



February 26, 2010

Michael R. Milner, DHSc, PA-C
Rear Admiral, Assistant Surgeon General
Chief Health Services Officer
United States Public Health Service
Regional Health Administrator, Region 1, New England
JFK Federal Building, Suite 2100
Boston, Massachusetts, 02203

Dear Rear Admiral Milner,

It is with great pleasure that we submit our final report for the Language Proficiency project of the Language Services Committee, Purchase Request # OS8750. Attached you will find the following:

- An executive summary, the purpose of the project and the work done
- A detailed analysis of all survey results
- Addendums of all project materials including survey documents and cover letters

Please contact me with any questions or concerns. We look forward to our continued work on the issues of language access and cultural competency in Connecticut and to future opportunities to work with the Office of Minority Health.

Sincerely,

A handwritten signature in black ink, appearing to read 'Meredith Ferraro'.

Meredith Ferraro
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Language Access Services Project
Final Report March 1, 2010

PURCHASE REQUEST NO OS8750 LANGUAGE PROFICIENCY
Office of Minority Health

EXECUTIVE SUMMARY

The purpose of this contract was to obtain funding for the Language Proficiency Committee of the Connecticut Multicultural Health Partnership (CMHP) to conduct activities to achieve the goals established by the Committee for the CMHP. The CMHP was launched in July 2008 as a result of the Connecticut Department of Public Health successfully competing for a federal Minority Health Partnership Program grant through the Office of Minority Health. The Connecticut Multicultural Health Partnership is a consortium of public and private partners whose purpose is to develop and implement a plan to address health disparities and multicultural health issues by integrating the federal CLAS Standards (Standards for Culturally and Linguistically Appropriate Health Care Services) into the state's health care delivery system. The Language Services Committee is working to ensure that language is not a barrier to the receipt of appropriate health care and health education through the promotion of language proficiency to health professionals and organizations.

Activities

The activities of this contract relate to the overall purpose of the Language Services Committee to research and promote the implementation of Language Access Services (LAS) Models for health care organizations and public health agencies that meet the CLAS linguistics standards (#4, 5, 6, & 7). The objectives of this project were to: 1) assess language access services models; 2) determine criteria to be evaluated and surveyed to modify existing language access service models; 3) promote use of the models through system enhancements; and 4) develop a promotion and educational plan to disseminate information.

The activities to achieve the designated tasks involved designing and implementing a survey of local health departments and community health centers in Connecticut to identify current language access services and gaps in services in these settings and assuring that these findings are communicated to the CMHP for proper dissemination by various committees.

Outcomes/Measures

A survey of local health departments and community health centers was completed. This project provided a baseline measure of services being provided in these two settings.

Challenges

The survey response rates were not as high as we had hoped due to limited resources at the LHDs and the CHCs. This was further exacerbated by the need to handle other pressing issues, such as H1N1.

Opportunities to Eliminate Racial and Ethnic Health Disparities

The findings from the survey will be shared with other members of the MCHP. In particular, the Communications and the Policy and Advocacy committees will assist in disseminating the findings to further the overall goals of the MCHP.

Purpose of project and work done:

The work for this project was conducted by members of the Language Services Committee of the Connecticut Multicultural Health Partnership (CMHP). The Connecticut Multicultural Partnership was launched in July 2008 as a result of the Connecticut Department of Public Health successfully competing for a federal Minority Health Partnership Program grant. The purpose of the CMHP is to develop and implement a plan to integrate the federal CLAS Standards (Standards for Culturally and Linguistically Appropriate Health Care Services) into the state's health care delivery system. The purpose of the Language Services Committee is to contribute to the overall mission of the CMHP by ensuring that language is not a barrier to the receipt of appropriate health care and health education through the promotion of language proficiency in the written and spoken communications of health professionals and organizations.

The purpose of this project was to gain an understanding of the provision of language service models in Local Health Departments (LHDs) and Community Health Centers (CHCs) in Connecticut. In 2006 in Connecticut (according to the American Community Survey, conducted by the United States Census Bureau) there were nearly half-a-million people who were born in another country, over 600,000 people who speak a language other than English at home, and 260,000 who speak English "less than very well." These data show the need for health and community services appropriate for people with Limited English Proficiency (LEP). The diversity of languages spoken in the United States has drawn attention to the need for interpretation and translation in a variety of public and private services, with health care being one of the primary concerns.

In the health field, most of the activity around the provision of language services has focused on acute care settings, such as hospitals. In 2009 a report on medical interpretation in Connecticut acute care hospitals was prepared for the Commissioner of Health for the State Department of Public Health. There is a consensus on the essential contribution of language services to providing quality care. "Effective communication is essential in health care settings, and for persons with LEP the provision of competent medical interpretation is a core element of effective communication in medical settings. In hospitals, virtually every aspect of care is affected by language efficacy. Not surprisingly, persons with LEP experience adverse outcomes in medical services far more often than their English-speaking counterparts, and the health of linguistic minorities is compromised, patient safety and satisfaction are diminished, hospitals face financial risk and social justice is not served." (Faraclas, Gallup & Perlin, 2009).

We chose to conduct surveys of both LHDs and CHCs because to date, an evaluation of available language access services in these public, community sources for health care has not been documented. The increasing number of people who are not English speakers and the dearth of information on public health services for LEP demonstrates the need to further explore the need for these services, as identified by both the LHD's and the CHC's, the types of programs that are currently in play and the challenges to providing those services. Dr. Peggy Gallup, Ph.D., Professor at Southern Connecticut State University, was the Principal Investigator for the portion of the project surveying the LHDs. Evelyn Barnum, J.D., Chief Executive Officer of the Community Health Centers Association of Connecticut, (CHCACT) conducted the portion of the project surveying the CHCs. The Southern Connecticut State University Institutional Review Board (IRB) approved this project.

The major research questions we wanted to answer were:

- What is the need for LEP services, as reported by health department and community health center staff and based upon community demographics?
- What services are currently provided in the LHD and CHC settings?
- What recommendations can be made for future planning to address language access services in the LHD and CHC setting?

These surveys, available in paper format, online or via interview, were completed by a director or staff member at the LHD or CHC to determine his or her perception of the availability and need for language services, including languages used by clients and the types of services available in those languages. Sample question categories included:

- Are services related to community size (i.e. rural vs. urban) or language make-up of the population?
- What are the challenges in offering these kinds of services?
 - For example, cost of services, insufficient knowledge on ways to provide these services and lack of language expertise.
- What can be done to enhance language services, as reported by health department staff?

The names of the LHD or CHC are not mentioned in this report. We did ask each participant if they would be willing to provide us with the name of either their department or health center so that we could summarize the responses on language services based upon population characteristics. These data were collected from the U.S. Census Bureau. These data are also aggregate in large enough groups so that individual participants cannot be identified.

