisfaction data by language	22.5%	50
We monitor the percentage of patients who have been screened for their preferred spoken language	15.3%	34
We back-translate written documents	14.4%	32
We shadow and/or spot-check interpreters for accuracy	11.3%	25
We monitor patient wait-times by language	7.2%	16
We monitor adverse patient events by language	6.8%	15

### Interpretation Practices

As shown in Table 13, of 221 respondents, 42 (19%) indicated that patients had been required to provide their own interpreter; of 219 respondents, 40 (18.3%) indicated that health care providers treated an LEP patient without waiting for a qualified medical interpreter to be present; of 220 respondents, 64 (29.1%) indicated that health care providers tried to get by and communicate with LEP patients using rudimentary foreign language skills and of 220 respondents, 38 (17.3%) indicated that patients had refused the interpreter offered by the community health centers.



<b>Table 13. Interpretation practices occurred in the last 12 months</b>				
	<b>Yes</b>	<b>No</b>	<b>Not Sure</b>	<b>Total</b>
<b>A. Patients have been required to provide their own interpreter</b>	42	125	54	221
<b>B. Patients pay for the cost of an interpreter</b>	1	179	39	219
<b>C. Patients have been asked why they do not speak English</b>	4	170	44	218
<b>D. Patients have refused the interpreter offered by your organization</b>	38	107	75	220
<b>E. LEP patients routinely wait longer than English-speaking patients due to the lack of interpreters or language access resources</b>	26	151	44	221
<b>F. Interpretation services are only available during certain days of the week</b>	9	176	35	220
<b>G. Health care providers go ahead and treat an LEP patient without waiting for a qualified medical interpreter to be present</b>	40	110	69	219
<b>H. Health care providers try to get by and communicate with LEP patients using rudimentary foreign language skills</b>	64	100	56	220
<b>I. Patients have complained about our language-access services</b>	11	112	96	219
<b>J. The organization has been investigated on language-access grounds</b>	2	118	100	220

### **Employer-Sponsored Training**

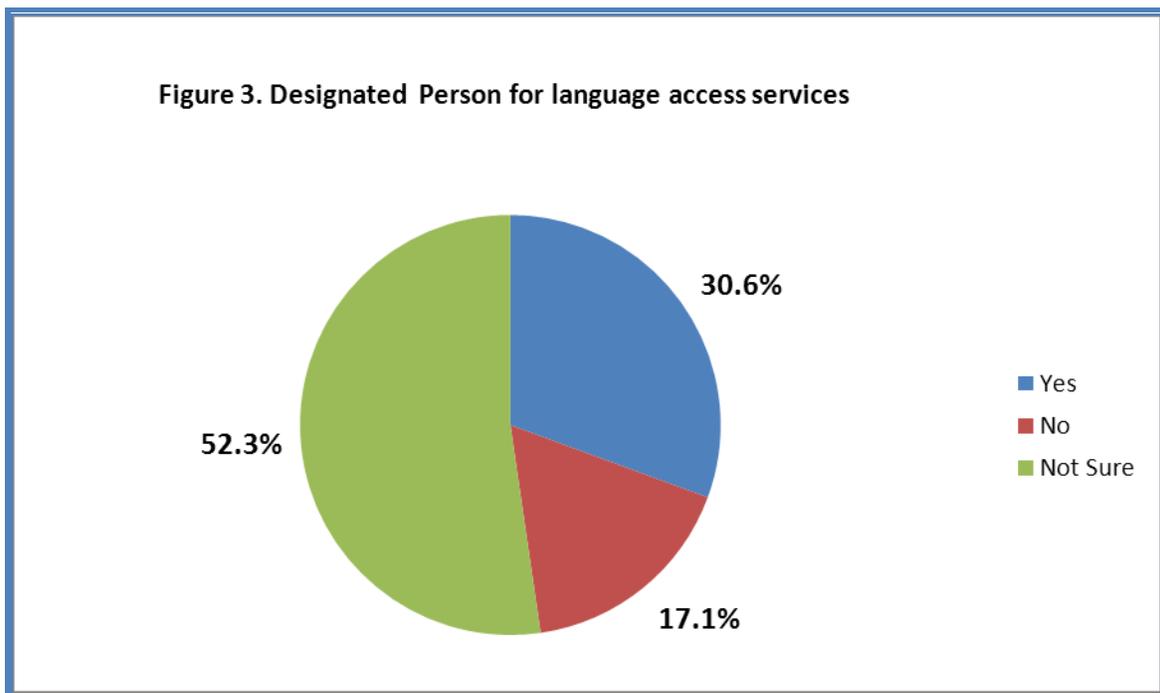
As shown in Table 14, of 221 respondents, 43.9% indicated that they had received training on cross-cultural medicine and ethnics and 17.2% on federal and state language access laws; of 222 respondents, 29.7% stated that they had received training on effective communication with LEP patients; and of 217 respondents, 28.1% had received training on CLAS standards and other national best practices in providing culturally and linguistically appropriate health care. A respondent noted that s/he had received language line-usage training. Another respondent

requested the listed training in Table 13 if available because s/he was interested in receiving the training. One respondent pointed out that currently s/he was working on putting together an interpreter/translator manual to present for staff and training for all National CHC organizations.

