

Research and Advocacy: Washington's Commitment to Language Access in Health Care

Language Access Research for Community Health Coalition (LARCH)

LATINO

CENTER FOR HEALTH



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Language Access Research for Community Health









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Language Access is a Health Equity Issue



- Limited English Proficiency (LEP) is a social determinant of health
- Meaningful language access in healthcare remains difficult to access despite...
 - long-existing legal mandates for language services
 - extensive documentation of the harms and costs to individuals and systems when services are inadequate
- Metrics are fundamental to work for change
 - lack of data
 - barriers to obtaining data

Language Access is a Health Equity Issue



- WASCLA receives frequent reports of:
 - Language services not being offered
 - Patients told to bring family or friend to interpret
 - Patients turned away or referred to other facilities
 - · Ad-hoc interpreting by bilingual individuals whose skills have not been verified
 - Interpreters not available for certain languages
 - Interpreters not providing quality services
- Most reports are anecdotal; evidence is needed to ignite change
 - Start with provider perspectives...

WA Provider Survey Research Process

















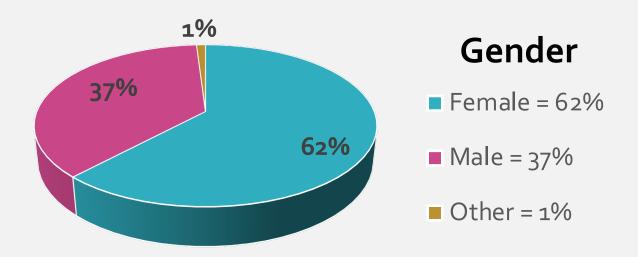
1,458 MDs/NPs 981 Pharmacists

594 Dentists



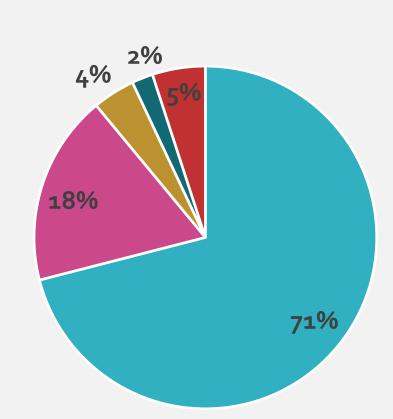
Survey Participants

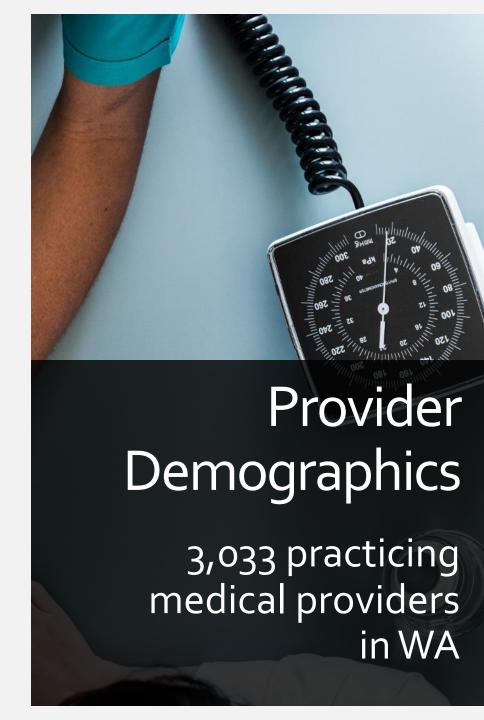
3,033 practicing medical providers in WA



Race/Ethnicity

- White = 71%
- Asian = 18%
- Hispanic/Latino = 4%
- Black/African American = 2%
- Other = 5%





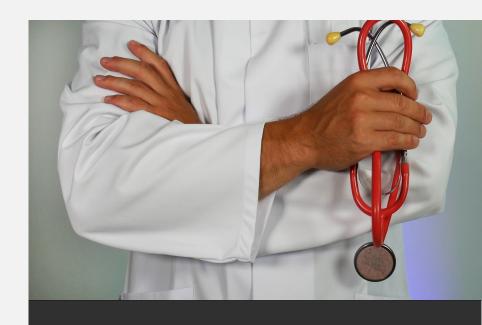


42% of providers speak <u>at least two</u> <u>languages</u>



Most common second/third languages:

