Addressing Barriers to Healthcare Access Among Limited English Proficient Patients:

The Role of Telehealth Services at Montgomery Cares Clinics

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Contents

About the Fellow

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Executive Summary

During COVID-19, many providers including Montgomery Cares clinics and Care for Kids providers have heavily increased their use of telehealth services. This new method of care presents new opportunities to improve health equity by reducing certain access barriers. However, it also introduces new access barriers in the form of access to digital technology, digital literacy, and availability of information about digital platforms in languages other than English. Limited English proficiency (LEP) patients are disproportionately impacted by telehealth barriers and some evidence shows that telehealth expansion corresponded to a reduction in appointment volume with LEP patients. This project seeks to answer the following research questions:

How has Montgomery Cares clinics' expansion of telehealth access impacted patients with Limited English Proficiency?

- *Has telehealth imposed new access barriers to LEP Montgomery Cares patients?*
- *Has telehealth mitigated existing access barriers to LEP Montgomery Cares patients?*

Interviews with Montgomery Cares clinics and non-profit contractors that provide services to LEP populations in the County found that the Montgomery Cares program can improve access to telehealth for LEP patients by taking steps to strengthen its overall language access programs and partnering with community organizations to increase digital literacy and access to appropriate technology in LEP communities. While both Care for Kids and Montgomery Cares expanded use of telehealth subsequent to COVID-19, this investigation will focus on Montgomery Cares clinics.

Background

What is Telehealth and Why Does it Matter?

Telehealth is the use of communications technology to access health care services or manage health care (Latham, 2021). This may include talking to a provider through phone or video, sending or receiving messages, or using remote monitoring so providers can see your vitals virtually. Examples of care that can be administered through telehealth include interpreting lab tests or X-Ray results, mental health treatment, prescription management, skin conditions, physical and occupational therapy, remote monitoring and post-surgical follow ups. Telehealth rapidly expanded during the COVID-19 pandemic as more providers implemented audio and video appointments, Medicare telehealth utilization increased 63 times between 2019 and 2020, and telehealth utilization increased from less than 1% of visits in some locations to over 80% (Karimi et al).

Telehealth has several benefits for both patients and healthcare systems. Benefits of telehealth include:

- Infection control (including COVID-19)
- Reduced costs associated with transportation, time (including need for paid time off) and childcare
- Reduced overhead costs
- Reduced utilization of higher cost visits (such as urgent care and emergency departments).

By removing or reducing the costs associated with personal transportation, time, and childcare, telehealth has the potential to reduce or eliminate access barriers to low-income patients. (Latham, 2021).

Telehealth Impact on Limited English Proficiency Patients

New Opportunities: Telehealth services afford opportunities to many marginalized communities by removing access barriers such as transportation costs, lack of paid sick leave, or lack of child-care. In Montgomery County, LEP households are over twice as likely as English speaking households to not have a personal vehicle (16.9% of LEP households compared to 6.8% of English speaking households). People who lack personal transit are less likely to establish routine care and are more likely to skip appointments (Bryant, 2021).

New Barriers: Telehealth also introduces new barriers to care. Some evidence suggests that limited English proficient patients are less likely to use telehealth services and that increases in reliance on telehealth services may reduce overall healthcare utilization among Limited English Proficiency patients. In a study of San Francisco-based primary care centers, clinics saw a 50% reduction in total visits from patients with a non-English language preference after the implementation of telehealth appointments during the COVID-19 pandemic (from 14% of total visits prior to COVID-19 to 7% after) (Nouri, et al, 2020). In one study of community health centers, 97% of clinics reported that lack of patient access to internet was either a major or minor impediment to service delivery, including 64% who reported that lack of access to internet was a major impediment to service delivery. Ninety-three percent of clinics surveyed reported that lack of patient comfort with digital platforms was a major or minor impediment, with 47% reporting that lack of patient comfort with digital platforms was a major impediment. Lack of access to internet among patients and lack of comfort with digital platforms among patients were the two biggest obstacles identified by this study (Sharac, et al, 2022).

Barriers to telehealth access among limited English proficient patients are a function of both language access and digital technology access, and these two issues compound one another. Facilitating improved access to telehealth services among limited English proficient patients requires addressing both digital technology access barriers and language access barriers simultaneously. Barriers to digital technology access disproportionately impact patients with limited English proficiency. Patients with limited English proficiency are less likely to have internet access at home. Additionally, many patient-facing digital health applications are either only available in English or have poor translations in their non-English applications and user-guides (Nouri, et al, 2021).

