

LINGUISTICS SERVICE AREA REVIEW

Definition – HRSA Support Service

(Formerly Interpretation & Translation, a service activity under "Other Support Services.")

Service Area Definition:

Linguistics Services includes the provision of interpretation and translation services.

2006-07 SERVICE AREA PRIORITY: 21 out of 23 (Part of Other Support Services)

HRSA Support Service: S. Linguistics

2006-7 Allocation	2006-7 Expenditure	Activity	2007-8 Post Award Allocation
\$5,700	\$3,739	Interpretation and Translation	\$15,761

In 2006, 8 **people** used **Interpretation and Translation Services**, according to MDH services utilization data. This is **0.1%** of all HIV+ people, and **0.2%** of all HIV+ people in services.

*Demographics	Epi #	Epi %	ALL Service Use #	ALL Service Use %	Interpret & Translation Service Use #	Interpretation & Translation Service Use %
Total N	5566	100%	3888	100%	8	100%
Gender:						
Male	4300	77.3%	2838	73.0%	3	37.5%
Female	1266	22.7%	1027	26.4%	5	62.5%
Transgender			23	0.6%	0	0%
Race:						
American Indian	97	1.7%	123	3.2%	0	0%
Asian/Pacific Islander	83	1.5%	119	3.1%	1	12.5%
Black	1889	33.9%	1241	31.9%	2	25.0%
Caucasian	3035	54.5%	1727	44.4%	1	12.5%
Other/Unknown	35	0.6%	427	11.0%	1	12.5%
Ethnicity:						
Latino	427	7.7%	251	6.5%	3	37.5%
Transmission:						
MSM	2844	51.1%	1493	38.4%	1	12.5%
IDU	394	7.1%	218	5.6%	0	0%
MSM/IDU	289	5.2%	117	3.0%	0	0%
Heterosexual	662	11.9%	1054	27.1%	5	62.5%
Perinatal	50	0.9%	27	0.7%	0	0%
Blood/hemophilia	45	0.8%	45	1.2%	0	0%
Unknown	1282	23.0%	034	24.0%	2	25.0%

*Demographics	Epi #	Epi %	ALL Service Use #	ALL Service Use %	Interpretation & Translation Service Use #	Interpretation & Translation Service Use %
Total N	5566	100%	3888	100%	8	100%
Age:						
<13	27	0.5%	17	0.4%	0	0%
13-19	43	0.8%	27	0.7%	0	0%
20-24	169	3.0%	152	3.9%	0	0%
25-29	398	7.2%	352	9.1%	0	0%
30-34	507	9.1%	395	10.2%	2	25.0%
35-39	846	15.2%	604	15.5%	0	0%
40-44	1235	22.2%	834	21.5%	2	25.0%
45-49	1030	18.5%	669	17.2%	0	0%
50+	1303	23.4%	838	21.6%	4	50.0%
Unknown	8	0.1%	0	0%	0	0%
Geography:	#	%	#	%		
Hennepin Co.	3175	57.0%	2273	58.5%	1	12.5%
Ramsey Co.	991	17.8%	692	17.8%	3	37.5%
Other 7 counties	625	11.2%	359	9.2%	3	37.5%
Other 13 counties**	65	1.2%	26	0.7%	0	0%
Greater Minnesota	741	13.3%	386	9.9%	1	12.5%
Unknown	34	0.6%	11	0.3%	0	0%
Country of Origin	#	%	#	%		
United States	2444	43.9%	2064	53.1%	1	12.5%
Other	1005	18.1%	588	15.1%	7	87.5%
Unknown	2117	38.0%	1235	31.8%	0	0%

Data from *Persons Living with HIV/AIDS by Exposure Category, etc. Minnesota 2006, by MDH, n.d.

Epi data does not include Wisconsin counties.

9 uninfected clients were served in 2006.

Transgender identity is not collected in surveillance/epi. All transgender people reported through CLRS is 2006 (N=23) were male-to-female. "Other" race/ethnicity category "Unknown," "Other," "refused", and "More than 1 race"

Hispanic ethnicity is reported separately from race for surveillance/epi and services.

Other 7-county metro includes clients living in Anoka, Carver, Dakota, Scott and Washington counties (7-county metro area excluding Hennepin and Ramsey counties).

