

Use of Language Services for Telephone Advice by Limited English Proficiency Families in a Pediatric Primary Care Setting

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ABSTRACT

BACKGROUND: Families limited in English proficiency (LEP) often do not receive appropriate medical language services, resulting in health disparities. Little is known about the use and effectiveness of language services provided via telephone when families call for medical advice.

OBJECTIVE: To characterize language service provision to LEP families calling for medical advice in a pediatric primary care setting.

METHODS: A self-administered survey was given to parents of children presenting for sick visits at an urban academic pediatric primary care practice.

RESULTS: 277 out of 300 surveys were completed, 92% in English and 8% in Spanish. 7% (19/271) of those who answered the language proficiency question reported LEP (spoke English “not well,” or “not at all”). Among LEP parents, 68% calling for advice during clinic hours received appropriate language services (a trained interpreter or a bilingual provider). 53% received these services when calling after hours.

CONCLUSIONS: Over half of LEP families seeking telephone advice from their pediatric primary care office received adequate language services. Future research should identify barriers to providing telephone language services to LEP families.

KEYWORDS: limited English proficiency, pediatrics, primary care, language services, telephone advice

BACKGROUND

An increasing number of children in the United States are living in homes with parents who are limited in English proficiency (LEP). As of 2011, approximately 60 million people aged 5 years and older spoke a language other than English at home and about 40% of these individuals were identified as LEP.⁽¹⁾ Language barriers have been shown to affect medical care for pediatric patients and lead to health disparities, including lack of health or dental insurance, lack of usual source of care, and difficulty in obtaining specialty care. ⁽²⁾ Pediatric patients from LEP households have been shown to be at greater risk for returning to the emergency

department for admission⁽³⁾, having fair/poor health status, and not being brought in for needed medical care compared to those in English-speaking families.⁽⁴⁾ Language barriers can also lead to medical errors, especially when untrained interpreters are used. ⁽⁵⁾

Despite these concerns for medical errors and health disparities, as well as legal requirements for the provision of appropriate language services, studies have shown that many LEP families are not provided with these services in medical settings. ⁽⁶⁾ DeCamp, et al found that most pediatricians report using family members to communicate with patients and families and only about half of US pediatricians use in-person or telephonic interpreters.⁽⁷⁾

Access to appropriate telephone advice is important for all pediatric patients regardless of language spoken because communication problems with the primary care office may lead to non-urgent visits to the emergency department. ⁽⁸⁾ One study in our institution found that English-speaking families who presented to the primary care clinic rather than the emergency department for acute illness were more likely to have called the clinic first and to feel that they could easily get in touch with the office. ⁽⁹⁾

Although research has been done to characterize interpreter use in clinical care, less is specifically known about the provision of language services when families call the pediatric office for medical advice. Our objective was to determine the provision of language services to LEP patients when they called a general pediatric office for medical advice.

METHODS

Setting

Hasbro Children’s Hospital Primary Care is an urban, academic pediatric primary care clinic. The practice has approximately 10,000 patients; 73% identified as English speaking, 22% Spanish, 5% other language and 4% unknown. On average over a 3-year period (2011-2014), there were approximately 23,000 visits per year, and of these, about 8,800 were urgent care (“sick”) visits. A trained professional interpreter was present at 9% of visits, but no data on telephone interpreter or bilingual provider use is available. The practice receives approximately 1,000 calls seeking medical advice after hours per year.

Participants

Parents/guardians of all patients presenting with their child for an urgent care visit in the Hasbro Children Hospital Primary Care clinic were offered an anonymous, self-administered one-page survey during the usual registration process. One side was in English and the other Spanish. Some clinic families speak languages other than English or Spanish and generally have a trained interpreter from an outside agency present. These families were given the option of completing the research survey with interpreter help if they chose, as they would fill out other clinic forms. The criterion for inclusion was parents/guardians presenting with a child for a sick visit in the urgent care section of the primary care clinic. Adolescents under age 18 presenting without a parent or guardian were excluded.

Measure/Data Collection

A self-administered, 11-item survey was used. Survey questions included usual language spoken, means of communicating with provider over the phone and at visit, and barriers encountered when accessing telephone advice when the clinic was open and closed. English proficiency was measured with the question used by the U.S. Census Bureau, "How well do you speak English?" with 4-point scale: "very well", "well", "not well" and "not at all".⁽¹⁰⁾

Human Subjects Protection

The research protocol was reviewed and deemed exempt by the Lifespan Institutional Review Board.

RESULTS

Language proficiency

Overall, 277 out of 300 surveys were completed. Of the completed surveys, 8.3% (n = 23) were completed in Spanish (**Table 1**). Most LEP respondents (16) reported Spanish as their usual language spoken at home and 3 reported "other".

Communication with clinic

In **Table 2**, we show the means of communication utilized during the provider visit varied by English proficiency.

The use of language services over the phone by individuals who identified as LEP when the clinic was open and closed is shown in **Table 3**. **Table 4** shows language problems reported by LEP families.

DISCUSSION

Despite the growing number of children with LEP parents as well as the presence of legal guidelines to provide appropriate language services, these services often are not adequate in medical settings, which can lead to adverse health outcomes. Less is known about the use of telephone advice and the use of language services over the phone by LEP parents.

Table 1. Baseline characteristics of parent respondents (n = 277).

