Enhancing Linguistic Competency at Clarkston Community Health Center

Introduction

Clarkston, Georgia is a major refugee resettlement area located just outside the city of Atlanta. Since the 1990s, when Refugee Admissions Program in the United States identified Clarkston as a good fit for displaced persons, this 1.1 square mile enclave has become home to refugees from more than 50 different countries, spanning 6 continents, with roughly 150 different ethnic groups, leading *New York Time Magazine* to refer to Clarkston as the "most diverse square mile in America[1]." This culturally and linguistically diverse area faces many challenges: 43.9% of people live below the poverty level, 31.5% are uninsured, and 10.9% are unemployed[2]. Also, despite being near large medical facilities, limited culturally and linguistic appropriate resources for this community (representing over 60 languages) present a significant barrier to utilization of healthcare resources[3].

In Spring 2016, the Institute for Healthcare Improvement (IHI) Emory Chapter partnered with Clarkston Community Health Center (CCHC), a quickly growing volunteer-run free clinic that opened in 2015, to provide affordable health care services to the refugee, indigent, and uninsured population of the Clarkston Community. With process flow maps and spaghetti diagrams to better understand clinic flow, the team identified three core areas of intervention to improve clinic processes and subjective experiences at the clinic: patient flow, volunteer coordination, and patient forms. Using concurrent Plan-Do-Study-Act (PDSA) cycles--a quality improvement methodology--in these three areas, the team successfully implemented a patient flow checklist, task list of volunteer roles, and simplified forms to streamline the patient intake process. After the implementation of these intervention cycles, the average total clinic time per patient decreased by nine minutes and the majority (78%) of staff and volunteers surveyed saw a subjective improvement in clinic experiences.

Perhaps of even more value, this project allowed the team to build a positive rapport with the clinic and community members, allowing for more extensive partnerships and projects in the future. With the broader goal of helping CCHC achieve its mission to become a "culturally and linguistically competent facility that provides quality, affordable, accessible and comprehensive health care services to the residents of Clarkston," we would like to expand our team's involvement at the clinic to not only further improve patient flow, but also ensure "linguistic competence" of the clinic, according to its mission. The HIP Student-Initiated Project Grant in Healthcare Innovation will be used to develop culturally and linguistically appropriate point of care resources, such as interpretive services to further this mission.

Goals and Aims

CCHC is located at a central location in the heart of Clarkston, Georgia. The clinic sees approximately 400 unique patients every year with 2,000 patient visits annually. Many of the patients are immigrants or refugees who do not speak or write English and, therefore, the clinic relies on on-site volunteer physicians and students to provide interpreter services. A list of volunteers exists to provide interpretation by phone if a volunteer on-site cannot do so. However, due to the vast diversity of the community (speaking many different languages and dialects that are not well-represented in the wider

[1] City of Clarkston. (2012). Retrieved November 1, 2016, from http://clarkstonga.gov
[2] U.S. Census Bureau (2016). State & County QuickFacts: Clarkston city, Georgia. Retrieved November 1, 2016, from http://quickfacts.census.gov/qfd/states/13/1316544lk.html
[3] Clarkston Community Health Center. Retrieved November 1, 2016, from http://clarkstonhealth.org

society), this current system is severely limited in its capacity to appropriately serve the patient population seen at the clinic.

As a result, our project proposes to employ a modified community health worker (CHW) model to strengthen the clinic's mission to provide linguistically and culturally competent care. The unique role of CHWs as culturally competent mediators between providers of health services and members of diverse, underserved communities have been extensively documented and recognized for a variety of health concerns[4]. This model works particularly well for Clarkston as the members of the Clarkston community not only understand the unique social context of this community, but they are also often the only people who speak the multitude of languages and dialects represented at the clinic. Specifically, we propose adapting a modified CHW model to align clinic resources, interpretive services, and point of care access with languages representative of the patient population.

We intend to address the following aims in our project:

Aim 1. To reduce barriers in accessing healthcare by providing translated print and website materials

Aim 2. To build capacity by strengthening the existing interpreter network

Aim 3. To foster community engagement through training and recruitment of volunteer interpreters

Aim 4. To pilot innovative point of care community medical interpreter system

Methodology

We propose a three-tiered approach which will incorporate the following elements: (1) translation of clinic resources, including printed materials and the CCHC website, into the top three languages representative of the CCHC population, (2) organization of the group of volunteers who have offered their interpreter services, and (3) recruitment of community members to become certified medical interpreters for CCHC (see **Table 1**).