Legal Context for Access to Public Services for LEP Individuals

In an increasingly diverse United States, healthcare providers have an ethical and legal obligation to provide Limited English Proficiency patients reasonable support to access the same services as English speaking patients. Failure to provide appropriate language services can have grave human consequences. Patients who do not receive appropriate language services may mis-understand important instructions or information about their health, which can have serious or fatal results. In one egregious case, a 13-year-old girl died of a ruptured appendix after the hospital did not provide interpretation for her parents. The girls' parents (who spoke limited English) misunderstood her emergency room discharge instructions (Chen et al, 2007). Deaths such as these are entirely preventable with appropriate language services.

Title VI of the 1964 Civil Rights Act prohibits discrimination based on race, gender or national origin in any program receiving federal funds. The Supreme Court and the federal government have historically treated discrimination based on language (including failure to provide language services)

as equivalent to discrimination based on national origin. The Department of Health and Human Services Office of Civil Rights (OCR) investigates and enforces complaints related to linguistic barriers, and OCR complaints have spurred the development of many premier hospital-based interpretation programs. Under the current OCR policy guidance, healthcare providers that receive any federal funds including Medicare and Medicaid are required to provide language assistance services for all patients (Chen et al).

In the year 2000, President Bill Clinton signed Executive order 13166 which establishes requirements for federal agencies to provide language services for limited English proficient individuals. The executive order also requires federal agencies to provide support for recipients of federal funds to provide "meaningful access" for limited English proficient individuals. Under this act, federal agencies must evaluate the services they provide, identify needs for language services among limited English proficient individuals, and develop and implement a system to provide those services to limited English proficient individuals (Executive Order 13166, 2000).

The State of Maryland has also established provisions for equal access to public services for LEP individuals. The 202 Maryland Equal Access to Public Services Act of 2002 requires state agencies to take "reasonable steps" to provide equal access to services. This includes the translation of vital documents into languages spoken by at least 3% of the population in the area served by a local office and oral language services.

Telehealth & LEP Patients at Montgomery Cares Clinics

In Maryland and likewise in Montgomery County, community health centers and school-based health centers expanded use of telehealth during the COVID-19 pandemic to facilitate appointments. The State of Maryland and Montgomery County implemented rapid policy changes that allowed Montgomery Cares and Care for Kids clinics to use telehealth, including audio and visual appointments, to assure continuity of care (Arend, et al, 2021). Prior reports from Montgomery County's Office of Legislative Oversight raised concerns about the impact of telehealth expansion on certain communities, including older adults and LEP patients. Recommendations from this report included investigating access disparities in telehealth for patients with limited English proficiency (Latham, 2021).

Patients at Montgomery Cares and Care for Kids clinics report a high level of satisfaction with telehealth services. In surveys of four Montgomery Cares clinics that administered patient experience surveys to their patients, patients consistently reported positive experiences with telehealth. In one large Montgomery Cares clinic that administers its patient experience survey to 250 patients each month, 89% of patients reported satisfaction with teleaudio visits (audio only) and 91% reported satisfaction with televideo visits, compared to 90% who reported satisfaction with an in-person visit (Arend, et al 2021).

However, none of the patient experience surveys about telehealth at Montgomery Cares and Care for Kids clinics collected information on the preferred language of patients, which obfuscates how patient satisfaction may vary based on their preferred language (Arend, et al, 2021). One survey of Care for Kids patients did ask the patient if they used an interpreter service. Only 6 patients indicated

that they had used an interpreter service. According to the researcher who conducted this analysis, this which may reflect that many LEP patients were Spanish speaking and were able to see Spanish speaking staff and providers(Ortiz, 2022).. Results from this survey appear in Figure 1

Patient satisfaction from this group was mixed- the majority of the patients indicated they were satisfied or very satisfied with their ability to communicate with their provider and with the telehealth visit, however one parent who used a telephone interpreter service indicated that they were “very dissatisfied” with their ability to communicate with their child’s provider, and another parent indicated that they were “neutral” about the overall quality of their telehealth visit (Arend, et al). While these results are generally positive, it should be noted that these surveys were only administered to parents and patients who completed a telehealth visit, and do not reflect parents or patients who did not obtain needed care because they could not access a telehealth appointment.