Other 13—county metro includes clients living in Chisago, Isanti, Sherburne, and Wright counties in MN and Pierce and St. Croix counties in WI (13 county EMA excluding the 7 county metro area).

UTILIZATION HISTORY

From CLRS data, indicates unduplicated clients but not hours of service

Year	# using Interpretation and Translation	Total Epi	Percent of Epi	Total in RW Services	Percent of those in services
2006	8	5,566	0.1%	3,888	0.2%
2005	4	5,233	.08%	3,752	0.11%
2004	9	5,002	0.2%	3,838	0.2%
2003	11	4,895	0.2%	3,399	0.3%
2002	NA	4,598	NA	3,121	NA
2001	NA	4,331	NA	2,801	NA

Assessing the Needs of Minnesotans Living With HIV or AIDS: Results of a Community Survey

Positive Outcomes, Inc. and Community Consulting Group, LLC August 2006

INTRODUCTION

The Hennepin County Human Services and Public Health Department funded a voluntary survey of Minnesota HIV-infected residents to assess access to HIV clinical and psychosocial support services, evaluate the impact of recent changes in Minnesota State health insurance programs, measure unmet need, and help to plan the allocation of HIV services funds. Residents of Minnesota counties included in the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act Title I Eligible Metropolitan Area (EMA) were surveyed. These counties include Anoka, Carver, Chisago, Dakota, Hennepin, Isanti, Ramsey, Scott, Sherburne, Washington, and Wright Counties. Residents of other Minnesota counties also were surveyed. The survey was designed and conducted by Positive Outcomes, Inc. (POI) and Community Consulting Group (CCG).

KEY FINDINGS

A voluntary survey of 379 HIV-infected Minnesota residents was conducted in Spring 2006. The survey administered by HIV program staff assessed respondents' health insurance coverage, use of HIV clinical and support services, and unmet need.

How do foreign-born survey respondents differ from U.S.-born respondents in their use of and need for medical care, medications, dental services, and other services?

Seventy-two respondents were born in other countries. Almost two-thirds (60%) were born in Africa, 18% in Mexico, Central, or South America, 11% in Asia, 8% in the Caribbean, and 1% in Canada, France, or New Zealand. Slightly over one-half (52%) of foreign-born respondents are males, 47% are female, and 1% are transgender or transsexual. Over one-third (36%) went to middle or high school but did not get a diploma. Another 44% of respondents have a high school diploma or GED, 10% have an AA degree from a community college, 5% have a baccalaureate degree, and 3% have a graduate or professional degree. About three-quarters (80%) of respondents reside in the EMA. In the twelve months before the survey, 67% rented their home alone or with a partner/spouse, 20% owned their own home alone or with a partner/spouse, 14% doubled up, 11% lived in a shelter, 3% lived in public housing, 3% were hospitalized, and 1% were incarcerated.

At the time of the survey, 24% of respondents worked full-time, 15% worked part-time, 38% were unemployed, 3% were laid off, 8% were students, and 15% were disabled. At the time of the survey, 29% were enrolled in private insurance or an HMO, 26% were enrolled in Medicaid, 5% in MinnesotaCare, 21% in ADAP, 7% in Medicare, 3% in MSA, 18% in GAMC, and 1% reported not having insurance.

Among foreign-born respondents, 17% were in the MSM HIV exposure group, 3% in the IDU group, 78% in the heterosexual group, and 2% in the transfusion group. U.S. born respondents reported more statistically significantly greater likelihood of being infected through male-to-male transmission or injecting drug use and statistically significantly less likelihood of heterosexual transmission. The distribution between U.S. respondents was 44% in the MSM HIV exposure group, 10% in the IDU group, 5% in the MSM-IDU group, 41% in the heterosexual group, and less than 1% in the transfusion group. About one-half (51%) of foreign-born respondents had been diagnosed with AIDS, compared to 55% of U.S. born respondents.

