

# Advancing Equity through Interpreter Services for Limited English Speaking/Deaf Populations

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*RFP for Coronavirus State and Local Fiscal Recovery Funds*

## ***Western Carolina Medical Society Foundation***

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# Application Form

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## *Question Group*

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Buncombe County requests proposals for projects to help the community recover from and respond to COVID-19 and its negative economic impacts.

Buncombe County has been awarded \$50,733,290 in Coronavirus State and Local Fiscal Recovery Funds (Recovery Funding), as part of the American Rescue Plan Act. This infusion of federal resources is intended to help turn the tide on the pandemic, address its economic fallout, and lay the foundation for a strong and equitable recovery.

Buncombe County is committed to investing these funds in projects that:

- Align to county strategic plan and community priorities
- Support equitable outcomes for most impacted populations
- Leverage and align with other governmental funding sources
- Make best use of this one-time infusion of resources
- Have a lasting impact

Proposals shall be submitted in accordance with the terms and conditions of this RFP and any addenda issued hereto.

[Click here for the full terms and conditions of the RFP](#)

## **Coronavirus State and Local Fiscal Recovery Funds\***

Name of Project.

Advancing Equity through Interpreter Services for Limited English Speaking/Deaf Populations

## **Amount of Funds Requested\***

\$335,000.00

## **Recovery Fund Eligible Category\***

Please select one:

Address disparities in public health outcomes

## **Brief Project Description\***

Provide a short summary of your proposed project.

The Western Carolina Medical Society Interpreter Network's (WIN) project will address disparities in health outcomes and advance equity in health care in Buncombe County. WIN has more than 50 professional interpreters providing services in 12 languages to Limited English Proficient and Deaf people. Many providers' offices (medical and dental) struggled financially during COVID and now cannot afford to resume

in-person interpreter services. Community-based resource organizations (CBOs) such as MANNA need interpreters but cannot afford them. This project would provide assistance to subsidize the cost of in-person interpretation. The project would also conduct outreach and education for providers and CBOs on the importance of professional, in-person interpretation to improve overall access and health outcomes.

## Project Plan\*

Explain how the project will be structured and implemented, including timeframe.

To launch the Advancing Equity through Interpreter Services for Limited English Speaking/Deaf Populations project the WCMS Interpreter Network (WIN) will create a strategy for outreach to providers' offices and CBOs (such as MANNA Foodbank and Mountain Housing Opportunities). This will include working with an outside marketing professional to develop outreach and presentation materials to providers' offices and CBOs on the importance and value of professional in-person interpretation services for health equity and health outcomes and also make them aware that the services are available to them at a subsidized rate. This education and outreach will be ongoing throughout the funding period.

Our project request includes funds to hire a full-time WIN equity outreach coordinator. This position will be posted immediately. With oversight from the Director of Health Access and Equity Programs, this person will be responsible for outreach to the providers' offices and CBOs, making in-person visits whenever possible. In the initial phase, the coordinator will reach out to the provider offices and CBOs who have used in-person interpretation before COVID and have either stopped or reduced their usage since COVID due to cost. The second phase will be to reach out to providers and CBOs who have not used WIN previously. Additionally, there will be ongoing outreach to ensure that any new staff at the providers' offices and CBOs understand the importance of in-person interpretation and provide any education or training needed.

In year one of the funding, provider offices and CBOs will be offered a 35% discount for WIN's services to help offset the cost as these provider offices and CBOs recover from the financial impact of being closed or seeing fewer patients due to COVID. In year two the discount will be 25%, and in year three it will be 15%. Education about the importance and benefit of in-person interpretation will be ongoing throughout the three years.

Additionally, all patients receiving interpreter services will be given information about Project Access® to ensure that any eligible patients could be enrolled.

Funding for this project will also cover any mileage costs the interpreters incur to drive to and from their appointments.

## Statement of Need\*

Describe the need that this project will address. Include data to demonstrate the need, and cite the source of the data.

Access to health care services is a social determinant of health, and part of having access includes the degree to which people have the capacity to obtain, process, and understand basic health information needed to obtain health care and make appropriate decisions. A 2019 report from the NC Council for Women and Youth Involvement states 8.1% of Buncombe County speaks a language other than English and another 3.7% report they speak English "less than well." The WCMS Interpreter Network (WIN) was created to address disparities in care for limited English proficient and Deaf people.

