RESEARCH METHODOLOGY

1) Project Description

In March 2017, OHCIA received a $25,000 grant from the Oregon Community Foundation to identify barriers, attitudes, cultural issues, and specific problems that face health care interpreters representing Oregon's 20 most in-demand languages of lesser diffusion. The groups originally selected were: Spanish, Russian, Vietnamese, Chinese, Arabic, Cambodian, Chuukese, Hmong, Mien, Zomi, Thai, Somali, Burmese, Nepali, Swahili, Amharic, Tigrinya, Marshallese, Maay Maay and Samoan. OHCIA thanks the Oregon Community Foundation as well as the generosity of the Sir James and Lady McDonald Fund and the A. Ted and Doris E. Nelson Fund that made this project possible.

2) Language Group Changes and Additions

Shortly into the project, it was discovered that the Burmese and Zomi interpreters spoke both languages, as did the Somali and Maay Maay. Since the speakers served the same communities, the four groups were combined in to two groups. The budget then allowed for two more language groups to be added, Korean and the Mexican Indigenous Dialects. Korean is the 7th most common spoken language at home in Oregon according to StatisticalAtlas.com. Information is scarce regarding communities from Mexico speaking indigenous dialects in Oregon. However, their Interpreter Lead estimated 2,000-3,000 people from that dialect group living in Marion County. Indigenous LEP patients typically must first have their communications in medical appointments interpreted into Spanish and from there, into English. We felt it important to include them in the project.

3) Interview and Focus Group Session Questions Development

Noelle Wiggins and Leda Garside advised on the logic and structure of this report. Questions for the interviews and group sessions were formulated through participation with the OHCIA member interpreter community. Executive Director Susy Molano also drew from her Oregon Public Health Communications experience in developing the questions, with input from Leda Garside. Nineteen questions for the Interpreter Lead interview were designed to foster rapport and encourage disclosure about the culture of each language group and their opinions about healthcare interpretation. Answers gave an understanding of the community's presence in Oregon, the group's specific cultural attitudes regarding health care and health care interpretation, and also ensured that the five questions chosen for the focus groups were culturally sensitive and appropriate. The scope and number of questions were meant to deepen the relationship between OHCIA and the interpreter lead and to ease communication about difficult topics. The five questions for the focus groups were chosen to elicit as much information as possible about the barriers, issues, cultural attitudes, and problems faced by HCIs in their communities. Interview and focus group questions were developed not only to reveal opinions about work experience, but to garner frank viewpoints about working with providers, interpreter agencies, and government bureaus.

4) Participant Selection and Leader Title Change

The Interpreter Leads were selected for their qualifications in Health Care Interpretation and for being currently active interpreters in their communities. OHCIA originally planned to use credentialed Master Interpreters to recruit participants in each focus group. It soon became clear that there were not enough interpreters fitting that description in all 20 language group communities. The Master Interpreter classification was changed to Interpreter Lead, indicating someone experienced in healthcare interpreting, and well known and respected in the community they represent. The focus group participants were selected and recruited by Alma Gomez, in participation with the Interpreter Leads, on the basis of first, being an active interpreter, or barring that, of having done some interpretation in their communities or for their families, or at the very least, having interest in working in health care

interpretation. Since scarcity of interpreters in some languages was a driver for this project, OHCIA met an important goal by discovering a potential workforce of 3-5 HCIs in each language group community.

5) Inclusion of Additional Data

A nine question Survey Monkey form, developed by Alma Gomez and Dana Coffee and completed by 96 participants, captured data such as age range, gender, and level of experience. Ronda Zacoks, PhD, MPH, a consultant with National Health Institute and her team contributed the graphics for this report.

6) Budget Distribution and Timeline Changes

From the outset, it was clear that the budget allocations needed to change in order to enable Interpreter Leads to recruit participants busy with multiple jobs and family demands. Increasing the focus group stipend from $25 to $70 and reducing the Interpreter Lead stipend from $500 to $300 was well received by the groups. The increased stipend to participants that was carved from the Interpreter Lead's allocation also underscored the Lead's commitment to their group's well-being. Increasing stipends also served other project objectives by facilitating more relationships within each specific population and in growing community awareness of and interest in OHCIA programs. A total of 40 interviews and meetings were accomplished between June 7, 2017, and October 4, 2017. Originally planned to complete within 12 weeks, the language group Interpreter Leads, and participants proved difficult to find, recruit, and schedule, stretching the focus group sessions period to 18 weeks.

