Connecticut Department of Public Health

Language Needs and Services of Local Health Districts and Community Health Centers

U. S. Department of Health and Human Services
Office of Public Health and Science
Office of Minority Health

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Office of the Regional Health Administrator Region 1 - New England
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Presented by the Language Services Committee

EXECUTIVE SUMMARY

The Connecticut Multicultural Health 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 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 Standards for *Culturally and Linguistically Appropriate Health Care Services (CLAS) Standards* 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 linguistic competency to health professionals and organizations. The Language Services Committee received a mini-grant from the Region I Office of Minority Health to conduct a language needs and services assessment among local health departments and community health centers.

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 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.

Outcome

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 local health departments (LHDs and the community health centers (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 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. According to the American Community Survey, conducted by the United States Census Bureau in 2006, there were nearly half-a-million Connecticut residents who were born in another country, over 600,000 residents spoke a language other than English at home, and 260,000 spoke English "less than very well." These data show the need for health and community services to provide language services for Connecticut residents with Limited English Proficiency (LEP). The diversity of languages spoken in Connecticut, and across 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. The study concluded: "Effective communication is essential in health care settings and for persons with limited English proficiency[1], 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 are more likely to experience adverse health outcomes than their English-speaking counterparts. Patient safety is compromised among linguistic minorities which diminishes patient satisfaction. Hospital thus face financial risk and social justice is not served." (Faraclas, Gallup & Perlin, 2009).

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[1] 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

The Language Services Committee chose to conduct surveys of both LHDs and CHCs because an evaluation of available language access services in these community resources for health care has not been documented. 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 language services related to community size (i.e. rural vs. urban) or language demographics of the population?
- What are the challenges in offering language 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 (LHDs) 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 standing goal for these departments. 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. Undoubtedly in an emergency (such as Hurricane Katrina) it is imperative to provide language services to assure everyone's public safety. A 2004 survey of Connecticut LHDs found that 75% had given special consideration to those with LEP for preparedness planning, and that the majority had begun preparation to provide a variety of language 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 ban 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, e-mail announcements were sent 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.

Characteristics of Health Departments and their Communities

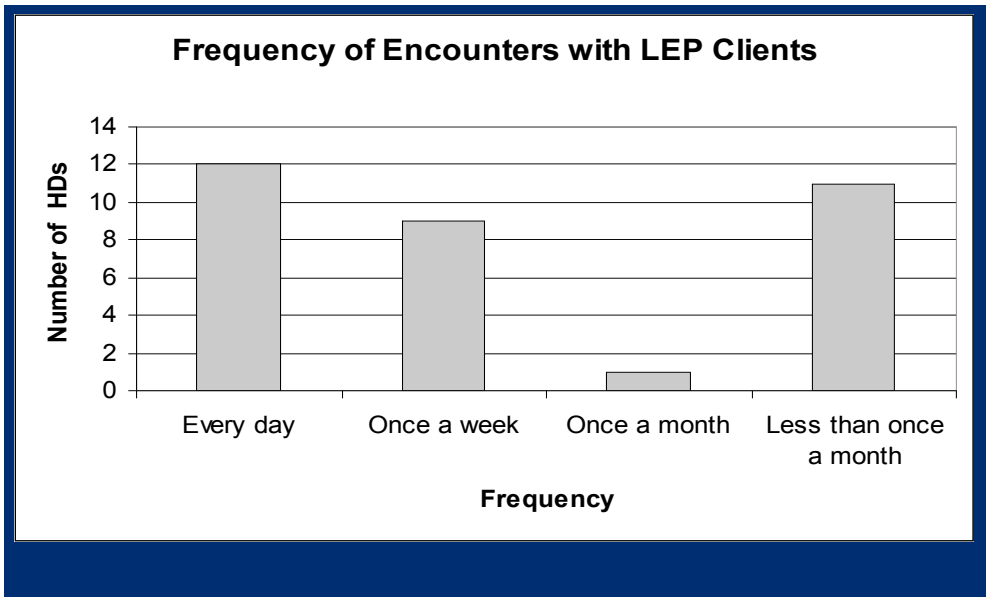
Of the 82 Health Departments in Connecticut, 33 responded, for a response rate of 40%. Of the 20 health districts in the state 60% responded (n=12), of the 30 full-time municipal health departments 50% responded (15) and of the 32 part-time health departments 19% responded (6). These health departments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

The size of the population that these health departments serve varies greatly.[2] Among the single community health departments, the largest is nearly 140,000 while the smallest is about 7,000. For health districts, the service population range from 25,000 to 155,000 residents. Language characteristics (for those aged 5 years or older) show that in some Connecticut 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 57% to 95% while for the health districts it ranges from 78% to 94%. Another measure of language diversity, the proportion of residents who speak English '"less than very well" also greatly varies among the health departments. For the single community the range was reported anywhere from 2% to 21% of the community's population. For the health districts, the proportion of residents who spoke English less than very well ranged from 1% to 9%.

