Pacific Asian Language Services (PALS) for Health:
Provider Needs Assessment Survey

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I. Background

While interpretation services are a crucial component of medical care for clients who are limited-English proficient, medical providers face many challenges in providing such interpretation services for their patients. Medical providers are able to access interpretation services through the PALS for Health Program. Requests to PALS for Health, however, usually come from provider staff, such as case managers, office managers, receptionists, etc. (Clients may also request service from PALS for Health directly, usually through their multilingual line.) PALS outreaches to medical providers through a variety of strategies, including mass mailings, provider trainings, ethnic media, community based organizations, community health fairs and cultural events, and word-of-mouth. In general, 25% of requests come from provider staff, and 75% from clients.

This survey assessed the knowledge, attitudes and opinions of 102 providers who rendered medical services to patients during the months of January-March 2001. The project aims were twofold: 1) to assess providers' perceived quality of the interpretation services; and 2) to assess the capacities of providers and their medical organizations to provide interpretation services for Asian American and Pacific Islander (API) clients.

II. Methods

Self-administered, anonymous mailed surveys were developed to assess providers' knowledge and capacities regarding provision of interpretation services for API patients. The provider survey contained fourteen questions in the following areas: evaluation of PALS interpretation services, proportion and makeup of patients who are API, existence and availability of API interpreters at providers' offices, and ways in which availability can be improved for the future. The surveys were developed in English with considerable input from PALS administrative staff. Once finalized, the surveys were printed on card-stock quality paper, pre-stamped with the PALS for Health return address, and distributed to medical providers by PALS interpreters. Of the 150 surveys that were distributed, 102 were returned for a response rate of 68%.

III. Results

A. Provider Characteristics

Overall, limited English-proficient (LEP) API patients comprised a minority of the patients seen by the providers surveyed (Table 1). LEP API patients comprised less than 25% of patient caseloads in about half of the providers who were surveyed. In another one-quarter of cases, LEP API patients comprised between 25-49% of provider caseloads. Only about one—quarter of providers had LEP API patient that comprised 50% or more of their overall patient caseloads. API patients were more likely to be Korean, Chinese, Vietnamese, Filipino, Asian Indian and Japanese, and less likely to be Samoan, Laotian, Thai, Tongan, Hmong or Chamorro. Chamorro was the least common LEP API ethnicity, which is probably a reflection of both the small population size and the higher use of English language among Chamorros.

Table 1: Profile of Providers' API LEP Patients

	Percent agreed
Proportion of provider's clients API LEP	
Less than 10%	20.6
10- 24%	28.9
25-49%	25.8
50-74%	12.4
75% or more	12.4
Ethnicity of API LEP patients	
Korean	67.6
Chinese	62.7
Vietnamese	50.0
Filipino	41.2
Asian Indian	34.4
Japanese	29.4
Cambodian	21.6
Samoan	8.9
Laotian	8.8
Thai	4.9
Tongan	2.9
Hmong	2.0
Chamorro	1.0

B. Evaluation of PALS Interpreters

Providers evaluated the PALS interpreter on punctuality, professionalism, the ability to provide appropriate interpretation, and the improvement of communication and comfort between patient and provider.

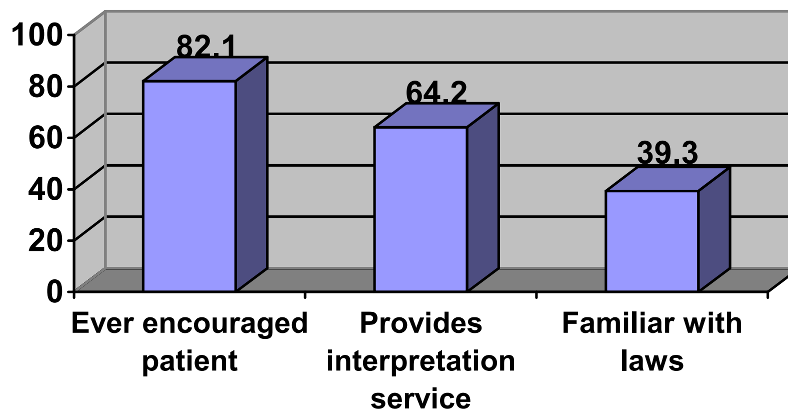
Table 2: Evaluation of PALS Interpreters

	Percent agreed
Interpreter was punctual and professional	100.0
Interpreter interpreted everything provider said	99.0
Interpreter interpreted everything patient said	97.9
Interpreter allowed provider to ask more detailed questions	100.0
Interpreter made patient feel more comfortable with visit	100.0

C. Interpretation Capacities of Medical Providers

The following tables and charts display the capacity characteristics of the providers surveyed with regards to API interpretation services. As shown in Figure 1, the overwhelming majority (82%) of the providers disclosed that they have encouraged their LEP API patients to bring his or her own interpreter. One reason for this may be the lack of interpretation services at the providers' facilities; only 64% stated that their organization or office provides interpretation services for LEP APIs. Finally, only 39% said that they were familiar with any state or federal law regarding the provision of interpretation services to LEP patients.