Table 1: Care for Kids Data Report

Method of Interpretation	I was able to communicate adequately with the doctor about my child’s health	I was comfortable with the telehealth visit
Family/Friend	Very Satisfied	Very Satisfied
Language Line	Very Unsatisfied	Very Satisfed
Clinic Staff Member	Very Satisfied	Satisfied
Clinic Staff Member	Satisfied	Neutral
Language Line	Satisfied	Satisfied
Language Line	Satisfied	Satisfied

Methodology and Limitations

Methodology

To establish best practices for expanding access to services among LEP individuals, existing policy frameworks from federal and state governments as well as a comprehensive language access program from Atlanta were reviewed. The purpose of this review is to understand how to expand access to services among LEP individuals. These best practices provide a baseline that informed interview questions and recommendations for improving telehealth access among LEP patients.

To evaluate the impact of telehealth expansion on LEP patients at Montgomery Cares clinics, representatives from 2 clinics and 2 contractors that serve LEP individuals were interviewed. Clinics were included to evaluate how providers currently perceive and address problems associated with telehealth access among LEP patients. Contractors were included because they have closer relationships to LEP patient's communities and could better describe how patients engaged with healthcare providers and how patients perceive their experiences.

Table 2: Overview of Interview Content	
Clinics	• How they typically provide services to LEP patients • How existing programs and procedures are evaluated • What their perception was of LEP patient satisfaction with language services and with telehealth services • If they encountered challenges with digital literacy or technology access among LEP patients • How they addressed those challenges. • Shortcomings in current services for LEP patients (related to language access or digital technology access), • Opportunities they felt telehealth provided • Resources that would help them to address the shortcomings they identified.
Contractors	• Nature of their services for LEP individuals • How programs are evaluated • How their clients interacted with the healthcare system and any challenges they faced with provider • New challenges or opportunities they saw arise from telehealth. • Resources that would help to address the challenges

Limitations

Lack of evaluations from clinics as well as lack of accessible data from the Department of Health and Human Services made a quantitative analysis of telehealth users at Montgomery Cares clinics impossible during the period during which this research was conducted. Lack of quantitative analysis limits the scope of this research and highlights the need for additional evaluations.

Clinic B and Contractor B both provided written answers to a long-form questionnaire rather than participating in a live interview. This modality limited opportunities for follow up with these respondents.

Findings

Review of Existing Policy Frameworks and Programs

Culturally and Linguistically Appropriate Service Standards: The United States Department of Health and Human Services provides guidelines for health and human service providers to effectively implement language access programs to ensure appropriate language services for their clients. The National Culturally and Linguistically Appropriate Service (CLAS) Standards are intended to "advance health equity, improve quality, and eliminate health care disparities by establishing a blueprint for health care organizations to "Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs." CLAS standards have 3 components: Governance, Leadership and Workforce; Communication and Language Assistance; and Engagement, Continuous Improvement and Accountability. Complete CLAS Standards appear in Table 2.

Table 3: National Culturally and Linguistically Appropriate Service Standards	
Governance, Leadership and Workforce	• Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources. • Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area. • Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis
Communication and Language Assistance	• Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services. • Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing. • Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided. • Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

Engagement, Continuous Improvement, and Accountability	• Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations. • Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities. • Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery. • Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area. • Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness. • Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints. • Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

Maryland Language Access Toolkit: The Maryland Language Access Toolkit was created in 2014 in response to a report by the Maryland Council for New Americans. This toolkit was intended to address barriers in access to government services among LEP Marylanders. The Maryland Language Access Toolkit offers 5 strategies to reduces access barriers to LEP Marylanders. These strategies include:

1) **Conducting a Self-Assessment**- Assess how many LEP individuals live in your community, the languages they speak, the programs they access or need to access, and the barriers they face. The purpose of this assessment is to identify outstanding language needs in the community.
2) **Developing a Language Access Plan**- After conducting a self-assessment to identify agency needs, the agency should develop a plan to address those needs. This plan should be driven by Title VI of the Civil Rights Act and the 2002 Maryland Language Access Law. This plan should determine priorities and deadlines, identify people responsible, communicate the parameters of contracts, assess the quality of oral and written services, address

training of staff, and conduct ongoing monitoring and evaluation.