Table 14. Employer-Sponsored Onsite/Offsite Training				
	Yes	No	Not Sure	Total
A. Federal and state language access laws	38	129	54	221
B. Cross-cultural medicine and ethnics	97	80	44	221
C. Effective communication with LEP patients	66	113	43	222
D. The Culturally and Linguistically Appropriate Services (CLAS) standards and other national best practices in providing culturally and linguistically appropriate health care	61	103	53	217

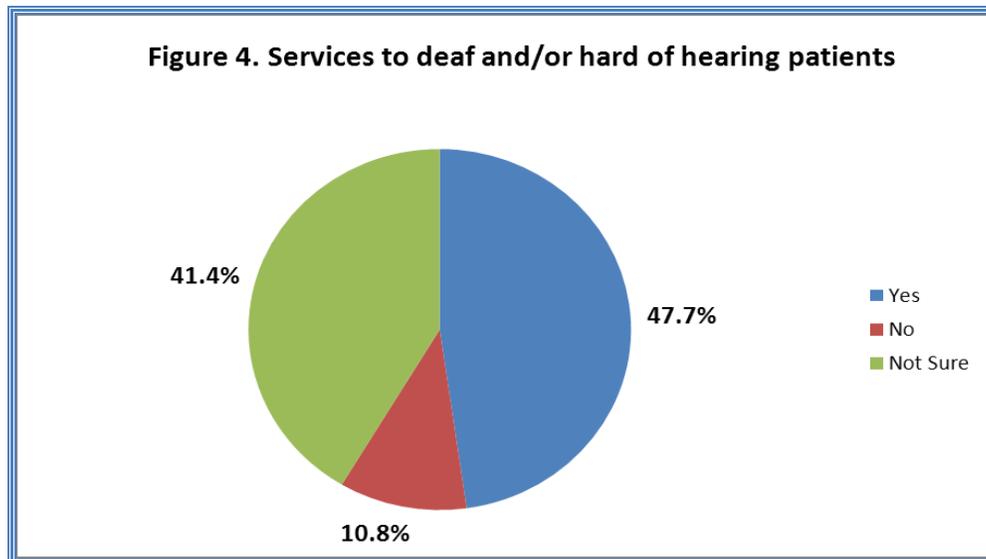
### Designated Person for Language-Access Services

In Figure 3, of 222 respondents, 30.6% indicated that there was a person designated to have central responsibility and authority for the provision of language-access services at their organizations; 17.1% answered no, and more than 52% were not sure.



## Deaf and/or Hard-of-Hearing Patients

As shown in Figure 4, of 222 respondents, 47.7% indicated that their organizations provided services to deaf and/or hard-of-hearing patients; 10.8% answered no, and approximately 42% were not sure. In terms of types of services, of 107 respondents, 47.7% indicated that they provided American Sign Language (ASL) interpreters; 51.4% had contracts for ASL interpreters; and another 51.4% had a TTY or other assisting device for communicating with individuals with disabilities.



## Communication Barriers

As shown in Table 15, the largest communication barrier was that LEP patients didn't understand health care providers well. Health care providers' lack of accessible and qualified medical interpreters, lack of translated materials and lack of time were the second, third and fourth largest barriers, respectively. In addition to the communication barriers listed in the table, the respondents listed other barriers, including the length of time it took to use interpretation phone services, poor health literacy, different cultural concepts related to health care, the lack of reading, comprehension or writing skills of the patients, difficulty in following up over the phone and lack of funds to cover required services. One respondent indicated that their need for interpreters was high, and that they needed more of them. However, two respondents stated there was no barrier in terms of communicating with LEP patients because their staff members were bilingual. If a language [other than Spanish] was required, they scheduled the correct language interpreter for patient.

**Table 15. Top Three Greatest Barriers to Communicate with LEP Patients**

<b>Barriers</b>	<b>First</b>	<b>Second</b>	<b>Third</b>	<b>Total</b>
<b>A. Lack of LEP patients' understanding of health care providers</b>	<b>46</b>	23	22	<b>91</b>
<b>B. Lack of health care providers' understanding of LEP patients</b>	19	26	18	<b>63</b>
<b>C. Lack of understanding of language access requirements</b>	8	14	21	<b>43</b>
<b>D. Lack of knowledge about the patients' cultures &amp; languages</b>	19	28	14	<b>61</b>
<b>E. Lack of experience interacting with qualified medical interpreters</b>	9	9	12	<b>30</b>
<b>F. Lack of translated materials</b>	<b>24</b>	21	23	<b>68</b>
<b>G. Lack of accessible &amp; qualified medical interpreters</b>	<b>41</b>	19	13	<b>73</b>
<b>H. Lack of time</b>	<b>22</b>	23	32	<b>77</b>
<b>I. Lack of knowledge of the internal process to request assistance for LEP patients</b>	11	14	17	<b>42</b>