Translation of Clinic Resources

Translation of the clinic's printed resources describing available services and the clinic's website will occur during months one through five. The IHI team previously identified Arabic, Hindi, and Nepali as the top three languages spoken by patients seeking care at CCHC. We will first work with CCHC's website developer to create an option to display the website contents in different languages. Once this infrastructure is in place, we will utilize textmaster.com's (or an equivalent service) website and document translation services to translate the clinic's website, pamphlets about services being offered, and information sheet about required documentation to bring to a CCHC clinic appointment into Arabic, Hindi, and Nepali at a cost of $0.066 per word. To validate the accuracy of the translation services, we will vet the site with a focus group of representative native speakers in the community prior to launching the website live.

Organization of Volunteer Interpreters

[4] Brownstein, J."Addressing Chronic Disease through Community Health Workers: A Policy and Systems-Level Approach." Second Edition. April 2015. Center for Disease Control and Prevention. Division of Heart Disease and Stroke Prevention.

During months one through five, we will pilot a system where volunteer interpreters are scheduled to be on-call each Sunday. Current processes do not make it clear who the interpreters are for each language or when they are available. Thus, during months one and two of the project, we will contact the individuals on the current list of volunteer interpreters and confirm the languages they speak as well as their continued involvement with the clinic. We will contact those who wish to stay involved at the clinic on the last Sunday of each month to determine their availability for each Sunday of the following month. This process will guarantee continuous accuracy of information on the availability of interpreters. We will use this information to create and display a schedule in the clinic that details the name of all interpreters available each Sunday, the languages they speak, and their contact information. Interpreters will be called when the clinic opens on the days they are scheduled to be on-call to once more confirm their availability for that day. We will provide a small gift card for volunteers who sign up to be scheduled.

By having a monthly schedule in place, the clinic staff can reference this schedule to advise patients who speak particular languages to come on days when an interpreter who speaks their language is scheduled to be available. If a patient presents to clinic with a medical emergency and required interpretive services not scheduled that day, he or she will be referred to Grady Memorial Hospital, as done under current clinic operations. In order to better facilitate interpreted conversations between patients and clinic staff, we will purchase a dual handset phone that facilitates three-way conversations between the clinician, the patient, and the interpreter so that we can maintain the patient's privacy and avoid using personal mobile devices. Of note, we will also confirm that all personnel comply with HIPAA regulations before handling any patient information.

Training of Certified Medical Interpreters

We recognize that many patients need medical interpreters at CCHC and that the volunteers offering interpretation services are not trained. Additionally, the volunteer interpreters, while a valuable resource, are not as reliable in their ability to interpret medical information, as they have no formal training. For CCHC to become a fully linguistically competent medical facility, we see a fundamental need for professional medical interpretive services. We thus propose recruiting and training bilingual individuals from the community to provide professional medical interpretive services and to serve as modified CHWs. Therefore, during month two, we propose to invite former and current patients to participate in either a focus group or survey activity to ascertain their experiences at CCHC. We will hold focus groups with people within Clarkston's community in order to determine the best way to recruit individuals to become interpreters and to create an incentive structure to maintain their relationship with CCHC.

We will then analyze these results and proceed with recruitment during months three and four. We anticipate that the focus group will recommend utilizing flyers at CCHC, a link on the website, and/or recruitment from the current pool of volunteers who have offered translation services for this program. However, we want to ensure that we proceed in a culturally competent way that meets the needs of the community. We identified ALTA Language Services, Inc. as having capabilities to train and certify individuals in the languages needed at CCHC. ALTA provides online and in-person training options, which would maximize flexibility for our interpreters in training. Trainees would complete the course during months five, six, and seven. Upon completion, interpreters would then be present in clinic during

months eight through eleven. Depending on the results of the phone pilot, interpreters will either come to the clinic or provide services over the phone.

Throughout all of these interventions, the IHI QI Team will run multiple Plan-Do-Study-Act (PDSA) cycles to evaluate the effectiveness of these pilot programs. We will measure how many patients request medical interpretive services and how many patients receive them prior to and after the medical interpreter-training program. We will survey clinic staff and volunteers bi-monthly about their experience using these services. We will also obtain feedback from the interpreters about how they perceive their experience. Finally, at the end of the program, we will hold another focus group with community members to ask about their satisfaction with the program as a whole.

