

N.H. LANGUAGE INTERPRETATION CAPACITY PROVIDER SURVEY

OBJECTIVE

The objective of this survey is to obtain information on what providers do to ensure access to medical care for limited English proficient (LEP) and Deaf/Hard of Hearing patients. We hope to gather information on language services that include both translation (written materials) and interpretation (spoken and signed). All responses will be treated as completely confidential. Survey findings will be reported in the aggregate. No individual institution will be identifiable.

The survey will take approximately 30 minutes to complete. It is part of a statewide Medical Interpretation Capacity Assessment, funded by the Endowment for Health. We will issue a final report this fall including survey results, other findings and recommendations for action. This project has been actively supported by the Endowment for Health, the Medical Interpretation Advisory Board, Bi-State Primary Care Association, NH Minority Health Coalition and the NH Department of Health and Human Services, including its Division of Behavioral Health and Office of Minority Health. The New Hampshire Hospital Association and NH Foundation for Healthy Communities assisted in the development of the provider survey instrument. We urge you to complement their work and complete this survey. Throughout the survey we ask you to approximate or estimate the answers. We do not want the completion of this survey to be a burden, so **your best guess is absolutely an adequate response.**

RESPONDENT

1. Please indicate which type of facility or department you represent:

- a. Hospital Emergency Department
- b. Community Health Center
- c. Community Mental Health Center
- d. Dental Clinic

PATIENTS' LANGUAGE NEEDS

- 2. Estimate how many patient visits occur at your facility/department per month _____
- 3. Estimate what percentage of those encounters are with **LEP** patients¹ % _____
- 4. Estimate what percentage of those encounters are with **Deaf/Hard of Hearing** patients % _____

ORGANIZATIONAL RESOURCES

5. What organizational resources does your facility/department use to ensure effective communication for LEP or Deaf/Hard of Hearing patients seeking medical care? *If checked, please **approximate** how many Full Time Equivalents (FTEs) you had available over the last month.*

- a. Bilingual Clinical Staff # of FTEs _____
- b. Bilingual Non-Clinical Staff # of FTEs _____
- c. Staff Interpreters # of FTEs _____
- d. Volunteer Interpreters # of FTEs _____
- e. Outside Paid Interpreters (e.g., contract, per diem) # of FTEs _____
- f. Other (please specify) # of FTEs _____

6. Please check those services your facility/department spent money on in 2003 for LEP or Deaf/Hard of Hearing patients seeking medical care. *If checked, please **estimate** the amount of money spent per service, including salaries and benefits where applicable.*

- a. Staff Interpreters \$ _____ per year
- b. Contract interpreters doing face-to-face interpretation \$ _____ per year
- c. Telephone interpretation (e.g., AT&T Language Line) \$ _____ per year
- d. Differential pay to bilingual staff providing interpretation services \$ _____ per year
- e. Other (please specify) \$ _____ per year

¹ An LEP patient is "unable to speak, read, write or understand the English language at a level that permits him/her to interact effectively with health and social service agencies and providers."

ORGANIZATIONAL RESOURCES (CON'T.)

7. How do you communicate with LEP or Deaf/Hard of Hearing patients that contact your institution in the following areas:

a. **Switchboard** N/A

Bilingual staff Yes No **If yes**, what languages: _____
 TTY Yes No Other means (e.g., voice amplifiers) _____

b. **Reception area** N/A

Bilingual staff Yes No **If yes**, what languages: _____
 TTY Yes No Other means _____

c. **Emergency Department Reception Desk** N/A

Bilingual staff Yes No **If yes**, what languages: _____
 TTY Yes No Other means _____

8. Does your organization have a policy in place about when and how to use medical interpreters? Yes No

WRITTEN MATERIALS

9. Does your facility/department have official signage translated into languages other than English? Yes No
If yes, please list languages: _____

10. Does your facility have written materials translated into languages other than English? Yes No
If yes, please note the materials that have been translated and list which language(s):

Written Materials Translated into Other Languages	Specify Which Languages:
a. Consent Form	
b. Patient Satisfaction Survey	
c. Financial Assistance Information	
d. Discharge Planning Instructions (e.g. prescription or home care instructions)	
e. Patient Education Materials	
f. Other (please state)	

11. Does your facility/department use "I Speak Cards?" (These are laminated cards that say in both English and another language "I need a _____ interpreter.") Yes No

FREQUENCY OF NEED

12. Over the past month, indicate with a ✓ how frequently these methods were used to meet the needs of LEP and Deaf/Hard of Hearing patients.