## LIMITATIONS

Some limitations arose in the survey. A couple of the respondents stated that they were not the right person to answer the questions and only answered some questions at the beginning of the survey. More than one person from each CHC completed the survey, and some CHCs had more staff to complete the survey than other CHCs. Some CHCs may have been over-represented. The respondents were forced to make one unnecessary choice due to an incorrect SurveyMonkey setup, which might have skewed the results for three related sub-choices. For the question “Which of the following types of interpretative services does your organization utilize? Please select your top 3 most frequently used services, ranking them in order of frequency used, 1 being the highest,” one choice was “Qualified medical interpreters from an external language agency.” Under this choice, there were three sub-choices: onsite interpretation at a health center, telephonic interpretation and video interpretation. Ideally, the respondents only needed to rank each of the three choices. However, due to the incorrect SurveyMonkey setup, the respondents were forced to rank the “Qualified medical interpreters from an external language agency” along with the three sub-choices. It was possible that the respondents skipped the three sub-choices or made the choices twice.



## DISCUSSIONS

Like CHCs across the United States, CHCs in Arizona have encountered a growing need for language-access services over the decades, due to rapid immigrant growth and more diverse populations. Although they recognize the importance of language-access services for LEP patients, CHCs also experience a variety of challenges in providing such services. The respondents in this survey reported a variety of available language-access services and the challenges to meeting the needs of LEP patients.

More than 80% of the respondents to this survey reported that their health centers provided care to LEP patients, and over 80% of the above respondents indicated that they encountered LEP patients daily. Furthermore, approximately 80% stated that their health centers served a certain percentage of LEP patients. The most frequently encountered language was Spanish, which reflects the population in Arizona. After Spanish, Navajo, Somali and Arabic were listed as the most frequently encountered languages as well as the highest ranked languages. In addition, Chinese, French, Russian and Sign Language were on the list.

It is essential for health care providers and patients to understand each other. Communication plays a vital role in the health care setting. Lack of clear communication can hinder diagnosis and treatment and can possibly cause a variety of

medical errors. According to this survey, LEP patients' having a lack of understanding during communication with health care providers has been the biggest barrier. Health care providers' lack of accessible and qualified medical interpreters, lack of translated materials and lack of time were the second, third and fourth biggest barriers, respectively.

It is critical to make language access services available in order to ensure health care quality. Such language access services include oral interpretation<sup>3</sup> and written translation.<sup>4</sup> Based on the survey, an important finding is that a few respondents still seem to not know about the difference between interpretation and translation, although definitions of interpretation and translation appeared on every page in the survey. When they answered certain questions about interpretation, they used the term translation instead. Education is needed so that providers are able to distinguish between interpretation and translation.

In order to facilitate effective communication, health care providers should ask patients about their language needs and preferences. Registration/intake is the frontline where LEP patients are encountered and also the easiest place to collect LEP patients' language information. In the survey, as the majority of the respondents reported that during

registration/intake, their health centers always or most of the time asked and documented LEP patients' primary or preferred oral language, whether they wanted an interpreter, how well they spoke and understood English and which language they preferred for receiving written translated materials, fewer respondents reported that the information was recorded in the patient's files. Approximately 11.3% of the respondents reported that they used certain type of visual aids, such as *I speak* cards, to identify patients' primary or preferred language.

A variety of public policies and laws are in place to bridge the communication gap between LEP patients and health care providers. Under Title VI of the Civil Rights Act of 1964<sup>2</sup> and Executive Order 13166,<sup>9</sup> LEP patients have the legal rights to request a qualified interpreter at no cost. Any practice receiving federal funding must comply. Based on the survey, approximately 33% of the respondents reported that their health centers consistently informed patients of such a right. Furthermore, these health centers more likely used oral communication (90.6%) than translated documents (49.4%) and translated posters/signs (25.9%) to inform the patients of their legal rights. In terms of employer-sponsored training, the survey shows that approximately 30% of the respondents reported that they had received training on effective communication with LEP patients. 28.1% reported that they had received training on CLAS standards and other national best practices in providing

culturally and linguistically appropriate health care and 17.2% reported that they had received training on federal and state language-access laws.