Spanish French German Mandarin Vietnamese



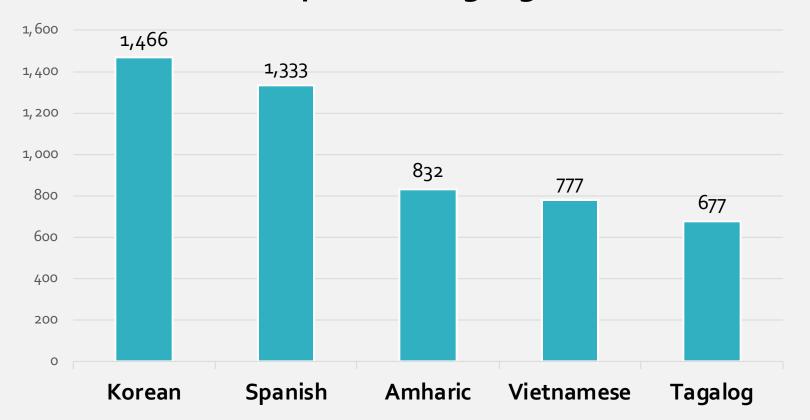
Provider Language Skills

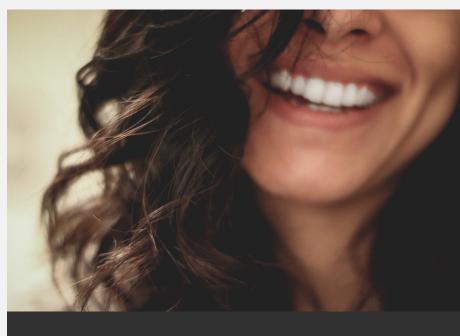


89.8% of providers reported seeing patients in the last month who did not speak English well



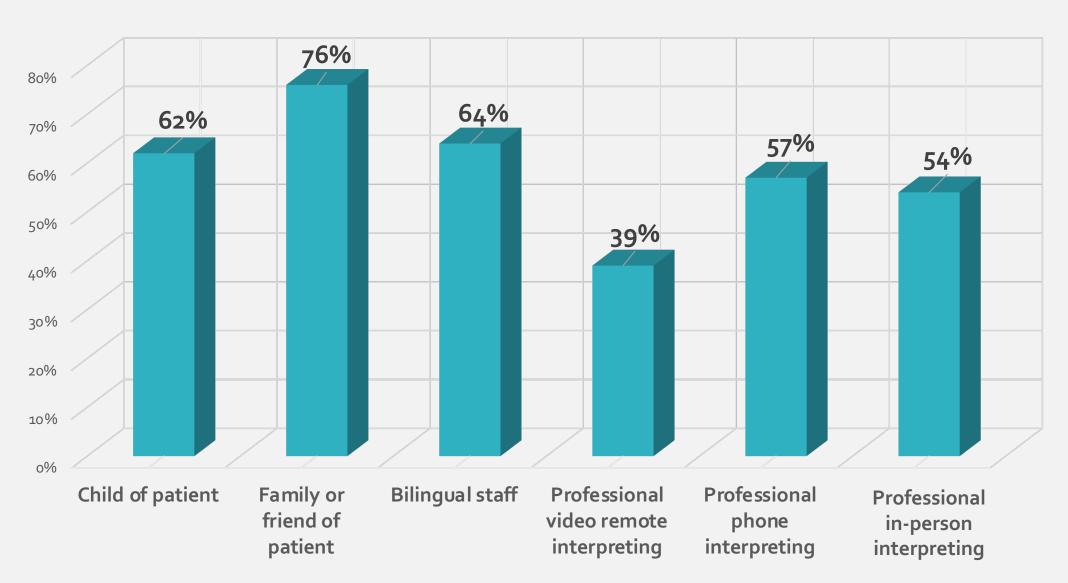
Number of providers reporting each patient language





Reported Patient Languages

Language Assistance Services used with LEP patients (yes/no)