Local Health Departments:

A search of the literature and the internet did not reveal the availability of studies or discussion about language services provided by local health departments, with the exception of emergency preparedness. For example, the 2008 National Profile of Local Health Departments prepared by the National Association of County & City Health Officials (NACCHO) which is the "...most complete source of data about local health departments (LHDs) in the United States" (pg. iii), does not mention language services. The perception that language services in LHDs have not been well-researched was confirmed by a personal communication between Dr. Peggy Gallup and Dr. Jennifer Joseph, Director, NACCHO Infectious Disease Programs.

Local health departments are the front line for community health services and as such have responsibility for the health of all their residents. LHDs are very likely to serve those with LEP as they have traditionally been responsible for caring for the most vulnerable members of society, and addressing health disparities has been a long time concern for these organizations. LHDs provide a comprehensive range of services to the community. According to NACCHO (2008) the most common services provided are: adult and child immunizations, communicable/infectious disease surveillance, tuberculosis screening and treatment, food service establishment inspection, environmental health surveillance, food safety education, tobacco use prevention and schools/daycare center inspection. Emergency preparedness, an area that has expanded recently, is the one area where there is some literature on language services. Obviously in an emergency (such as Hurricane Katrina) it is imperative to provide language services for LEP to assure public safety. A 2004 survey of Connecticut LHDs found that 75% of LHDs have given special consideration to those with LEP for preparedness planning, and that the

majority have begun preparation on a variety of these services (Connecticut Association of Directors of Health, 2004).

In Connecticut, the geopolitical structure is different from other states, where most counties have political governments and responsibility for health services. In Connecticut, there are 169 towns and cities that are divided into health departments and districts. These local health departments are the primary providers of public health services. The 82 LHDs cover the entire population of the State. They are led by either full- or part-time health directors who are governed by the Connecticut General Statutes and overseen by the Commissioner of Health. The LHDs are divided into municipal health departments comprised of one town or city or districts which provide services to more than one community. Several towns can band together and create a health district; there are 20 health districts (plus two tribal nations). Of the 169 towns, there are 141 with full-time health directors (31 municipal and 109 district) and 31 towns with part-time health directors.

The population for this project was the 82 Local Health Departments in Connecticut, made up of both municipal and district health departments. The survey (Addendum B) was first presented to LHD Directors at the October 21, 2009, meeting of the Connecticut Association of Directors of Health (CADH) by the organization's President, Jennifer Kertanis. The survey was completed by staff members from a total of 33 LHDs in Connecticut. The Health Directors were each given a letter of introduction describing the project (A), a handout of Definition of Terms (Addendum E), a copy of the survey and asked to provide a contact person so that we would be able to follow-up on the completion of the survey. To maximize the response rate, we sent e-mail announcements to LHDs not represented at the meeting, and followed up with reminder e-mails and phone calls to all LHDs that had not responded. The DPH Local Health Administration Branch Chief, Pamela Kilbey-Fox, provided assistance by sending multiple emails to all LHDs through the State DPH email system. In addition, several of the regional field epidemiologists funded through federal preparedness funding contacted LHDs in their region to encourage participation.

Local Health Department Data Analysis

Characteristics of Health Departments and their communities

Of the 82 Health Departments in Connecticut, 33 responded, for a response rate of 40%. Of the 20 health districts in the state 60% responded (n=12), of the 30 full-time municipal health departments 50% responded (15) and of the 32 part-time health departments 19% responded (6). These health departments serve 2.2 million people, or 65% of Connecticut's population.

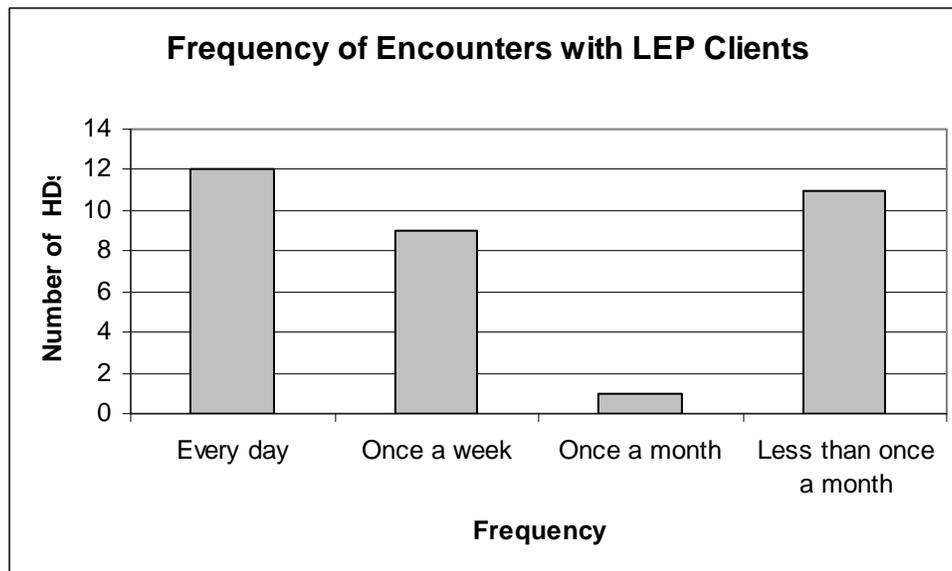
The size of the population that these health departments serve varies greatly.¹ Among the single community health departments, the largest is nearly 140,000 while the smallest is about 7,000. For health districts, the service populations range from 155,000 to 25,000. Language characteristics (for those aged 5 years or older) show that in some Connecticut communities

¹ Population statistics are based on the 2000 US Census. The 2000 Census was used rather than more recent American Community Survey (ACS) statistics because the ACS does not have linguistic information for the smaller communities.

there are large numbers of residents who are not English speakers, while in others nearly everyone speaks English. For the single community health departments, the proportion who speaks only English ranges from 95% to 57%, while for the health districts it ranges from 94% to 78%. Another measure of language diversity, the proportion of residents who speak English “less than very well” varies as well. For the single community that ranges from 2% to 21% of the population. For the health districts, this proportion ranges from 1% to 9%.

Languages encountered

The large variation in the linguistic compositions of communities throughout the state is reflected in the frequency that HDs encounter residents with Limited English Proficiency (LEP).² While about just over one-third (38% or 12) of the health departments have daily encounters, slightly fewer (34% or 9) have these encounters less than once a month.



