
Brokering Language and Culture: Can Ad Hoc Interpreters Fill the Language Service Gap at Community Health Centers?

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Federally Qualified Community Health Centers (CHCs)

- Began as a demonstration project in 1965
- Mission to provide comprehensive primary care to low income medically underserved communities
 - Services provided regardless of ability to pay
 - History of making health care available to immigrant populations
- Since 2000 federal spending on CHCs has nearly doubled
 - 200 new CHCs across the U.S.
 - 53 % increase in clients served

Need for Interpretation Services

- Rapid rise in immigrant populations
 - Between 2000 and 2006 there was a 52 % increase in clients served by CHCs who self identified as Latino.
- Federal Standards in Title VI of the Civil Rights Act of 1964 and USDHHS 45 C.F.R. Section 80.3(b)(2) direct healthcare facilities receiving federal funding to make services accessible to LEP clients and to avoid discriminatory practices.
- Research shows that LEP clients can have problems adhering to treatment protocols and ultimately may not receive the best possible care because of language and culture barriers.

Interpretation Service Models (beyond

language concordant medical staff)

- Professional Medical Interpreters
- Telephone Interpreters (e.g. AT&T Language Line)
- Ad Hoc Interpreters (i.e. individuals with bilingual/multilingual skills and no medical training)
- Family Interpreters
- No Interpreter

Professional Medical Interpreters

- Consistently have out performed other interpreter services in:
 - Communication and Comprehension
 - Utilization of Clinical Services
 - Clinical Outcomes
 - Satisfaction with Clinical Care
 - Flores, 2005; Karliner, Perez-Stable, & Gildengorin, 2007
- Limited access to formalized training for individual interested in being professional medical interpreters
- Limited number of qualified professional medical interpreters in rural areas

Ad Hoc Interpreters

- Have the important prerequisites for professional medical interpretation.
 - Bi-lingual fluency
 - Desire to Interpret
- May represent a significant opportunity to fill the service gap created by the growing number of LEP clients and limited access to professional medical interpreters and/or language concordant medical staff.

Organizational Climate

- Includes aspects of shared history, expectations, unwritten rules and social mores that affect the behavior of everyone in an organization the underlying beliefs that shape the actions of staff (Frederickson, 1966; Glisson, 2000).
- The organizational climate is likely to influence the development of ad hoc interpreters' skills and perceptions by defining their role in medical services, the value of their services, and in some ways the distribution of goods associated with those services.
- Those CHCs that successfully navigate the introduction and use of ad hoc interpreters seem likely to have an organizational climate that fosters opportunities for professional growth and assists ad hoc interpreters' integration into medical culture.

Research Questions

- Were ad hoc interpreters able to integrate into the CHCs' organizational climate?
- How satisfied with the medical services were clients who needed and used the ad hoc interpreters?
- Did the ad hoc interpreters make progress towards demonstrating behavior similar to professional medical interpreters?

Methods

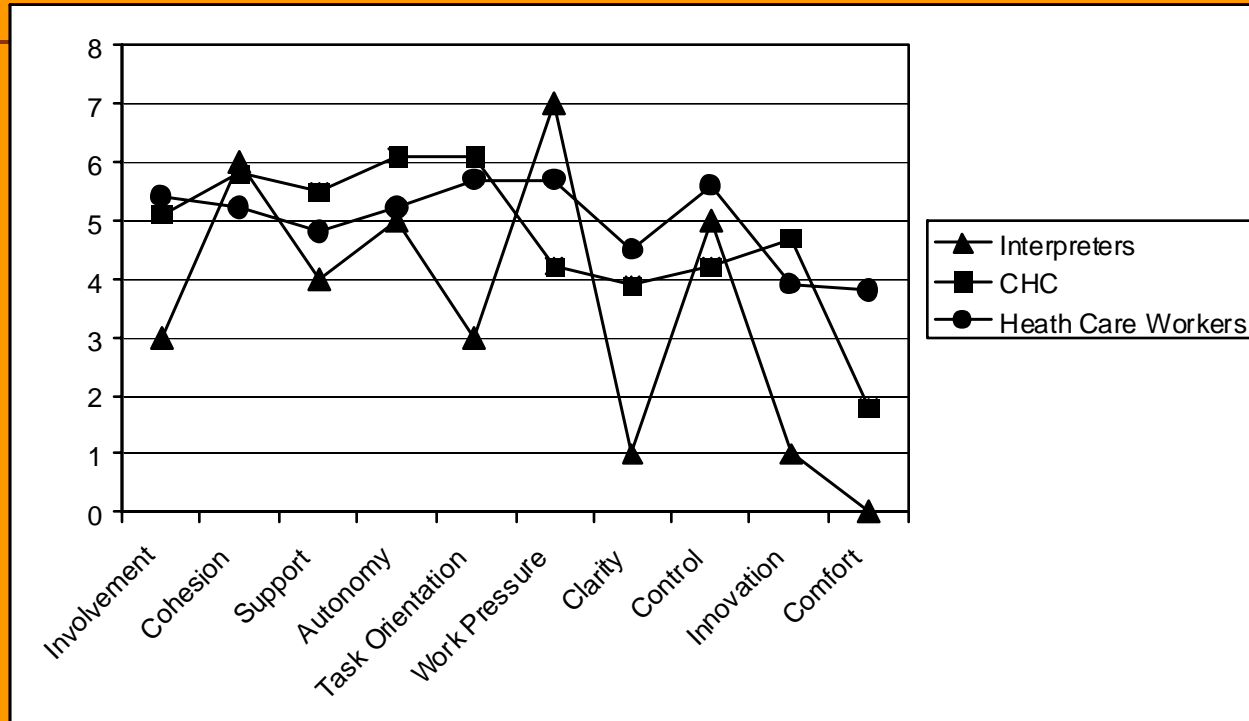
- Case study of one CHC located in Midwest
 - Metropolitan Statistical Area of 175,000 surround by large rural area
 - Interpretation services were added approximately six years prior to data collection in response to the growing Latino population
 - 2003 the CHC served approximately 450 individuals who self identified as Latino.
 - Between 1990 and 2005 Latino population grew from 2% and 3.8%
 - During the same period the number of individuals over the age of 5 who do not speak English at home grew from 9% to 13.2%
- Quantitative and Qualitative data collected from staff and clients in face to face interviews
- Cross-sectional

