

**Oregon Health Authority
Transformation Center and Division of Equity & Inclusion**

**Meaningful Language Access to Culturally Responsive Health Care
Learning Collaborative
February 26, 2021
8:30am – 10:00am**

Welcoming remarks were made by Chris DeMars and Adrienne Mullock (Bhagavati) from the OHA Transformation Center, Kweku Wilson, Maria Castro, and Edna Nyamu from the OHA Division of Equity & Inclusion, and Frank Wu from the OHA Office of Health Analytics

Helen Eby and Stick Crosby from the Oregon Council on Health Care Interpreters introduced themselves and discussed the work of the Council in developing standards and in coordinating, improving, and expanding training for health care interpreters:

- there are over 700 OHA-certified health care interpreters throughout the state; it is a substantial workforce
- OHA’s registry of certified health care interpreters is searchable by geography
- there also are 200 court interpreters in Oregon; court interpreters can be certified by OHA as health care interpreters after completing 60 hours of training as a health care interpreter; they can use certification as a court interpreter to meet the interpreting experience requirement for certification
- there are also 200 interpreters on the Oregon Registry for Interpreters for the Deaf: <https://www.orid.org/>
- without trainers and training programs, there won’t be more interpreters available
- there is a need for training in rural areas
- trainings can now be done virtually but not everyone has good internet access at home so CCOs, hospitals, and clinics could offer to host interpreter trainings
- the Council is also working with stakeholders to promote livable wages for health care interpreters, and advocating for a more equitable health care interpreter program
- the Council also seeks to strengthen partnerships through community outreach
- on the day of the state shutdown because of COVID-19, the Council worked with OHA on how to work safely with health care interpreters, which has kept interpreters safe:

Facilitator Ignatius Bau provided an overview of meaningful language access learning collaborative, with monthly sessions and tentative topics, through June 2021

DATE	TOPIC
Friday, March 26, 2021 8:30am – 10:00am Session Two	Sharing Coordinated Care Organization (CCO) Health Equity Plans related to language assistance (focus area 7 on language access reporting mechanisms, focus area 3 on culturally and linguistically appropriate services, focus area 4 on CLAS as an organizational framework, and focus area 6 on organizational training and education)
Friday, April 23, 2021 8:30am – 10:00am Session Three	Providing notice to CCO members about language assistance services; translation of notices and written materials; providing language assistance services to deaf and hard of hearing and other members with disabilities

Friday, May 28, 2021 8:30am – 10:00am Session Four	Training for clinical and administrative staff about language assistance services
Friday, June 25, 2021 8:30am – 10:00am Session Five	Documenting CCO member language assistance needs and utilization of language assistance services; documenting use of certified/qualified health care interpreters; how to document utilization of multi-lingual providers

Health care interpreters participating in the learning collaborative introduced themselves:

- Helen Eby emphasized that in-person health care interpreting is important, to be in the same room as the person you are interpreting for
- Selia Colvin is originally from Texas; qualified as a health care interpreter in Oregon two years ago and is now trying to get certified; she is one of only two Spanish-speaking interpreters in Coos and Curry Counties; trainers don't come to rural counties; before COVID-19, would go to counseling, mental health, and medical appointments and interpret for Spanish-speaking members; also made sure pharmacies gave directions to members in their own languages; now with COVID-19, have to do interpreting by phone; hard for Hispanic population to use the video or phone for [telehealth] health visits because, in the culture, like to see the face and body language; so this keeps people from going to the doctor because they don't like to do it virtually; families with mental health issues are struggling; and there are no ASL interpreters in the area and there is a hard time finding them; if there are no local interpreters, have to use phone interpretation or find an interpreter who will drive to the area; is also a THW and trying to get THW assessments done over the phone is difficult
- Piyawee Ruenjinda speaks Thai and interprets for Thai community members; there are about 6,000 Thais in Oregon; before doing this work professionally, couldn't find information about health care interpreting or get help to become an interpreter; took a training but then couldn't get the hours [of interpreting experience] required for qualification because wasn't yet a "qualified" interpreter; providers and interpreters wouldn't allow her to shadow them because of HIPAA; so asked a Thai friend to ask for an interpreter so that Piyawee could observe; was surprised when the interpreter asked an inappropriate question of her friend that the doctor had not asked; couldn't find information on how to report a complaint about the interpreter
- Hemi Pariyani speaks Farsi and Armenian, and interprets in the Portland area; she finds interpreting rewarding because it is helping people, advocating for voiceless people who don't speak English or have knowledge of the [health care] system; but is frustrated with missing assignments because of bad directions (sometimes feels like an Uber driver), or cancellations with no streamlined communication between the [language services] agency and providers (has to show up for cancelled appointments in order to be paid)

Language access coordinators/managers participating in the learning collaborative then introduced themselves:

- Jenna Curtis is the language services supervisor at OHSU, with a team of 5 staff interpreters (3 Spanish-speaking, 2 ASL); use contract interpreters to meet other needs
- Elly Rondon is the language access coordinator at CareOregon, providing services through vendors, and providing translated materials

- Elizabeth Sanchez is the language access coordinator for Deschutes County Health Services, language access services are mostly provided through vendors, including for behavioral health

CCO health equity staff participating in the learning collaborative then introduced themselves:

- Stick Crosby is from AllCare, and has been working with other CCOs Jackson Care Connect and Advanced Health and the regional health equity coalition on language access; hiring a language access manager has been crucial; the biggest focus is on training of providers, going to quality committees and speaking with providers; there has been difficulties with reporting; and CMS still doesn't allow interpreters to bill
- Anna Lynch from CareOregon has been leading this work, doing a lot of chart reviews and assessing providers; helps to have a common and shared agreement about roles and responsibilities, and then build from there
- Toc Soneoulay-Gillespie is the director of community health at HealthShare; interpreter training is important; commends OHA for creating the language access metric but need grounding on the spirit of the metric, to make sure everyone working in the system understands what equitable and meaningful language access is; everyone needs to be trained, not just the interpreters; it is inconsiderate to ask interpreters to do work that is not part of their role
- Adria Godon-Bynum from PacificSource Lane CCO described how the CCO took a strategic approach to the development of an equity plan for language access, with specific components and the CLAS standards; language access is the backbone of the plan; it's not just language but emotional and cultural; the CCO has created a workgroup to lift up language access for members, including continuing training
- Andrea Ketelhut from PacificSource added that they are looking at billing codes and making a funding stream that is sustainable; they are also working on education of provider partners
- Amarissa Wooden from Advanced Health is working with its provider network to align data elements and improve access to care across Coos and Curry counties; they are trying to capture and report everything
- Susan Boldt from Cascade Health Alliance works in its health equity department and is building the infrastructure to support this work
- Naomi Brazille from Umpqua Health is working on provider education; they have to use vendors because they don't have certified health care interpreters in the area; and tracking is still a manual process
- Emily Johnson from Yamhill CCO is starting with data and understanding where to get accurate information; they are keeping track of specific situations of denial of interpreter services; the CCO is using vendors to provide language assistance services; video/telephonic language assistance services can be a lot faster, not waiting for an interpreter to show up; provider education is important
- Charissa White-Young from IHN-CCO is working on getting bilingual staff certified as health care interpreters, with appropriate pay differentials; they have a lot of data on what languages are spoken in the region; is concerned that appeals processes are not gathering data about non-English speakers; trying to make the system more safe and inclusive

Discussion:

- Helen Eby discussed how limited English proficiency is relative; one might have [language] proficiency for some things and not others; [a patient/CCO member] needs enough proficiency to have meaningful communication with a provider; we need more nuance to the term, it is not a yes or no question

Issues and questions from the chat:

- Lindsey Stailing, interpreting/translation and CHW program manager from Mosaic Medical: access to ongoing CEUs/training opportunities for interpreters, especially in rare languages, in order to meet metric; how CCOs will qualify bilingual providers; how to contribute to data collection within limitations of our EHR, which can track member/patient level data but not who provided services and their qualifications
- Elizabeth Sanchez, language access coordinator from Deschutes County Health Services: would like to see CCO open up contracts directly with interpreters or small businesses
- Krista Collins, quality metrics program manager from HealthShare of Oregon: have time to discuss specific standards and activities outlined in the assessment tool
- Oyinda Osibanjo from CareOregon: what are we doing at the community pharmacy level to promote language access? are we able to pay for interpreter services as community pharmacies?
- Jenna Harms from Yamhill CCO: interpreter reimbursement and data collection strategies within the provider delivery system
- Lindsey Stailing from Mosaic Medical: addressing such opportunity areas with eyes to geography, funding, rare languages etc.; I encourage our CCOs to consider investments for sustained support for language assessments, training, technology, CEUs, etc. for contract interpreters or other ways to incent staff interpreters within the healthcare system; regular interpretation is so crucial to success and virtual access has limitations; in short, CCO payments just for services limits the full potential of meaningful language access
- Angie Kuzma from Oregon Community Health Worker Association: as a CHW, I have some experience working with a Medicaid member whose primary language is one with a very limited number of interpreters; this participant and I worked with their various health care providers to ensure they provided access to quality telephonic interpretation; prior to this, a lot of their appointments got cancelled and their care suffered; it took a lot of time and effort for their many providers to get set up to provide that service
- Helen Eby: in Hillsboro, the Spanish[-speaking] members of the Chamber of Commerce are not participating in Zoom sessions because technology is not something they are comfortable with; and these are Chamber members
- Lisa Castle from Advanced Health: our health care interpreter Selia Colvin is working hard on developing trust relationships, which is critical; continuity of care is important
- Helen Eby: it has been difficult to set up shadowing opportunities for health care interpreters
- Elizabeth Sanchez from Deschutes County Health Services: would love to see some CEUs available in rural areas and that they are of high quality
- Edna Nyamu from Division of Equity & Inclusion: there is a health care interpreter survey that was just launched this week with questions that will provide information on health care interpreter hours, pay, etc.

- Helen Eby: In Seattle, they have set up block scheduling for interpreters of some languages, and they have, for example, Vietnamese Tuesdays: a Vietnamese interpreter on duty all day on Tuesday, where the care is awesome for Vietnamese people that day, and they love it; easy scheduling, great for everyone, and the few Vietnamese interpreters can rotate around the places where they are needed; they get paid by the day instead of by the appointment
- Mavel Morales from Division of Equity & Inclusion shared Oregon I Speak Cards: <https://sharesystems.dhsoha.state.or.us/DHSForms/Served/le9960.pdf>;
Here is a communication card for people who cannot speak: <https://sharesystems.dhsoha.state.or.us/DHSForms/Served/le2314a.pdf>
Here is the Department of Human Services version: <https://sharesystems.dhsoha.state.or.us/DHSForms/Served/msc9960.pdf>
Also preferred language pocket cards can be found here: <https://www.oregon.gov/oha/OEI/Pages/HCI-Resources-Events-Policy-Laws.aspx>
- Hannah Rosenau from CareOregon: Having them on one sheet makes it easy to ask what language you speak: <https://www.laborposters.org/federal/2994-dhs-language-identification-poster-poster.htm#:~:text=.%22%20Language%20Identification%20Poster%20The%20DHS%20%22I%20Speak..%22,not%20required%20to%20by%20the%20Department%20Of%20Labor>; would like to know if others have better posters they use