

Patients Give Feedback on Language Services at Ten Hospitals

Insights from 19 Focus Groups with
Limited-English and Non-English Proficient Patients

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Lake Research Partners

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Foreword

Overcoming language barriers in health care is critical to the well-being of millions of patients. Language barriers adversely affect the quality of care delivered to patients by impeding effective communication with their doctors, nurses, and other health professionals and can lead to the misuse of health care services and poor patient outcomes. While most hospitals offer some language services, many find it challenging to meet the language needs of linguistically diverse patient populations.

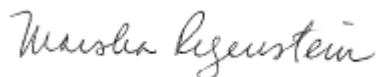
Lake Research Partners recently held focus groups to discover patients' perspectives on language services delivered in health care organizations nationwide.

This report complements the work of hospitals participating in *Speaking Together*, a national program funded by the Robert Wood Johnson Foundation to improve the quality and availability of language services in the health care setting. The report presents the main themes that emerged from a series of focus groups made up of patients of the ten hospitals participating in the *Speaking Together* quality improvement collaborative.

The study found that patients are grateful for the language services that hospitals provide and that the interpreters they encounter are well-trained. The patients who participated indicated that the quality of these services contributes to an overall satisfaction with the hospital and its language services. Patients also identified opportunities for improvement and made suggestions for how problems could be addressed.

The goal of this report is to provide insight on the typical experience of hospital patients who need language services. We hope this information will inform health care organizations and lay the groundwork for improvements in language services.

I want to acknowledge the team of researchers at *Lake Research Partners* that led this effort, and in particular Michael Perry, who directed the work. Also, I offer special thanks to the *Speaking Together* hospitals and focus group participants who gave generously of their time and insights.



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Executive Summary

Speaking Together: National Language Services Network, a program of the Robert Wood Johnson Foundation, sponsored 19 focus groups with diverse Limited- and Non-English Proficient (LEP/NEP) individuals who have recently used language services at ten hospitals.¹ The focus groups were designed to inform *Speaking Together* and the ten hospitals about what is working well with language services and where improvements can be made – with the emphasis on the latter.² The groups also explored LEP/NEP patients’ ideas for improving language services. Below are highlights from this study.

- **The majority report positive experiences with language services.** Many of the LEP/NEP patients praise their interpreters, their providers, and the high quality care they receive at the hospitals. All say they appreciate that language services are offered – “it shows they care about us,” said one patient – and assert that these services greatly enhance their experience.
- **Long waits are the biggest concern.** Despite the positive comments about language services, many LEP/NEP patients express concern about the long waits they have endured for interpreters on occasion. These can range from 20 or 30 minutes to several hours. A number have experienced “no shows” with interpreters too. Waits are longest in emergency rooms and after hours and on weekends. When there is a scheduled appointment with an interpreter, waiting times do not seem to be a problem.
- **Hospital emergency rooms and registration areas are where problems often occur.** These are the locations in hospitals where patients have the most communication barriers, the longest waits, and the most confusion and frustration. They say staff in these locations are not always sensitive to their needs, and that they do not keep them informed when there are delays. Often they are not told that language services are even offered.
- **Interpreters seem overbooked, rushed.** Some LEP/NEP patients have experienced rushed appointments where interpreters do not interpret all of their questions and rush them. A few have had interpreters leave in the middle of appointments because they are late for their next one. A handful have had their interpreters tell them not to ask so many questions, or insert their personal opinion to hurry them. This leads a number of LEP/NEP patients to assume that interpreters are in short supply and that the hospital needs to hire more interpreters.
- **Interpreters are not always gender-matched to patients according to patient preference.** This is a bigger concern for female LEP/NEP patients, who feel uncomfortable with male interpreters in the room with them during exams.