A qualified medical interpreter is an individual who is able to interpret effectively, accurately and impartially using any necessary specialized vocabulary in a health care setting.<sup>17</sup> Usually, being a qualified medical interpreter requires one's having received certain training, and there are some well-established medical interpreter training programs, such as the Bridge the Gap Program,<sup>18</sup> available. Unlike for other types of interpreters, such as court interpreters and sign language interpreters, there is no official state required process by which to qualify, validate or certify the knowledge, skills and abilities necessary for medical interpreters. The good news is that national organizations are pushing for medical interpreter certification exams,<sup>19</sup> and some states require or have started to require state certification for medical interpretation.<sup>20</sup> According to the survey, different types of interpretative services were provided by CHCs in Arizona. Bilingual staff without formal interpretation training was still the most popular choice for interpretation by CHCs, according to the results of this survey. Some respondents also reported that their health centers used family members or friends or a patient's minor child (under age 18) for interpretation. Study shows such practices have caused miscommunication, medical errors and even death in a variety of medical settings.<sup>5</sup> Furthermore, such

practices can arouse ethical issue, such as lack of privacy, and interfering with family dynamics. In terms of qualified medical interpreters, the CHCs in Arizona more likely used an in-house interpreter than one from an external language agency, based on the survey. Telephonic interpretation was the most popular choice among three types of interpretation services from external language agencies.

It is important for a health care provider to work appropriately with a qualified medical interpreter in order to serve LEP patients effectively. According to the survey, slightly over 25% of the respondents reported that they had received training on how to work with a qualified medical interpreter; furthermore, just slightly over 10% of direct-patient-care respondents reported that they had received such training, and the respondents from the urban areas more likely had received training than the respondents from the rural areas or mixed areas. Approximately 33% of the respondents reported that their health centers had written policies and procedures that indicated when qualified medical interpreters must be used; furthermore, of those respondents who reported having the above written policies and procedures, 52.3% indicated that they had received training on such policies and procedures.

The respondents reported usage of several un-recommended interpretation common practices in the community health centers. Top five un-recommended common practices

are: 1) health care providers tried to get by and communicate with LEP patients using rudimentary foreign language skills; 2) patients had been required to provide their own interpreters; 3) health care providers went ahead and treated an LEP patient without waiting for a qualified medical interpreter to be present; 4) patients had refused the interpreter offered by the health centers; and 5) LEP patients routinely waited longer than English-speaking patients for care due to the lack of interpreters or language access resources.

In addition to oral interpretation, certain types of written or printed materials have been translated and provided to LEP patients at CHCs in Arizona. Based on the survey, the most popular translated materials were informed-consent form, health educational materials and patient intake or admission forms, and most of these were translated in Spanish. To display signs in languages other than English indicating directions and services in a health care setting is important and should be based on the needs of the community in which the health care provider is located. According to the survey, approximately 70% of the respondents reported that their health centers had such signs, and all the signs were in Spanish. However, few health centers had signs for directions and services in other languages other than Spanish and English. The survey results show that written materials and signs were limited in languages other than Spanish. It would be helpful to have written materials and signs available in other languages in

order to accommodate the growing diverse populations in Arizona and help patients overcome communication barriers.

In terms of effective methods to assure language-access services, approximately 70% of the respondents reported that they were not sure or didn't know if their health centers had quality assurance methods in place. The top 3 quality assurance methods used by the health centers were established specific training requirements for interpreters, at a 34.7% response rate, standardized hiring qualifications for interpreters, at 30.6% and analyzed and collected patient satisfaction data by language, at 22.5%.

In addition to the need for language-access services for different oral and written languages, those in sign language are essential for deaf and/or hard-of-hearing

patients. According to the survey, approximately 48% of the respondents reported that their health centers provided services to deaf and/or hard-of-hearing patients. Such services included American Sign Language (ASL) interpreters, contracts for ASL interpreters and TTY and other assisting devices for communicating with individuals with disabilities.

It is important to have a designated person to assume central responsibility and authority for the provision of the language-access services in a health care setting. According to the survey, 30.6% of the respondents reported that their health centers had such a designated person. Such health centers where there was a designated person were more likely located in the urban areas, particularly Maricopa County.



## RECOMMENDATIONS AND CONCLUSION

CHCs are a crucial part of the health care safety net for low-income people and medically underserved communities, many of which have numerous LEP patients. With the rapid growth of diverse populations in Arizona, CHCs play a vital role in serving the emerging immigrant population. Language-access services have become a growing need for CHCs.

It is not surprising to find that a lack of language-access services could hinder providing quality health care to LEP patients. There is a need to increase health care providers' knowledge and enhance their practices when working with LEP patients and qualified medical interpreters. It is also important to inform LEP patients on their legal rights to request a medical interpreter at no cost to them. The following actions should be taken to improve the language-access services among CHCs in Arizona:

- Increase executives' and health care providers' knowledge, obtain their support and partner with them to make language-access services available among CHCs;
- Collect specific data that demonstrates language-access-related quality/safety and liability issues;
- Develop language-access curricula and provide training/education on language-access services to executives and health care providers;
- Conduct a "Know Your Right" campaign for the target audience;
- Encourage CHCs to provide translated materials and signs for directions and services in multiple languages as appropriate for their communities, including the use of visual aids like *I Speak Cards*;
- Identify federal, state and private reimbursement strategies to help CHCs cover costs for qualified medical interpreters;
- Support training and compensation for in-house medical interpreters; and
- Improve training and certification requirements for medical interpreters in all languages.