3) **Providing Signage and User-Friendly Tools**- Place posters and signage to let clients indicate they have the option to request assistance
4) **Equipping your Workforce-** Designate a language access coordinator, train workforce on language access policies and procedures, and offer bilingual pay to employees that are required to use a bilingual skill that is not already a part of their job.
5) **Leveraging Data to Drive Results-** Use data to understand trends in language needs in Maryland and anticipate future needs.

Lessons from Other Jurisdictions--iSpeakATL: iSpeakATL is an initiative from the Atlanta Mayor's Office of Immigrant Affairs to develop and implement language access plans throughout the city of Atlanta. The goal of iSpeak Atlanta is to advance equity and inclusivity and to better reflect the city's obligations under Title VI of the Civil Rights Act. The primary stakeholders in iSpeakATL are city government employees and the city's limited English proficient population. iSpeakATL trains departments on cultural competency and supports them in the development of language access plans that define specific actions departments will take to address the needs of LEP individuals. Figure 1 is a logic model that explains iSpeakATL's inputs, activities and outputs.

An evaluation of iSpeakATL found that while its services were critical, it was underutilized, poorly understood by departments, and could benefit from increased engagement of community partners. While most public-facing city employees lacked awareness of the initiative, those who participated in trainings consistently reported high levels of satisfaction with the training that they had received and reported that the training improved their understanding of the needs of LEP people. Audits of departments (in which an auditor posing as an LEP individual attempted to access services in a target language) revealed low success rates in doing so—of 11 audits, only 3 auditors were able to obtain

answers to their questions. Community partners that worked with LEP individuals demonstrated low levels of awareness of iSpeakATL and reported frustration at their lack of inclusion in the project (Bovell, et al 2019).

Table 4: iSpeakATL Logic Model

Inputs	Activities	Outputs	Outcomes	Impact
Mayor's Office of Immigrant Affairs-Welcoming Atlanta Interpretation/translation services Examples of LAP's from other cities Government departments Employees with language skills Community partner input	Cultural Competency Trainings Language line use trainings Development of LAP's Identification of LAC's Creation and provision of signage and posters Establishment of language bank	Departmental LAP's formalized as policy documents LEP/NEP people utilizing services Language bank in place and utilized Staff completed trainings Changes to HR onboarding process (e.g., integrated language skills testing for new hires	*Short Term* Staff are knowledgeable about best practices and resources Staff understand the need for iSpeakATL services iSpeakATL training is incorporate into all onboarding processes *Intermediate* City of Atlanta more effectively responding to needs of LEP/NEP individuals LEP/NEP people more engaged with City of Atlanta services City departments budgeting for language services	Atlanta hosts an inclusive, diverse community where all people feel they can engage with government services Improved equity for LEP/NEP individuals in Atlanta Increased community and civic engagement of LEP/NEP individuals

Assumptions	External Factors
• City of Atlanta staff want to achieve a more inclusive city • LEP/NEP individuals want to engage with city government resources and services • Language currently acts as a barrier for current LEP/NEP engagement with government resources and services	• Legal compliance: if translation services are not being utilized, the city could face consequences for violating Title VI • Budgeting: Available funds for departments for this to be incorporated as a line item in their annual budget

Montgomery County employs some of the activities identified by iSpeakATL, including the presence of language access coordinators, use of telephonic interpretation lines and the existence of a

language bank (Montgomery County Office of Community Partnerships). However, interviews revealed that the extent to which these resources are available or utilized by Montgomery Cares clinics is unclear. Provider awareness of language access barriers and resources are discussed further in Interview Findings.

Best Practices for Healthcare Providers Serving LEP Patients: The following best practices for providing health services for LEP patients derive from the above policy frameworks and programs. These best practices will serve as a point of comparison for Montgomery Cares Clinics to investigate the extent to which telehealth services at these clinics advance access for LEP patients.

1) Self-Assessment and Access Planning- Clinics should conduct periodic assessments of community and organizational needs and develop corresponding plans to address those needs
2) Leveraging of Community Partnerships- Include community partners in language planning to ensure stakeholder input
3) Training of Staff and Providers- Staff and providers should undergo trainings about cultural competency, access barriers, and procedures to address barriers.
4) Monitoring and Evaluation- Clinics should implement a monitoring and evaluation process to ensure the accountability and successfulness of their language access programs in the long run.

