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Temple University Health System in Philadelphia Improves Language Services for Spanish-Speaking Patients Through RWJF's Hablamos Juntos Program

Hablamos Juntos: Improving Patient-Provider Communication for Latinos

SUMMARY

From 2002 to 2005, Temple University Health System in Philadelphia developed and promoted language services for Spanish-speaking patients in all of the system's hospitals and recruited, trained and credentialed six health care interpreters.

The health system was one of 10 demonstration sites in the Robert Wood Johnson Foundation's (RWJF) national program *Hablamos Juntos: Improving Patient-Provider Communication for Latinos* (for more information see Program Results Report).

Key Results

Working with the health system's administration during the grant period, project staff:

- Guided the development of formal policies for the use of interpreter services and translation.
- Emphasized language services as fundamental to good patient care.
- Recruited, trained and credentialed (with grant funds) four medical interpreters who provided services to some 8,000 patients. The health system hired two additional interpreters during that period with its own funds.
- Increased use of language services. For example, provider use of contracted interpreters, accessed primarily via telephone, rose by 60 percent over the two-year implementation period.
- Increased access to Spanish-language documents. Project staff contracted for Spanish versions of 200 essential patient documents and purchased additional material, all of which were made available on the health system's intranet.

All of the health system's providers adopted new language services policies by January 2006. After the grant, the health system committed its own resources to interpreter and translation services, allocating $900,000 in 2007.

Funding

RWJF funded the Temple project with two grants totaling $1 million.

THE PROBLEM

Temple University Health System is a network of health care providers that includes Temple University Hospital, an academic medical center in north Philadelphia, four community hospitals located in north and northeast Philadelphia and a network of community-based primary care physicians.

The Latino population in the health system's service area has been growing rapidly. In 2002, project staff estimated that 20 percent of the system's hospital admissions were Latino patients, many speaking little or no English. In one network facility, Temple University Hospital's Episcopal campus, about 80 percent of the patients were Latino.

In the early 2000s, health system providers were attempting to meet the needs of their growing Latino patient population in a variety of ad-hoc ways with limited success:

- Providers and other staff perceived the health system's telephone-based interpreter service as expensive and often did not know how to use it. Funds allocated annually for telephone-based interpretation services went unspent.
- Providers sometimes drew on their rudimentary high school Spanish to communicate, or used bilingual staff and medical students as interpreters who had not been assessed for their Spanish-language skills or trained in medical interpretation.

CONTEXT

Access to health care for all Americans has long been a goal of RWJF. Foundation staff developed *Hablamos Juntos* to address concerns about nonfinancial barriers to health care access, including language and culture, according to Pamela S. Dickson, the senior program officer for the program at RWJF.

That was also the focus of *Opening Doors: A Program to Reduce Sociocultural Barriers to Health Care*, an RWJF initiative launched jointly with the Henry J. Kaiser Family Foundation in 1992. *Opening Doors* was built around the recognition that even when health care is available and affordable, language, culture, race and ethnicity can impede access and lead to poorer health outcomes.

Opening Doors allocated $5.5 million for 23 projects in rural and urban areas in 11 states to identify and reduce sociocultural barriers. Three of those projects involved trained language interpreters who facilitated communication between patients and providers.

Other RWJF-supported projects in the 1990s and early 2000s for people facing language and cultural barriers included:

- A project at the University of Maryland at College Park to improve access to care among Latino children. Researchers analyzed and compiled data from the 10 states with the largest populations of Latino children and convened an expert panel that developed policy recommendations designed to improve their health. (See Program Results Report on ID# 037533.)
- A survey by researchers at the People-to-People Health Foundation about the use of and barriers to health care services among undocumented Latino immigrants in El Paso and Houston, Texas. (See Program Results Report on ID# 026618.)
- A series of studies conducted by researchers at the University of California, Los Angeles, School of Public Health, on the effects of immigrant and citizenship status on health insurance coverage and access to health care services. (See Program Results Report on ID# 026855.)

Hablamos Juntos was RWJF's first national effort to help health care organizations meet the challenge of providing language services to Latino patients.

THE PROJECT

Temple University Health System's leadership viewed *Hablamos Juntos* as an opportunity to implement institutional change in keeping with the organization's mission to provide the best possible care to all patients, according to Charles Soltoff, project co-director. Providing the best possible care meant speaking to patients in their language of preference.

Planning Phase

During the one-year planning phase, staff identified access and communications barriers throughout the system by:

- Conducting informational interviews and focus groups with Latino patients, local Latino leaders and health care providers, and Temple's medical, operations, fiscal and legal staff.
- Observing patients' experiences in maternal and emergency services to gain first-hand knowledge of the barriers they faced.

The project was designed around a commitment to systemwide change. Toward that end, the health system created a multicultural and multilingual services department to assume responsibility for the services developed under *Hablamos Juntos.* "We realized we needed to transform ourselves," said Soltoff.