¹ The hospitals are: Bellevue Hospital Center, Cambridge Health Alliance, Children’s Hospital and Regional Medical Center, Hennepin County Medical Center, Phoenix Children’s Hospital, Regions Hospital, UMass Memorial Health Care, UC Davis Health System, University of Michigan Health System, and University of Rochester Medical Center.

² These focus groups were designed to identify problem areas and improvement ideas from LEP/NEP patients. While participants often raised positive aspects of their hospital experience and interactions with language services, the moderators spent less time on these issues in order to learn more about where improvements need to be made. As a result, these findings may not appear as balanced as they could be – but we hope the trade-off of having more details about where LEP/NEP patients experience challenges with language services is beneficial.

- **Not enough bilingual staff.** Some LEP/NEP patients feel they should not just have to rely on interpreters alone – there should also be other hospital staff who speak their language. This feeling is particularly true of Spanish-language patients.

The kinds of improvements that LEP/NEP patients want to see in order to address communication barriers in hospitals include:

- Monitor waiting times for interpreters, particularly in trouble locations like emergency rooms and registration areas, and make adjustments. This could include staggering hours of interpreters so that there is more coverage during evenings and weekends, hiring more interpreters if necessary, and promoting alternatives like telephonic or video interpretation.
- Schedule interpreters at the same time as making appointments to reduce problems. Patients feel this should be automatic at registration staff – that they should always ask, “Can I schedule an interpreter?”
- Offer more training for interpreters, particularly to encourage them not to rush patients, so that they are more sensitive to the effects on patients and the quality of care.
- More training for registration staff in dealing with LEP/NEP patients since this is an area where problems are most likely to happen. Training should focus on maintaining regular communication with patients to keep them informed about delays and waiting periods.
- Match gender of interpreter to patient based on patient preference as a standard practice.
- Promote language services inside and outside the hospital so that LEP/ NEP patients are more aware of these services and know to request them.

For more detailed findings, refer to the full report on the following pages.

I. Introduction

This study was sponsored by *Speaking Together: National Language Services Network* which is a national program of the Robert Wood Johnson Foundation. The purpose was to hear the feedback of Limited- and Non-English Proficient (LEP/NEP) individuals who have recently used language services at ten hospitals who are grantees of *Speaking Together*. These hospitals are:

- Bellevue Hospital Center–New York, NY
- Cambridge Health Alliance–Cambridge, MA
- Children’s Hospital and Regional Medical Center–Seattle, WA
- Hennepin County Medical Center–Minneapolis, MN
- Phoenix Children’s Hospital–Phoenix, AZ
- Regions Hospital–St. Paul, MN
- Strong Memorial (University of Rochester)–Rochester, NY
- University of California-Davis Medical Center–Sacramento, CA
- University of Massachusetts Memorial Health Care–Worcester, MA
- University of Michigan Health System–Ann Arbor, MI

Each of these hospitals has been working to improve their language services operations and their ability to serve diverse patient populations. As part of this effort, the research firm *Lake Research Partners* conducted focus groups directly with LEP/NEP individuals who had recently used hospital language services to learn about their experiences. The focus groups explored what was working well, identified where there were challenges, and suggested ideas for improving language services. This report covers findings from across all ten hospital sites.

II. Context

There is a remarkable amount of consistency from site to site in what LEP/NEP patients say they want when it comes to language services. This is striking given the racial, ethnic, linguistic, and cultural diversity of the patients in this study as well as the diverse hospitals and health systems where this research occurred.

What is clear is that language services are highly appreciated by LEP/NEP patients. Participants in the focus groups explained that interpreters provide peace of mind and the assurance that all of their questions will be answered. Most say they prefer using a professional interpreter over having family members and friends interpret. They appreciate that the hospital provides interpreters for them and this greatly adds to their experience at the hospital. As one LEP/NEP patient said, “[Offering] language services makes me feel that they [the hospital] care about us.” These patients see a direct correlation between language services and quality medical care. When they can communicate fully with their providers and ask questions and receive answers, they feel better about the care they are receiving.