HDs were asked how frequently they encountered people with LEP who speak the ten most common non-English languages in Connecticut. Spanish is by far the most common language with half (50%) of the HDs reporting weekly encounters. This finding is consistent with statewide statistics, as Spanish speakers make up half speakers of non-English languages in Connecticut. Among the other common languages, Chinese was the second most frequent with about 18% having weekly encounters. The other languages encountered weekly, but by fewer HDs, are Portuguese, French Creole, Italian, Polish and French. The other languages respondents encounter include: African languages, Albanian, Arabic, Japanese, Hindi, Korean, Slavic, Tagalog (spoken in the Philippines), Thai, Turkish and Vietnamese.

² Limited English Proficiency is defined as: Not speaking English as one's primary language, and having a limited ability to read, speak, write, or understand English. For this survey, people with LEP are those who are limited in communicating about and understanding health and health care in English, with that limitation having the potential to negatively impact services. Furthermore, LEP refers to the U.S. Census description of people who self-report that they speak English “less than very well.” This definition is taken from Federal government at: <http://www.lep.gov/faqs/faq.html>

Frequency of Encounters with LEP Clients by Language (n=32)			
	Weekly	Monthly	Less frequently
Spanish	49%	12%	39%
Chinese	18%	39%	42%
Portuguese	9%	12%	79%
French Creole	6%	15%	79%
Italian	6%	6%	88%
Polish	3%	12%	85%
French	3%	3%	94%
Greek	0%	9%	91%
Russian	0%	9%	91%
German	0%	0%	100%

Assessment of language service needs

As part of planning for language services, HDs often make formal and informal assessments for the language status of their communities. Slightly less than half (14; 42%) reported doing an assessment of languages spoken and/or the need for LEP services.

For those HDs that do assessments, the most common source of information, used by nearly two-thirds, is US Census data. Forty-three percent of HDs use their own records and 29% use their own community assessments. Participants also gain information from other community organizations, the Connecticut Department of Public Health, and assessments by other organizations. No HD reported using information from the Connecticut Association of Health Directors. Beyond those sources listed on the survey, participants reported basing their knowledge of language service needs on their own “experience on the ground.” Other sources of information included the Department of Economic and Community Development and school information, including the School Profiles compiled by the Connecticut Department of Education.

Sources of Information for assessments of LEP population and need for language services – among those HDs that do assessments (n=14)	
US Census data	64%
Health Department records	43%
Local community organizations	43%
Needs assessment by Health Department	29%
State government information	29%
Needs assess by other organizations	29%
Conn. Association of Health Directors	0%
Other sources of information	50%

The participants were asked to comment on the how they use their assessments in public health activities. Among the programs mentioned were public health preparedness and vaccination. There were also several that specifically mentioned services related to maternal and child health, such as WIC, and school health. Assessments were also done to determine the need for translated materials, particularly for Spanish speakers. Additionally, there were several HDs that reported the high number of Chinese speakers who work in restaurant and food services.

Overview of Language Services

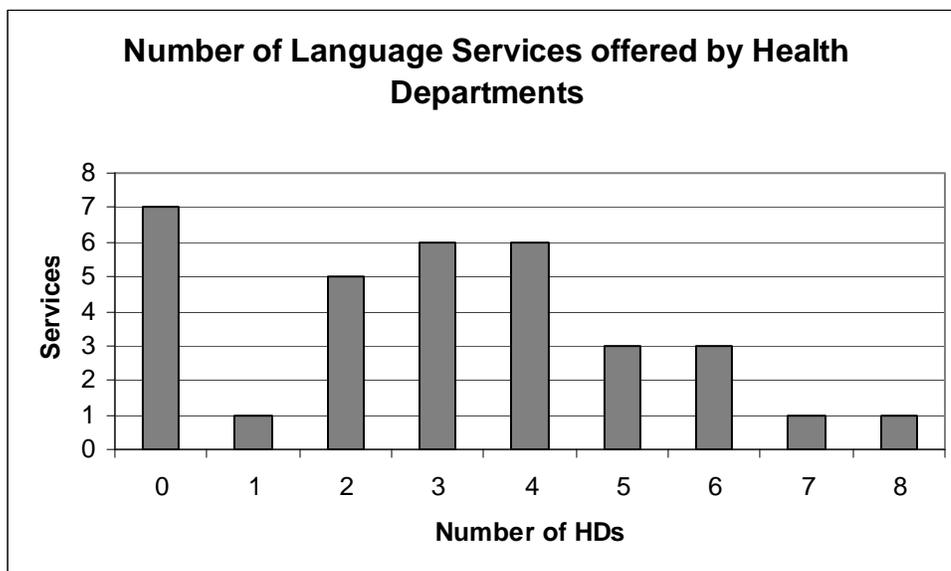
Providing language service is not one uniform program, but rather is comprised of many different activities to meet the needs of the public. Furthermore, as shown above that need is not the same in all communities.

The survey provided a list of 10 different kinds of language services used in the health field. The options included both direct communication in the form of written translation, spoken interpretation and broader community directed outreach techniques.

Translations are the most common form of language service, with three-quarters of the HDs providing educational materials, and 70% having signs and posters or forms written in another language. However, communication boards are used infrequently (6%). The most common method of providing interpretation is through bilingual staff (30%), followed by volunteer interpreters (22%). The more costly forms of interpretation (i.e., telephone language lines and paid interpreters) are provided by few HDs (18% and 9% respectively). Methods of communicating to the community-at-large are used infrequently, with 18% of the HDs using media outlets and only 6% using web-based information. As one participant stated their clients "...don't have computers in large numbers... an extremely poor community." Some HDs are considering offering more language services with the most frequent expansion planned for volunteer interpreters, translated forms and web-based information.

Types of Languages Services Offered by HDs (n=32)			
	Offer	Planning	Do not offer
Translated educational materials	76%	9%	15%
Translated signs & posters	70%	6%	24%
Translated forms	52%	12%	36%
Bilingual staff	30%	3%	67%
Volunteer interpreters	22%	19%	59%
Media outlets	18%	3%	79%
Telephone language lines	18%	3%	81%
Communication Boards	6%	6%	88%
Paid interpreters	9%	6%	85%
Web-based information	6%	12%	82%

Examining the distribution of the number of services provided by HDs illustrates that there is no standard throughout the state. However, the reader should not view the graph as definitive because the number of services is based on a list of services that are not comprehensive nor mutually exclusive, and there is no attempt to determine the intensity or effectiveness of services. The mean number of services provided by the participants is 3.1, with a range from 0 to 8. Seven HDs (21%) do not provide any of the listed language service, while 8 (24%) provide 5 or more services.



Specific Health Department Activities and Language Services

Public health responsibilities are numerous and relate to community size and location. In an attempt to capture the activities that Connecticut HDs offer and the related language services, the survey presented a list of these services (derived from the National Association of County & City Health Officials 2008 *National Profile of Local Health Departments* report).