Figure 1: Interpretation Knowledge and Capability



As shown in Table 3 (next page), the most common types of interpretation services that are available at providers' organizations or offices were bilingual staff (42%), followed by telephone language services (28%), trained in-house interpreters (23%), and contracted interpreters (23%). About 16% of providers relied on volunteer interpreters (although it is not known whether they are or are not trained), and 14% on community-based organizations for interpretation assistance.

Also shown in Table 3 is the reliance on patients to bring their own interpreters – 46% of providers indicated that patients were their own source for medical interpretation.

Table 3: Interpretation Services Provided by Provider Organizations

	Percent
Types of interpretation services available:	
Patients' family or friends	45.6
Bilingual staff	42.2
Telephone language services	27.8
Trained staff interpreters	23.3
Contracted interpreters	23.3
Volunteer interpreters	15.6
Community based organizations	14.4

When you compare Table 1 with Table 4 (below), available interpretation services did not always match the language needs of the providers' LEP API patients. For instance, while 68% of providers indicated they served LEP Korean patients, only 44% of providers indicated interpretation services in the Korean language. Interpretation capacity fell below the actual need for all but one LEP API ethnic population. The one exception was Thai – while 4.9% of providers indicated serving LEP Thai patients, 26% indicated that they had the capabiligy for Thai language interpretation services available at their organization.

Table 4: Languages covered by providers' interpretation services

	Percent
Korean	44.4
Vietnamese	26.7
Thai	25.6
Cantonese	25.6
Filipino (Tagalog)	23.3
Mandarin	21.1
Japanese	16.7
Cambodian	11.1
Laotian	3.3
Hindi	2.2
Gujerati	1.1
Samoan	1.1
Tongan	1.1
Hmong	1.1
Chamorro	0.0

One final dimension of interpretation capacity was the availability and affordability of providers' interpretation services. As shown in Table 5, the availability of interpretation services was a problem for most providers. The majority of providers (62%) indicated that language-specific interpretation services were "sometimes" or "hardly ever" available when needed by the provider for an API LEP patient. Patients were responsible for paying for interpretation services in 12% of providers' organizations, with the provider or another entity responsible in 65% of cases. Twenty-three percent (23%) of providers did not know who paid for the interpretation services.

Table 5: Accessing Interpretation Services

	Percent
Availability of interpretation services	
Every time that provider needed it	38.4
Sometimes	50.7
Hardly ever	11.0
Who pays for interpretation service?	
Patient	12.1
Provider	37.9
Other	27.3
Don't know	22.7

Finally, we asked providers to indicate what would help them to improve their capacity to provide trained interpreters at their health care facility. As shown in Table 6, 56% of providers requested more clear-cut procedures for accessing currently-available interpretation services, followed by administrative support (37%), funding for interpretation services (34%), specialized interpreter trainings (28%), cultural sensitivity training for staff (26%), a more simplified method to determine the language needs of patients (24%), and materials or videos to educate providers on ways to provide interpretation services to patients (14%).

Table 6: Ways to improve providers' capacities

	Percent
How access can be improved	
Clear-cut procedures for using services	55.6
Administrative support	36.7
Addition budget to fund services	34.4
Training for staff interpreters	27.8
Cultural sensitivity training for provider staff	25.6
Simple method to determine language needed	24.4
In-service materials or videos to educate providers	14.4

IV. Conclusions

While medical providers face many barriers to providing legally mandated interpretation services for LEP API patients, their knowledge about, and capacity to, provide such interpretation falls far short of the need. Of particular concern was the lack of knowledge of current interpretation laws: only 40% were familiar with existing laws, and 82% were inappropriately asking patients to bring their own interpreters. Another capacity problem was the lack of language-specific interpretation at the levels needed by LEP API patients at medical facilities. The proportion of provider institutions with the capability to provide language-specific interpretation (e.g., Korean language interpretation) was lower than the proportion who served each LEP API ethnic group (e.g., LEP Korean patients).

Findings from this provider survey identify many "next steps" for PALS to improve the provision of interpretation services at providers' organizations and offices. First, language rights education must be conducted with providers to inform them of the current laws regarding the provision of interpretation services for LEP patients. Second, there is an urgent need to increase the specific languages served by existing interpretation services. In addition, there may be opportunities for PALS to work with selected providers to improve their access to available interpretation services. PALS also has the opportunity to address many of the providers' requests for assistance, such as the development of interpretation training for in-house staff, cultural sensitivity training, development of educational materials, and even simple diagnostic guidelines for providers to use when attempting to determine the language needs of their LEP patients.