Implementing the Project

During the two-year implementation phase of its *Hablamos Juntos* project, staff focused on incorporating Spanish interpretation services into the emergency departments of three facilities and into maternity services of one. In addition, it developed a strategy for translating materials into Spanish, or purchasing high-quality, written Spanish materials. Materials included patient education material and information about legal responsibilities, services, access to care, grievance procedures and informed consent.

To make the broader policy changes necessary to improve language services throughout the system, project staff convened an ad-hoc cultural and linguistic competency committee. Representatives from the five system hospitals and from the Temple physicians' network served on that committee.

RESULTS

Working with Temple University Health System administrators, project staff:

- **Guided the development of formal policies for the use of interpreter services and translation.** When the project ended in September 2005, each provider organization in the system was independently reviewing these policies.
- **Emphasized language services as fundamental to good patient care.** Project staff developed in-service training, pocket cards, posters and presentations at new-employee orientations and department meetings to underscore the new policies for use of language services. Language preference began to be included on each patient's medical record.
- **Developed an elective five-session course for health science students and medical residents on patient-provider communications.** An average of 100 people attended each session.
- **Designed a new interpreter training program, drawing on programs developed by the *Hablamos Juntos* national program office.** The training offered basic instruction and more advanced training in content and skills.
- **Recruited, trained and credentialed six professional interpreters.** Four interpreters hired with project funds provided services to some 8,000 patients. Two additional interpreters were hired with health system funds. "The interpreters are able to provide clear answers and interpret cultural differences," said Ernie Bertha, M.D.,

director of pediatric emergency services. "Our care becomes much warmer, more personal, more personable."

- **Expanded the availability of interpreters by:**
  - Contracting with two agencies whose interpreters met the same training and skill standards as in-house interpreters. Local contractors upgraded their interpreter qualifications to be able to work with Temple, benefiting other area hospitals needing interpreters.
  - Developing a training program that allowed qualified bilingual staff to become "dual-role interpreters." Dual-role interpreters are now paid $1,000 per year in addition to their salary, and had to perform a minimum of 12 interpretations per year, generally for cases that were not technically complex or emotionally intense. Hospital system policy forbids untrained bilingual staff from interpreting a medical encounter.
- **Increased provider use of language services.** The use of contracted interpreters, primarily via telephone, rose by over 60 percent over the two-year implementation period.
- **Increased access to Spanish documents.** After assessing the quality of translated material in use throughout the system, project staff:
  - Contracted with three translation firms to translate more than 200 documents, including patient education material and information about legal responsibilities, services, access to care, grievance procedures and informed consent.
  - Purchased patient education materials in Spanish, including materials on diabetes, hypertension and breastfeeding.
  - Created a centralized repository on the health system's intranet to provide organization-wide access to Spanish texts.
- **Made the health system easier to navigate for all patients by posting multilingual signage throughout the facilities.**
- **Produced two documents designed to institutionalize the project as *Hablamos Juntos* neared its completion date:**
  - A manual on interpreter procedures and guidelines.
  - A history of the project, *Confessions of a Linguistically Challenged Health System,* which described lessons learned, and the experiences of staff, providers, interpreters and patients as the project evolved.

See the Bibliography for details.

Challenges

- **Some frontline staff and physicians resisted using the language services program.** Even when interpreters were available and providers knew they were expected to use them, they did not always do so. Some felt that waiting for a professional interpreter "slowed things down."
- **Interpreters were underutilized.** When their services were not in demand, interpreters had the frustrating experience of being idle. Some hospital staff asked them to run errands or answer phones, and resented being told by interpreters that those functions were not part of their jobs.
- **Changing an institution's culture is difficult.** Despite the health system leadership's support for language services, providers still tended to turn to "Maria down the hall" when they needed an interpreter.

LESSONS LEARNED

1. **Staff need to be educated in advance about significant needs and changes in organizational policies and procedures.** Providers might have been less resistant to using interpreters if they understood the issue better. (Project Director)
2. **Emphasizing the specialized skills of professional interpreters helps to differentiate them from other staff.** One strategy is to position interpreters as "consultants" in order to encourage providers to ask for a "language consult," just as they might ask for a dietary consult. (Temple University Health System CEO Chip Marshall)
3. **The most effective interpreters are self-sufficient and capable of handling stress.** Project staff learned that an interpreter's capacity to work independently under the often-stressful conditions of a health care encounter was more essential than being a native speaker or having a medical background. (Project Director)

AFTERWARD

After the RWJF grant ended, the Temple University Health System's multicultural and multilingual services department assumed responsibility for language services, which continued to grow:

- All of the providers within the health system adopted the new language services policies by January 2006.
- In June 2006, Temple hired two dispatchers, each working 12-hour shifts, to deploy interpreters to emergency and inpatient departments at three hospitals. The goal was to make more efficient use of available interpreters.

- Temple committed more than $900,000 to provide interpreter and translation services in 2007. This included support for seven interpreters.
- By April 2007, 28 bilingual staff (who spoke a total of six languages) qualified to become dual-role interpreters. Sixty others were pursuing training in 2007.

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