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Evaluation of Available Medical Interpretation Resources Available to Spanish-Speaking Patients in NJ AHEC Counties

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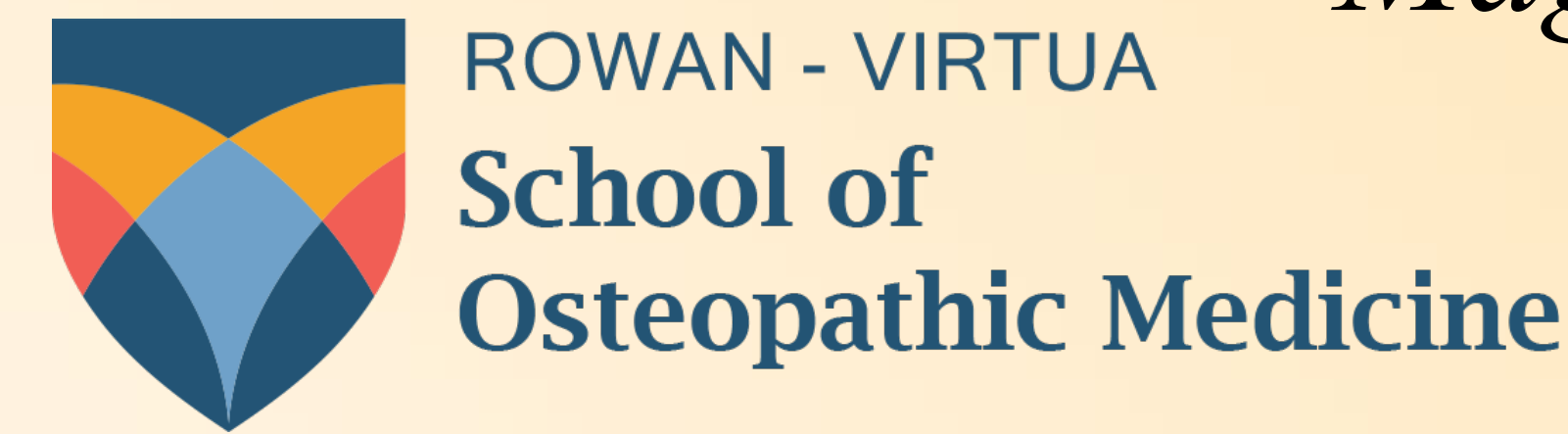
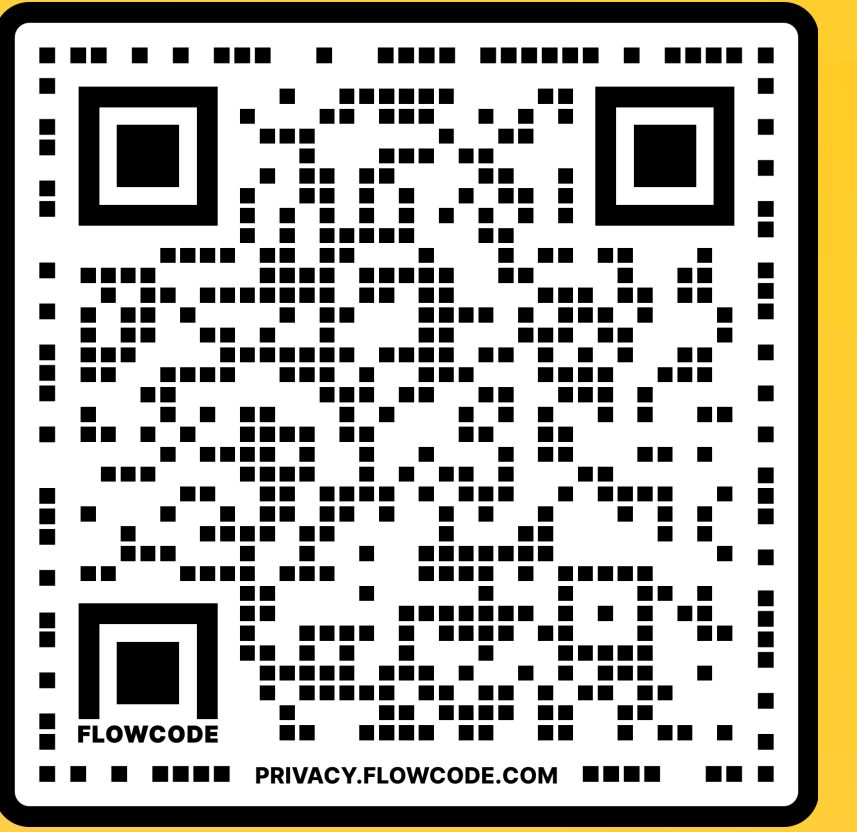
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Evaluation of Available Medical Interpretation Resources Available to Spanish-speaking Patients in NJ AHEC Counties