7) Recording and Data Collection Protocols

The Interpreter Lead interviews were conducted by Alma Gomez by phone prior to the focus group sessions. Dana Coffee then made notes of the recorded material and submitted those notes to Alma Gomez and Susy Molano for review in advance of the focus group sessions. The meetings were held at public places chosen by the Interpreter Lead, with the exception of the Samoan Group which was held in the Interpreter Leads' home. Meetings were recorded, with Alma Gomez conducting and Dana Coffee typing notes of the discussions in real time. Dana Coffee used the records of the session notes and interview notes to identify common statements made regarding the main barriers, attitudes, and cultural issues which interfere with becoming and remaining health care interpreters. She then assigned code numbers to each of the most frequently mentioned problems in the language group sessions and Interpreter Lead interviews. An Excel data table was then created with a column for each language group and a row for each of the selected 24 barriers. Dana tallied the number of each barrier statement and entered it in the language group's column in the spreadsheet. Statements repeated by an individual were coded with an R and eliminated from the count. Quotations describing unique cultural barriers (UB) and some specific experiences (UQ) were selected and copied into the worksheet at the bottom of each language section for later use. When the tallies for each language were completed, the total times each statement was made were recorded. The tallied number for each statement was used to define and support every key finding and recommendation in this report. Quotes were slightly rephrased to preserve anonymity. They can be found throughout this report in italics, bringing the voices of the people forward to emphasize key findings and recommendations.

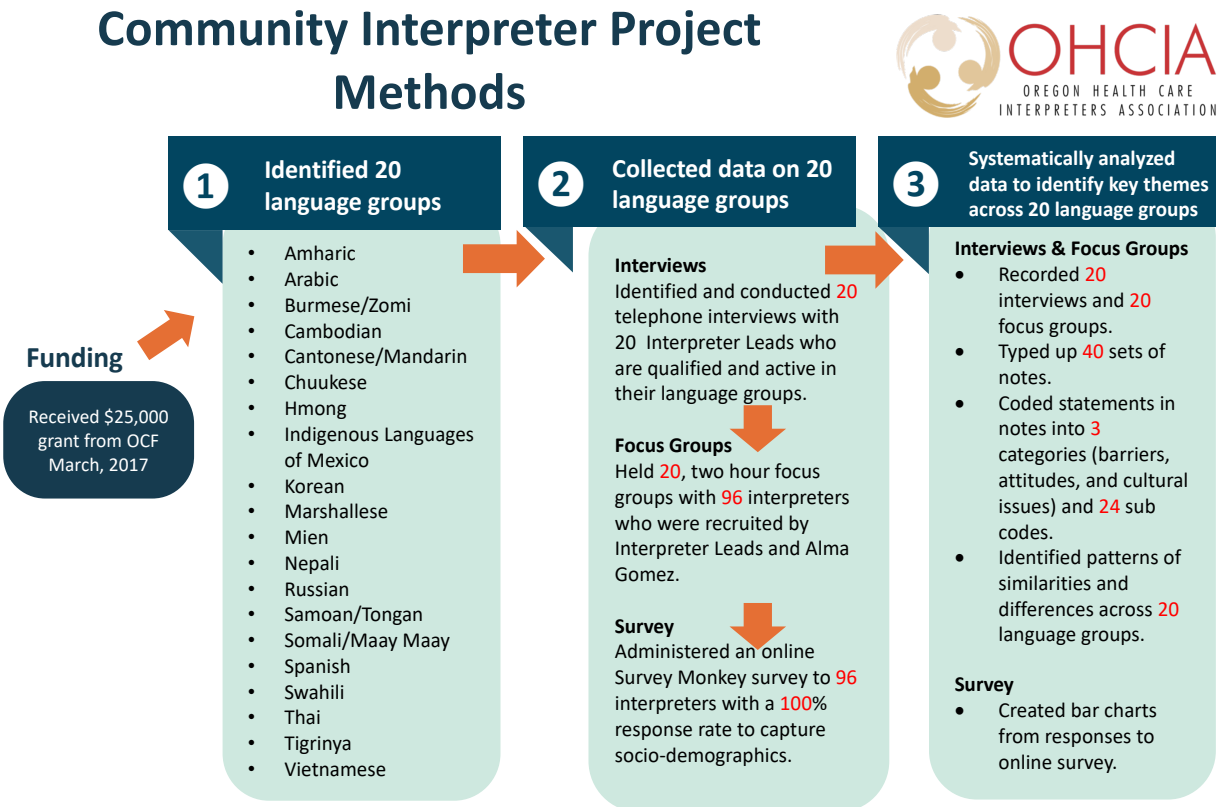
8) Confidentiality

In order to build trusted relationships and encourage candid participation, a consent form was provided promising that the audio recordings would be shared with only the OHCIA staff on this project, and that participant's identities and contact information would be kept confidential.