Interview Findings

Clinic A: Clinic A is community health center with multiple locations throughout the Washington, D.C. area including one location in Montgomery County. Clinic A receives reimbursements for Montgomery Cares patients, and many patients at the Montgomery County location are primarily Spanish speaking. The representative from Clinic A participated in a video interview.

Key Interview findings from Clinic A:

- Clinic A increased its use of telehealth during the pandemic—at one point, the representative reported that about 60% of their appointments were virtual, however are now about 20-25% virtual.
    - Survey feedback on telehealth outcomes is generally positive.
    - Some issues did arise with digital literacy and knowledge of virtual platforms among patients with limited English proficiency, however, the clinic does have a procedure to help patients get online. A medical assistant contacts the patient first and helps them to get comfortable with the appointment platform prior to the appointment.
- The representative believed that 85-90% of limited English proficient patients were satisfied with the services that they were provided, but did note that deaf patients strongly prefer in person interpretation to video interpretation.
- The clinic had not evaluated its language services in at least 4 or 5 years the representative was not familiar with the findings of the previous evaluation.
- The representative at Clinic A did note some shortcomings in their current language access program.
    - When the clinic received an influx of patients who were refugees from Afghanistan, she said that the clinic had great difficulty accessing Pashto interpreters using conventional methods. The clinic eventually received volunteer interpreters.
    - Deaf patients struggle with video-based sign language interpretation and strongly prefer being in-person
    - "Variations in internet and phone access" can cut off service on the end of the patient, the provider and the interpreter.

Clinic A indicated that a helpful resource would be increased monitoring of incoming language groups in order to better anticipate language access needs.

Clinic B: Clinic B is a multi-site clinic for low-income uninsured and Medicaid patients in Montgomery

County. Clinic B also receives reimbursements through Montgomery Cares. The representative from Clinic B was not able to participate in a video interview and responded to a written questionnaire, which limited opportunities for follow-up. Clinic B, like Clinic A, serves many primarily Spanish speaking patients.

Key Interview Findings from Clinic B:

- The representative from Clinic B indicated that the clinic had no shortcomings in its current language access services.
- The clinic had never conducted a formal evaluation of their language access procedures and had no formal language access plan.
- Clinic B did increase its use of telehealth during the pandemic, however they are now fully open and that most patients prefer in-person appointments.
- Some patients with limited English proficiency also had limited digital literacy which added an additional barrier during telehealth appointments. However, Clinic B did not have any specific procedure in place to facilitate telehealth appointments

Clinic B indicated that the most helpful resource for them would be more in-person interpreters.

Tables 5 and 6 summarize findings from interviews with Montgomery Cares Clinics.

Table 5: Clinic Perception of Access Barriers	Clinic and Patient Characteristics	Shortcomings in Current Language Access Program	LEP Patients Face Barriers to Telehealth Access Related to Digital Literacy
Clinic A	Multi-site community health center Most non-English speaking patients speak Spanish Increased use of telehealth post-pandemic	Yes (Pashto Speakers, Deaf Patients)	Yes
Clinic B	Multi-site community health center Most non-English speaking patients speak Spanish Increased use of telehealth post-pandemic	No	Yes

Table 6: Clinic Approaches to Access Barriers	Interpreters Available Upon Request	Bilingual Providers Available	Bilingual Staff Available	Procedures for Patients with Limited Digital Literacy	Recently Undergone Evaluation of Current Language Access Programs	Recently Undergone Evaluation of Telehealth Impact on LEP Patients	Monitoring of Future Language Needs
Clinic A	Yes	Most Providers (Spanish)	Yes (Spanish)	Yes	No	No	No (not aware)
Clinic B	Yes	Some Providers (Spanish, French and Amharic)	Yes (Spanish)	No	No	No	No (not aware)
Best Practices for Government Services to LEP patients	Yes	Yes (emphasizes importance of diversity in staff and leadership)		Not Specifically Addressed	Yes	Not Specifically Addressed	Yes

Contractor A: Contractor A is a non-profit organization contracted by the County to provide interpretative services at community health centers. Contractor A provides integrated services to recently arrived immigrants predominantly from Latin America and provides interpreters in Spanish, French and some Portuguese. Contractor A provides certified medical interpreters to Montgomery Cares clinics upon request. Traditionally, these interpreters were in-person, however they shifted to a virtual format during the pandemic.