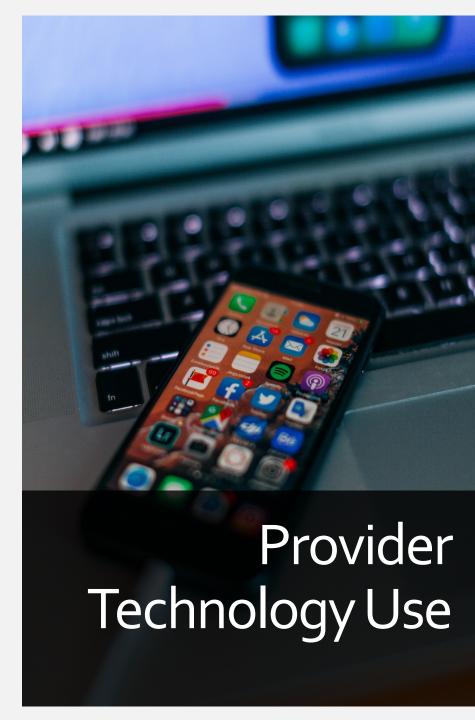




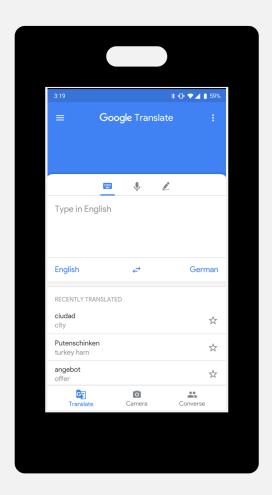
35% of providers reported <u>using a digital</u> tool (mobile app or website) to communicate with a patient who did not speak English well.



72% of providers <u>would be comfortable</u> using a digital tool to improve communication with a patient who does not speak English well.









60% of providers encourage their patients to access online health information



Top 5 websites recommended to patients:

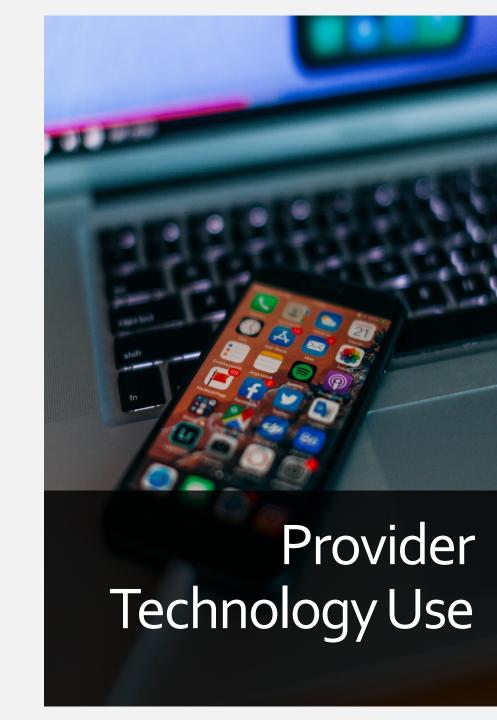
WebMD

Google (general, images, scholar)

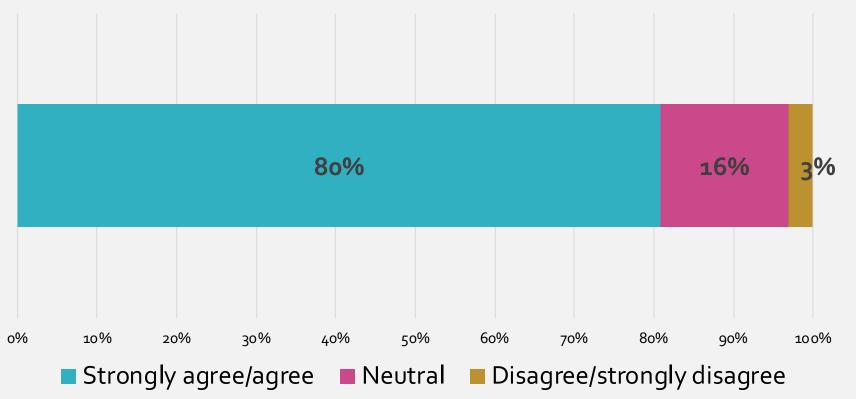
American Dental Association (ADA)