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Abstract

Spanish is the most common non-English language spoken in the US.¹ Despite the growing Spanish-speaking population, most providers can only communicate in English.² Linguistic differences impact the quality of care and can lead to poor compliance and underuse of services.³ Often the most effective communication tools are under-utilized, instead relying on untrained interpreters, leading to decreased patient satisfaction, medical errors, incorrect treatment, or misdiagnosis.^{2,3} This study investigates the availability of interpretation services in NJ AHEC counties: Salem Camden, Gloucester, Atlantic, Cumberland

Methods

Recruitment: The email survey was sent to practices in NJ AHEC-serving counties: Atlantic, Camden, Salem, Gloucester, and Cumberland. **Data Gathering:** Qualtrics was used to gather data. **Inclusion Criteria:** Practice must be in the five listed counties.

Results

The survey consisted of ten different questions. Respondents provided the locations of their practices and specialties provided (Figures 1 and 2).

Through the survey, we found that a majority of the practices had a 50% or less Spanish-speaking patient population. The respondents chose the different types of interpretation services they offered (Figure 3).

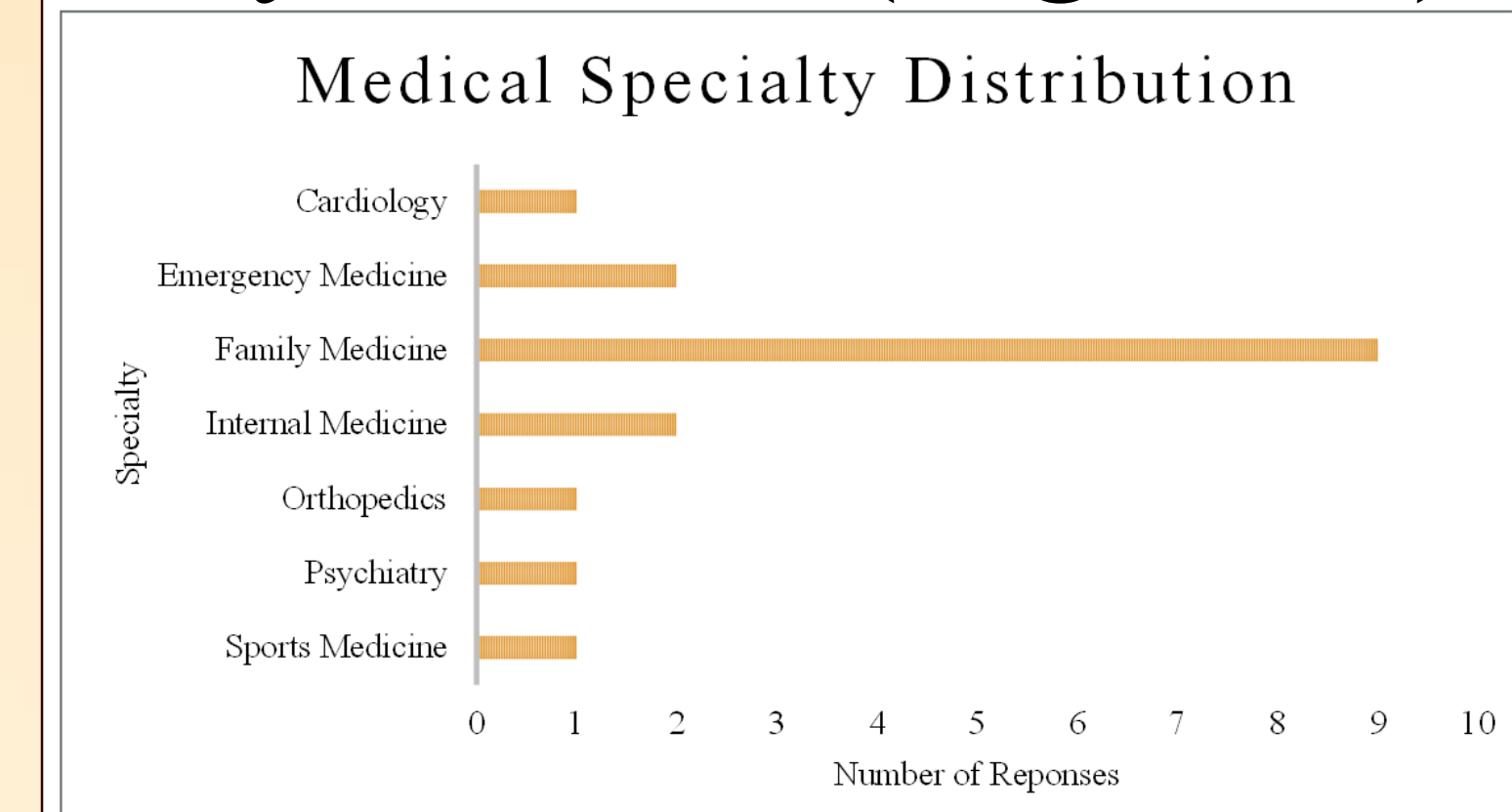
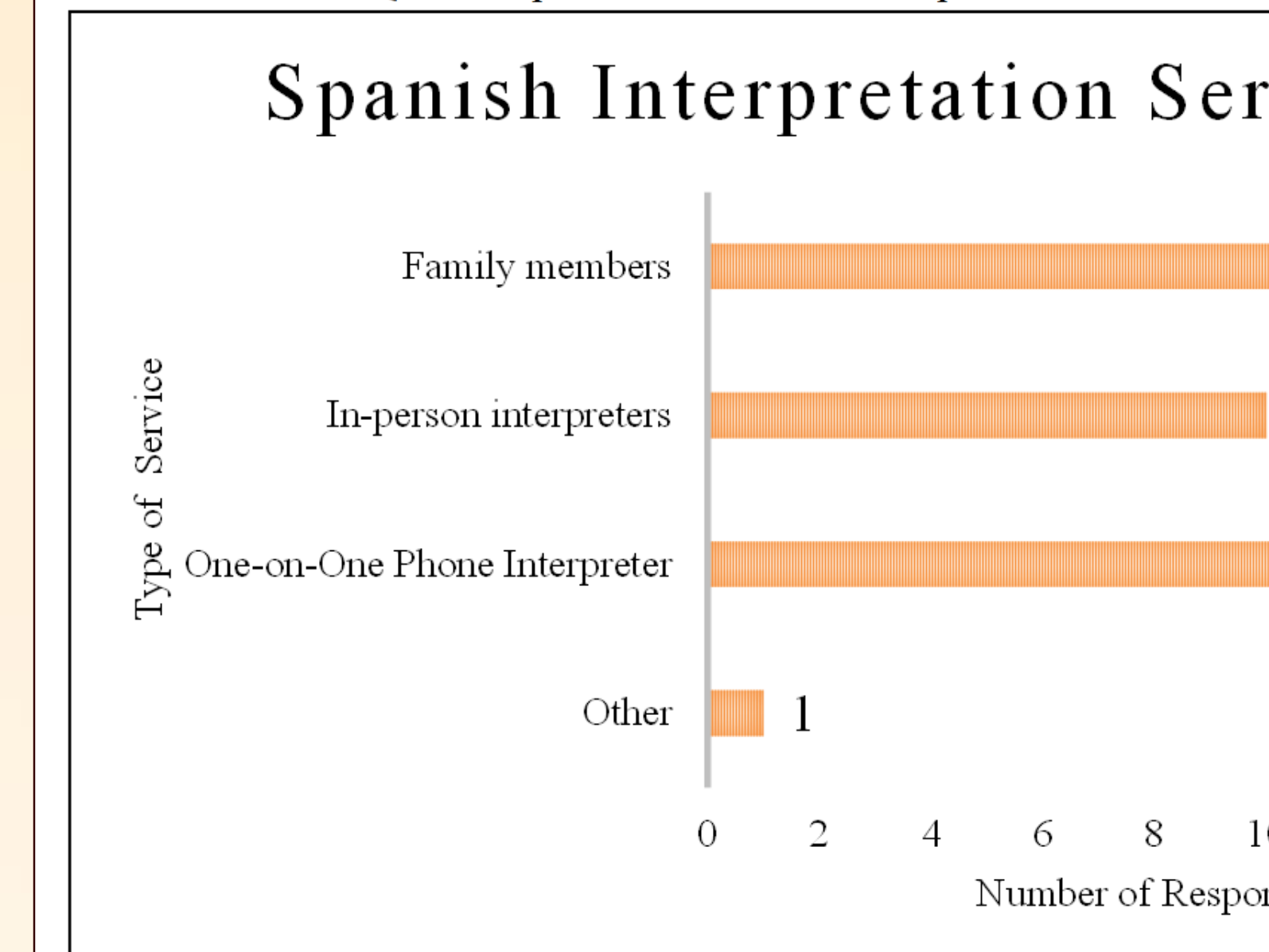