“An interpreter can make you understand what the diagnosis is. They can help us understand, until the point of being comfortable, how to treat our illnesses. There is a much broader exchange in communication when using an interpreter.”

LEP/NEP Patient

Those who have used family members and friends previously to interpret say this method is not nearly as effective as professional medical interpreters. They say family members do not know medical terminology or enough about the medical process to interpret effectively. There are also sensitive issues that emerge in conversation with providers that patients would rather not discuss in front of family. Also, many of these LEP/NEP patients say they feel guilty asking their grown children or other family members to take time out of their busy lives to interpret for them – and language services provided by the hospital relieves them of this guilt.

It is important to keep in mind when reading this report that patients’ perceptions do not always match reality. They cannot know what happens behind the scenes in hospitals or why certain decisions are made. For example, a LEP/NEP patient may experience a 30-minute wait for an interpreter and assume the delay is due to a shortage of interpreters. In the focus groups, this individual would recommend that the hospital “hire more Spanish language interpreters, because there is a shortage” when in fact the challenge has more to do with scheduling issues, or the time of day or night when the patient was seeking care, or other issues altogether. It was impossible to get to the bottom of these kinds of comments in the focus groups and so instead, we just pass them along to the hospitals.

Finally, although participants raised many positive aspects of their hospital experience in the focus groups, the emphasis of this research was on identifying problem areas and ideas for improvement. As a result, this report may seem to lack balance and focus only the negative, which was not intended. Rather, the researchers wanted to give the hospitals as much information as possible about the challenges LEP/NEP patients face when using language services.

III. What's Working

Focus group participants spent time discussing what they liked about their hospital experience and gave positive feedback on many aspects of language services. The following themes emerged in these conversations:

Many feel positively about their interpreters, trust them, feel a bond with them

Many LEP/NEP patients offer positive remarks about their interpreters. Many say they are trustworthy and respectful. Others feel they have formed relationships with their interpreters and request the same one every time they go to the hospital. Some talk about the extra lengths the interpreters go to in order to make sure their questions are answered and patients get the care they need. A number praise their medical knowledge and their professionalism, and compare the experience positively compared to when family members interpret for them.

Many praise the high quality medical care and specifically mention the providers and specialists

A common theme in most of the focus groups is that LEP/NEP patients say they receive high quality medical care from the hospitals. They mention state-of-the-art medical technology and the caring and highly trained doctors and nurses who treat them. Many say their providers try hard to communicate with them even when there is a language barrier, and they appreciate this. They feel confidence in the specialists they see and believe they are among the best providers. Interestingly, LEP/NEP patients rarely attribute language barriers to their doctors. Interpreters, registration and scheduling staff, and sometimes even nurses are cited as impeding effective communication but doctors rarely are. Even when there is a negative experience related to language barriers, the patients' frustrations are usually not directed at their doctors.

"The doctors are great here...they are so sincere and their attitudes are very good. They never make you feel that you are being looked down upon."

LEP/NEP Patient

The majority feel they are treated with respect and compassion

While there are some exceptions, the majority of participants indicate that hospital staff and providers are polite, welcoming, and compassionate with them. Many feel their ethnic background, their language, and their insurance status are not factors in how they are treated by hospital staff. They appreciate that their insurance status – whether private or through Medicaid – is always accepted and that the quality of care is the same.

When interpreters are scheduled in advance, the system usually works well

A common theme among those LEP/NEP patients who are happy with their language services experience is that the interpreters were scheduled in advance. In other words, when the appointment was for a follow-up or a scheduled office visit and there was an interpreter scheduled at the same time, the process tended to run smoothly. While there may be a 15-

minute or even 30-minute delay even in these situations, patients take this in stride and feel this is an acceptable wait time.