There is a demand to provide medical interpreter training and certification as a medical interpreter. One respondent shared her/his concerns and said that s/he was bilingual in Spanish and sometimes used her/his rudimentary skills in the hope that the patient understood her/him. S/he continued that they seemed to understand, and s/he tried to ask them if they understood and if there were any concerns or problems. Sometimes s/he didn't know whether the patient was simply being polite or if they really understood. As was mentioned earlier on, unlike with other types of interpreters, there is no official state process by which to qualify, validate or certify the knowledge, skills and abilities necessary for medical interpreters.

Although two national organizations push forward the certification for medical interpreters, no universal consensus has been achieved to certify medical interpreters in the United States. One long-term goal of the Arizona Health Disparities Center is to commit stakeholder leadership at the state level to begin the process toward state-wide certification for medical interpreters, as with the national medical interpretation and translation industry, which is taking the lead to create certification exams for this purpose.

The Arizona Department of Health Services (ADHS), Arizona Health Disparities Center (AHDC), the federal designee to eliminate health disparities, the Arizona Association of Community Health Centers, and the Asian Pacific Community in Action (APCA) and many other organizations are striving to improve language access and the quality of care in Arizona. The AHDC collaborated with ADHS Office of Refugee Health to conduct a Language Access Needs Assessment at ADHS in 2011. Based on the recommendation from the needs assessment, a two-day language interpretation awareness and knowledge training session for ADHS bilingual staff was conducted in August, 2012. More training sessions are in the planning process. In the meantime, a language access policy and guidance for the entire ADHS will be developed. Currently, in addition to sharing the report of the “Language-Access Assessment among the Community Health Centers in Arizona” with the community, the AHDC is in the process of developing a curriculum to train health care providers working with qualified medical interpreters. The stakeholders are able to provide input for the curriculum. Upon completion of the curriculum, health care providers can take advantage of various training sessions provided throughout the state with CME/CEU available. Moreover, a “*Know Your Rights*” campaign is in the planning process.

These activities, along with local community efforts, are making strides to improve language-access services to impact the quality of health care and reduce health disparities. Effective communication tools are critical to the delivery of quality health care services. It has been well documented that investing in proper language-access standards, protocols and services is much less costly than **not** providing language services.

## Resources

### **General Resources:**

- Title VI Language – <http://www.usdoj.gov/crt/cor/coord/titlevi.php>
- DOJ Memorandum – [http://www.lep.gov/whats\\_new/titlevi\\_enforcement\\_memo.pdf](http://www.lep.gov/whats_new/titlevi_enforcement_memo.pdf)
- EO 13166 (2000) – <http://www.usdoj.gov/crt/cor/Pubs/eolep.pdf>
- DHHS Office for Civil Rights (OCR) information and Tools – <http://www.hhs.gov/ocr/>
- OCR Fact Sheets – <http://www.hhs.gov/ocr/civilrights/resources/factsheets/index.html>
- OCR Compliance Activities –  
<http://www.hhs.gov/ocr/civilrights/resources/specialtopics/hospitalcommunication/heccomplianceactivities.html>
- Federal Agency LEP Guidance & Language Access plans (post 2000) –  
[http://www.usdoj.gov/lep/guidance/guidance\\_index.html](http://www.usdoj.gov/lep/guidance/guidance_index.html)
- Tri-Agency Guidance –  
<http://www.hhs.gov/ocr/civilrights/resources/specialtopics/origin/policyguidanceregardinginquiriesintocitizenshipimmigrationstatus.html>
- Filing a complaint with the Civil Rights Division of DOJ –  
<http://www.usdoj.gov/crt/cor/complaint.php>

### **Language Access and Title VI:**

- Federal Inherency Website on Limited English Proficiency – <http://www.lep.gov>
- DOJ Language Access Assessment and Planning Tool -  
[http://www.lep.gov/resources/2011\\_Language\\_Access\\_Assessment\\_and\\_Planning\\_Tool.pdf](http://www.lep.gov/resources/2011_Language_Access_Assessment_and_Planning_Tool.pdf)
- Language Access Resource Center –  
[http://onlineresources.wnyc.net/pb/orcdocs/language\\_access.asp](http://onlineresources.wnyc.net/pb/orcdocs/language_access.asp)
- National Language Access Advocates Network – <http://www.probono.net/nlaan/>
- Migration Policy Institute Language Portal –  
[http://www.migrationinformation.org/integration/language\\_portal/](http://www.migrationinformation.org/integration/language_portal/)
- US Department of Justice Civil Rights Division – <http://www.justice.gov/crt/index.php>
- US Department of Health and Human Services Office of Civil Rights – <http://www.hhs.gov/ocr>
  - a. Limited English Proficiency
  - b. Effective communication in Hospitals Initiative
  - c. OCR/Joint Commission Video-Improving patient Provider Communication
  - d. OCR Civil Rights list Serve
  - e. Descriptions of Several OCR Resolution Agreement
- Survey of Hospital Language Access Policies –  
[http://www.calendow.org/uploadedFiles/Publications/By\\_Topic/Culturally\\_Compentent\\_Health\\_Systems/Language\\_Access/Talking%20with%20Patients.pdf](http://www.calendow.org/uploadedFiles/Publications/By_Topic/Culturally_Compentent_Health_Systems/Language_Access/Talking%20with%20Patients.pdf)

