NCIHC Open Call
September 24, 2004
9:30 – 12:30 PDT

Topic:
Research Needs in Language Access in Health Care

The NCIHC Open Calls are held quarterly, as a means of encouraging exchange among professionals working in the field of language access and soliciting input from practitioners in the field to inform NCIHC policy making.

Introduction
The open call began with a short introduction. Cornelia Brown, from the NCIHC Advisory Committee, reviewed the mechanics of the call and then introduced this month's topic.

This month's call focused on identifying what sort of research is needed to advance the field of language access in health care. Dr. Brown explained that the NCIHC will use the information gleaned from this call to develop a short background paper that will inform the discussion in a convening of researchers being organized by the Council for November 2004.

Dr. Brown then introduced Alice Chen, Co-chair of the Policy and Research Committee of the NCIHC.

Background Presentation
Dr. Chen explained her own interest, and the interest of the Policy and Research Committee, as being on research with a policy lens. A knowledge of the difference an interpreter makes is not sufficient to influence policy makers: we have the job of proving to them that 1) limited-English-proficient (LEP) patients are falling through the cracks, and 2) interpreters make a difference in changing that. To prove this to policy makers, we need patient stories, advocacy, and research. None of the three stands alone.

What sort of research already exists? When looking at the health services research literature, we see about 150 studies of language and interpreting related to: access to health care, quality of health care, cost of services, and health outcomes. There is very little on interpreter role or proficiency. Most of these articles are documented in *Language Barriers in Health Care Settings: an Annotated Bibliography of the Research Literature,* downloadable for free from at website of The California Endowment at
http://www.calendow.org/reference/publications/pdf/cultural.

A review of this literature results in the following observations:
1) The body of research in this field is growing.
2) Most of the research is focused on Spanish-speakers only.
3) Most of the research is focused on documenting the impact of language barriers, not interventions
4) There are many problems with methodology, especially the issue of variable definitions and a lack of control for confounding factors.

What have we learned? Studies have been done that address the following questions:
1) What happens when people face language barriers?
   ➢ Access to care/ insurance status
     Studies have shown that LEP patients are less likely to be insured, to receive preventive care, or to have a Primary Care provider. Studies show that LEP patients typically have less access to specialists and, when no interpreter is available, are more likely to be admitted to the hospital and stay there longer, incurring higher costs.
   ➢ Quality of care
     Studies have shown that LEP patients without interpreters are more likely to have unnecessary testing, are less likely to be compliant with their medication protocols, are less likely to follow-up, and have more medication errors.

2) What happens when LEP patients have access to interpreters?
   ➢ Providing interpreters can improve access; interpreters do make a difference. Providing interpreter services lowers admissions as well as the level of unnecessary testing, and increases follow-up. Studies also show that the presence of interpreters increases patient satisfaction and improves communication
   ➢ There are no studies, however, showing that interpreter services lead to fewer medication errors.
   ➢ It is very difficult to link language services to health status, due to all the confounding factors.

What do we need to do?
1. We need to develop definitions for terms such as:
   ➢ LEP
   ➢ Medical interpreter

> ➢ Bilingual provider
2. We need to tie research and advocacy into other initiatives, such as quality assurance programs
3. We need more studies with a focus on
   > ➢ the impact of interventions,
   > ➢ patient safety
   > ➢ misdiagnosis
   > ➢ poor outcomes.
4. We need more studies that focus on languages other than Spanish
5. We need more research in public health and inpatient settings
6. We need to be careful on cost studies to differentiate between making the business case and making the economic case. The former is focused on the realities of a particular institution, while the latter is the case for society in general.
7. We need to partner with community programs and researchers in related fields.
8. We need to advocate for data collection.

Sharing of Participants' Ideas
The participants on the call were then invited to share their responses to the following question: "What research questions would you like to see answered by professional researchers in the field?" Here's what we heard:

1. We need to have a coherent strategy for research in this field, so that research questions piggy-back on each other in a sequence. In this way, principle private and public funders can agree on a research agenda.

2. We need to have the same standards for research in this field as they have in clinical research in general, or it won't be taken seriously. For example, we need a shared definition of terms such as "interpreter."