All foreign-born respondents reported having a usual source of HIV care. Over one-half (56%) of foreign-born respondents reported having a usual source of dental care compared to 60% of U.S. born respondents, not a statistically significant difference. Most foreign-born respondents (85%) reported

taking HIV medications at the time of the survey compared to 77% of U.S. born respondents, not a statistically significant difference. Foreign-born respondents were less likely than U.S. born respondents to report that they had stopped taking their HIV medication in the six months before the survey (14% versus 21%, respectively).

There was no statistically significant relationship between country of origin and the trade offs of paying for medical care or medication and the essentials of daily living. Country of origin also was not associated with needing but not getting HIV medical care, specialty medical care, drug or alcohol treatment, case management, or psychiatric, psychological, or mental health counseling.

POI described the responses of African-born respondents. Due to the small number of African respondents (n=39); however, no statistical comparisons were made to other groups. A summary of the findings include:

- ✓ .One-third (33%) of respondents were from Ethiopia, 23% from the Sudan, 18% from Liberia, 10% from Kenya, and the remainder of respondents from Cameroon, Congo, Sierra Leone, Somalia, and Uganda.
- ✓ .Most (84%) respondents lived in the EMA. Over one-half (56%) of respondents are women and 44% are men. The average age of respondents was 36 years. Most African women (82%) are in the child-bearing years between 20 and 44. About three-quarters (77%) of African women are in the WICY age range of 25 years or older.
- ✓ .About one-third (31%) of respondents had attended middle or high school but not received a diploma, 56% had a high school diploma or GED, and the remainder had completed AA, BA, or graduate college degrees.
- ✓ .Respondents were asked in what types of places they lived during the last six months. About three-quarters (74%) of respondents lived in an apartment or house that the respondent or their spouse/partner rented, while 13% lived in an apartment or house that the respondent or their spouse/partner own. An additional 18% of respondents "doubled up" with a friend or relative on a sofa or floor, 13% lived in a shelter, 5% were hospitalized, and 5% lived on the street or in a public place.
- ✓ .The average income of respondents was \$684 per month (median=\$500). Almost one-half (49%) of respondents reported being unemployed at the time of the survey. Another 13% reported being disabled, 23% worked full-time, 5% worked part-time, and 8% were students. Respondents had an average of 1.1 full or part-time jobs in the six months before the survey, indicating relatively stable employment.
- ✓ .No respondents reported being uninsured. Less than one-quarter (23%) of respondents reported enrollment in private health insurance or an HMO. Almost one-third (31%) of respondents reported that they were enrolled in Medicaid, 28% in the Minnesota DHS HIV/AIDS Insurance Program, 23% in ADAP, 28% in the General Assistance Medical Care Program, 3% in MSA Program, and 5% in the MinnesotaCare Program.
- ✓ Only one respondent reported being enrolled in Medicare.
- ✓ Respondents had been HIV-infected an average of five years. Almost one-half (49%) of respondents reported being diagnosed with AIDS, with the average length of time between AIDS diagnosis and the survey being 2.9 years. Heterosexual transmission of HIV was reported as their HIV exposure category by 94% of respondents.
- ✓ Respondents reported an average of eight visits to a doctor's office, clinic, or emergency room for HIV care in the twelve months before the survey. All respondents reported that they had a usual source of HIV primary care, while 56% reported that they had a usual source of dental care. Over three-quarters (77%) of respondents reported that they currently were receiving HIV medications. Only 10% of respondents reported that they had stopped taking HIV medications within the six months before the survey.
- ✓ About one-tenth (13%) of respondents reported going without medical care or medication to pay for essentials of daily living. Only two respondents (5%) reported going without essentials of daily living to pay for medical care or medications.
- ✓ Only four respondents (10%) reported needed but did not get HIV medical care within the six months before the survey, 10% needed specialty medical care, 10% needed case management, and 3% (one respondent) needed psychiatric, psychological, or mental health counseling.