Most feel that the availability of language services should be better known

These LEP/NEP patients generally became aware that the hospital provided language services through word-of-mouth and from the experience of friends. Others were referred to the hospital by their providers because of the hospital's language services. This causes a number of LEP/NEP patients to assert that the hospitals should market these services more widely. Most believe it is a strong selling point of the hospital that they provide language services.

IV. Challenges

In addition to the positive feedback, LEP/NEP patients raised areas of concern and this is where the focus group moderators directed most of the conversation. These are aspects of the hospital experience that were not positive, and represent areas where they would like to see improvements made. The first section covers themes that emerged in virtually every community. These are widespread, common concerns about language services. The second section raises challenges that are isolated or occur at only a few hospitals.

A. Common Concerns

Waiting times are too long

In every site, the main concern LEP/NEP patients raise is the long waiting periods they must endure for interpreters. When the appointment with an interpreter is scheduled, there is less of a problem. However, when the hospital visit is not a scheduled appointment or when the patient uses the hospital emergency department, waiting times are a problem. This is particularly true after hours and weekends when waiting times tend to be much longer. The range of waiting periods spans from one hour to six hours, and LEP/NEP patients consider this unacceptable. Sometimes the interpreter never comes, leaving the patients to communicate as best they can on their own. Some patients told compelling stories of going to the hospital for significant medical treatments (such as surgery and child birth) and receiving care without an interpreter present and they say the experience was not positive.

Usually, there is no reason given for the long wait times and patients say they are not given regular updates from staff. Rather, they say they are left to wait, unable to communicate with anyone, wondering if they are going to receive medical care.

They assume the delays are because there are too few interpreters, but they do not really know. Even though telephonic language services are often available, many LEP/NEP patients prefer in-person interpreters and try to wait. They explain that they feel more comfortable with in-person interpreters, believing that communication is more accurate, when they are face-to-face. One LEP/NEP patient explained, “Telephone [interpreting] is very limiting and the communication suffers.”

“The [interpreters] are good people but they have one interpreter for 10 appointments. [It’s] not enough.”

LEP/NEP Patient

Delays with interpreters cause other problems - affect quality of care

When the interpreter is late, patients say the entire hospital visit is affected negatively. They perceive that the doctor is frustrated and rushes the patient because the interpreter is late. They say the interpreter also rushes the appointment – not interpreting all of the questions and answers. In a few cases, interpreters have told the patient not to ask so many questions. The overall effect is that patients feel the quality of the care is negatively affected as a result of interpreter delays.

Emergency rooms are where many encounter problems

As mentioned previously, the longest waits for interpreters tend to occur in emergency rooms. This is where patients say they are most frustrated with language services. Communication with hospital staff also seems to be a problem in emergency room settings, where patients endure their long waits with little information about when they will receive care. Even when interpreter phone lines are available, it appears that many of these patients prefer to wait for in-person interpreters, which adds to their wait.

Registration areas are where communication problems arise

In addition to the hospital emergency room, LEP/NEP patients say they often encounter language barriers in the hospital's registration area. Communication problems begin when they are not told about language services available to them when they first come to the hospital, and most of what they do know comes from friends or their providers. If there are signs or other printed information advertising the language services, most LEP/NEP patients say they do not see them. They experience delays and confusion at registration areas when trying to explain their needs. Most say there are no bilingual staff at registration areas who are able to help them. A number of Spanish-speaking patients say that nurses and other staff that do speak Spanish are not willing to offer their assistance.

"Appointment (making) is the worst part of this (treatment process). It is the most stressful."

LEP/NEP Patient

"No one came to give me a reason [why the interpreter did not show up]. They just rescheduled my appointment."

LEP/NEP Patient

What is most frustrating to these LEP/NEP patients is that registration staff often do not keep them informed about what is happening, when their interpreter is coming, what the cause of delay is, or when they are likely to receive medical care.

Problems occur again at registration areas as they are preparing to leave the hospital and when they need to make a follow-up appointment. If the interpreter is not with them, then they must struggle to communicate and try and arrange the next appointment.