[2] 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.

Languages Encountered

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



Local health departments 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 LHDs 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 high number of Chinese speakers was reportedly due to the number of Chinese people seen working in restaurant and food services.
Other languages encountered weekly, but by fewer LHDs, were Portuguese, French Creole, Italian, Polish and French. Less frequently encountered languages include: African languages, Albanian, Arabic, Japanese, Hindi, Korean, Slavic, Tagalog (spoken in the Philippines), Thai, Turkish and Vietnamese.

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, LHDs 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 LHDs that do assessments, the most common source of information, used by nearly two-thirds, is US Census Data. Forty-three percent of LHDs 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 conducted by other organizations in the community. 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 Women Infant and Children Program, and school based health services.

Overview of Language Services

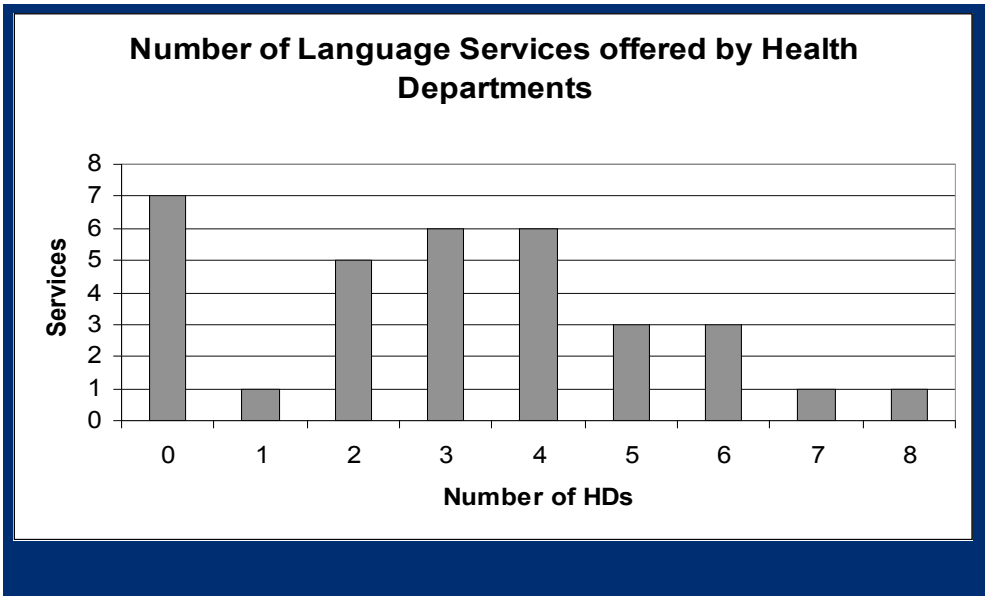
Providing language service is not one uniform program, but rather is comprised of many different activities to meet the needs of the public. Furthermore, as shown above that need is not the same in all communities. The survey provided a list of 10 different kinds of language services used in the health 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 LHDs providing educational materials, and 70% having signs and posters or forms written in another language. However, communication boards were used infrequently (6%). The most common method of providing interpretation was through bilingual staff (30%), followed by volunteer interpreters (22%). The more costly forms of interpretation (i.e., telephone language lines and paid interpreters) were provided by few HDs (18% and 9% respectively). Methods of mass communication were used infrequently, with 18% of the LHDs using media outlets and only 6% using web-based information. As one survey respondent stated *clients …don't have computers in large numbers… in extremely poor community.*" Some LHDs 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 language services provided illustrates that there is not a state standard. However, the reader should not view the graph as definitive because the number of services is based on a list of services that was not comprehensive nor mutually exclusive, and this research project did not to determine the intensity or effectiveness of languages services that were provided. The mean number of services provided by the participating LHD was three with a range from zero to eight. Seven LHDs (21%) did not provide any of the listed language services, while eight (24%) provide five or more of the listed language 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 LHDs 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 LHDs 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, with the exception of food service inspection whereby Chinese language services were also provided. More than 50% of the LHDs had 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%