9) References

Hsieh, E., (2016), Bilingual Health Communication: Working with Interpreters in Cross-Cultural Care, p.185.

METHODOLOGY FLOW CHART



INTERPRETER LEAD QUESTIONS

May 2017
OHCIA 20 Languages Community Interpreter Project

1) What brought your community to the state of Oregon?
2) How many people do you think make up your community?
3) Where in the Portland metropolitan area does most of your community live? If not in the Portland metropolitan area, where?
4) What are the age groups in your community?
    a) Under 25, what percentage?
    b) Between 25-45, what percentage?
    c) Over 45, what percentage?
5) Where do people in your community gather?
    a) Churches/religious centers
    b) Schools
    c) Community centers
    4) Other
6) Who are the influential leaders in your community?
    a) Religious leader
    b) Media person
    c) Interpreter
    d) Elder
    e) Other
7) What is the best way to pass on/communicate information in your community?
    a) Radio
    b) TV
    c) Newspapers/newsletters
    d) Posters
    e) Religious congregations
    f) Other
    g) Texting
8) Where do people in your community go when they have medical needs?
9) What prevents your community from accessing health care services?
    a) Lack of insurance
    b) Lack of transportation
    c) Lack of language access
    d) Don't trust health care system
10) In your opinion, what is your community's attitude towards the American health system?
    a) Important: Y/N
    b) Confusing: Y/N
    c) Trustworthy: Y/N
11) Are there beliefs and practices held in your community about treating illnesses that causes them not to use the American health care system?
    a) Yes/No
12) In your opinion, who makes the medical decisions at home?
    a) The eldest
    b) The mother

   c) The father
   d) Other
13) Why or how did you become an interpreter?
14) Do you enjoy being an interpreter?
15) How many interpreters do you think are available in your community?
16) Who are the kinds of people who become interpreters in your community?
17) How does the community view the profession?
18) What are the difficulties with being an interpreter? What makes it hard for you to stay in the profession?
19) In your opinion, what are the difficulties with the process of becoming a qualified/certified professional healthcare interpreter?
   a) Not enough pay
   b) Not enough support
   c) The process being too expensive
   d) Other variables

FOCUS GROUP QUESTIONS

May 2017
OHCIA 20 Languages Community Interpreter Project

1) Do you like being an interpreter? Why?
2) What are the difficulties with being an interpreter?
3) In your opinion, what are the barriers to becoming a Health Care Interpreter?
   a) Not enough pay
   b) Not enough support
   c) The process being too expensive
   d) Other variables
4) Do you like working as a Health Care Interpreter?
   a) Yes: Why?
      1. Help the community
      2. Interesting work
      3. Flexible schedule
   b) No: Why not?
      1. Low pay
      2. Not enough hours
      3. Transportation
      4. Other
5) What do you need that can be useful to develop your Health Care Interpreter skills?
   a) Glossaries
   b) Specialty classes
   c) Training
   d) Mentoring/coaching
   e) Networking groups

FACILITATOR PROFILES

Dr. Noelle Wiggins, EdD, MSPH Director of Capacity Building and Collaboration at Whole Person Care-LA, LA County Department of Health Services: Dr. Wiggins is an expert in social determinants of health, and community-based participatory research. She advocates to build capacity in communities to identify and address their most pressing health issues. Dr. Wiggins advised.

Leda Garside, MBA, BSN, RN, OHCIA Board President, Hub Committee Chair: A bilingual, multicultural Latina professional, Clinical Services Manager of Tuality Healthcare ¡Salud! Services, and Cultural Liaison. Ms. Garside completed her nursing degree at the University of Alaska in Anchorage in 1983, earned her Master of Business Administration with emphasis in Healthcare Management from Marylhurst University in 2011, and is a Certified Bilingual Healthcare Professional. Her nursing career includes acute care, occupational health services, management, community outreach, public health, migrant health, and health policy. A Senior Fellow of the American Leadership Forum, class XXVII. Ms. Garside advised.

