

Immigrants Win Language Access A Case Study in Racial Justice Organizing

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Northwest Federation of Community Organizations

For immigrants, receiving health care in their own language is more than just an added benefit – it's an essential part of quality care. Yet many hospitals fail to provide interpretation and translation, signaling to non-English speakers that they should seek treatment elsewhere. In the ongoing effort to eliminate racial disparities in health care, the Northwest Federation of Community Organizations (NWFCO) and our affiliates have developed a model for organizing hospital language access campaigns, and have implemented this model to win language access agreements at six hospitals in Idaho and Washington. NWFCO and our affiliate Washington Community Action Network (Washington CAN) are taking this work to the next level, working for legislation in Washington State that would require private health insurers to cover language services.

Case Study: Stevens Hospital, a Hospital Ripe for Collaboration

Access to affordable hospital care has long been a concern for Washington CAN and NWFCO. Both organizations have a track record of holding hospitals accountable to communities by negotiating free care agreements. Spurred by her experiences in these campaigns, Washington CAN leader Deana Knutsen even ran for hospital commissioner in Snohomish County, north of Seattle – and she became one of five commissioners to oversee Stevens Hospital.

Meanwhile, the face of the county was changing. The foreign-born population – which included primarily Korean, Spanish, Vietnamese, and Russian-speakers – had increased by 11.6 percent from 2000 to 2004, outpacing the general population. Yet Stevens couldn't fill its beds, because it wasn't serving these new residents. Finances were so tight they even had to lay off staff. The hospital was ripe for change – and Deana was ready to open the door to collaboration.

When Washington CAN and NWFCO approached Stevens' management about its treatment of immigrant patients, the hospital agreed to enter into a unique partnership: the organizations would investigate Stevens' reputation in immigrant communities and help the hospital develop a strategy for strengthening its language access program.

Documenting the Problem

To document the nature and extent of the problem, Washington CAN and NWFCO recruited a team of young interns and experienced organizers and set out to talk with immigrants in the areas surrounding Stevens Hospital. With one Russian, one Korean and two Spanish speakers, the team spread throughout Lynnwood, Washington, conducted surveys, followed pastry truck routes to local *tiendas*, and talked with ESL students and churchgoers.

The response was overwhelming. Many new immigrants complained about not understanding doctors' instructions, not understanding hospital bills, and having to use family members as

interpreters. Over 50 in-depth interviews were conducted. Some were carried out only after numerous meetings with interviewees, as the team had to build trust and confront the historical legacies of repression many immigrants brought from their home countries – particularly among members of the Russian community, who initially feared speaking out against authority. Washington CAN and NWFCO also gained access to health care providers. The hospital sent out surveys, and sixty doctors, three nurse practitioners, two physicians’ assistants, and one registered nurse participated. Seventy-five percent reported using a patient’s friend or family member to interpret often or most of the time. With this arsenal of data, NWFCO wrote a report that highlighted these findings, documented immigrants’ deep dissatisfaction with the hospital, and made recommendations for turning around Stevens’ language access program.

Winning an Agreement with the Hospital

After drawing up the report, Washington CAN and NWFCO organized a meeting with CEO Mike Stevens, two hospital commissioners, hospital staff, and community members to present the findings. In a packed conference room, with the not-so-distant voices of children playing in the background, one by one, immigrants stood up and shared their stories.

“I wound up at the ER again because of my heart. I arrived at the hospital at 5pm and wasn’t seen until 10pm. I had no interpreter, but luckily, the hospital receptionist spoke Spanish and helped me understand what the doctor was saying.” Salvador Garcia, Latino

“The doctor gave no explanation about what was happening. She did not want to talk to me at all. The whole treatment by the doctor was very disrespectful and offending. Although I really loved the nurses at Stevens, I would never go back for any other services. I would never recommend it to anybody.” Anonymous, Russian

In all, 10 community members shared their stories, and leaders and staff then presented the findings and recommendations from the report. The recommendations included the following:

Establish a Community-Hospital Task Force to develop a three-year plan to improve language access at Stevens Hospital, including benchmarks for success. The plan should be developed in coordination with community members and input from a language access expert.

Insure an accurate assessment of the community’s interpretation needs that is regularly re-evaluated. Stevens should develop a tracking mechanism to identify all patients according to their language needs and monitor the provision of interpreter services.

Recruit a diverse, multilingual staff, to improve language access in all hospital departments. If bilingual staff are asked to interpret in clinical settings, they must be trained in medical interpretation and have interpretation incorporated into their job description.

Ensure that telephonic interpretation be adequate and utilized. Telephonic interpretation is a good alternative to professional interpreters if the hospital is properly equipped and hospital staff and providers are trained to use the system.

Educate providers and staff about language access issues. The hospital should provide training to all staff, nurses, and doctors on what language services are available, how to access them, and how to work effectively with interpreters.

Provide professional, trained medical interpreters on site. Many providers and patients indicated their preference for in-person interpretation, and have requested greater availability of on-site interpreters.

Provide translated signage around the hospital. Providing signage in Spanish, Russian, and Korean throughout the hospital would help patients navigate the hospital without the full-time presence of an interpreter, and would help patients feel welcome.

Develop a three-year plan for improving interpreter services. In coordination with community members and a language access expert, the hospital should develop a plan with benchmarks for success and data collection to measure improvements.