CONSUMER RANKING OF SERVICES

From the 2003 Needs Assessment, based on interviews with 242 HIV+ Minnesotans:

SERVICES	1999 RANKINGS			2003 RANKINGS		
Ranking of Top Services [where there are comparable services]	Rank (of 24)	# or Top Five Votes	% of Top Five Votes	Rank (of 25)	# of Top Five Votes	% of Top Five Votes**
Emergency Financial Assist	4	68	6.62%	1	119	12.3%
Case Management	3	84	8.18%	2	116	12.0%
Primary Medical	1	143	13.93%	3	107	11.1%
ADAP	2	100	9.74%	4	81	8.4%
Transportation	8	60	5.84%	5	79	8.2%
Interpretation				24	7	0.7%
Medication Adherence				25	6	0.6%

PAST KEY POINTS:

[Key points are created for and approved by the Needs Assessment and Evaluation Committee of the MHSPC, based on their review of a service area (SAR), which includes utilization data, outcome data, consumer survey ratings, and detailed information from past Needs Assessments.]

INTERPRETATION / TRANSLATION KEY POINTS

The Needs Assessment and Evaluation Committee has not reviewed Interpretation and Translation as a service activity. The Planning and Priorities Committee included this service activity at a special meeting on May 31, 2006. Their discussion included possible strategies to improve how the current system operates. Following are key points from that discussion.

- Provide training/education for the non-English-speaking people who use interpreter services on their rights, how to access and use interpreter services and how to advocate for themselves for better interpreting service.
- Provide training/education for the English-speaking people who use interpreter services as to their legal responsibilities for providing interpretation, how to access services, difficulties that non-English-speaking consumers experience using interpreters (for example, the importance of working with the same interpreter, instead of changing interpreters at every appointment), how to work with interpreters and how to advocate for better interpreting services.
- Provide training/education for the agencies that provide interpreter services (agency administrators) about the needs of people with HIV/AIDS and the difficulties they experience in trying to access services.
- Provide training/education for interpreters in:
 - ◇ HIV/AIDS basics (for example Red Cross training),
 - ◇ HIV/AIDS medical interpretation,
 - ◇ ethics and standards (for example trainings that are available through Hennepin County and certification course offered at the University of Minnesota.)
- Encourage CARE Act-funded providers to work cooperatively with one another (culturally-specific agencies and non-culturally-specific agencies) to better understand and overcome language and cultural barriers to service.

**APPENDIX: INFORMATION RELEVANT TO INTERPRETATION & TRANSLATION
2003 COMPREHENSIVE NEEDS ASSESSMENT**

This information is based on two needs assessments conducted with people who are HIV+ Minnesota. The first assessment was conducted in 1999 with 220 people; the second in 2003 with 242 people. The people interviewed may or may not have been in services, or at the time using case management services. The following provides information from those assessments relevant to case management.

In many ways the heart of the needs assessment concerns services. We asked those participating in this needs assessment a number of questions about knowledge and current use of services, about whether they believed they would/might certain services in the future and about unmet needs, missing services, and other gaps and loopholes in the service system. We also asked those people interviewed to make some difficult choices – sorting into a rank order of the top five and bottom five – from among 25 existing service categories funded by Ryan White dollars. The results from these questions are reported here and compared to the 1999 needs assessment results where possible. Please note the while there was only one additional service area in 1999 (26), the service areas are not the same.

...
We also asked about whether reading printed material was difficult, or a barrier, for any of those interviewed.

Do you have difficulty getting information from printed materials, like brochures or an information guide?	2003 29 or 13.1% say YES
	1999 42 or 19.1% said YES

BARRIERS TO OBTAINING SERVICES. We asked people to identify any obstacles or barriers which prevented them from accessing services. More people in 2003, 173 or 73.9% identified barriers as compared to only 47% in 1999. This increase may be in part be explained by the change in the way we asked about barriers in 2003. We had a list of barriers on the survey, and often interviewers verbally prompted individuals if they faced a particular barrier. In 1999, the question was open ended.