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 LHDs ranked food service inspection and food safety education highest. This finding is consistent with the other indications that many restaurant workers were not English speakers. About half of the respondents felt that language services were very important for childhood and adult immunizations, emergency preparedness, and TB treatment. Overall the responses show that language services were 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 LHDs 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 collaborate with other public and private organizations to provide services to their communities. For language services, 55% percent of the respondents reported collaborative partnerships. The survey did not list specific collaborations but rather asked for comments. Respondents reported working with the Connecticut Department of Public Health to provide language services. Survey respondents also reported utilizing services of interpreters or bilingual staff from other town departments, the board of education and area hospitals. 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 challenging. Survey respondents were asked to rank the importance of a list of economic and logistic problems that made it difficult to provide language services. The cost of providing services was the highest ranking barrier (77%) and the second greatest barrier was the lack of availability of interpreters (61%). The time required and the unavailability of translation services for some languages were reported as the third greatest barrier in providing language services among LHDs.

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

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

Summary

To assess the current experiences of LHDs with people with LEP 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.
- Nearly one-third of the LHDs encountered people with LEP every week and, at the other end of the spectrum, one-third had encounters less than once a month.

- Spanish was the most common language encountered, with Chinese being second.

- Slightly less than half of the LHDs conducted an assessment of the size of LEP population in their community.
    - The most common sources of information for these assessments were the U.S. Census, LHDs records and data provided by other community organizations.
    - Staff also informally assesses the need for language services based on experiences.

- A variety of strategies were utilized to provide language services.
    - Translated materials were the most frequently cited.
    - Interpretation is mostly provided by bilingual staff and volunteers.
    - The mean number of language services provided by survey respondents was three, with a range from zero to eight.
    - Just over half collaborate with other organizations to provide language services. Organizations include the Connecticut Department of Public Health, municipal and community organizations.

- The cost of providing language services was the highest ranking barrier to address the needs of LEP community. Other challenges included limited availability of interpreters and limited availability of 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.

Languages Encountered

Of the 14 CHCs, nine 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). Six community health centers reported that LEP patients' make-up 25% to 49% of their patient populations and for one-third of the community health centers (3) LEP patients' make-up 50 to 75% of their patients. 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, those 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%) provided language services throughout their hours of operation. The survey provided a list of 12 types of language services commonly used in the health field. 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 were also utilized for Spanish interpretation by 89% of CHCs. For speakers of all other languages, the CHCs rely on family members, with two-thirds using bilingual clinical staff, 44% using non-clinical staff and 22% using staff interpreters.

Face-to-face independent or contractual interpreters (both professional and volunteer) were rarely used for Spanish or other languages. Telephonic interpretation was used by all CHCs for Spanish speaking patients and by 89% for patients who speak languages other than English or Spanish. CHC do not have access to video-conferencing for interpretation. Signage in Spanish is used by two-thirds of the CHCs and signage in other languages buy one-third. Twenty-two percent have Spanish

language health education programs, but none offer them in other languages. Eleven percent utilize networks or bulletin boards to communicate in Spanish but not to communicate 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-Conferencing	0%	0%
Other services		
Signage	67%	33%
Health education information	22%	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 not as frequently provided to speakers other then Spanish. For example, three (30%) community health centers provided translation for Portuguese and two (22%) provided translation for French Creole and only one (13%) provided routine translations for all the listed languages.

As stated above, all of the CHCs use bilingual clinical staff and 78% of the CHCs have hired bilingual APRNs or LPNs within the past two years. Two-thirds have a hired a bilingual physician (or physicians) during the same time frame.

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 with LEP patients, and in all cases require competency in the target language. However, this survey did not ascertain how language proficiency was evaluated by the community health centers. The centers are also relying on family members which do not follow the protocol of the CLAS Standards. Although, two of the CHCs (22%) require completing a course in medical interpretation and 1(13%) requires passing a competency exam on medical interpretation skills. Again, the survey did not ascertain how interpreter skills were evaluated.