The most recent Buncombe County Community Health Assessment from 2018 states "there are huge health disparities among communities of color." "Equity in access to healthcare" was one of the top elements

of a healthy community identified in that report. A barrier to accessing health care is needing assistance with language. WIN provides interpreter services in 12 languages. During the COVID-19 pandemic providers' offices moved away from in-person interpretation. Some providers' offices and CBOs had to close for months. Other offices and CBOs saw far fewer people as people were hesitant to go out in public. Because of financial struggles many providers cut back on important patient services like in-person interpretation. There is now a need to re-educate providers on the importance of in-person interpreter services. The National Center for Biotechnology Information states use of professional interpreters is associated with improved clinical care compared to using ad hoc interpreters, like family members or bilingual staff, and professional interpreters raise the quality of care for LEP patients to approach or equal that of patients without language barriers. National Institutes of Health studies show that untrained individuals commit interpretation errors that may compromise patient safety. Access to professional medical interpreters ensures quality communication and care for all patients.

### Link to COVID-19\*

Identify a health or economic harm resulting from or exacerbated by the public health emergency, describe the nature and extent of that harm, and explain how the use of this funding would address such harm.

The Advancing Equity through Interpreter Services for Limited English Speaking/Deaf Populations project addresses health and economic harms that have resulted from COVID 19. It addresses the health harm to Latino and Hispanics people from the public health emergency of COVID. Despite making up less than 10% of the population of North Carolina, Hispanic people accounted for 20% of COVID cases statewide. Latino and Hispanic workers are more likely to live with chronic health conditions, like diabetes, that make them more vulnerable to death or serious illness when exposed to the coronavirus. Additionally, many low-income people are facing even more unexpected hardships as they are more likely to be exposed to COVID 19 infection as service or production workers or because they live in communal conditions. Research from the US Department of Health and Human Services indicates that limited language skills and low literacy skills are associated with worse health outcomes. Funding for this project will allow us to support limited English proficient patients with high-quality, in-person interpreter services to provide clear communication to improve their overall access to health care and improve their health outcomes.

Additionally, this project also addresses an economic harm to provider offices and CBOs that were impacted by COVID. Many provider offices and CBOs, particularly smaller ones, struggled financially for several pandemic-related reasons. Some offices had to close for months. Other offices saw fewer patients as people were hesitant to go to the provider for care. The financial struggles of provider practices and CBOs have caused them to cut back on important services like in-person interpretation. WIN had 28% fewer requests for interpretation appointments in 2020 compared to 2019. There is now a need to re-educate these provider offices and CBOs on the need for and the importance of in-person interpreter services.

### Population Served\*

Define the population to be served by this project, including volume and demographic characteristics of those served.

WCMS created the WCMS Interpreter Network (WIN) to address disparities in care for limited English proficient (LEP) and Deaf people. Access to professional medical interpreters ensures quality communication and care for all patients. WIN provides interpretive services in 12 languages.

According to a 2019 report from the NC Council for Women and Youth Involvement, 8.1% of the population of Buncombe County speaks a language other than English and another 3.7% report that they speak English "less than well." In 2020, 57% of WIN interpreter appointments were for Spanish, 18% for

American Sign Language, 13% were in Russian, and the next two most commonly requested languages were Romanian and Ukrainian with each accounting for 3% of all appointments.

Additionally, English language literacy can be a challenge if you are Deaf. About one in five Deaf students who graduate from high school have reading skills at or below the second grade level; about one in three Deaf students who graduate from high school have reading skills between the second and fourth grade level. Research from the US Department of Health and Human Services indicates that limited language skills and low literacy skills are associated with worse health outcomes.

## Results\*

Describe the proposed impact of the project. List at least 3 performance measures that will be tracked and reported. If possible, include baselines and goals for each performance measure.