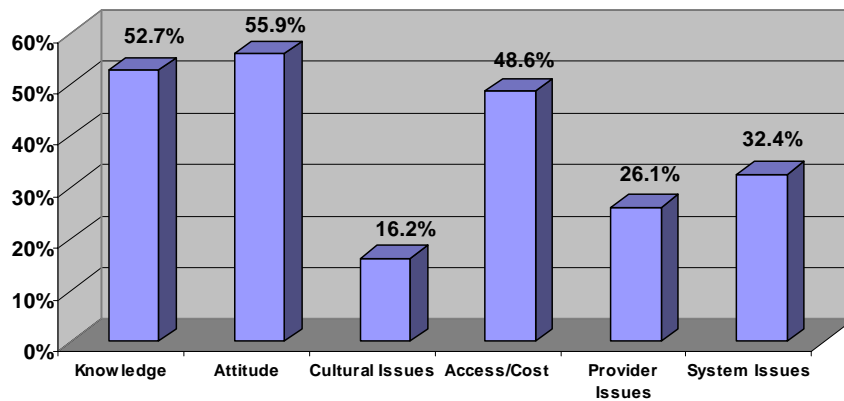
The range of barriers cited was between 0 (cited by 33 people) to 25; there was missing data for 11 persons. The average number of barriers was 5.58; the median was 4; and the mode was 0.

The largest number of people identified attitude barriers – 124 people or 55.9% Interviewees said they were too upset to think about services, in denial about their status, afraid of someone finding out, or afraid of how they might be treated. The category of barriers reported next most often was knowledge – 117 or 52.7% of those interviewed cited some limits to their knowledge about services available or that they would need.

In 1999 distance, or the service being too far away, was cited far and away most frequently as a barrier -- by 39% of those interviewed. In 2003, 58 or 26.1% of those interviewed said they didn't have a way to get to where the service was offered and 51 or 23.0% of those interviewed indicated they couldn't use the service because it was at such a distance. Overall, 108 or 48.6% of those interviewed, said they had one or more "access" barriers to services, including but not limited to transportation barriers.

Barriers	Frequency	Percent
KNOWLEDGE	117	52.7%
I didn't know some services existed.	100	45.0%
I didn't know that some service were available to me.	88	39.6%
I didn't know the location of the organization providing a service	41	18.6%
I didn't know what services I needed to deal with HIV	54	24.3%
ATTITUDE	124	55.9%
I was too upset to think about services	50	22.5%
I was in denial about being HIV+	52	23.4%
I was worried about other people finding out I was HIV+	83	37.4%
I was afraid of begin reported to the authorities	26	11.7%
I was afraid of how I would be treated	73	32.9%
CULTURAL ISSUES	36	16.2%
I couldn't find someone who speaks my language	17	7.7%
My doctor or provider doesn't understand my culture	7	3.2%
It's difficult in my culture to ask others for help	18	8.1%
It's hard to trust western medicine.	4	1.8%
ACCESS/COST	108	48.6%
I didn't know where to go or who to ask for help	50	22.5%
Hours they are open make it difficult for me to use service	18	8.1%
I didn't have a way to get to where the service is offered	58	26.1%
I can't use the service often because it is located at such a distance	51	23.0%
I had to wait too long to get an appointment to see someone	16	7.2%
I couldn't afford the service	27	12.2%
I didn't have insurance	32	14.4%
I had insurance but it didn't cover all the cost of services I needed	13	5.9%
I couldn't quality for the service because of my income	13	5.9%
PROVIDER ISSUES	58	26.1%
The provider doesn't have a good reputation in my community	12	5.4%
The organization providing the service made me feel like a number	21	9.5%
No one was willing to answer my questions or explain things to me	21	9.5%
The person providing services to me didn't know what he/she was doing	31	14.0%
The provider didn't have any staff who speak my language	5	2.3%
I didn't feel like the provider really understood what I needed	36	16.2%
SYSTEM ISSUES	72	32.4%
I couldn't find my way through the system	35	15.8%
I couldn't get referrals for the services that I needed	16	7.2%
Each place I called told me to call someone else	32	14.4%
The service was supposedly available, but there were no spaces/long waiting list	37	16.7%
The service that I needed was simply not available	19	8.6%
I can't quality for services because of all the rules and regulations	24	10.8%

REPORTED BARRIERS TO SERVICES 2003 NEEDS ASSESSMENT [N=222]