3. It is too expensive to do research that tries to link language services with health outcomes – we should try to link instead to intermediary indicators, such as the quality of information exchange, patient understanding, and compliance.

4. We need more definitive research instead of more exploratory research.

5. We need help in learning how to put the research into practice.

6. We need more research on cost of providing language services and of NOT providing language services; these studies should focus on cost effectiveness, not on financial savings.

7. We need some concrete research on the impact of using family members and children as interpreters.

8. We need more standards and more opportunities to talk to other researchers.

9. We need more research on interpreting in mental health settings. For example, we need research that answers the questions: What type of psychotherapy lends itself better to use with interpreters? What is the impact of interpreter use? Is medication adherence better or

worse with interpreters present? Are interpreters traumatized by exposure to what they interpret?

10. We need some research on whether it is more cost effective to internalize or out-source interpreter services. We'd like to see some studies that evaluate the impact on cost of moving to a model of community-wide provision of services.

11. We need more research on the impact on quality of interpreting and quality of care of remote (e.g. telephonic) and proximal (e.g. face-to-face) interpreting. Impact of telephonic vs. on-site. For example, is anything lost with remote interpreting? How do we compare different models in order to decide which is most appropriate?

12. We need research on how much training interpreters need to practice at a minimally competent level. We need this research to distinguish between different types of interpreting, such as remote/proximal, or clinic/hospital, or medical/mental health.

13. Which types of consumers of interpreter services have which research questions and how would they like to use the answers?

14. We need research on how interpreter services affects continuity of care; i.e. are LEP patients who get an interpreter more likely to seek care in the future, even across specialities?

15. We need to learn how to interest private insurers in research on language access. Why do insurers start covering any new protocol? What answer to what question would get them to start investing in language services?

16. We need to develop different funding models to pay for interpreter services in different venues, size and practice type.

17. We need tools and protocols to develop the effectiveness of different approaches to language access. For example, how do we evaluate the quality of written translations? How do we evaluate the quality of interpreters?

18. We need research comparing models and standards used here and in Europe, Australia, and Canada.

The participants were then asked to respond to the following questions: "What would you do with the answers to your research questions. Who is the audience for this research?" Our participants indicated that the following types of professionals need to have access to the research results:

1. Administrators
2. Public health professionals
3. Medical providers
4. Risk management / legal departments
5. Interpreter trainers
6. Purchasers
7. Interpreter Service managers

How should this audience receive the information learned from research?

1. NCIHC has a role in translate research into short, definitive, easy-to-read, easily accessible form.
2. Conferences and conventions (conventions for hospital executives, medical associations, the American Public Health Association, etc.)
3. Industry bulletins
4. CDs or video clips
5. Risk manager associations (statewide)
6. Maybe we need to hire a marketing firm!

Whose responsibility is it to disseminate this information?
1. The organizations that fund research
2. The advocates
3. NCIHC

Final comments
What is the incentive to do this sort of research? Most researchers are motivated by the potential that their research will be published in a big journal. Some of these questions are very important, but they won't get published in big journals. As a result, nobody will fund research on many of these questions.

Liz Jacobs mentioned that the Robert Wood Johnson Foundation is considering developing a coherent research agenda. Is there a potential here of collaboration between different funders? We need government input as well; for example, the National Institutes of health have expertise in health sciences research. Perhaps we would need to engage the interest of government organizations based on what is sexy in politics right now: e.g. medical errors.

Closing
The call concluded on this note. The next NCIHC open call will take place on December 3.

Following is a partial list of the organizations represented on this call:
 ➢ Foundation for Health care Quality, Seattle
 ➢ Jewish Vocational Services, Kansas City
 ➢ New York Attorney General's office, Civil Rights Bureau
 ➢ New York University School of Medicine
 ➢ Veterans' Administration Clinic, Rome, NY
 ➢ The Multicultural Association of Medical Interpreters of Central New York, Utica NY
 ➢ Family Planning Advocates of New York State
 ➢ The National Health Law Program
 ➢ Cyracom, Tucson, AZ

- ➢ Temple University Health System, Philadelphia, PA
- ➢ The California Endowment
- ➢ Cook County Hospital, Chicago, IL
- ➢ The National Council on Interpreting in Health Care