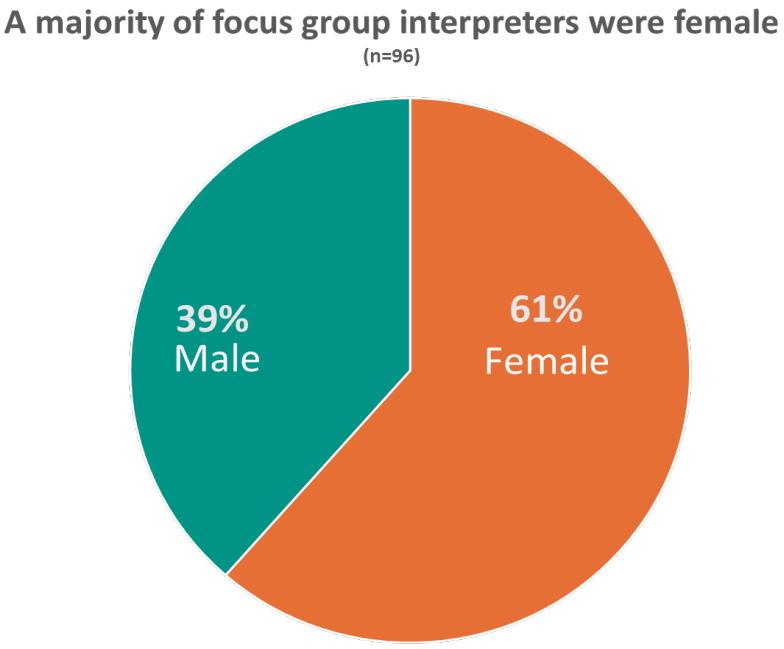
Susy Molano, CMI Executive Director, Board Member: The principal founder and first Board Chair of the OHCIA, Susy has over fifteen years of experience in the health care interpreting field. Susana "Susy" Molano was born in Colombia, South America and speaks Spanish and English. In Colombia, she was an attorney and has degrees in Human Resource Management and Business. Susy currently works at Shriners Hospital for Children in Portland, Oregon and owns her business, Molano Multicultural Communications, LLC. A Certified Medical Interpreter, Susy saw the barriers facing effective interpreting in Oregon and took action to create and lead the OHCIA. Susy actively works to implement positive change for interpreters.

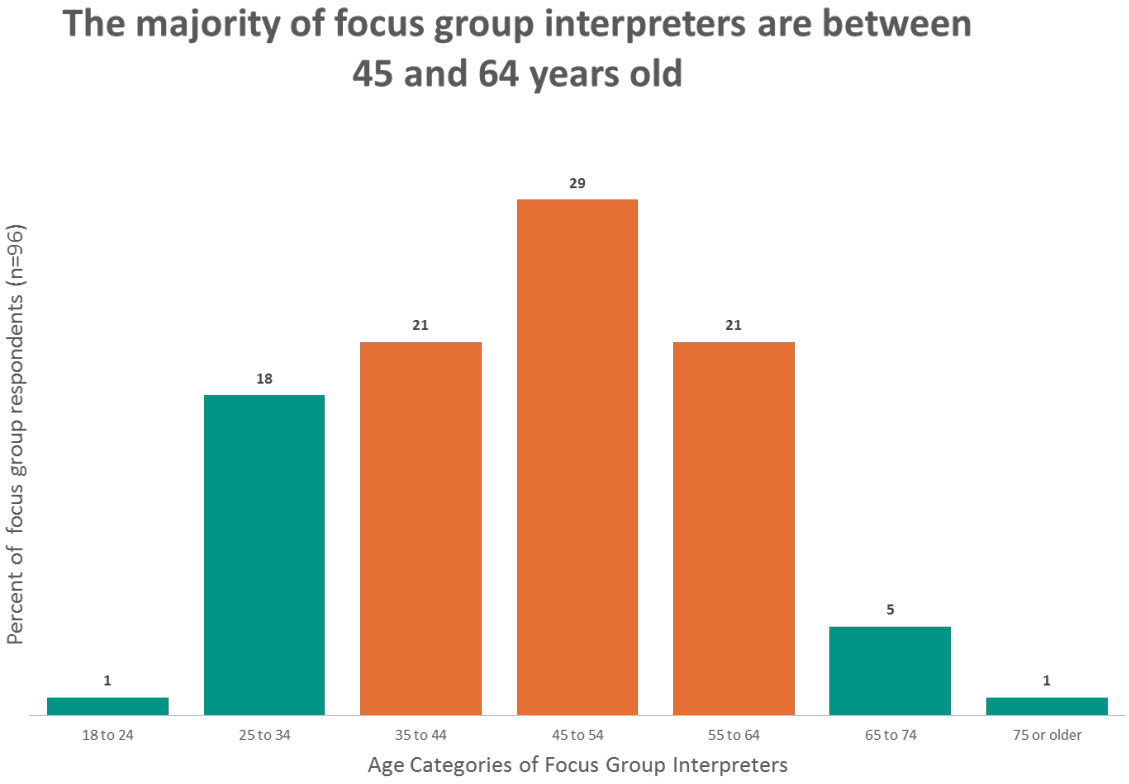
Alma Gomez, CHI (Certified Healthcare Interpreter), OHCIA-Pacific Northwest HUB- Project Manager (Consultant): Working Voices Project Manager. A native Spanish speaker, Alma brings a breadth of knowledge to Language Access, healthcare interpreting, advocacy and leadership to local agencies and organizations. A national and state certified Spanish Healthcare Interpreter, Alma built and enhanced the Interpreter Relations department at a local agency in her 4 years there as Interpreter Relations Manager. She also hired over 500 interpreters representing over 50 different languages throughout the State of Oregon. Alma brings together a wealth of knowledge and experience of, coupled with a unique and passionate perspective for, connecting with diverse communities. She is currently a freelance healthcare interpreter and a consultant for OHCIA, and the Master Interpreter Project Manager of the Pacific Northwest HUB.