### **Health Care:**

- US Department of Health and Human Service, Office of Minority Health –  
<http://minorityhealth.hhs.gov>
- National Standards on Culturally and Linguistically Appropriate Services (CLAS) –  
<http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15>

- Hablamos Juntos, Language Policy and Practice in Healthcare – <http://www.hablamosjuntos.org>
- DiversityRx – <http://www.diversityrx.org>
- National Health Law Program – <http://www.healthlaw.org>
- A Patient’s Guide to Culturally Competent Care – <https://cccm.thinkculturalhealth.hhs.gov/>
- COA360™ – [http://www.coa360.org/our\\_service.cfm](http://www.coa360.org/our_service.cfm)

**Interpretation and translation:**

- American Translators Association – <http://www.atanet.org>
- National Council on Interpreting in healthcare – <http://www.ncihc.org>
- National Center for State Courts – <http://www.ncsc.org>
- National Association of Judicial Interpreters and Translators – <http://www.najit.org>
- Cross Cultural Health Care Program, Bridge the Gap Program – <http://xculture.org/medical-interpreter-training/>
- National Board of Certification for Medical Interpreters – <http://www.certifiedmedicalinterpreters.org/>
- Certification Commission for Healthcare Interpreters – <http://www.healthcareinterpretercertification.org/>
- University of Arizona, National Center for Interpretation – <https://nci.arizona.edu>
- Arizona Translators & Interpreters, Inc. – <http://www.atiinc.org>
- Arizona Court Interpreters Association – <http://aciaonline.org/>
- Phoenix Children’s Hospital, Master Training Program – <http://www.phoenixchildrens.com/professionals/for-nurses/spanish-language-classes>
- Asian Pacific Community in Action, Medical Interpretation Program – <http://www.apcaaz.org/medical.htm>
- Top 10 Reasons Why I don’t Need an Interpreter – <http://www.connecting-cultures.com>
- Translation Advisor – <http://www.translationadvisor.com/>
- Meducation<sup>R</sup> – <http://www.meducation.com>



## Appendix

### Arizona Community Health Centers Healthcare Professional Language Access Survey

*The Arizona Department of Health Services in partnership with the Arizona Association of Community Health Centers and Asian Pacific Community in Action would like your help in completing this survey. The goals of the survey are to discover what is working well and where there are barriers concerning language access services for limited English proficiency (LEP) patients and to assess the language access knowledge, opinions and needs of healthcare professionals that work in the community health centers of Arizona.*

*Arizona ranked as one of the fastest growing states in the country, and 14% of its population was foreign-born and only 72.3% of Arizonans aged 5 and over speak English well.<sup>1</sup> Language access includes oral interpretation and written translation. The lack of language access in a health care setting can create a communication obstacle and a health care barrier, discourage LEP patients to seek primary and preventive care and public health services, and lead to a lower quality of health care and compound health costs.<sup>2</sup>*

*We do not need your name on the survey. Your individual identity will not be revealed. The written survey results will be presented in grouped data only, and the individual surveys will remain confidential. Thank you very much for your help!*

**Interpretation** is the process of understanding and analyzing a **spoken or signed message**, and re-expressing that message faithfully, accurately and objectively in another language.<sup>3</sup>

**Translation** is the conversion of a **written text** into a different language.<sup>4</sup>

**Limited English Proficiency or LEP** refers to individuals who do not speak English as their primary language and who have a limited ability to read, write, speak, or understand English.<sup>5</sup>

1. What is your profession?

A.	Behavioral Health Professional	B.	Community / Patient Service Representative
C.	Dentist	D.	Dental Assistant
E.	Dental Hygienist	F.	Medical Assistant
G.	Nurse / Nurse Practitioner	H.	Pharmacist
I.	Pharmacy Technician	J.	Physician
K.	Physician Assistant	M.	Other (specify): _____

2. What is your main responsibility in your organization?

- A. Direct patient care  
 B. Support staff  
 C. Administrator  
 D. Other (specify): \_\_\_\_\_

**Direct Patient Care:** any aspect of a patient's health care, including diagnosis, treatments, counseling, self-care, patient education and administration of medication<sup>6</sup>

**Support Staff:** a person who provides vital assistance to health care professionals by greeting and registering patients, taking vital signs, completing medical records or educating patients on methods to improve health<sup>7</sup>

**Administrator:** a person who provides leadership, management and administration of a health organization or a clinical site<sup>8</sup>

