Bilingual Employee Incentive Program
The Young Children’s Health Center

CLAS Standards Met: 1-6, 9 and 12
See inside cover for list of CLAS Standards

SUMMARY. The Young Children’s Health Center (YCHC), a community-based, pediatric clinic in New Mexico that provides health services to families with children from birth to young adulthood, has institutionalized the Bilingual Employee Incentive Program, an incentive program and monetary human resource benefit for bilingual staff who provide Spanish language interpretation services to non-English speaking patients.

More than 90 percent of the families YCHC serves are Latino, and 50 percent of those families speak only Spanish. The language services needs of the patient population are immense and YCHC meets these needs in a variety of ways including use of in-house staff and contract interpretation services. While the center staff includes many bilingual employees, none of them were trained or certified to provide language translation services to YCHC patients.

To take advantage of the language competencies of its bilingual staff, YCHC has developed a staff incentive program to encourage employees to become certified bilingual language interpreters. The program provides for a monetary incentive in the form of a salary increase for each staff member completing a certification program and their subsequent services providing Spanish language translation.

The YCHC estimates that the program saves the organization $50,000 annually. The center has seen an overall increase in its patient services among new immigrants, as a result of referrals from other satisfied patients.

WHO TO CONTACT. For more information about the Bilingual Employee Incentive Program, contact Dr. Javier Aceves, Medical Director, The Young Children’s Health Center via email at jaceves@salud.unm.edu or (505) 272-4071.

The Merck Company Foundation funded the Alliance of Community Health Plans project to identify, collect and publish information about the business case for CLAS in health care.
MAKING THE BUSINESS CASE FOR CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES IN HEALTH CARE

National CLAS Standards

In 2001, the Office of Minority Health, U.S. Department of Health and Human Services published 14 national standards for culturally and linguistically appropriate services (CLAS) to be implemented in the US health care system. The standards listed below provide the framework within which the Alliance of Community Health Plans conducted this project. Health care organizations are charged with implementing these standards. This project was designed to identify and document business benefits of having implemented any of the National CLAS Standards or any other initiative that promotes cultural competency in health care.

Standard 1. Health care organizations should ensure that patients/consumers receive from all staff members effective, understandable, and respectful care that is provided in a manner compatible with their cultural health beliefs and practices and preferred language.

Standard 2. Health care organizations should implement strategies to recruit, retain, and promote at all levels of the organization a diverse staff and leadership that are representative of the demographic characteristics of the service area.

Standard 3. Health care organizations should ensure that staff at all levels and across all disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery.

Standard 4. Health care organizations must offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to each patient/consumer with limited English proficiency at all points of contact, in a timely manner during all hours of operation.

Standard 5. Health care organizations must provide to patients/consumers in their preferred language both verbal offers and written notices informing them of their right to receive language assistance services.

Standard 6. Health care organizations must assure the competence of language assistance provided to limited English proficient patients/consumers by interpreters and bilingual staff. Family and friends should not be used to provide interpretation services (except on request by the patient/consumer).

Standard 7. Health care organizations must make available easily understood patient-related materials and post signage in the languages of the commonly encountered groups and/or groups represented in the service area.

Standard 8. Health care organizations should develop, implement, and promote a written strategic plan that outlines clear goals, policies, operational plans, and management accountability/oversight mechanisms to provide culturally and linguistically appropriate services.

Standard 9. Health care organizations should conduct initial and ongoing organizational self-assessments of CLAS-related activities and are encouraged to integrate cultural and linguistic competence-related measures into their internal audits, performance improvement programs, patient satisfaction assessments, and outcomes-based evaluations.

Standard 10. Health care organizations should ensure that data on the individual patient’s/consumer’s race, ethnicity, and spoken and written language are collected in health records, integrated into the organization’s management information systems, and periodically updated.

Standard 11. Health care organizations should maintain a current demographic, cultural, and epidemiological profile of the community as well as a needs assessment to accurately plan for and implement services that respond to the cultural and linguistic characteristics of the service area.

Standard 12. Health care organizations should develop participatory, collaborative partnerships with communities and utilize a variety of formal and informal mechanisms to facilitate community and patient/consumer involvement in designing and implementing CLAS-related activities.

Standard 13. Health care organizations should ensure that conflict and grievance resolution processes are culturally and linguistically sensitive and capable of identifying, preventing, and resolving cross-cultural conflicts or complaints by patients/consumers.

Standard 14. Health care organizations are encouraged to regularly make available to the public information about their progress and successful innovations in implementing the CLAS standards and to provide public notice in their communities about the availability of this information.

For additional information about the CLAS Standards, see the website for the Office of Minority Health in the US Department of Health and Human Services at http://www.omhrc.gov. Click the tab for Cultural Competency, then National Standards.
MAKING THE BUSINESS CASE FOR CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES IN HEALTH CARE

ISSUE. Fifty percent of patients at The Young Children’s Health Center (YCHC) speak only Spanish. YCHC’s neighbor communities have the highest rate of new immigrant residency in New Mexico. Due to the increased need for language interpretation resources, YCHC has established the Bilingual Staff Incentive Program encouraging trained staff members to serve as interpreters in exchange for extra salary compensation.

DISCUSSION. The Young Children’s Health Center (YCHC) is a community-based, pediatric clinic that provides comprehensive health services to families with children from birth to young adulthood. The center is under the organizational umbrella of Children’s Hospital of New Mexico, part of the University of New Mexico Hospital System. Services provided by YCHC include home visitation, behavioral health services, and case management. The clinic is located in a relatively isolated, impoverished area populated by individuals of many different cultures and ethnicities and is the primary location for pediatric healthcare.

Many YCHC staff are not bilingual. Due to the increased need for language interpretation, YCHC established a Bilingual Staff Incentive Program, enabling trained staff members to serve as Spanish language interpreters. As part of the program, staff members are certified for medical interpretation through the University of New Mexico Hospital (UNM) and receive extra salary compensation. Priority for training is based on the amount of time staff members spend or plan to spend interpreting in the clinical setting.

The clinic also emphasizes cultural competency in regular staff training and meetings and participates in “Medical Home” training sessions sponsored by the American Academy of Pediatrics.

BENEFITS/RESULTS. Eighteen out of 20 YCHC staff members have participated in the incentive program since its establishment. The program has reduced operating costs of the center, saving substantial costs of contracted language interpretation services. YCHC has also changed its hiring policies to encourage all personnel to participate in the incentive program.

YCHC estimates that trained in-house staff interpreters have saved the organization more than $50,000 in interpretation costs after adjusting for salary increases. In addition, by using YCHC employees for interpretation, the scheduling and management of the process has improved. Delays associated with waiting for an interpreter have been largely eliminated.

LESSONS LEARNED/NEXT STEPS. The Bilingual Incentive Program is one component of YCHC’s commitment to providing culturally competent care. Since establishing the staff incentive program and dramatically reducing language barriers at YCHC, the center continues to provide linguistically appropriate services and resources compatible with patients’ preferred languages.

FOR MORE PROJECT INFORMATION. For information about the project Making the Business Case for CLAS please contact John Spiegel at jspiegel@achp.org / 202.785.2247 or Amelia Cobb at acobb@twgstrategies.com / 202.904.6824. More information about the ACHP Foundation is available at www.achp.org.