Key Interview Findings from Contractor A:

- Contractor A regularly conducts evaluations of its programs with both clinics and patients which consistently report extremely positive feedback on their services from both patients and clinics.
- The contractor reported that the most significant shortcoming of the programs they provide are the high need for interpreter service in the first place.
    - Medical interpretation is a good alternative to bilingual and culturally diverse providers and healthcare staff but is not a replacement for bilingual, culturally

sensitive providers and staff. This representative, who is also a bilingual physician herself, provided the example of a patient with diabetes who needs support with nutrition, as food is so heavily tied to culture.
    - This is especially critical in the fields of mental and behavioral health, because to motivate behavior change the relationship between patient and provider is critical.
- Contractor A's clients faced some barriers with accessing digital technology.
    - Many did not have computers and exclusively used smartphones, and not all virtual platforms are compatible or user friendly on smartphones.
    - One "silver lining" to the pandemic is that the communities they work with have become much more confident using digital platforms.
- Telehealth affords opportunities to their communities.
    - Many community members lack personal transportation and paid time off, and have young children
    - Contractor A believed that telehealth presents opportunities for better access to interpreters for less populous languages.

In the short term, Contractor A said that digital literacy trainings and resources would be helpful to increase comfort using digital platforms among patients with limited English proficiency. Examples of helpful resources include video user guides or live trainings. Additionally, these resources should be able to be shared through text and WhatsApp to best reach the communities that Contractor A works with. In the long run, Contractor A stated that a more diverse healthcare workforce is critical to meeting the healthcare needs of the communities they serve.

Contractor B: Contractor B is a contractor that provides linguistic and cultural support to limited English proficient populations in Montgomery County. One component of Contractor B's services is a medical interpretation line and "patient navigation" services for Asian Americans. The populations that use Contractor B's services for Asian Americans are primarily Chinese, South Asian, Korean and

Vietnamese, and Contractor B provides language support in Mandarin, Cantonese, Hindi, Urdu, Malayalam, Russian and Vietnamese. Contractor B has a robust data collection and reporting system to monitor and evaluate its services. Feedback collected by Contractor B demonstrates high levels of satisfaction with its services.

Key Interview Findings from Contractor B:

- Virtual service delivery presented a major challenge for Contractor B's limited English proficiency clients (who are predominantly senior citizens).
    - Some seniors who were motivated to learn or had supportive family members were able to learn through digital technology lessons, however, many seniors were uncomfortable using technology.
    - Some had dementia which made learning new skills challenging, and some had hearing loss which made phone interpretation difficult.
    - Digital access varied among the language communities that Contractor B served: The representative from Contractor B said that interpreters who work with Chinese and Korean speaking clients have had more success in helping their seniors to acquire new digital technology skills.
- The most significant shortcoming of its services are repeated budget cuts to its language access program (representative did not specify the source of these cuts).
    - Budget cuts have translated to a lack of pay increases for staff and an hourly wage that is much lower than the industry standard, which impacts staff morale.
    - Budget cuts prevent expansion of service to other language groups such as Pashto and Farsi that would benefit the community at large.

Contractor B said that addressing these shortcomings would require increased funding for service hours, increases in hourly pay for interpreters, increases in mileage reimbursements, funding for outreach and workforce development programs in target communities and technology education for

patients. Additionally, trainings, brochures and other educational materials in target languages would be helpful in teaching Contractor B's patients to "conquer the tech divide".

Table 7 summarizes findings from contractor interviews.

Table 7: Contractor Perception of Access Barriers	Community Served	LEP Patients Face Barriers to Healthcare Access Related to Language	LEP Patients Face Barriers to Telehealth Access Related to Digital Literacy	Telehealth Reduces Access Barriers for LEP Patients	Resources to Address Barriers
Contractor A	Spanish, Portuguese and French speakers (predominantly Spanish Speaking from Latin America) Clients include many young, working age families with children	Yes (Especially with regards to cultural competency)	Yes	Yes	Culturally Competent/ Bilingual Workforce User-friendly virtual platforms Digital literacy trainings
Contractor B	AAPI Language speakers (Predominantly Chinese, Korean, Vietnamese and South Asian clients) Clients are often older adults who may have additional learning challenges	Yes	Yes	Not Specified	Educational materials in target languages Increased funding for in-person interpreters and health navigators

Discussion

Telehealth affords LEP patients at Montgomery Cares clinics new opportunities and also introduces some new challenges. Telehealth expansion impacted communities differently depending on patient characteristics. Older patients and patients from less populous language groups faced additional barriers. Patients that lacked personal transportation, paid time off, or had young children saw some new opportunities arise among those who were able to access telehealth services.