Interpreter gender-matching often does not occur

Many LEP/NEP patients say they have felt uncomfortable discussing intimate health issues in front of an interpreter of a different gender. This is particularly a concern for female LEP/NEP patients who say that culturally, a male interpreter in the exam room can make them very uncomfortable. Some explain that when interpreters are scheduled the issue of their gender preference does not always come up, and they feel it should.

"We feel that this is important. We want a woman interpreter when we are having some type of 'woman' exam."

LEP/NEP Patient

Some interpreters rush LEP/NEP patients and seem overbooked

As mentioned, some LEP/NEP patients in this study have experienced interpreters who rush them through appointments. This occurs most often when the interpreter is delayed for the appointment and is trying to make up time. Patients describe interpreters who do not translate all of their questions or the doctors' instructions. A few have even had interpreters tell them not to ask so many questions. Some have had interpreters leave in the middle of visits for another appointment.

Patients who experience this feel they leave their visit without all of the information they need to care for themselves. It also leads them to believe that hospitals are overbooking their interpreters, not allowing enough time for appointments, and probably do not have enough interpreters and should hire more.

"Sometimes interpreters don't allow us to tell a doctor how we feel. It's a big problem that I can't talk to a doctor...They tell patients not to talk to the doctor or raise any issues, only answer questions. Even yesterday, the interpreter...left me with the doctor because she had another appointment before I was finished."

LEP/NEP Patient

"You just try to understand and then you leave if [the interpreter] does not come back. Then they just ask the doctor to call you at home to talk with family members who speak English. I want the interpreter to be there for the whole thing. I get confused and I don't know about prescriptions or the next appointment...when they leave halfway through."

LEP/NEP Patient

Too few bilingual staff is also a concern

Some LEP/NEP patients feel that hospitals need to hire more bilingual staff to help at registration areas and in hospital emergency rooms. They feel they cannot rely on a interpreter for all of their communications needs and they would appreciate more effort by the hospitals to hire more staff from their community so that they experience fewer language barriers. Spanish language patients feel this way most strongly and believe hospitals should hire more Spanish-language staff.

Language services are not advertised

As mentioned, LEP/NEP patients do not feel hospitals promote language services enough either inside or outside of the hospitals. This theme emerged in every focus group and often it was left to the LEP/NEP patient to ask about these services – they were usually not advertised by hospital registration staff.

B. Unique Challenges

Some experience discrimination, disrespect, impatient and indifferent staff

While not widespread, some LEP/NEP patients perceive that they have been treated rudely by hospital staff when seeking treatment. Many of these individuals feel the poor treatment is due to the language barrier and in some cases, is ethnically or racially based. They say they see staff becoming frustrated with them as they struggle to communicate and this has led to sharp words and rude treatment. Spanish-language patients say they know certain staff speak Spanish but these individuals will not come forward and help even when they see the communication problems. Some perceive that staff will make them sit and wait while taking patients from other ethnic and racial backgrounds before them. Some also believe staff do not keep them informed of the status of their interpreter or their appointment and are content to let them sit long periods in hospital waiting areas without explanation.

“We would like to think that everyone has the same care but we really don’t think so. They tend to discriminate against Latino and other minorities.... It seems that people look down on us not only because of the fact that we are Latinas, but also because of the type of insurance we have (government),”

LEP/NEP Patient

For the most part, these complaints are directed at hospital registration areas, where some LEP/NEP patients feel that staff lack the sensitivity and compassion necessary for that position.

Interpreters can be rude as well

Again, this was not a common theme in the focus groups but some participants were unhappy with their interpreters because they found them rude and disrespectful. Usually this occurs when the interpreter rushes them through an appointment, tells them not to ask so many questions, and injects personal opinions.