The responses to these questions show that Connecticut HDs are widely involved in the traditional public health services of food service inspection and environmental health and the newer responsibility of emergency preparedness. For all of the public health activities, Spanish language services are more frequently offered than other languages, with the exception of food service inspection. Over half of the HDs have information about adult and childhood immunizations available in Spanish.

Public Health Activities Offered and Language Services (n=33)			
	Offer Service	Spanish	Other Languages
Food service inspection	94%	40%	55%
Environmental health	88%	18%	3%
Emergency preparedness	85%	46%	30%
Food safety education	82%	46%	33%
Communicable disease surveillance	82%	28%	12%
Adult Immunizations	79%	52%	27%
School & daycare inspection	79%	9%	3%
Child immunizations	70%	55%	21%
TB treatment	58%	27%	15%
Maternal & child programs	36%	30%	12%
Tobacco prevention	33%	12%	0%

The comments made by several respondents, mentioned that many restaurants employ Chinese speakers, and accordingly such things as inspection forms are translated into Chinese. It was also noted that (at least in one area) Armenian speakers work in restaurants. Two respondents described incorporating volunteer interpreters into their emergency planning. Lead-based paint information is available in Spanish. One HD uses Spanish H1N1 provided by the Board of Education. Additionally, several respondents mentioned having health education programs available in Spanish.

Importance of Providing Language Services

The respondents were asked about the importance of providing language services for effective delivery of the eleven public health responsibilities listed in the survey. Based upon the frequency of selecting “very important,” the HDs ranked food service inspection and food safety education highest. This finding is consistent with the other indications that many restaurant workers are not English speakers. About half of the respondents felt that language services are very important for childhood and adult immunizations, emergency preparedness, and TB treatment. Overall the responses show that language services are important for effective delivery of public health. The relatively low rating for maternal and child services is probably due to the fact that only about one-third of the HDs offer these programs.

Importance of Providing Language Services for Public Health Activities (n=33)	
	Rated as “very Important”
Food service inspection	64%
Food safety education	61%
Child immunizations	52%
Emergency Preparedness	52%
Adult immunizations	49%
TB treatment	49%
Disease surveillance	40%
Tobacco prevention	33%
Environmental health	27%
School & daycare inspection	18%
Maternal & child programs	6%

Collaboration for Language Services

Local health departments often work together with other public and private organizations to provide services for their communities. For language services, fifty five percent of the respondents reported collaborating. The survey did not list specific collaborations but rather asked for comments. Respondents reported working with the Connecticut Department of Public Health. They also were able to use the services of interpreters or bilingual staff from other town departments, the board of education and area hospitals. HDs work with community organizations that serve populations with LEP, such as social service agencies, churches and programs teaching English as a second language. Collaboration is not limited to formal arrangements; the description given by two respondents that “we try to find the language when needed” probably applies to many situations.

Challenges to providing services

The provision of language services is a challenge. The survey asked respondents to rank the importance of a list of economic and logistic problems that made it difficult to provide language services. When the responses were ordered (based upon the number who ranked it in the top 3), the lack of resources for language services is a significant barrier. The cost of providing services is the highest ranking barrier, selected by over three-quarters (77%) of the HDs, and the lack of time the third ranking barrier (selected by 51%). There is also not enough technical expertise, both in the form of limited availability of interpreters (61%) and translated materials for some languages (50%). Of the barriers listed, HD staff resistance was seldom considered a barrier (4%).

Difficulties in Providing Language Services	(n 22 to 26)³	
	Percent	Rank
Cost of providing services	77%	1
Limited availability of interpreters for some language	61%	2
Time required to develop materials	52%	3
Unavailability of translated materials in a variety languages	50%	4
Insufficient data to develop community resources	30%	5
Difficulty identifying need for language services	22%	6
Variety of languages spoken in the community	17%	7
Uncertainty about available language services	14%	8
Staff resistance	4%	9

Summary

To assess the current experience with people with Limited English Proficiency among Connecticut Local Health Departments, a survey was conducted that asked about the frequency of encounters with people with LEP, the language-related activities the HDs are involved in and the barriers to providing services. Key findings of the survey are:

- The 33 respondents provide public health services to over 2 million Connecticut residents.
- The communities served by the HDs range in size and in linguistic diversity, which is reflected in the frequency with which the HDs encounter people with LEP.
 - Nearly one-third of the HDs encounter people with LEP every week and, at the other end of the spectrum, one-third have such encounters less than once a month.

³ Not all responses could be used for this part of the analysis.

- Spanish is by far the most common language encountered, with Chinese being second.
 - The comments revealed that Chinese restaurant employees are the reason this group is seen so frequently.
- Slightly less than half of the HDs have done an assessment of the LEP population and the need for LEP services.
 - The most common sources of information for these assessments are the U.S. Census, HD records and local community organizations.
 - The HDs also informally assess this situation through their own experiences.
- The HDs use a variety of strategies to provide language services. Translated materials are the most frequently used. Interpretation is mostly done by bilingual staff and volunteers. Media outlets are used for community outreach.
 - The mean number of language services provided by the respondents is 3.1, with a range from 0 to 8.
- Connecticut HDs are involved in many activities, with food service, environmental health and emergency preparedness being the most common, and language services are provided (in varying degrees) for all activities.
 - Spanish language services are offered more frequently than for other languages, except for food service inspection.
- Just over half of HDs collaborate with other organizations in providing language services. Organizations include the Connecticut Department of Public Health, municipal and community organizations.
- The cost of providing language services is the ranking barrier to addressing the needs of LEP community. Other challenges included lack of time, and the limited availability of interpreters and translated materials for some languages.

Community Health Centers:

There are 14 Community Health Centers (CHC) in Connecticut. CHCs offer primary and preventive health care visits, lab services, dental and mental health services and case management. Many of the CHC staff are bilingual and residents of the community. Every year, more than 263,000 patients from across Connecticut receive their care from a CHC. Nearly one third of these patients are uninsured. As the Connecticut economy continues to struggle and health care costs continue to rise, more and more families are turning to CHCs for their health care services.

According to Evelyn Barnum, Chief Executive Officer for the Community Health Center Association of Connecticut (CHCACT), little has been documented on the availability of language access services among CHCs in the state. Prior to the survey, CHCACT was able to provide the number of patients served by nine of the fourteen CHC's in Connecticut that were "best served in a language other than English", a total of 59,685. It is not known what languages are represented by this number or what language services would be most effective.