Discrepancies in perception of language and digital access barriers emerged between clinics and providers, as well as among clinics. In general, contractors demonstrated greater familiarity with

access barriers faced by LEP patients than did clinics. Some providers demonstrated a greater awareness of access barriers faced by LEP patients than others. Both providers indicated challenges accessing virtual platforms among LEP patients, but only Clinic A had procedures in place to facilitate virtual appointments with patients with limited digital literacy.

While Montgomery Cares clinics generally meet baseline recommendations for language access, they do have opportunities for growth to better reflect best practices. Both clinics interviewed lacked provider side evaluations Neither clinic had recently undergone any evaluation of their language programs. Ongoing monitoring and evaluation are key best practices for linguistically and culturally appropriate services.

Additionally, interviews with contractors reveal some deficits in overall capacity of the healthcare workforce in Montgomery County to meet patient needs. For example, Contractor B described facing repeated budget cuts which prevented them from offering raises to their interpreter staff despite excellent evaluations and high levels of patient satisfaction. As a result, their interpreters were paid wages that were below industry averages. Contractor A elaborated on the need for diverse, culturally competent, bilingual healthcare providers in addition to interpretation services. Diversity and multiculturalism in staff and leadership is also an element DHHS CLAS standards.

Recommendations

To improve access to telehealth services among Limited English Proficiency patients, Montgomery County should first address baseline language access issues and then take steps to improve digital literacy and technology access among LEP patients. The following recommendations are developed based on best practices for developing culturally and linguistically appropriate services identified in the review of existing frameworks and programs.

Language and Cultural Access

The Montgomery Cares network can improve its language access program to better reflect best practices in several ways. First, the County should implement a systematic evaluation of provider-side language access services across the care network to identify areas in need of improvement. This evaluation should be the first step toward formalizing language access planning, monitoring and evaluation across the care network. In this case, monitoring should include monitoring of changing community language and cultural characteristics with the intent to forecast future language needs at clinics.

Montgomery County should take steps to improve the capacity of its healthcare workforce to meet patient's linguistic and cultural needs. In the short term, Montgomery County should evaluate the pay of the medical interpreters at its contractors and allocate resources to ensure that contractors are able to offer medical interpreters fair wages while meeting demand for service hours. In the long term, Montgomery County should invest in a multicultural, multilingual healthcare workforce. One avenue to accomplish this goal is workforce development programs in communities where target

languages are spoken. Additionally, the County should implement provider-side workshops across the Montgomery Cares network to provide educate providers and staff about language access, culturally and linguistically appropriate service standards, and how federal and state toolkits may be used to strengthen services.

Digital Literacy and Technology Access

The County can improve digital literacy and access to technology in healthcare services by conducting additional research to identify best practices for providing virtual services to patients with limited digital literacy or technology access and by training providers to implement these best practices at clinics. Best practices should provide guidance on when telehealth or other virtual services are appropriate, which applications are most friendly to users with limited digital literacy (for example, can this application be easily used on a mobile phone or does it work better on a computer?), and identify procedures to help patients who want to take advantage of telehealth but have limited digital literacy get online.

One obstacle to LEP patients in accessing virtual services identified in this analysis was lack of high-quality digital resources in target languages. To address this barrier from the patient-side, the County should leverage existing community partnerships and health initiatives to develop resources about digital technology and virtual platforms in target languages. Attacking this barrier from both the patient-side and the provider-side will help patients to navigate digital technology and access virtual services more confidently in other settings.

Concluding Remarks

This paper sought to evaluate the impact of telehealth implementation and expansion at Montgomery Cares clinics on limited English proficient patients in Montgomery County. While the scope of this paper is limited due to time and resource constraints, this analysis does identify a need for additional evaluation of language services at community health centers in general and telehealth access more specifically.

Telehealth presents an opportunity to meaningfully increase healthcare access among populations that face barriers such as lack of paid time off, access to personal transportation, and childcare. However, the community health centers included in this analysis demonstrate some deficits in their capacity to meet the technological, linguistic and cultural needs of these communities, which prevents the full potential of telehealth services from being actualized.

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