A few question the skill level of interpreters

While most say their interpreters are highly-skilled and well-trained, a few say their interpreters were not professional or well-prepared. They say they lacked medical knowledge and that their language skills were not sufficient. Patients asserted that interpreters who are part of hospital staff tend to be better than outside contractors brought in. They feel the outside interpreters are not as well-versed in medical terminology and knowledge.

There are some issues with dialects within languages

Some patients explain that they have been paired with interpreters who do not speak their dialect and that this has made communication difficult. In some cases, the hospital does not have an interpreter with the right dialect for the patient and so they must make do.

A few have fears about personal information being leaked, confidentiality

With smaller language groups, the community of individuals who speak that language tends to be so small that patients often recognize or personally know their interpreter. This can be embarrassing and leads to concerns about privacy.

There are a handful of cases of serious procedures - surgeries, childbirth - where patients did not have an interpreter present

Occasionally in the focus groups, there was an individual who received major medical care without language services and this left them feeling frustrated and with negative feelings about the hospital. They explained waking up after surgery without being able to communicate their needs to the nurses and medical staff. Patients told of going through serious medical procedures without understanding what was happening because there was no interpreter present. Some reveal how they laid alone, in pain, depressed, wanting family members but being unable to communicate with hospital staff about this. It is unclear in each case why an interpreter was not present – patients perceive that even though they requested one there was not an interpreter available. These patients want to avoid future occurrences such as these.

“If there is no interpreter there is no communication... At nighttime, we can't tell the providers anything. His stomach was hurting and there was nothing we could do.”

LEP/NEP Patient

V. Ideas for Improvement

In every focus group, LEP/NEP patients were asked to suggest ways for hospitals to address their concerns about language services and suggest ideas for improvement that address language barriers. The following improvement ideas come directly from these patients.

Reduce waiting times for interpreters

This is their biggest concern and the main issue they want hospitals to address. They suggest hospitals do a better job of monitoring waiting times to better identify where in the hospital and for which language groups waits are the longest. They want particular attention paid to the emergency department since they feel waits are particularly lengthy there. To address this, they suggest hospitals stagger hours and shifts of interpreters so that they are more available after hours and on weekends. If wait periods are particularly long for some language groups, they suggest hospitals hire more interpreters to reduce waiting periods. Most of all, they want hospitals to do a better job communicating with them when there is a delay so that they can plan accordingly. In most cases, LEP/NEP patients say they do not mind if there is a delay as long as they are told about this and kept informed about when to expect the interpreter and medical care.

For scheduled appointments, always schedule an interpreter at the same time

Because things seem to work smoother when an interpreter is scheduled, they recommend all hospitals make it common practice to schedule an interpreter at the same time an appointment is made. Also related to this point, they recommend hospitals take into account that encounters involving an interpreter may take longer so it may be necessary to schedule longer appointments so that interpreters are not so rushed.

Offer more training for interpreters, particularly around rushing patients

While most seem happy with the quality of the interpreters, they feel ongoing training is needed for them to keep up with medical terminology and to make them aware of the patients' needs and experiences. This is particularly true with the issue of rushing patients – they want interpreters to be more sensitive to this problem.

More training for registration staff in dealing with LEP/NEP patients

Because language barriers emerge frequently at registration and when making an appointment, LEP/NEP patients recommend that staff in those locations receive training on how to better serve diverse patients and address patients' language needs. Sensitivity training should be part of this process since some LEP/NEP patients perceive discrimination behind some of the rude treatment they have experienced from registration staff.

Match gender of interpreter based on patient preference

LEP/NEP patients want more sensitivity to patient preference for interpreter gender and for hospitals to regularly to ask about gender preference when scheduling an interpreter.

Promote language services inside and outside of hospitals

Inside the hospital, they believe registration staff should always ask patients if they need language services. They also suggest placing signs in the registration area about the availability of these services and ask that bilingual staff wear buttons that advertise their fluency. Outside the hospital, they suggest more formal marketing efforts with newspapers, flyers, posters, billboards and radio ads. Availability of these services can be promoted in grocery stores and other gathering places in the community. They also suggested that hospitals invite speakers to participate in community meetings and gatherings.