The Advancing Equity through Interpreter Services for Limited English Speaking/Deaf Populations project will impact the disparities in public health outcomes for Limited English Proficient and Deaf people. This impact will be achieved through the following performance measures:

- WIN will add new partners each year of the funding: 18 new providers' offices and/or CBOs in year one; 25 new providers' offices/CBOs in year two; and an additional 30 new providers' offices/CBOs in year three. WIN currently added 13 new partners in 2020.
- WIN will retain at least 95% of our existing provider offices/CBOs as partners. The current retention rate is between 90% and 92%.
- Due to staffing limitations, WIN is not currently able to do any in-person outreach. Funding for this project will allow WIN to hire a full-time equity outreach coordinator. This person will visit one provider office or CBO each week during the three years of funding of the project to educate staff about the importance of professional, in-person interpretation and answer any questions the office's staff might have about the process for scheduling, billing or other concerns.
- Outreach and educational materials will be created to be used by the equity outreach coordinator at the providers' office/CBO visits including handouts as well as materials for WIN to do one mailing per year for each year of funding to providers' offices and CBOs. Due to budget constraints, WIN is not currently doing any mailings.

## Evaluation\*

Describe the data collection, analysis, and quality assurance measures you will use to assure ongoing, effective tracking of contract requirements and outcomes.

WIN will use our interpreter services software, Interpreter Intelligence, to track all information about interpreter appointments scheduled for this project including the patient's name, provider's office/CBO name, the interpreter assigned to the appointment, the time the appointment took, and any mileage incurred. Additionally, Interpreter Intelligence tracks new providers/CBOs added as partners and the total number of partners retained. Reports are run quarterly and analyzed to monitor that we are meeting our goals and outcomes and staying on track with the contract requirements.

The number of visits made to providers' offices and CBOs and materials distributed by the outreach coordinator will be tracked in a spreadsheet along with information about whether the visit converts a

provider's office or CBO to become a partner. Reports will be run quarterly and analyzed to monitor that we are meeting our goals and outcomes and staying on track with the contract requirements.

## Equity Impact\*

How will this effort help build toward a just, equitable, and sustainable COVID-19 recovery? How are the root causes and/or disproportionate impacts of inequities addressed?

Health equity means "all people having full and equal access to opportunities that allow them to lead healthy lives" (Health Equity Institute.). Part of achieving health equity is identifying health disparities for different groups and populations, identifying steps to address these disparities, and working to eliminate them. Language disparities lead to health disparities. Having high quality language access services available is a major step towards achieving health equity.

According to the National Library of Medicine, limited English proficient (LEP) patients experience a variety of health care disparities associated with language barriers, including reduced medical provider encounter time and substandard medical treatment compared with English-speaking patients. According to a 2019 report from the NC Council for Women and Youth Involvement, 8.1% of the population of Buncombe County speaks a language other than English and another 3.7% report that they speak English "less than well." Research from the US Department of Health and Human Services indicates that limited language skills are associated with worse health outcomes. Access to professional medical interpreters ensures equal access to quality care for all patients.

Funding for this project will provide the resources needed to educate providers' offices and CBOs in Buncombe County about the need for and importance of professional in-person interpretation for their Limited English Proficient and Deaf patients/clients as a step towards addressing disparities in health outcomes. This project will allow us to support limited English proficient people in Buncombe County with high-quality, in-person interpreter service to provide clear communication for health navigation to improve their overall access to health care and outcomes.

## Project Partners\*

Identify any subcontractors you intend to use for the proposed scope of work. For each subcontractor listed, indicate:

- 1.) What products and/or services are to be supplied by that subcontractor and;
- 2.) What percentage of the overall scope of work that subcontractor will perform.

Also, list non-funded key partners critical to project.

WIN and the Advancing Equity through Interpreter Services for Limited English Speaking/Deaf Populations project utilizes more than 50 professional medical interpreters as subcontractors. These interpreters will fulfill 100% of the interpreter appointments scheduled. These are the only paid subcontractors who will be performing work for this project.

Additionally, non-funded key partners include providers' offices who utilize WIN's services, as well as community-based partners providing human service resources in Buncombe County who need WIN's services.

## Capacity\*

Describe the background, experience, and capabilities of your organization or department as it relates to capacity for delivering the proposed project and managing federal funds.