The population for this project is the 14 CHCs in the state. The survey (Addendum D) was first presented to the CHCs at a CHCACT Board meeting by Evelyn Barnum. The survey was

completed by staff members from a total of nine Connecticut CHCs. Each CHC Director was given a letter of introduction describing the project (Addendum C) along with a handout of Definition of Terms (Addendum E) and the survey, and was asked to provide a contact person so that we would be able to follow-up as to the progress and completion of the survey. Evelyn Barnum sent e-mail announcements to CHCs not represented at the meeting, and also provided follow up reminder e-mails and phone calls to all CHC that had yet participated.

Community Health Centers Data Analysis

Languages encountered

Of the 14 CHCs, 9 or 64% responded, but for some questions only 8 CHCs responded (noted in the table below). A large proportion of the patients served by the CHCs have Limited English Proficiency (LEP). For two-thirds (6), LEP patients make-up 25 to 49% of their patients, and for one-third (3) LEP patients make-up 50 to 75% of their patients.

The CHCs were asked how frequently they encountered people with LEP who speak the most common non-English languages in Connecticut. Spanish is by far the most common language with all of CHCs reporting frequent encounters. This finding is consistent with statewide statistics, as Spanish speakers make up half of the speakers of non-English languages in Connecticut. Among the other common languages, the only ones that were frequently encountered were Italian, Portuguese, Tagalog and Urdu (each by 1 CHC).

Frequency of Encounters with LEP Clients by Language (n=8 or 9)			
	Frequently	Occasionally	Seldom/Never
Spanish	100%	-	-
Chinese	-	34%	63%
French	-	44%	56%
French Creole	-	56%	44%
Gujarathi	-	-	100%
Hindi	13%	25%	63%
Italian	13%	25%	63%
Greek	-	-	100%
Japanese	-	-	100%
Korean	-	-	100%
Laotian	-	-	100%
Polish	-	-	100%
Portuguese	13%	13%	63%
Russian	-	-	100%
Serbo-Croatian	-	-	100%
Tagalog	13%	13%	63%
Urdu	13%	13%	63%

Language Services Provided

To capture the variety of formal and informal methods that make up language services, the survey asked several questions about the types of services provided and the process of providing these services.

All but one of the nine CHCs (or 89%) provide language services throughout their hours of operation. The survey provided a list of 12 different kinds of language services commonly used in the health field. The options are grouped as in-person and technology-based interpretation, translation and language-specific health education. Because Spanish speakers predominate, responses were compiled for Spanish language services and all other languages. For Spanish speakers, all CHCs use bilingual clinical and non-clinical staff. About four out of five (78%) use staff interpreters. Family members are used by 89% of CHCs. For speakers of other languages all the CHCs rely on family members, with two-thirds using bilingual clinical staff, 44% using non-clinical staff and 22% using staff interpreters. Outside interpreters (both professional and volunteer) are rarely used for Spanish or other languages. Telephone interpretation is used by all CHCs for Spanish speaking patients and by 89% for patients who speak another language. No CHC uses video interpretation. Signage in Spanish is used by two-thirds of the CHCs and signage in other languages by one-third. Twenty two percent have Spanish language health education programs, but none offer them in other languages. Eleven percent have networks or bulletin boards in Spanish, with none in other languages.

Types of Languages Services Offered by CHCs (n=9)		
	Spanish	Other languages
In-person interpretation		
Bilingual clinical staff	100%	67%
Bilingual non-clinical staff	100%	44%
Staff interpreters	78%	22%
Family members	89%	100%
Independent interpreter	0%	0%
Commercial service	11%	0%
Volunteers	0%	0%
Technological interpretation		
Telephone interpretation	100%	89%
Video Interpretation	0%	0%
Other services		
Signage	67%	33%
Health education	22%	0%
Networks or bulletin boards	11%	0%

Another aspect of language services is translated versions of commonly used forms (such as consent forms, advanced directives, living wills and Health Insurance Portability and Accountability Act materials). For Spanish-speaking patients, all the CHCs use in-house translations and one-third use external contracted translator services. Two of the CHCs use translations developed by government agencies, and one CHC used translations from professional associations or from cooperative association with other health care organizations.

Translation services were seldom routinely provided for other languages. One-third (3) provided translation for Portuguese and 22% (2) provided it for French or French Creole. One CHC provided routine translations for all the listed languages.

As stated above, all of the CHCs use bilingual clinical staff to speak with their patients with LEP. About three-quarters of the CHCs have hired bilingual APRNs or LPNs within the past 2 years. Two-thirds have a hired a bilingual physician (or physicians) in that time.

Recent Hiring of Bilingual Medical Staff at CHCs (n=9)	
Advanced Practice RN	78%
Licensed Practical Nurse	78%
Physician	67%
Registered Nurse	56%
Certified Nurse Midwife	33%
Nursing Assistant	33%

Requirements for Interpreters

Eight of the CHCs use interpreters to communicate LEP patients, and in all cases require competency in the target language. Two of these CHCs (25%) require completing a course in medical interpretation and 1 (13%) requires passing a competency exam for on medical interpretation skills.

Administration for Supporting Language Services

Administrative practices and policies support and guide the provision of language services. Two thirds (6) of the CHCs have a formal protocol for staff to assess language services. Nearly all (89%) have written policies on interpretation services, while just under half (44%) have them for translation. One third have designated an individual or department with the responsibility for developing policies for language services, while 22% have done so for managing these services. The most common form of training is to educate clinical staff on working with interpreters and assessing a patient’s needs, which 44% do. Twenty two percent of the CHCs have training for administrative staff on collecting and managing data for language services, evaluating language services, or establishing policies and procedures.

Practices and Policies Supporting Language Services (n=9)	
Formal protocol for staff to assess patient’s need for language services	67%
Written policies on the provision of interpretation services	89%
Written policies on translation of required documents (e.g. consent form)	44%
Designated position or department responsible for developing policies for language services	33%
Designated position or department responsible for managing language services	22%
Training for clinical staff on working with an interpreter or assessing the	44%

need for language services	
Training for administrative staff on collecting and managing language services needs data	22%
Training for administrative staff on evaluating language services	22%
Training for administrative staff on establishing policies and procedures	22%

Monitoring Language Services

While only one CHC does regular evaluations of language services, all of the CHCs monitor the delivery and quality in some way. Two-thirds track formal complaints and 56% review patient satisfaction surveys. Medical record audits and formal oversight committees are used infrequently.

Monitoring Language Services (n=9)	
Conduct regular evaluations of language services	11%
Track formal complaints	67%
Review patient satisfaction surveys	56%
Audit medical records	22%
Use formal committees or administrative oversight	11%

The Cost of Language Services

While providing language services has a real cost, there is little reimbursement available for these services. Seven of the nine CHCs report that they allocate funding for language services in their budget, and all of them report that these costs are paid out of the general budget, 2 report that there is funding from third-party reimbursement, while none receive funding from Medicaid or philanthropic sources. The cost of language service varies considerably with 33% of the CHCs spending less than \$1,000, 33% spending between \$1,000 and \$10,000 and 22% spend over \$20,000.