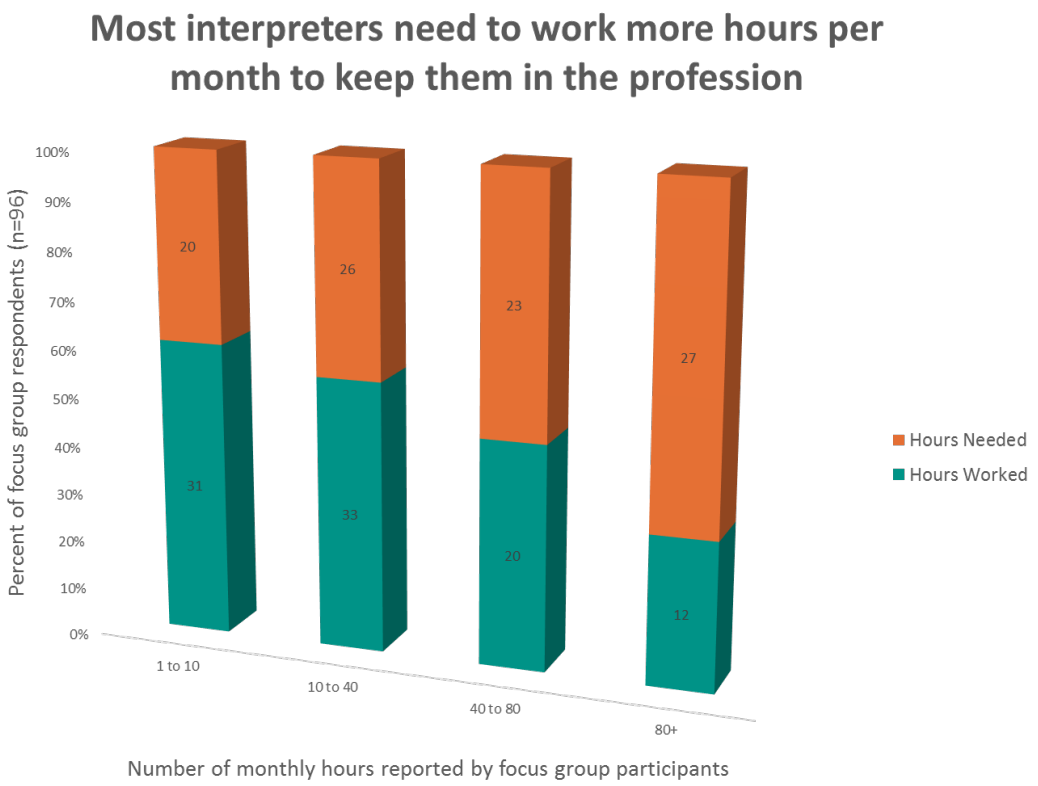
Ronda Zakocs, PhD, MPH(Consultant): Ronda's organization, Insight for Action, assists foundations and nonprofits to strengthen their social change impact through thought partnering and coaching services. Ronda's team co-designs, co-executes, and co-evaluates social change initiatives. Non-profits are helped to strengthen their capacities to make system change and conduct actionable evaluation for programs or policy advocacy. Ronda and her team members Hayley Pickus and Abe Moland generously contributed invaluable advice and the graphics for this report. You may learn more at: InsightforAction.net.