Interpretation Method	Daily	Several times a Week	Weekly	Monthly	Rarely	Never	Does Not Apply
a. Bilingual Clinical Staff							
b. Bilingual Non-Clinical Staff							
c. Patient's Family Member/Friend							
d. Interpreter: Internal Staff							
e. Interpreter: External Paid							
f. Interpreter: Volunteer							
g. Telephone Service (e.g. AT&T Language Line)							
h. American Sign Language Interpreter Agencies							
i. Video Interpretation Service (e.g. DeafTalk)							
j. Other (specify):							

13. Please **estimate** the percent of the most common languages, **other than English**, used by LEP and Deaf/Hard of Hearing patients at your facility/department (**total should equal 100%.**) You may group all languages that account for less than 5% into "Other" category.

*For those patients needing language services, indicate by language if your facility/department **experiences difficulty** finding or scheduling qualified interpreters.*

Language	% of Total Limited-English Patients	Difficulty Finding or Scheduling Qualified Interpreter	
		Yes	No
a. American Sign Language		<input type="checkbox"/>	<input type="checkbox"/>
b. Bosnian		<input type="checkbox"/>	<input type="checkbox"/>
c. French		<input type="checkbox"/>	<input type="checkbox"/>
d. Greek		<input type="checkbox"/>	<input type="checkbox"/>
e. Portuguese		<input type="checkbox"/>	<input type="checkbox"/>
f. Spanish		<input type="checkbox"/>	<input type="checkbox"/>
g. Vietnamese		<input type="checkbox"/>	<input type="checkbox"/>
h. Other (specify):		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
Total non-English speaking	100%		

FREQUENCY OF NEED (CON'T.)

14. If your agency experiences problems in providing interpreter services to LEP or Deaf/Hard of Hearing patients, how difficult are these problems?

Type of Problem in Providing Interpreter Services	Very Difficult	Somewhat Difficult	Not Very Difficult	Not Difficult
a. Cost of Interpreter				
b. Liability concerns				
c. Time of encounter extended				
d. Scheduling				
e. Other problems (please specify):				

15. Please describe any clinical areas in which it is most challenging for your organization to provide interpretation services (i.e., Obstetrics, Radiology). **PLEASE PRINT**

16. Has the demand for language services increased over the past few years? Yes No

17. Do you know if there are new languages spoken in your area? Yes No
 a. If yes, list the new languages:

18. If you could change one thing about medical interpretation in your facility/department, what would it be? **PLEASE PRINT**

19. If there is anything else about the issue of language services that we haven't addressed that you would like to tell us about, please do so below. Please feel free to use an additional sheet of paper if you need more space. **PLEASE PRINT**

Thank you very much for taking the time to complete this survey!

Please consider completing the enclosed "Promising Practices in Medical Interpretation" report form. By mailing in the yellow "Promising Practices" form by May 14th, you will automatically be entered in a raffle to **win \$150!**

Please return completed survey by May 14, 2004 to:
 The Access Project, Attn: Nancy Kohn, 30 Winter St., Suite 930, Boston, MA 02108

FOR FURTHER INFORMATION ON THIS SURVEY OR THE MEDICAL INTERPRETATION CAPACITY ASSESSMENT PROJECT, PLEASE CONTACT NANCY KOHN, THE ACCESS PROJECT, AT NKOH@ACCESSPROJECT.ORG (617) 654-9911 x230, OR BEAU STUBBLEFIELD-TAVE, THE STUBBLEFIELD-TAVE GROUP AT ST.GROUP@EARTHLINK.NET (617) 501-6951.

PROMISING PRACTICES IN MEDICAL INTERPRETATION

We are interested in identifying and reporting on "promising practices" in medical interpretation (both spoken and signed) in New Hampshire.

Does your organization have any policies or programs that you consider innovative and effective that you would be willing to have publicly described? Examples might include training bilingual staff to become certified medical interpreters, supporting mentoring by more experienced interpreters for those entering the field, incentive pay for bilingual clinicians, etc. **PLEASE PRINT**

Please provide contact information so that we may recognize your institution, allow colleagues to learn more about your program(s), and enter you in the raffle to win \$150

Contact Name

Title

Organization

Address 1

Address 2

City

State

Zip

Email

Phone

Please return in the envelope provided by May 14, 2004 to:

The Access Project
Attn: Nancy Kohn
30 Winter St., Suite 930
Boston, MA 02108