Estimated Cost of Language Services (n=9)	
Less than \$1,000	33%
\$1,000 to \$10,000	33%
Over \$20,000	22%
Unknown	11%

Summary

To assess the current experience with people with Limited English Proficiency of Connecticut local community health centers, a survey was conducted that asked about the frequency of encounters with people with LEP, the language-related activities the CHCs provide. Key findings are:

- Spanish is by far the most common language encountered, Hindi, Italian, Portuguese, Tagalog and Urdu are the other languages that are encountered frequently.
- The CHCs provide many different language services.

- For Spanish speakers, bilingual clinical and non-clinical staff are the most common means of interpretation, and the most CHCS also rely on family members. Bilingual staff are used less frequently, while outside interpreters are seldom use. Every CHC uses telephone interpretation.
 - Translation is used less frequently than interpretation.
- For interpretation for speakers of other languages, family members are used by all CHCs. Staff are also used and outside interpreters are rarely used. Nearly all CHCs use video interpretation for this group, while outside interpreters are seldom used.
 - Translation services are used infrequently.
- Bilingual medical staff are an important part of language services.
- Nearly all of the CHCs use medical interpreters, requiring competency in the target language. A smaller group require completing a course in medical interpretation and passing a competency exam for on medical interpretation skills.

Next Steps

Upon completion of this project, the Language Services Committee will report survey results and analysis to the CMHP Executive Board and prepare to begin working with other relevant CMHP committees, including the Communication and Media Committee and the Data, Surveillance and Evaluation Committee. The primary objective of this committee's work with other CMHP Committees related to this project will be to develop a list of recommendations that will promote the adaptation of the Culturally and Linguistically Appropriate Services (CLAS) standards in both LHDs and CHCs.

References

Community Health Centers Association of Connecticut. <http://www.chcact.org/> . Accessed 2.24.10.

Connecticut Association of Directors of Health, Inc., (2004) Local special needs population assessment for local public health departments: Final report.

Department of Justice, (n.d.) Guidance to Federal Financial Assistance recipients regarding Title VI prohibition against national origin discrimination affecting limited English proficient persons. Accessed at: <http://www.usdoj.gov/crt/cor/lep/DOJLEPGuidApr122002.php>

Faraclas, W.F., Gallup, P.A, Perlin, M.J., (2009) Medical Interpretation in Connecticut's Acute Care Hospitals: A Report to the Commissioner of Public Health

National Association of County & City Health Officials, (2009) 2008 National Profile of Local Health Departments
Accessed at: <http://www.naccho.org/topics/infrastructure/profile/>

Perkins, J. (2003). Ensuring linguistic access in health care settings: an overview of current legal rights and responsibilities. The Kaiser Family Foundation.
Accessed at: <http://www.kff.org/uninsured/upload/Ensuring-Linguistic-Access-in-Health-Care-Settings-An-Overview-of-Current-Legal-Rights-and-Responsibilities-PDF.pdf>

ADDENDUM A
(Cover letter for Local Health Department Survey)

October 21st, 2009

Dear Health Director,

The Language Services Committee of the Connecticut Multicultural Health Partnership is inviting you to participate in a survey of language services offered by local and district health departments. The purpose of this survey is to describe the services health departments offer for people with Limited English Proficiency (LEP), your perception of the need for those services and the challenges in offering those services.

The Connecticut Multicultural Health Partnership is a consortium of public and private partners working to develop and implement a state plan to identify and address many aspects of health disparities. The Language Services Committee is working to ensure that language is not a barrier to the receipt of appropriate health care and health education through the promotion of language proficiency to health professionals and organizations. This study has been approved by the Human Investigations Committee of Southern Connecticut State University.

We would appreciate your contribution to this important study, by having a staff member at your health department complete this survey in paper form and faxing it to Dr. Peggy Gallup at (203)392-6965, online at gallup1@southernct.edu, or via a phone interview.

We are asking you to include the name of your health department so that we can match your service area to the size of your population and its linguistic characteristics from United State census. We will report all information in the aggregate. We will only mention the name of your health department if you would like us to feature your activities in the report. The final report will be given to the Connecticut Multicultural Health Partnership, all Connecticut Health Departments, the Connecticut Department of Public Health and the Connecticut Association of Directors of Health.

We would appreciate your returning the survey to us by November 6th, 2009. We will be sending you an email to remind you to complete the survey

If you have any questions or would like to complete the survey by phone interview please contact Dr. Peggy Gallup at (203)392-6961 or gallup1@southernct.edu.

Yours truly,

Peggy Gallup, PhD
Professor of Department Public Health
Southern Connecticut State University
144 Farnham Ave.
New Haven CT
06517

**Survey on Public Health Services
for those with Limited English Proficiency (LEP)**

- Thank you for agreeing to participate in this survey, completion of which indicates permission to use data.
- We welcome detailed responses in the spaces provided on the form and at the end of the survey
- Please refer to the attached definitions when completing the surveys.

PLEASE RETURN TO:

**Dr. Peggy Gallup
Public Health Southern Connecticut State University
New Haven, CT 06517
via fax at (203)392- 6965
or by phone (203)392-6961**

1. Name of health department/district _____
 (Note: The name of your health department will not appear in the final report, unless you would like us to describe a program that you have. We will group some of the survey responses by community size and number of people with Limited English Proficiency.)

2. How frequently does your health department encounter people with LEP? (check one)

- ___ Every day
- ___ Once a week
- ___ Once a month
- ___ Less than once a month

3. How frequently does your health department encounter LEP clients that speak the following languages as their primary language?

Language	FREQUENCY		
	At least 1 time a week	At least 1 time a month (not weekly)	Less than monthly
Spanish			
Chinese			
French			
French Creole			
German			
Greek			
Italian			
Polish			
Portuguese			
Russian			
Other (specify):			
Other (specify):			
Other (specify):			

4. Has your health department done any assessments of the languages spoken by community members and/or the need for Limited English Proficiency services?