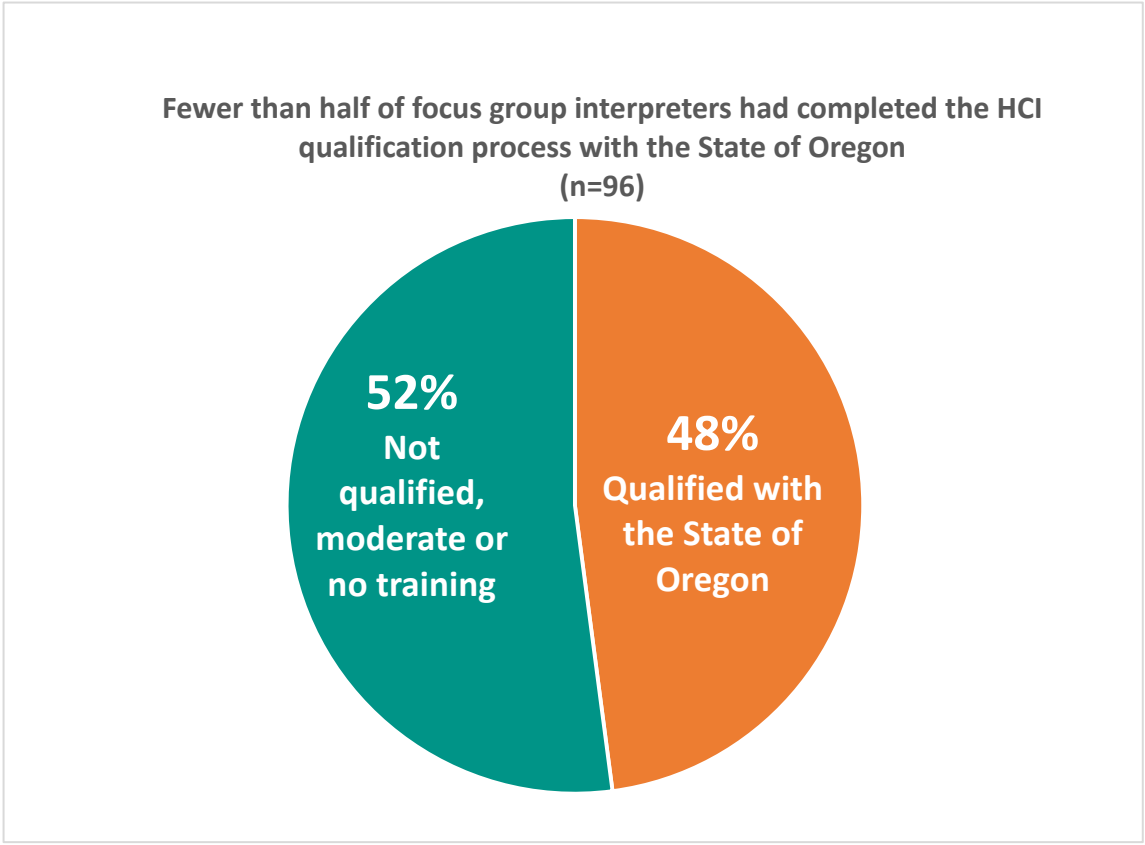
Dana Coffee, BA French, Certificate in African American Studies, (Consultant): Author of this Report. Dana serves on the Portland Commission on Disability, the Public Information Advisory Council, and the Bureau Advisory Committee to the Office of Equity and Human Rights. Following a career in business development in high technology, she completed the WVDO Fundraising for Non-Profits Program at Portland State University and pursues work that prioritizes moving equity forward for the underserved. Dana is skilled in working in all 3 sectors: public, private, and non-profit and proficient in driving engagement across multiple industries, organizations, and communities. Learn more at: https://www.linkedin.com/in/danacoffee/

PARTICIPANT DEMOGRAPHICS






Most interpreters need to work more hours per month to keep them in the profession
Percent of focus group respondents (n=96)
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
20
31
26
33
23
20
27
12
1 to 10
10 to 40
40 to 80
80+
Hours Needed
Hours Worked
Number of monthly hours reported by focus group participants


Fewer than half of focus group interpreters had completed the HCI qualification process with the State of Oregon (n=96)
52%
Not qualified, moderate or no training
48%
Qualified with the State of Oregon