Administration for Supporting Language Services

Administrative practices and policies support and guide the provision of language services with two-thirds (6) of the CHCs reporting they have a formal protocol for staff to assess language needs. Nearly all (89%) of the centers have written policies on providing interpretation services, while just under half (44%) have them for providing translation services. One-third have designated an individual or department with the responsibility for developing policies and procedures regarding language services, while 22% have done so for managing these services.
Almost half of the community health centers trained clinical staff on how to assess a patient's language needs and 22% train 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 need for language services	44%
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, while two report receiving third-party reimbursement. 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 of community health centers with Limited English Proficiency patients, a survey was conducted that assessed the frequency of encounters and the provision of language-related activities. Key findings were:

- Spanish is by far the most common language encountered. Hindi, Portuguese, Tagalog and Urdu are the other languages that are encountered.
- The CHCs try to meet language needs by utilizing bilingual clinical and non-clinical staff and family members. All the CHC used telephonic interpretation as well, while none of the centers had access to video-conferencing.
- Translation services were the most likely of language service to be provided and this was done so by untrained internal staff.
- A smaller number of community health centers required completing a course in medical interpretation and passing a competency exam on medical interpretation skills.
- Community health centers are likely to have policies regarding language services and train staff on assessing patient language abilities and tracking linguistic demographics.

Next Steps

The Language Services Committee will report survey results and analysis to the CMHP Executive Committee and begin working with other relevant CMHP committees, including the Data, Surveillance and Evaluation Committee to develop recommendations with the Language Services Committee on moving ahead and with the Communication and Media Committee to disseminate results. The primary objective will be to develop a list of recommendations that will promote the adaptation of the Culturally and Linguistically Appropriate Services (CLAS) standards in among the local health department and community health centers.

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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 to 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 gallupp1@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 gallupp1@southernct.edu.

Yours truly,

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

ADDENDUM B
(Local Health Department Survey)

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 you 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!

ADDENDUM C

(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 gallupp1@southernct.edu.

Yours truly,

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

ADDENDUM D
(Community Health Center Survey)

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.**

	Frequently	***Occasionally***	***Seldom/Never***	***Staff?***
Spanish	☐	☐	☐	☐
Chinese	☐	☐	☐	☐
French	☐	☐	☐	☐
French Creole	☐	☐	☐	☐
German	☐	☐	☐	☐
Greek	☐	☐	☐	☐
Gujarathi	☐	☐	☐	☐
Hindi	☐	☐	☐	☐
Italian	☐	☐	☐	☐
Japanese	☐	☐	☐	☐
Korean	☐	☐	☐	☐
Laotian	☐	☐	☐	☐
Polish	☐	☐	☐	☐
Portuguese	☐	☐	☐	☐
Russian	☐	☐	☐	☐
Serbo-Croatian	☐	☐	☐	☐
Tagalog	☐	☐	☐	☐
Urdu	☐	☐	☐	☐
Vietnamese	☐	☐	☐	☐
Other (specify):	☐	☐	☐	

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	☐	☐
APRN	☐	☐
CNM	☐	☐
NA	☐	☐
RN	☐	☐
LPN	☐	☐
Social Workers	☐	☐
Reception staff	☐	☐

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	Some-times	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.)

	In-house translation	*Contracted translation services*	*Professional associations*	*Government-provided documents?*	*Cooperative agreements with other health care providers*
Spanish	☐	☐	☐	☐	☐
Chinese	☐	☐	☐	☐	☐
French	☐	☐	☐	☐	☐
French Creole	☐	☐	☐	☐	☐
German	☐	☐	☐	☐	☐
Greek	☐	☐	☐	☐	☐
Gujarathi	☐	☐	☐	☐	☐
Hindi	☐	☐	☐	☐	☐
Italian	☐	☐	☐	☐	☐
Japanese	☐	☐	☐	☐	☐
Korean	☐	☐	☐	☐	☐
Laotian	☐	☐	☐	☐	☐

Polish	☐	☐	☐	☐	☐
Portuguese	☐	☐	☐	☐	☐
Russian	☐	☐	☐	☐	☐
Serbo-Croatian	☐	☐	☐	☐	☐
Tagalog	☐	☐	☐	☐	☐
Urdu	☐	☐	☐	☐	☐
Vietnamese	☐	☐	☐	☐	☐
Other (specify):	☐	☐	☐	☐	☐

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!

ADDENDUM E

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.

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[4]Definitions 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

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