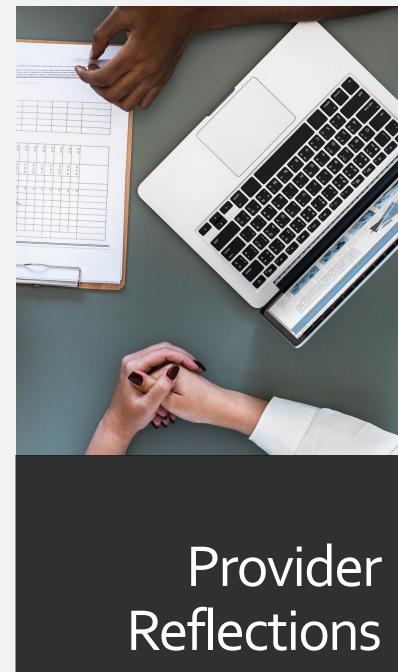
Mayo Clinic

Centers for Disease Control (CDC)

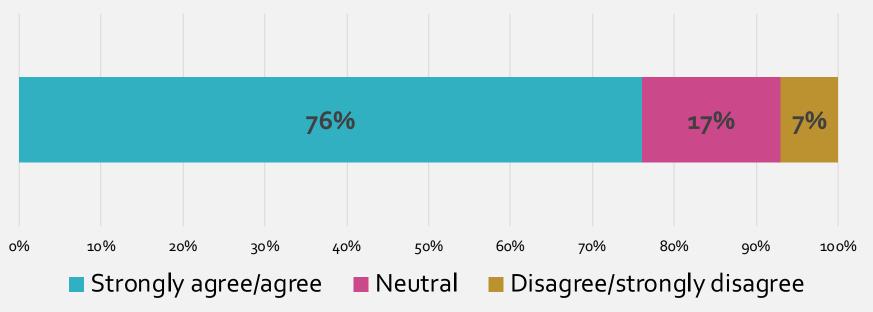


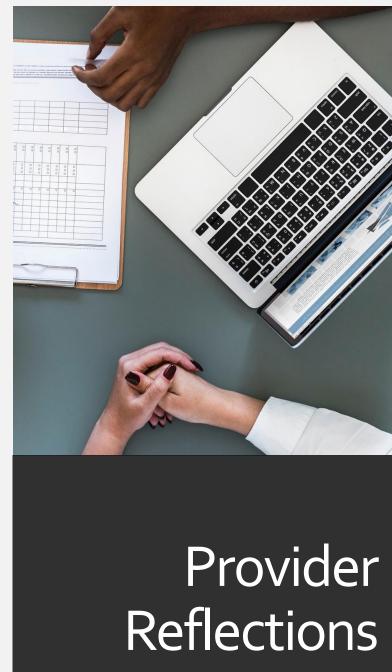
I believe there is a form of technology that could help me communicate with my patients who do not speak English well.