COMPARING OBSTACLES AND BARRIERS, 1999 AND 2003

Obstacles or Barriers to Using Services	1999 #	1999 %	2003 #	2003 %
Attitude barrier	--	--	124	55.9%
Haven't heard about the service	6	2.7%	117	52.7%
Access barriers	--	--	108	48.6%
Did know it existed	--	--	100	45.0%
Didn't know service available to me	--	--	88	39.6%
Confidentiality fears	20	9.09%	83	37.4%
Fears about discrimination	3	1.4%	73	32.9%
System issues			72	32.4%
Timing, e.g. housing availability, provider issues	1	0.4%	58	26.1%
Don't know services I need	--	--	54	24.3%
I'm in denial	22	10.0%	52	23.4%
Transportation	5	2.3%	51	23.0%
I'm too upset to think about services	--	--	50	22.5%
Didn't know location	--	--	41	18.5%
Waiting list at service	--	--	37	16.7%
Cultural Issues barrier	--	--	36	16.2%
Didn't feel the provider understood what I needed	--	--	36	16.2%
Didn't have insurance	--	--	32	14.4%
Afraid of being reported to authorities	--	--	26	11.7%
Eligibility	5	2.3%	24	10.8%
Language barriers	--	--	17	7.7%
Couldn't get appt./timely response	3	1.4%	16	7.2%
Haven't heard good things	4	1.8%	12	5.4%
Don't know much about them	13	5.9%	--	--
Didn't think service would make a difference	5	2.3%	--	--
Childcare	5	2.3%	--	--
Don't know how to access	3	1.4%	--	--
Refused/terminated service to me	1	0.4%	--	--
Agency too gay	1	0.4%	--	--
Agency located in my ethnic community	1	0.4%	--	--
No Barriers	103	46.81%		22.1%

KNOWLEDGE AND USE OF SERVICES. We then asked those participating in this survey about their knowledge and use in the past year from about 25 services, some of which are currently funded by Ryan White dollars. We used a set of 25 index cards, each of which described one of the services. The participant was asked four questions about each service – the first two questions concerned knowledge of such services and use in the past year. The results are summarized on the table on the following page and compare 1999 responses to 2003. A few service areas changed, but most are the same.

In the 1999, data note that in our reporting of results, we have combined two of the services (peer information and support groups) because people rarely saw a difference between the two and sometimes were confused in responding to these as different categories.

Please note, also, that because someone indicated “yes” about knowledge and use of a service does not necessarily mean that they used a Ryan White funded service. For example, outstate participants, reporting “yes” about use of a food shelf typically did not (could not) involve a Ryan White funded service.

KNOWLEDGE AND USE OF SERVICES

Service:	1999 - Know about this service?		1999 - Have used in the past year?		2003 - Know about this service?		2003 - Have used in the past year?	
Primary Medical Care	218	99.09%	189	85.91%	184	82.9%	163	73.4%
Pharmacy/ADAP	163	74.09%	149	67.73%	97	43.7%	47	21.2%
Dental Care	138	62.73%	94	42.73%	152	68.5%	92	41.4%
Complementary Care	107	46.64%	62	28.18%	161	72.5%	92	41.4%
Medication Adherence					133	59.9%	59	26.6%
Exercise and fitness	58	26.36%	23	10.45%				
Benefits Counseling					65	29.3%	17	7.7%
Education/Self Advocacy					147	66.2%	103	46.4%
Interpretation/Translation					89	40.1%	19	8.6%
Outreach					108	48.6%	35	15.8%

FUTURE SERVICE NEEDS AND UNMET NEEDS

Service:	1999 Might you need in the future?		1999 Currently, is this need being met?		1999 Currently, need NOT being met		2003 Might you need in the future?		2003 Currently, is this need being met? Complete		2003 Currently, need NOT being met at all	
Primary Medical Care	207	94.1%	195	88.6%	16	7.3%	193	86.9%	145	65.3%	1	0.5%
Pharmacy	201	91.4%	187	85.0%	22	10.0%	158	71.2%	79	35.6%	4	1.8%
Dental Care	198	90.0%	135	61.4%	70	31.8%	177	79.7%	85	38.3%	8	3.6%
Complementary Care	140	63.6%	112	50.9%	59	26.8%	157	70.7%	90	40.5%	14	6.3%
Medication Adherence							157	70.7%	91	41.0%	3	1.4%
Education/Self Advocacy							158	71.2%	96	43.2%	2	0.9%
Interpretation/Translation							79	35.6%	53	23.9%	3	1.4%
Outreach							93	41.9%	68	30.6%	5	2.3%