	% (n)
Language in which survey was completed	
English	91.7 (254)
Spanish	8.3 (23)
Language usually spoken at home	
English	61.4 (167)
Spanish	18.0 (49)
English and Spanish	14.3 (39)
Other	6.3 (17)
English proficiency	
Proficient (speaks English "well" or "very well")	93.0 (252)
Limited (speaks English "not well" or "not at all")	7.0 (19)
Mode of speaking with provider	
Comfortable speaking English	83.8 (232)
Comfortable speaking preferred language	8.3 (23)
Using an interpreter provided by the clinic	5.4 (15)
Using a family member as an interpreter	1.8 (5)
Bringing own non-familial interpreter	0.4 (1)

Table 2. Use of language services in clinic by English proficiency.

	Limited (n = 19) % (n)	Proficient (n = 258) % (n)	Total (n = 277) % (n)
Comfortable speaking English	21.1 (4)	88.4 (228)	83.8 (232)
Comfortable speaking preferred language	21.1 (4)	7.4 (19)	8.3 (23)
Using an interpreter provided by the clinic	47.4 (9)	2.3 (6)	5.4 (15)
Using a family member as an interpreter	15.8 (3)	0.8 (2)	1.8 (5)
Bringing own non-familial interpreter	5.3 (1)	0	0.4 (1)

This small descriptive study showed that in an urban academic pediatric practice a majority of LEP families (68%) received appropriate language services, which was defined as a trained interpreter (47%) or bilingual provider (21%), at their clinic sick visit. A similar number of LEP families (69%) reported receiving advice over the phone with either a trained interpreter (37%) or a provider who spoke their language (32%) when the clinic was open. Fifty-three percent received these services (32% with a trained interpreter and 21% with a bilingual provider) when the clinic was closed. The main limitation of this study is the small number of LEP patients. Further research is needed to determine if language service provision significantly differs

Table 3. Use of language services via telephone when calling clinic for advice by English proficiency.

		Limited (n = 19) % (n)	Proficient (n = 258) % (n)	Total (n = 277) % (n)
CLINIC OPEN	Comfortable speaking English with provider	10.5 (2)	77.5 (200)	72.9 (202)
	Comfortable speaking preferred language with provider	31.6 (6)	8.9 (23)	10.5 (29)
	Used an interpreter provided by the clinic	36.8 (7)	0.8 (2)	3.2 (9)
	Used a family member as an interpreter	10.5 (2)	0.4 (1)	1.1 (3)
	Spoke English but would have preferred using an interpreter	0	2.3 (6)	2.2 (6)
	Did not feel the need to call prior to bringing in child	10.5 (2)	10.5 (27)	10.5 (29)
	Never called when clinic was open	15.8 (3)	8.1 (21)	8.7 (24)
CLINIC CLOSED	Comfortable speaking English with provider	5.3 (1)	64.7 (167)	60.6 (168)
	Comfortable speaking preferred language with provider	21.1 (4)	6.6 (17)	7.6 (21)
	Used an interpreter provided by the clinic	31.6 (6)	1.2 (3)	3.2 (9)
	Used a family member as an interpreter	5.3 (1)	0	0.4 (1)
	Spoke English but would have preferred using an interpreter	0	2.7 (7)	2.5 (7)
	Did not feel the need to call prior to bringing in child	31.6 (6)	22.5 (58)	23.1 (64)
	Never called when clinic was closed	31.6 (6)	15.9 (41)	17.0 (47)

Table 4. Problems encountered when calling clinic by English proficiency.

		Limited (n = 19) % (n)	Proficient (n = 257) % (n)	Total (n = 276) % (n)
CLINIC OPEN	No one understood me when I called	0	0.4 (1)	0.4 (1)
	There was no interpreter	5.3 (1)	0.8 (2)	1.1 (3)
	I never had problems when I called	52.6 (10)	55.0 (142)	54.9 (152)
CLINIC CLOSED	No one understood me when I called	0	0.4 (1)	0.4 (1)
	There was no interpreter	5.3 (1)	0.4 (1)	0.7 (2)
	I never had problems when I called	36.8 (7)	55.0 (142)	53.8 (149)

based on whether or not clinic is open or closed as the current small study was not powered to detect a difference. Although most LEP families received appropriate language services at their sick visit, 21% of LEP parents spoke English with their provider at the visit and 16% used a family member. This may be due to inappropriate provision of services by the provider, patient insistence, or misclassification as LEP. A majority of parents who completed the survey were proficient in English (93%) and most completed it in English. Fewer identified their usual language as English (61%); however, a significant percent chose both English and Spanish as their usual language. It is likely that this discrepancy is due to families who are comfortable communicating in either language; however, it could also be due to limitations in self-report measures of language ability. There are multiple ways of measuring language proficiency, including the U.S. Census language proficiency question, "How well do you speak English?" which was used in this study. It can be used with a cutoff below "Well" as used in this study, or with a higher cutoff, which would identify anyone answering less than "Very Well" as LEP. Usual or preferred language at home can also be used as a marker to identify those with a need for language services. Flores et al found that parental report of LEP was a better measure to measure the effect of language barriers on child health outcomes than language spoken at home. (4) Karliner et al evaluated the accuracy of the census question in predicting the ability of patients to effectively communicate in English. (11) They found that use of the higher threshold (less than "Very Well") had the highest sensitivity but the lowest specificity. However, when it was paired with a question asking about language preference for medical care, specificity increased with little loss of sensitivity. In future research, this two-step process may more accurately identify patients and families in need of language services.

In conclusion, this small descriptive study found that over half of LEP families in an urban academic pediatric primary care clinic received appropriate language services over the phone when seeking telephone advice. Further research in a larger sample is needed to identify and minimize language and other barriers to the access of primary care telephone advice, particularly after hours.

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