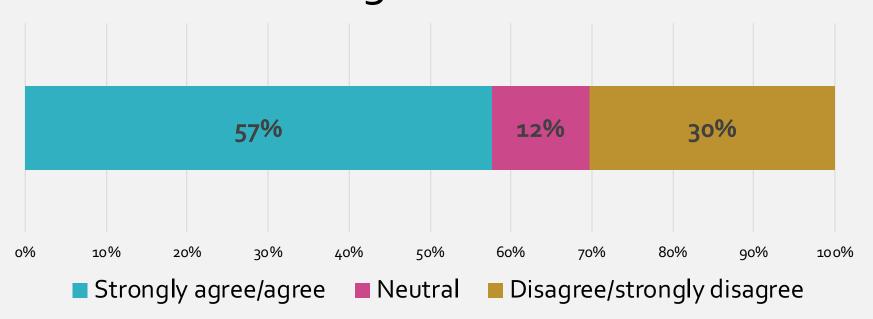


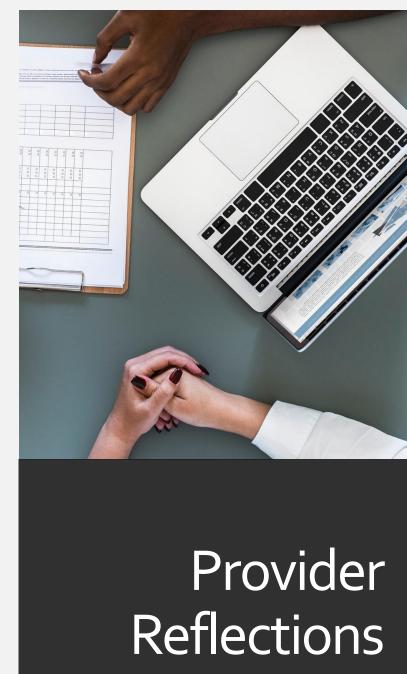
I am open to testing new applications or platforms that would help me better communicate with my patients who do not speak English well.



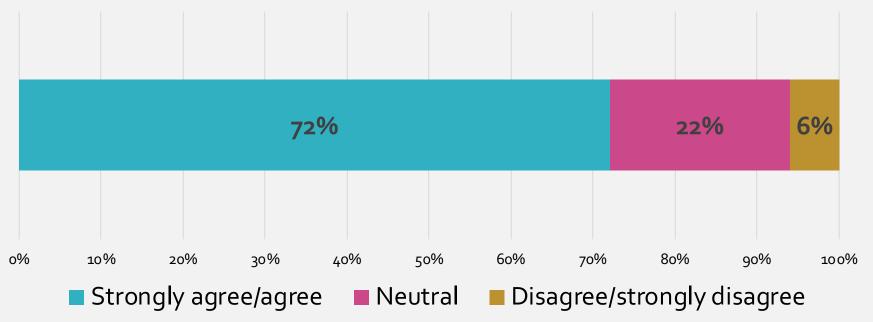


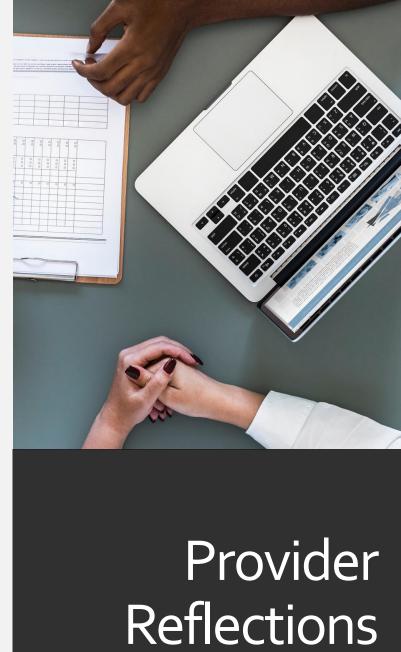
I am satisfied with the ways in which my facility communicates with patients who do not speak English well.





I believe my facility can better utilize technology to send written health education materials home with our patients who do not speak English well.





Summary of Findings

3,033 practicing medical providers in Washington State



1,458 MDs/NPs



981 Pharmacists



594 Dentists

Patient languages

- 89% of providers have seen LEP patients in the last month
- Top 5 languages :
 Korean, Spanish,
 Amharic, Vietnamese,
 Tagalog

Language assistance techniques

- 76% use patients' family/friends to interpret
- **62%** use **children** of patients
- 64% use bilingual staff
- ~50% use professional interpreting services
- 35% use a digital tool to communicate w/LEP patients/

Provider demographics

- 62% female
- 71% White; 18% Asian
- 42% bilingual
- Top 5 languages: Spanish, French, German, Mandarin, Vietnamese

Thank you!



survey respondents



funders



student researchers



university



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Collective Data Analysis

In groups of 4, walk through the following data analysis steps together (see accompanying handout for guidance)

Step 1. Data Organization

- Identify the data point(s) that are most relevant and/or interesting to your group
- Focus on one data category or one specific survey question with multiple results



Step 2. Data Analysis

- What are some possible explanations for these survey findings?
- What kinds of additional analyses would be valuable?
- What is missing from the survey overall?



Step 3. Presentation

- Design a paper prototype for how your group's data analysis can be shared
- Focus on a specific audience (e.g., practitioners, patients, policymakers, researchers, community orgs, etc.)