3. Which of the following best describes the location of the majority of your organization's operations?

- A. Urban
- B. Rural
- C. Both of Urban and Rural

**Urban:** a continuously built up territory with a total population of 2,500 or more, that is comprised of census block groups and blocks with a population density of at least 1,000 persons per square mile and surrounding blocks with an overall density of at least 500 people per square mile.<sup>9</sup>

**Rural:** all territory outside urban areas<sup>9</sup>

4. In which county is your organization located?

- A. Maricopa County
- B. Pima County
- C. Other (please specify, optional)

5. Does your organization provide care to LEP patients?

- A. Yes
- B. No (If you choose this answer, please stop the survey here. Thank you for time and attention.)
- C. Not sure

6. If you answered yes to question 5, how often does your organization encounter LEP patients?

- A. Daily
- B. Weekly
- C. Monthly
- D. Infrequently (less than monthly)

7. What is the percentage of the Limited English Proficient (LEP) patient population at your organization?

- A. Less than 10%
- B. Between 10% and 20%
- C. Between 20% and 30%
- D. Over 30%
- E. Don't know / not sure

8. Which languages other than English do you encounter most often? As you list these languages, please rank them by frequency with "A" being the most frequently encountered language. (If you don't know your most frequently encountered language, state "unknown.")

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_
- D. \_\_\_\_\_

9. When your organization encounters LEP patients during registration/intake, are the following questions **asked**:
- A. Patients' primary or preferred oral language?  
 Always  Most of the Time  Sometimes  Rarely  Never  Not sure
  - B. Whether the patient would like an interpreter?  
 Always  Most of the Time  Sometimes  Rarely  Never  Not sure
  - C. Patients' preferred language for receiving written translated materials?  
 Always  Most of the Time  Sometimes  Rarely  Never  Not sure
  - D. How well the patient speaks and understands English?  
 Always  Most of the Time  Sometimes  Rarely  Never  Not sure
10. When your organization encounters LEP patients during registration/intake, are responses to the following questions **documented** in the patient's file:
- A. Patients' primary or preferred oral language?  
 Always  Most of the Time  Sometimes  Rarely  Never  Not sure
  - B. Whether the patient would like an interpreter?  
 Always  Most of the Time  Sometimes  Rarely  Never  Not sure
  - C. Patients' preferred language for receiving written translated materials?  
 Always  Most of the Time  Sometimes  Rarely  Never  Not sure
  - D. How well the patient speaks and understands English?  
 Always  Most of the Time  Sometimes  Rarely  Never  Not sure
11. Does your organization use any type of visual aids, such as "I Speak Cards" to help LEP patients to identify their primary or preferred language?
- Yes       No       Not sure
12. Which of the following types of interpretative services does your organization utilize? Please select your top 3 most frequently used services, ranking them in order of frequency used, 1 being the highest.

If your organization does not use any interpretation services, or you are not aware of any services, please skip to question 13.

	<b>1</b>	<b>2</b>	<b>3</b>
Bilingual staff without formal interpretation training	O	O	O
Qualified medical interpreters in-house	O	O	O
Qualified medical interpreters from an external language agency, including:			
Onsite interpretation at a health care center	O	O	O
Telephonic interpretation	O	O	O
Video interpretation	O	O	O
Community volunteer (unpaid)	O	O	O
Family members or friends	O	O	O
Patient's minor child (under age 18)	O	O	O

**Qualified medical interpreter:** an interpreter who is able to interpret effectively, accurately and impartially, using any necessary specialized vocabulary in a health care setting<sup>10</sup>

13. Have you received training on how to work with a qualified medical interpreter?

Yes       No       Not sure

14. Does your organization have written policies and procedures that indicate when qualified medical interpreters must be used?

Yes       No       Not sure

15. If you answered yes in question 14, have you received formal training on these policies and procedures?

Yes       No       Not sure       Not Applicable

16. Does your organization display signs in languages other than English indicating directions, services etc.?

Yes       No       Not sure

17. If you answered yes in question 16, please list language/s you have provided signs

\_\_\_\_\_

18. Which of the following types of written or printed materials have been translated and are provided to your organization's LEP patients?

A. Patient intake or admission forms	Yes	No	Not sure
B. Informed consent forms	Yes	No	Not sure
C. Follow-up care instructions	Yes	No	Not sure
D. Pharmaceutical drug labels/medication instructions	Yes	No	Not sure
E. Patient satisfaction surveys	Yes	No	Not sure
F. Patient financial statements or bills / sliding scale information	Yes	No	Not sure
G. Health educational materials	Yes	No	Not sure
H. Referral forms	Yes	No	Not sure
I. Other (specify): _____			

19. Does your organization consistently inform patients of their legal right to a qualified medical interpreter at no cost to them?

Yes       No       Not sure

Note: Under Title VI of the Civil Rights Act of 1964 and Executive Order 13166, LEP patients have the right to a qualified interpreter at no cost. Any practice receiving federal funding must comply.