Hire more bilingual staff

LEP/NEP patients would like the hospital staff to reflect the diversity of the community more. They believe adding diverse and bilingual staff would be a valued resource for LEP/NEP patients. Being cared for by bilingual providers is another resource for language services. Spanish-language patients particularly feel this way.

VI. Conclusion

The feedback from LEP/NEP patients who participated in the focus groups points the way for hospitals nationwide to make improvements in how they serve their increasingly diverse patient populations. While all of the hospitals' patients mentioned in this study offer a range of language services – which are greatly appreciated and which add measurably to the quality of care patients receive – patients say there still some challenges with access and quality of these services as well as concerns about how and when they are delivered. Addressing waiting times seems to be the most urgent need because that is what most frustrates LEP/NEP patients.

Patients in the focus groups offer a number of remedies to reduce waiting times. The first is to schedule interpreters automatically whenever scheduling an appointment for an LEP/NEP patient. They report that when there is a scheduled interpreter, wait times are significantly less. Another idea is to improve communication with waiting LEP/NEP families – to set and adjust expectations so that they understand there will be a wait and how long it might be. The most frustrating aspect of waiting for an LEP/NEP patient is sitting alone in a waiting room with no one telling them why there has been a delay and when they might be seen. LEP/NEP patients also suggest staggering shifts of interpreters so that there is more coverage on off hours – weeknights and weekends, when waits are longest. They also want more coverage for hospital hot spots – the emergency room and registration areas. Reducing wait times in hospitals could go a long way in decreasing the frustration that LEP/NEP patients occasionally feel when seeking treatment.

The other improvement ideas patients offered in this study can also increase patient satisfaction with language services. These include matching the gender of interpreters to patients, more training for registration staff and interpreters, and greater awareness about qualified language services inside and outside of the hospital. In most cases, the hospitals participating in *Speaking Together* are already engaged in these activities but performance gaps may still exist.

These improvements and the continued efforts of hospitals to meet the needs of LEP/NEP patients will ultimately lead to higher satisfaction and better care, which is the shared goal of both patient and provider.

VII. Research Methods

In all, 19 focus groups were held August 2007 through February 2008. The research team went through an IRB process at most of the hospitals. Each hospital identified the LEP/NEP populations they serve and wanted to hear from, and then flyers were posted in outpatient clinics and other locations to recruit participants. Each research participant was paid a modest stipend for their involvement in the study. The typical focus group had eight participants. They were facilitated by *Lake Research Partners* or independent moderators contracted by Lake. All groups were held in the appropriate language by a moderator from the same racial and ethnic background. The idea was to have a neutral moderator so that participants would feel free to raise both positive and negative opinions about language services without concerns about repercussions. All participants were promised anonymity and their names do not appear in this report. The groups lasted two-hours and participants were provided with a meal. These focus groups would not have been possible without the support and hands-on help of dedicated staff at each of these hospitals.

Focus groups were held in the following languages:

Spanish (9 groups)
Mandarin/Cantonese (2 groups)
Somali (2 groups)
American Sign Language (2 groups)
Vietnamese (1 group)
Russian (1 group)
Portuguese (1 group)
Hmong (1 group)

About Speaking Together

Speaking Together is a national program funded by the Robert Wood Johnson Foundation at the George Washington University School of Public Health and Health Services, aimed at improving the quality and availability of health care language services for patients with limited English proficiency.

About Lake Research Partners

Lake Research Partners is a national public opinion research firm with offices in Washington, DC and Berkeley, CA. The firm works with national foundations, state governments, universities, and non-profit organizations to understand public attitudes on key social issues, particularly health care. The mission of the firm is to bring the voice of vulnerable and overlooked populations into the policymaking process.