WCMS' mission is to advocate for healthy communities, increase access to affordable healthcare, fight health inequities, and promote wellness in WNC. This is accomplished through the work of our five charitable programs. WCMS and WIN have shown that they are more than capable of managing federal funds and delivering the project. Since 1996 when WCMS launched Project Access® the organization has been relying on contracts and grants to support five programs. WCMS has over 25 years' experience in successfully delivering outcomes as proposed and within the established timelines and being excellent fiscal stewards of our funding.

WCMS has experience managing multiple large grants including in the past two years: a \$500,000 multi-year grant from The Duke Endowment and a \$478,000 grant from the WNC Bridge Foundation. WCMS has received and successfully managed contracts from Buncombe County since Project Access® began in 1996. WIN has received and successfully managed contracts with Buncombe County since it began in 2005 including two current contracts with Buncombe County to provide interpreter services for the County's COVID-19 testing and vaccination clinics and events. Additionally, WCMS and Project Access® was just awarded a Strategic Partnership Grant from Buncombe County for fiscal year 2022.

WCMS is accustomed to effectively managing multiple grants and contracts for its programs. We have clear systems and processes in place to track and manage grants and contracts. As an organization, we utilize project management software, Asana, to track goals and deadlines and the tasks needed to achieve those for a variety of grants and contracts. WIN uses Interpreter Intelligence scheduling software, which enables us to track, manage and report on all scheduled appointments. Denise Lewis, WCMS Office Manager is responsible for the budgetary monitoring of grant funds. She has been in this role for 14 years.

## Budget\*

Provide a detailed project budget including all proposed project revenues and expenditures, including explanations and methodology. For all revenue sources, list the funder and denote whether funds are confirmed or pending. For project expenses, denote all capital vs. operating costs, and reflect which specific expenses are proposed to be funded with one-time Buncombe County Recovery Funds.

Download a copy of the budget form [HERE](#). Complete the form, and upload it using the button below.

Recovery-Funds-budget-template.xlsx

## Special Considerations\*

Provide any other information that might assist the County in its selection.

WIN and the Advancing Equity through Interpreter Services for Limited English Speaking/Deaf Populations project are extremely well-positioned to help Buncombe County recover from and respond to COVID-19 and its negative impacts. WIN and the County have a long history of working together and share a strategic priority with a focus on resident well-being. In the most recent Buncombe County Community Health Assessment from 2018 the community identified "equity in access to healthcare" as one of the top elements that contribute to a healthy community. That is WIN's mission as well.



## File Attachment Summary

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### *Applicant File Uploads*

- Recovery-Funds-budget-template.xlsx

## Coronavirus State and Local Fiscal Recovery Funds Proposed Project Budget

<b>Organization Name:</b>	Western Carolina Medical Society Foundation, Inc.
<b>Project Name:</b>	Advancing Equity through Interpreter Services for Limited English Speaking/Deaf Populations
<b>Amount Requested:</b>	\$327,500

Proposed Project Revenue Funder	Amount	Confirmed or Pending?	Notes
Proposed Buncombe COVID Recovery Funds	\$ 335,000.00	Pending	3 years of funding
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<b>Total</b>	<b>\$ 335,000.00</b>		

Proposed Project Expenses	Proposed Recovery Funds	Other Funds	Total	Capital or Operating Expense?	Notes
Salaries & benefits	\$ 184,500.00		\$ 184,500.00	Operating Expense	\$61,500 per year
Interpreter	\$ 112,500.00		\$ 112,500.00	Operating Expense	52,500 = yr 1, 37,500 = yr 2, 22,500 = yr 3
Marketing consultant	\$ 600.00		\$ 600.00	Operating Expense	to create outreach materials to explain importance of interpreters
Postage	\$ 1,000.00		\$ 1,000.00	Operating Expense	1 mailing per year at 500 pieces
Printing	\$ 1,800.00		\$ 1,800.00	Operating Expense	1000 pieces per year
Travel	\$ 16,600.00		\$ 16,600.00	Operating Expense	7000 = yr 1, 5000 = yr 2, 3000 = yr 3 (Interpreters) \$550 per year (staff)
Overhead	\$ 10,500.00		\$ 10,500.00	Operating Expense	\$3500 per year
Outreach materials	\$ 7,500.00		\$ 7,500.00	Operating Expense	food (\$1500 per year) and swag (\$1000 per year) to take to providers offices
List expenses here	\$ -		\$ -		
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