20. If you answered yes to question 19, please indicate in what form this information is communicated to patients (check all that apply):
- A. Orally
  - B. Translated documents
  - C. Translated posters or signs
21. Please indicate which of the following quality assurance methods your organization uses to assure that language access services are effective (check all that apply.)
- A. We have identified and standardized hiring qualifications for our interpreters
  - B. We have established specific training requirements for our interpreters
  - C. We “shadow” and/or spot-check interpreters for accuracy
  - D. We back-translate written documents
  - E. We analyze and collect patient satisfaction data by language
  - F. We monitor patient wait-times by language
  - G. We monitor adverse patient events by language
  - H. We monitor the percentage of patients who have been screened for their preferred spoken language
  - I. Other (specify): \_\_\_\_\_
22. Have any of the following practices occurred at your organization in the last 12 months?
- |   |     |    |          |
|---|-----|----|----------|
| A. Patients have been required to provide their own interpreter   | Yes | No | Not sure |
| B. Patients pay for the cost of an interpreter  | Yes | No | Not sure |
| C. Patients have been asked why they do not speak English   | Yes | No | Not sure |
| D. Patients have refused the interpreter offered by your organization   | Yes | No | Not sure |
| E. LEP patients routinely wait longer than English-speaking patients due to the lack of interpreters or language access resources | Yes | No | Not sure |
| F. Interpretation services are only available during certain days of the week   | Yes | No | Not sure |
| G. Healthcare Providers go ahead and treat an LEP patient without waiting for a qualified medical interpreter to be present       | Yes | No | Not sure |
| H. Healthcare Providers try to “get by” and communicate with LEP patients using rudimentary foreign language skills               | Yes | No | Not sure |
| I. Patients have complained about our language access services  | Yes | No | Not sure |
| J. The organization has been investigated on language access grounds  | Yes | No | Not sure |
23. Have you received employer-sponsored onsite/offsite training on:
- |   |     |    |          |
|---|-----|----|----------|
| A. Federal and state language access laws   | Yes | No | Not sure |
| B. Cross-cultural medicine & ethnics  | Yes | No | Not sure |
| C. Effective communication with LEP patients  | Yes | No | Not sure |
| D. The Culturally and Linguistically Appropriate Services (CLAS) standards and other national best practices in | Yes | No | Not sure |

providing culturally and linguistically appropriate healthcare  
E. Other (specify): \_\_\_\_\_

24. Is there a person designated to have central responsibility and authority for the provision of language access services at your organization?

Yes       No       Not sure

25. Does your organization provide services to deaf and/or hard of hearing patients?

Yes       No       Not sure

26. If you answered yes to question 25, does your organization (check all that apply):

- A. Provide American Sign Language (ASL) interpreters
- B. Contract for ASL interpreters
- C. Have a TTY and other assistive devices for communicating with individuals with disabilities

27. What is your greatest barrier to communicate with LEP patients? Please select the top three barriers.

	<b>1</b>	<b>2</b>	<b>3</b>
Lack of LEP patients' understanding of healthcare providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of healthcare providers' understanding of by LEP patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of understanding of language access requirements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of knowledge about the patients' cultures & languages	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of experience interacting with qualified medical interpreters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of translated materials	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of accessible & qualified medical interpreters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of knowledge of the internal process to request assistance for LEP patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (specify): _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Additional comments:

*Thank you for responding to this important survey! Your input is extremely important in the development of responsive recommendations, tools, training and resources for community health centers and other organizations in providing language access services to LEP patients. We value your feedback and appreciate your time. To request to receive information on the final results and report please visit the [Arizona Health Disparities Center web page](#).*

## References

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- <sup>2</sup> Limited English Proficiency or LEP: [www.lep.gov](http://www.lep.gov)
- <sup>3</sup> Interpreting: *Standard Guide for Language Interpretation Services* by the American Society for Testing and Materials.
- <sup>4</sup> Translation: The Terminology of Healthcare Interpreting, A Glossary of Terms by the National Council on Interpreting in Health Care.
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<http://www.azdhs.gov/plan/report/ahs/ahs2010/toc10.htm>
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- <sup>13</sup> Arizona Association of Community Health Centers personal communication: June 2012
- <sup>14</sup> The Free Dictionary by Farlex: <http://medical-dictionary.thefreedictionary.com/direct+patient+care>
- <sup>15</sup> Nursing Assistance Guides: <http://nursingassistantguides.com/are-nursing-assisting-cna-and-medical-assisting-the-same-thing/>
- <sup>16</sup> Wikipedia: [http://en.wikipedia.org/wiki/Health\\_administration](http://en.wikipedia.org/wiki/Health_administration)
- <sup>17</sup> [http://www.portal.state.pa.us/portal/server.pt/community/interpreters/10373/act\\_57/552267](http://www.portal.state.pa.us/portal/server.pt/community/interpreters/10373/act_57/552267)
- <sup>18</sup> <http://xculture.org/medical-interpreter-training/>
- <sup>19</sup> The National Board of Certification for Medical Interpreters: <http://www.certifiedmedicalinterpreters.org/>
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