Yes

No

If yes, for what programs? _____

5. If your health department does any of this type of assessment which sources do you use? (Check all that apply.)

Community needs assessment conducted by health department

Community needs assessment conducted by another organization

Your health department's records

Local community organizations

State governmental agencies (including Department of Public Health)

Connecticut Association of Health Directors

U.S. Census data

Other (specify): _____

6. Does your health department currently offer, or is planning to offer, these language services in any of its programs?

Service	Offer	Planning to offer	No plans to offer
Bilingual staff			
Paid interpreters			
Volunteer interpreters			
Telephone language lines			
Translated educational materials			
Translated signs and posters			
Web-based information			
Media outlets in other languages (Newspaper, radio, community groups)			
Translated forms			
Communication boards			
Other (please specify)			
Other (please specify)			
Other (please specify)			

7. The following is a list of the most common services offered by local health departments (according to the 2008 Survey of Health Departments by NACCHO). Please indicate if your Health Department offers this service, and if yes, if you provide any interpretive or translated services. (Check all that apply)

Service	Offered by health department	Information available in Spanish	Information available in another language
Adult immunizations			
Child immunizations			
Communicable/infectious disease surveillance			
Tuberculosis treatment and screening			
Food service establishment inspection			
Environmental health surveillance			
Food safety education			
Tobacco Use prevention			
School daycare/center inspection			
Maternal & child programs such as WIC			
Emergency Preparedness			

8. Please describe any other services where your health department offers any interpretation or translation services.

Other services (please specify)	Information available in Spanish	Information available in another language

9. For the same services (listed in question 8), please rate how important you think having interpretation or translation available for the effective delivery of that service.

Service	Not at all important	Somewhat important	Very important	Not sure or not applicable
Adult immunizations				
Child immunizations				
Communicable/infectious disease surveillance				
Tuberculosis treatment and screening				
Food service establishment inspection				
Environmental health surveillance				
Food safety education				
Tobacco Use prevention				
School daycare/center inspection				
Emergency Preparedness				
Other (please describe)				
Other (please describe)				
Other (please describe)				

10. Does your health department collaborate with other organizations to provide interpretation or translations? If yes, please tell us about them.

___ Yes

___ No

If yes, please describe? _____

11. The following is a list of factors that can make it difficult to provide language services. Please rank them with 1 for the greatest barrier and 9 for the least barrier.

- Insufficient data from external sources to develop a community language profile
 - Cost of providing services
 - Time required to develop materials
 - Staff resistance
 - Difficulty identifying community need for language services
 - Variety of languages spoken in the community
 - Limited availability of interpreters for some languages
 - Unavailability of translated written materials in a variety of languages
 - Uncertainty about available language services
 - Other (please specify)
-

12. Please describe any other language services programs or initiatives your health department currently has in place.

13. Please describe any other language service programs or initiatives your health department is planning to implement within the near future:

14. Please feel free to elaborate on any answer provided.

15. May we contact you for follow up questions?

- Yes
- No

If yes, please provide name of contact person and contact information:

Name: _____

Phone: _____

Email: _____

Thank you for participating!

(Cover letter for Community Health Center Survey)

December 3, 2009

Dear Health Center Director,

The Language Services Committee of the Connecticut Multicultural Health Partnership is inviting you to participate in a survey of language services offered by community health centers (CHC). The purpose of this survey is to describe the services that CHC's offer for people with Limited English Proficiency (LEP), your perception of the need for those services, and the challenges in offering those services. This study has been approved by the Human Investigations Committee of Southern Connecticut State University.

The Connecticut Multicultural Health Partnership is a consortium of public and private partners working to develop and implement a state plan to identify and address many aspects of health disparities. The Language Services Committee is working to ensure that language is not a barrier to the receipt of appropriate health care and health education through the promotion of language proficiency to health professionals and organizations.

We would appreciate your contribution to this important study, by having a staff member who is knowledgeable about the language services you offer at your health center complete this survey in paper form and mailing or faxing it to Dr. Peggy Gallup at address below or FAX #203-392-6965, online as directed by your Executive Officers, or via a phone interview.

Please include the name of your health center so that we can match your service area to the size of your population and its linguistic characteristics from United State census data. We will report all information in the aggregate. We will only mention the name of your health center if you would like us to feature your activities in the report. The final report will be given to the Connecticut Multicultural Health Partnership, the Connecticut Department of Public Health and made available to all local and community health centers.

We would appreciate your returning the survey to us by December 15th, 2009. We will be sending you an email to remind you to complete the survey.

If you have any questions or would like to complete the survey by phone interview please contact Dr. Peggy Gallup at (203)392-6961 or gallup1@southernct.edu.

Yours truly,

Peggy Gallup, PhD
Professor of Department Public Health
Southern Connecticut State University
144 Farnham Ave.
New Haven CT
06517

Survey on Language Services for Patients with Limited English Proficiency

Thank you for participating in this Language Service Survey on behalf of the CT Multicultural Health Partnership. The data collected will be used to describe the services that Community Health Centers offer for people with Limited English Proficiency (LEP) and to better understand your perception of the need for those services and the challenges in offering those services. By completing the survey you are giving permission to the Partnership to use the data you provided. The name of your organization will remain confidential. Data will be shared in the aggregate.

- Please refer to the definitions of terms provided in the accompanying email.
- We welcome detailed responses in the spaces provided and at the end of the survey.

1. What percentage of your health center's patients are limited in their English Proficiency? Please estimate if you are not sure of the actual percentage of LEP patients receiving health care in your health center:

- ___ Greater than 25%
- ___ Greater than 50%
- ___ Greater than 75%
- ___ Not sure

2. How frequently does your health center encounter LEP patients that speak the following languages as their primary language? **Please check the fourth column if at least one staff member speaks any of the following languages as well.**

	<i>Frequently</i>	<i>Occasionally</i>	<i>Seldom/Never</i>	<i>Staff?</i>
Spanish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
French	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
French Creole	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
German	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Greek	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gujarathi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hindi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Italian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Japanese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Korean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laotian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Polish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Portuguese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Russian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Serbo-Croatian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tagalog	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urdu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vietnamese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Has your health center filled any of the following staff positions with at least one bilingual person within the last two years?

	Yes	No
MD	<input type="checkbox"/>	<input type="checkbox"/>
APRN	<input type="checkbox"/>	<input type="checkbox"/>
CNM	<input type="checkbox"/>	<input type="checkbox"/>
NA	<input type="checkbox"/>	<input type="checkbox"/>
RN	<input type="checkbox"/>	<input type="checkbox"/>
LPN	<input type="checkbox"/>	<input type="checkbox"/>
Social Workers	<input type="checkbox"/>	<input type="checkbox"/>
Reception staff	<input type="checkbox"/>	<input type="checkbox"/>

4. Does your health center have a formal protocol for staff to assess an individual patient's need for language services? If yes, please explain below.

___ Yes ___ No

If yes, is this protocol written? ___Yes ___ No

5. For **Spanish-speaking (LEP) patients**, please indicate in the first column which language services your health center offers. For those services that are available, please indicate how frequently they are **used** in the second section.