Table 1. Timetable of Interventions and Project Milestones (Months 1-12)

	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Translation of Clinic Resources	X	X	X	X	X							
Organization of Volunteer Interpreters	X	X	X	X	X							
Focus groups and surveys		X		X		X		X		X		X
Recruitment for Medical Interpreter Training			X	X								
Training program for Medical Interpretation Certification					X	X	X					
Conduct Interpretation Services Through Certified Interpreters								X	X	X	X	
Evaluate Effectiveness of Interventions through PDSA	X	X	X	X	X	X	X	X	X	X	X	
Final Assessments and Executive Summary Report												X

Results:

The multi-tiered approach outlined above will facilitate quick results as well as ensure that we create an implementation that adds value long term. We expect patients to have more clarity on what documents are needed to receive care at CCHC. Patients will better understand the offerings at CCHC and basic clinic information such as opening hours, who are the providers, and how to get in touch with the clinic. These changes will be relatively easy and quick to implement, and the clinic will benefit immediately.

The enhancement of the existing interpreter volunteer system will have a two-fold effect. First, organizing the list of volunteers and making that information clearly visible will enhance patient flow within the clinic. The two-way phone will improve patient privacy, as it will replace the use of a cell phone operated in speaker mode. The second effect will come from piloting the creation of an on-call schedule while we recruit and train medical interpreters. We predict that this will be more popular than physically being in the clinic each Sunday to interpret because it will allow for more flexibility for the volunteer interpreters and staff. It will also illuminate any unintended consequences of an on-call system we can address so that the medical interpreters can be integrated into the system as seamlessly as possible.

Finally, the community medical interpreters will be important to enhancing patient care. We predict that the number of patients receiving interpretive services from trained personnel will increase.

We also predict that interpretive services will lead to increased efficiency at the clinic seen through decreased wait times and less interruptions during patient encounters. We acknowledge that this is a somewhat ambitious timeline. We also recognize that maintaining interpretive services at CCHC will require continued funding in the future. However, CCHC is rapidly growing, and it is important to establish a pilot for interpretive services at the clinic and emphasize that this pilot will serve as a model for future funding opportunities. Providing interpretive services will address the six domains of health care quality because care will become more equitable, efficient, effective, safe, patient-centered, and timely. By enhancing linguistic competency for CCHC, we will be enhancing care for its patients.

Healthcare Impact and Project Significance

According to the 2000 U.S. Census, by 2050 an estimated 19% of U.S. citizens or residents aged 5 years and above will have Limited English Proficiency (LEP) which is defined as a "limited ability to read, write, speak, or understand English"[5,6]. Research has shown that providing language services to patients who have LEP can reduce unnecessary testing, shorten visits, and improve compliance with treatment and follow-up[7]. This project draws upon best practices in patient-centered and culturally competent care to enhance the mission of CCHC. Using telephony and technology to provide point of access interpreter resources allows for efficient and effective use of time and space allocation at the center. Translated print and website materials provide both patient centered and culturally competent health care thereby reducing barriers to access. Clarkston is uniquely positioned for this project because its citizens have multiple barriers to healthcare including culture, language, transportation, and cost. The clinic, centrally located, provides an essential role in reducing these barriers and bridging the gap in care for vulnerable refugee and immigrant populations.

Moreover, we will tap into the valuable assets that the Clarkston community has within its refugee bilingual community members to address a significant barrier many refugees experience in accessing care. By mobilizing and training these community members to become medical interpreters and advocates for their community, we hope to empower these CHWs who play a vital role as mediators to new refugees in navigating new culture, language, and institutions. This medical interpretation training program will not only better train the community members to do the tasks that they are already often doing "off the record", but can also serve as a skill development opportunity for future employment.

As seen in other systems utilizing the community health worker model, we believe that these community medical interpreters with their expanded skills and knowledge will further strengthen the clinic by educating health care providers and administrators about the community's health needs, as well as building community capacity through informal counseling, social support, and advocacy for the patients. In the long term, they can also help reduce system costs for healthcare by helping patients avoid unnecessary hospitalizations as they help improve outcomes for community members[4].

Through this partnership with various stakeholders to improve interpretive services of a clinic committed to providing a much-needed medical care that is culturally and linguistically sensitive for the diverse population of Clarkston, we will work to improve access to healthcare services for refugee patients in Clarkston, reduce health disparities in our communities, and take a step toward achieving health equity.

[5] United States Census Bureau. State and county quickfacts.2000. http://quickfacts.census.gov.
[6] United States Department of Health and Human Services, Office of Civil Rights. Policy guidance: Title VI prohibition against national origin discrimination as it affects persons with limited English proficiency. 2005. www/hhs.gov/ocr/lep/guide.html.
[7] Masland, M. C., Lou, C., & Snowden, L. (2010). Use of Communication Technologies to Cost-Effectively Increase the Availability of Interpretation Services in Healthcare Settings. *Telemedicine Journal and E-Health*, *16*(6), 739–745. http://doi.org/10.1089/tmj.2009.0186