Methods

■ Participants

- **Staff** - anyone employed at least a quarter of time at the CHC and having regular contact with Latino clients
 - Of the 28 possible staff participants 17 completed the data collection process.
 - **Included all three interpreters.**
 - Average length of employment = 4.5 years (two were employed between 5 and 6 years and one had been employed for less than 12 months).
 - All had been hired as interpreters and medical file clerics – the cleric position provided the stream of funding for the job.
- **Clients** who had a country of origin in South/Central America or Mexico, resided in the U.S. less than five years, and received services from the CHC.
 - 30 Individuals participated
 - Average age = 32
 - 63% were female
 - 30% had less than an 8th grade education, 23% had some high school, 33% complete high school/GED, 7% completed some college, and 7% completed a college degree
 - All completed the interviews in Spanish

Were ad hoc interpreters able to integrate into the CHCs' organizational climate?



- **“First we had no place, then we had a closet, now in the new building we participated in designing our own office space”**
- Job level stress related to managing multiple expectations in tight time frames (i.e. clerical, medical staff, clients, families)
- **“I fell like part of clients lives and families”**
- The negative aspects signified that integration into the larger organizational climate needs further work before the interpreters share the same view of the agency as the other medical staff.

How satisfied with the medical services were clients who needed and used the ad hoc interpreters?

- 100% of client participants reported improved health and family life as a result of the assistance received from the CHC.
- The average CSQ-8 score was 30.23 (SD = 2.97) with a minimum score of 22 and a maximum of 32.
 - 10% (n = 3) of the sample scored something less than satisfied with services.
 - There were no significant differences in CSQ-8 scores related to age and gender.
 - Level of education created some variation in CSQ-8 scores with individuals reporting higher levels of education expressing less satisfaction with services, but this difference was non-significant, $F(4,25) = 1.62, p = 0.20$.

How satisfied with the medical services were clients who needed and used the ad hoc interpreters?

- What was the most important aspect of the interpreters' skills? Client Responses:
 - 17% stated the fact that people spoke their language
 - 3% stated that the interpreters' knowledge of US culture
 - 80% thought the interpreters' ability to communicate the clients' needs
 - A one-way ANOVA showed there were no significant differences between the three groups, $F(2,27) = 0.22$, $p = 0.81$ in level of satisfaction.
- Clients were most likely to hear about the CHC from:
 - 50% - Other family members who used the Center.
 - 33% - Friends
 - 17% - Spanish periodical or the Center for Refugees.
 - A one-way ANOVA showed there were no significant differences between the groups, $F(4,25) = 1.03$, $p = 0.41$, in level of satisfaction.

Did the ad hoc interpreters make progress towards demonstrating behavior similar to professional medical interpreters?

- The WES profile describes an agency with a number of strengths that would appear to make it amenable to integrating ad hoc interpreters and helping them move to the level of professional medical interpreters.
- The data further indicate that the interpreters were able to fulfill the varying expectations held by clients and staff creating high levels of service satisfaction.
- The interpreters as well appear to often meet the expectations around language services created by referral sources, which in this case were likely to place a premium on the ability of the interpreters to help clients overcome culture and language barriers to healthcare services.

Limitations

- Exploratory Methods
- The case is most relevant for CHCs that have experienced growth in LEP clients, have limited access to professional medical interpreters, and have some contact with bilingual individuals interested in acquiring the skills associated with being a professional medical interpreter.
- The mixing of methods allowed for examining multiple perspectives of clients and staff but did not allow for an analysis that directly connected those perspectives.
- Caution must always be taken when considering the value and accuracy of field notes.
 - Standard procedure when engaging individuals or groups about sensitive topics (such as discussing relationships with other colleagues at a small agency or speaking with immigrants seeking healthcare) is to create a level of comfort that allows for an honest discourse.
 - Recording devices interfere with this process and therefore relying on the oldest tradition of recording observations in research, namely field notes, is preferable (Emerson, et al, 1995).
 - The validity of the field notes is strengthened by the triangulation afforded by the WES and the CSQ-8.

Discussion/Conclusions

- Although the incorporation of ad hoc interpreters at the studied CHC encountered a number of challenges, attention to their unique work situation mitigated high staff turnover, low levels of commitment to clients, and a decline in overall satisfaction with services.
 - The CHC's commitment to the interpreters was further confirmed recently by the decision to train them as nurse assistants, tying their funding stream more closely to the medical services that they are most likely to be interpreting for
- Improved access to training could have helped the ad hoc interpreters develop more quickly as professional medical interpreters.
- In-service training for all the medical staff on how to work with interpreters could have assisted both the medical staff and the interpreters identify the expectations of all parties.
- The financial compensation for specialized skills should be considered in assisting ad hoc interpreters close the skills gap between them and professional medical interpreters.

The CHC's organizational climate with high levels of support and innovation coupled with the interpreters' commitment to the Latino community played substantial roles in helping the ad hoc interpreters develop and evolve over the years.



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