Figure 2. Medical specialty distribution. Seventeen responses were collected for Q3 and represent seven different specialties.



they were aware; 3 disagreed; 5 neither agreed or disagreed (Figure 4). The survey found that utilization of services occurred 75-100% of the time at 3 practices and was 50% or less of the time at 8 practices (Figure 5).

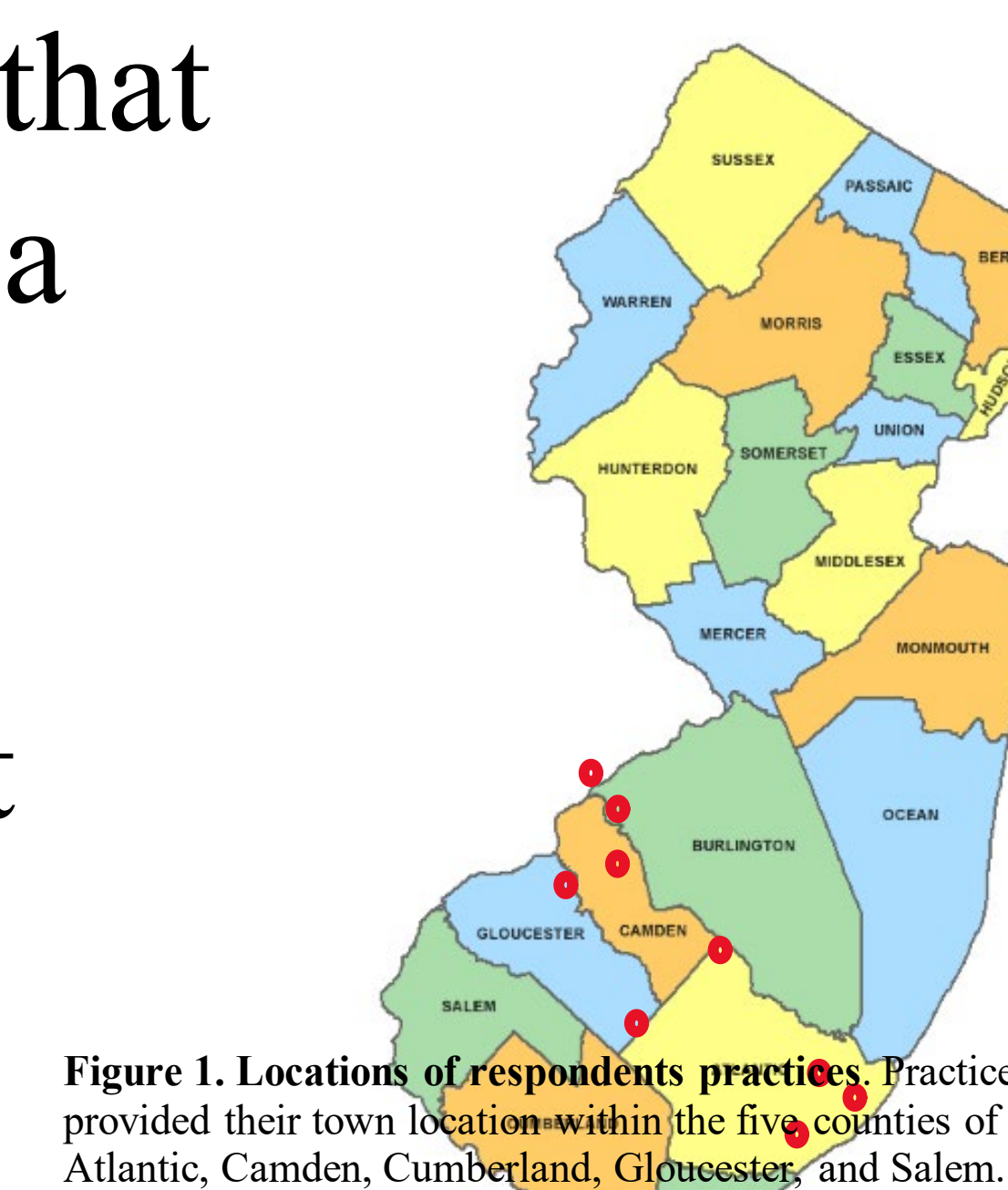
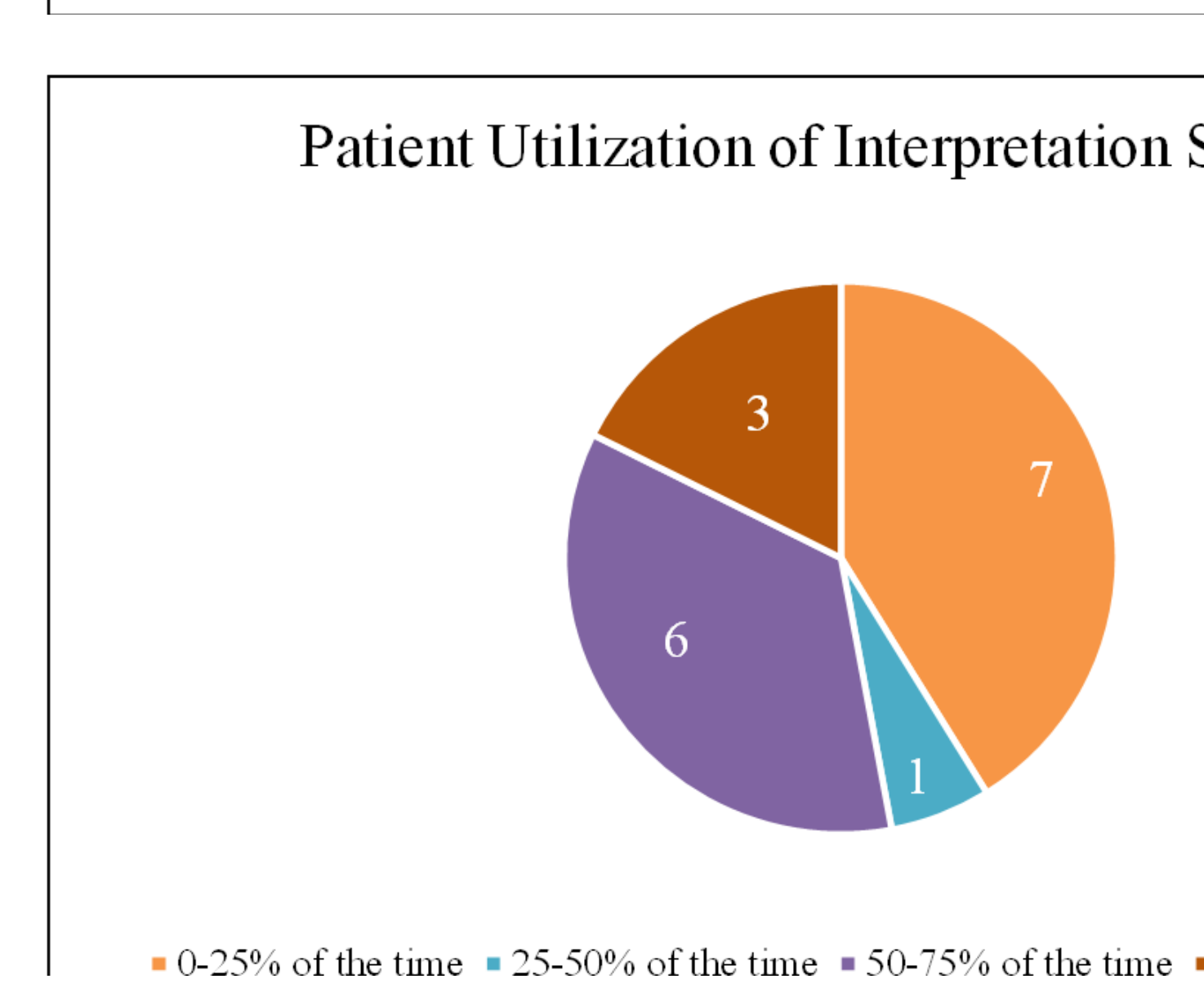
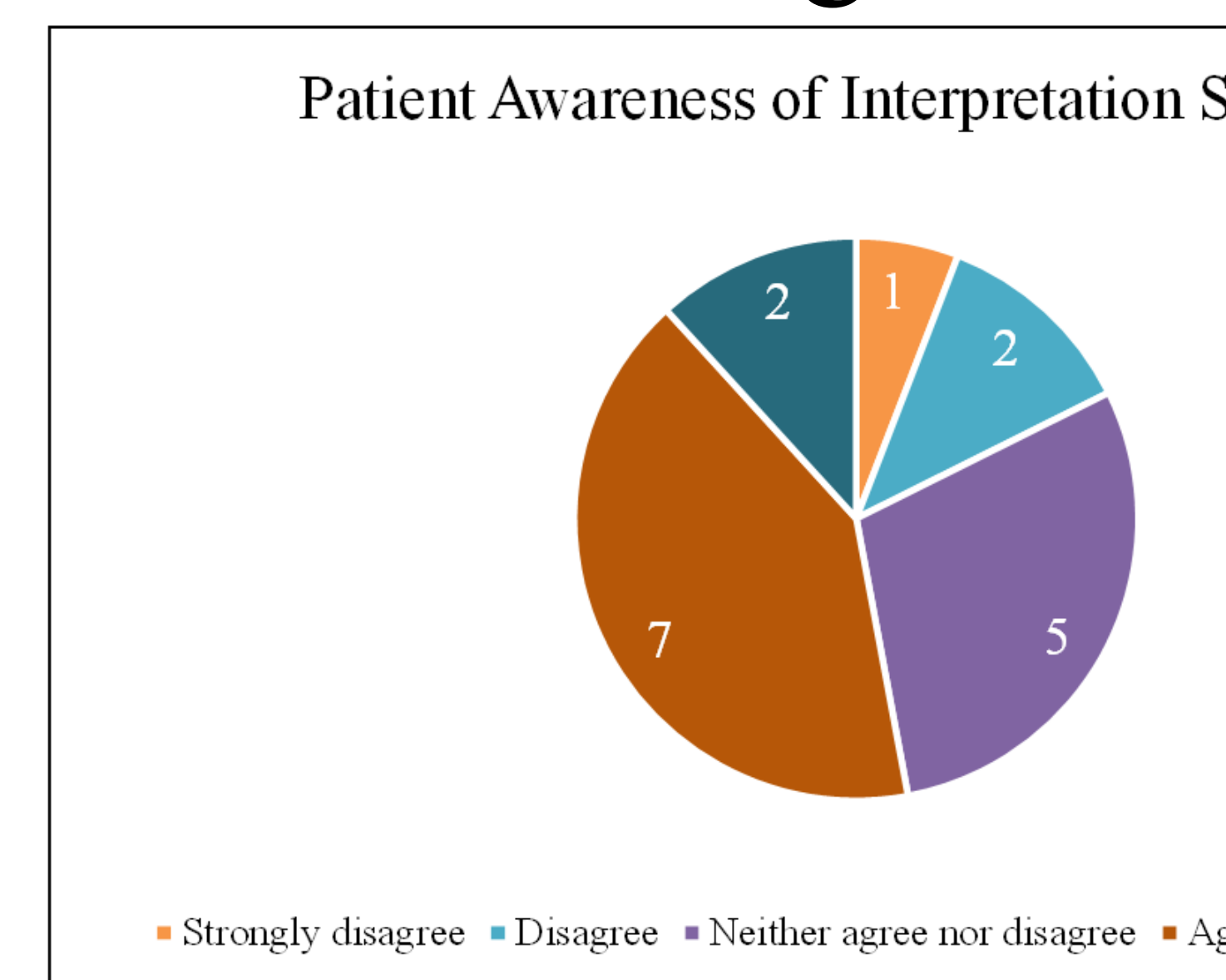


Figure 1. Locations of respondents practices. Practices provided their town location within the five counties of Atlantic, Camden, Cumberland, Gloucester, and Salem.

The survey found that most respondents agreed their practice provided enough interpretation services.

The survey found respondents were split on patients' awareness of services: 9 agreed



Discussion

Although most patients seen by the respondents are not Spanish-speaking, most respondents had at least 1 interpretation service available. Data collected showed that 10/17 respondents had in-person interpretation and 7 had additional services. A majority of respondents agreed their practice provided enough interpretation services. Overall, half the respondents believe their patients are aware of services, but there was a difference in utilization. Only 3 indicated that these services were utilized 75-100% of the time, with 8 reporting less than 50% utilization. Most reported providing Spanish materials.

Conclusion

This data indicates that these practices provide adequate interpretation services, but there is a barrier to utilization. Future studies are needed to validate this data and investigate what utilization barriers exist.

Limitations

The main limitation of this study is the small sample size. The survey was emailed through physician lists and 145 offices were personally contacted for email addresses; however, many offices did not have one.