After the presentation of the report and testimony from community members, the CEO responded, clearly moved by the narratives and concerned about the scope of the problem. Without hesitation, he publicly committed to the recommendations and to improving Stevens' language access programs and cultural competency. Specifically, the hospital agreed to:

- Establish a community/hospital task force to improve interpreter availability;
- Develop translated materials and signage (with all signs translated into Korean, Russian, and Spanish);
- Educate providers on language and cultural competency;
- Increase bilingual staff; and,
- Track and monitor language needs and interpreter usage.

Changes afoot at the Hospital

After reaching agreement, the community partners and the hospital set up the language access task force, rolled up their sleeves, and began developing plans for implementation.

The changes are already evident. All staff have received cultural competency training and been surveyed about their language skills. The employment application form now asks candidates about their ability to speak a language other than English. And, when seeking information about hospital services or billing, community members can now call a toll-free information number that connects them to Stevens, with interpretation available in 127 languages. In addition, all financial assistance forms have been translated, and a patient's guide is being translated into the main four target languages. The hospital has also developed a master renovation plan for the entire site, using color coding and universal signage, supplemented by translation into the area's five main languages (English, Korean, Vietnamese, Russian, and Spanish).

Meanwhile, the hospital has joined with Washington CAN, NWFCO, and other organizations to let the community know about the changes. In May, they held a press conference, attracting television, print, and radio coverage in three languages. The hospital is also working with community clinics to distribute information about their language access services.

There is still progress to be made, such as recruiting additional professional interpreters so patients can always count on live interpretation. (Now the hospital is using phone interpretation as back-up.) Washington CAN, NWFCO, the hospital, and a state representative from the district will be working together to increase reimbursement for interpreter services through the state's health coverage programs, helping hospitals meet their obligations to all their patients.

Lessons Learned

Building and drawing on leverage points can make all the difference. Having an insider on the hospital board of commissioners provided an important opening for the partnership with Stevens – and for bringing hospital employees into the process and investing them in it. It wasn't an accident, though, that Washington CAN and NWFCO had this connection. Deana ran for the commissioner position after years of receiving leadership training from the organizations and assuming roles of responsibility within both of them.

Solid documentation of the problem helps community groups make their case. When it came to talking about solutions, Washington CAN and NWFCO were able to approach the hospital not only by mobilizing grassroots leaders, but also by presenting a well researched study that included a variety of sources. This provided a clear picture of what was happening and became an important tool for Washington CAN in moving the hospital forward.

It is important to have a multiethnic and multilingual leadership team. By mobilizing a team that encompassed the major immigrant communities in Stevens' potential patient base Washington CAN and NWFCO were able to demonstrate the breadth of the problem and approach the hospital with a united voice. They were able to show that the problems identified were not unique to one immigrant group and the recommendations had broad support.

Investing in building trust is worth the time and effort. Washington CAN wouldn't have been able to complete the survey process without building trust with members of the communities involved in the campaign. Given histories of repression in home countries, it often took several contacts with participants before they opened up about their experiences with the hospital. Once they did, however, they shared compelling stories that gave real urgency to the campaign.

Following up throughout implementation is key to ultimate success. No matter how committed the hospital is to change, it won't be able to implement all the changes right away. This means that reaching agreement is the first step in a longer collaborative process. Washington CAN and its grassroots leadership have continued to meet and communicate regularly with the hospital to monitor implementation and address any snags coming up along the way.

How NWFCO made this health equity campaign possible

This effort would not have been possible without NWFCO's inputs. In all, NWFCO:

- Helped Washington CAN build its leadership by providing on-the-ground staff for member recruitment.
- Consulted with Washington CAN on all levels of campaign strategy and tactics.
- Delivered the hospital testing protocol, trained community members, and provided on-the-ground staff for the documentation process.
- Researched and drafted the policy recommendations presented to Stevens, provided support for negotiation meetings, and ensured that Washington CAN and the hospital established a joint structure for monitoring agreed-upon goals.

Stevens Hospital Language Access Story One of Many in Northwest

The Stevens Hospital victory is only one example of the hospital language access campaigns that NWFCO and our affiliates have won in the Northwest. We have negotiated agreements in five other hospitals in Idaho and Washington and are taking the fight to other hospitals and to insurance companies:

- NWFCO and Washington CAN secured a language access and charity care agreement with Providence Everett Medical Center.
- When ICAN leaders were poisoned by pesticides while working in a field, they were taken to West Valley Medical Center, where a sick worker was forced to interpret for her co-workers who did not speak English. NWFCO supported ICAN's successful language access campaign at the hospital.
- NWFCO is supporting ICAN's campaign to bring language access to two hospitals in Eastern Idaho, Cassia Regional Medical Center and Minidoka Memorial.
- Washington CAN is organizing members in low-income neighborhoods in Seattle to demand racial equity in access to six hospitals in Seattle, including language access. NWFCO is supporting this campaign with policy and field support, including writing a report, *Equal Treatment: Seattle Hospitals Put to the Test*, which will be released in March.
- NWFCO and Washington CAN are taking the language access campaign to another level with legislation introduced in the Washington state legislature that would require private insurance companies to cover language services for their clients at all levels of health care access, including financial and other services.

Other Language Access Developments

Nationally, language access campaigns are making progress:

- In July, immigrant advocates in New York convinced Mayor Bloomberg to issue an executive order setting basic standards for all city agencies to follow in serving constituents who are not yet proficient in English. Each agency will designate a language-access coordinator, translate important forms into the city's six most common languages, and manage communication-assistance resources, such as bilingual staff members and telephone-based interpretation services.
- In January, California's language access mandate took effect. This requires managed care organizations and insurance plans to assess the number of limited English proficient persons enrolled in their membership and to provide language assistance to those members.