Interpreter Services	Available?		If available, how often used?			
	Yes	No	Never	Some-times	Often	Always
Telephone interpreting						
Video interpreting						
Staff interpreters						
Family members						

Independent freelance interpreters						
Commercial Interpreter Service						
Service	Available?		If available, how often used?			
	Yes	No	Never	Some-times	Often	Always
Bilingual clinical staff						
Bilingual non-clinical staff						
Volunteer language bank						
Language-specific education programs						
Network, bulletin board						
Signage						
Other (specify): _____						

6. For **all other LEP patients (non-Spanish-speaking)**, please indicate in the first column which language services your health center offers. For those services that are available, please indicate how frequently they are **used** in the second section.

Service	Available?		If available, how often used?			
	Yes	No	Never	Some-times	Often	Always
Telephone interpreting						
Video interpreting						
Staff interpreters						
Family members						
Independent freelance interpreters						
Commercial Interpreter Service						
Bilingual clinical staff						

Bilingual non-clinical staff						
Volunteer language bank						

Service	Available?		If available, how often used?			
	Yes	No	Never	Sometimes	Often	Always
Language-specific education programs						
Network, bulletin board						
Signage						
Other (specify): _____						

7. Does your health center provide language interpretation services for all hours of operation?

- Yes
 No

8. How does your health center provide translation of commonly used written material (e.g. consent forms, advanced directives, living wills, HIPPA,) and in what languages? (Check all that apply.)

	<i>In-house translation</i>	<i>Contracted translation services</i>	<i>Professional associations</i>	<i>Government-provided documents?</i>	<i>Cooperative agreements with other health care providers</i>
Spanish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
French	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
French Creole	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
German	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Greek	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gujarathi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hindi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Italian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Japanese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Korean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laotian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Polish	<input type="checkbox"/>				
Portuguese	<input type="checkbox"/>				
Russian	<input type="checkbox"/>				
Serbo-Croatian	<input type="checkbox"/>				
Tagalog	<input type="checkbox"/>				
Urdu	<input type="checkbox"/>				
Vietnamese	<input type="checkbox"/>				
Other (specify):	<input type="checkbox"/>				

9. Which of the following make it difficult to offer language services? (Check all that apply). For each checked option, please indicate a level of difficulty.

- Cost of providing services Somewhat Very
- Need for services around the clock Somewhat Very
- Staff resistance Somewhat Very
- Patients' reluctance to use technology Somewhat Very
- Difficulty identifying an individual patient's need for services
 Somewhat Very
- Difficulty identifying an individual patient's primary language
 Somewhat Very
- Variety of languages spoken by patients Somewhat Very
- Limited availability of interpreters for some languages
 Somewhat Very
- Unavailability of translated written materials in a variety of
Languages Somewhat Very
- Other: _____

10. Does your health center have the following services or policies? Check yes or no.

	Yes	No
Written policies on the provision of language interpreter services for LEP patients		
Written policies regarding language translation of required documents (e.g. consent form) for LEP patients		
A designated position or department with the responsibility of developing policies for LEP patient services		
A designated position or department responsible for managing language services for LEP patients		
Training for clinical staff on how to work with an interpreter/assess need for language services		
Training for administrative staff on how to: a) collect and manage language services needs data b) evaluate language services c) establish policies and procedures		

11. How does your health center inform patients about their right to access language services? (check all that apply)

Bilingual staff informs patients (intake, emergency, etc.)

- Yes, in Spanish
- Yes, in other languages
- No

Written materials are provided to patients (pamphlets, etc.)

- Yes, in Spanish
- Yes, in other languages
- No

Signs are posted in the health center in multiple languages in highly visible areas

- Yes, in Spanish
- Yes, in other languages
- No

Other: _____

12. Does the health center allocate resources for language services in the budget?

- Yes
- No
- Unsure

If yes, what are your health center's sources for funding for language services? (Check all that apply.)

Center's general budget

- Yes
- No

Medicaid reimbursement

- Yes
- No

Other governmental programs (e.g. Medicare, grants)

- Yes
- No

If yes, which program? _____

Reimbursement from managed care organizations

- Yes
- No

Philanthropic donations

- Yes

No

Other: _____

Estimate how much funding in total is dedicated to language services annually

- \$0 to \$1,000
- \$1,000 to \$10,000
- \$10,000 – \$20,000
- \$20,000 – \$30,000
- \$30,000+
- Unknown

13. What qualifications does your health center require of in-house interpreters? (check all that apply)

- Language proficiency
Is this self-reported? Yes No
- Completing a course in medical interpretation
- Passing a medical interpretation proficiency exam
- Other (please specify) _____

14. Does your health center conduct regular evaluations of its language interpretation services?

- Yes, once per year
- Yes, more than once per year
- Not on a regular basis

15. How does your health center monitor the quality of language interpretation services it offers? (Check all that apply)

- Patient-satisfaction surveys
- Medical records audits
- Tracking of formal complaints
- Formal committee/administrative oversight

Other: _____

16. Does your health center's patient satisfaction survey ask about language services?

- Yes
- No
- Do not have a patient satisfaction survey

17. Please describe any other language services programs or initiatives your health center currently has in place.

18. Please describe any other language service programs or initiatives your health center is planning to implement within the near future:

19. May we contact you for follow up questions?

Yes
 No

If yes, please provide name of contact person and contact information:

Name: _____

Position: _____

Phone: _____

Email: _____

Thank you for participating!

Definition of Terms

For the purposes of this report, the following definitions are applied throughout:

- **Interpretation**⁴: Interpretation refers to spoken words, and describes the process of expressing words spoken in a non-English language and stating that information into English (or the reverse). Interpretation can be done in person, or using technology such as the phone or video transmission.
- **Limited English Proficiency (LEP)**⁵: Not speaking English as one's primary language, and having a limited ability to read, speak, write, or understand English. For this survey, people with LEP are those who are limited in communicating about and understanding health and health care in English, with that limitation having the potential to negatively impact services. Furthermore, LEP refers to the U.S. Census description of people who self-report that they speak English "less than very well."
- **Language Services**: Language services are broadly defined to include any activity that improves or supports communication with LEP clients. This definition includes community assessment, management information systems planning, policy development, direct interpretation and translation services, and evaluation.
- **Translation**: Translation refers to the conversion of written text from one written language into another written language.
- **Speak English**: "Those who *speak English*" or "clients who *speak English*" refers to individuals whose primary language is English, and who speak English at home.

⁴Definitions of interpretation and translation adapted from: *Language Services Resources Guide for Health Care Providers*, Alyssa Sampson, National Health Law Program and The National Council on Interpreting in Health Care, October 2006. Retrieved on June 5, 2008, from http://www.healthlaw.org/library/item.118835-Language_Services_Resource_Guide_for_Health_Care_Providers_Oct_06

⁵Definition of Limited English Proficiency taken from the Federal government. Retrieved on June 5, 2008, from <http://www.lep.gov/faqs/faq.html>

