2026 Oregon Rural Health Conference Presentation Slides

HCI Workforce Development in Rural & Frontier Oregon

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eocco
EASTERN OREGON
COORDINATED CARE
ORGANIZATION



Oregon State
University



BACKGROUND

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About Interpreting Services



One piece of language access puzzle

Paired with bilingual staff, translation, accessible language



Address disparities among patients who do not share a language with care teams



Key HCI requirements

Bilingual proficiency

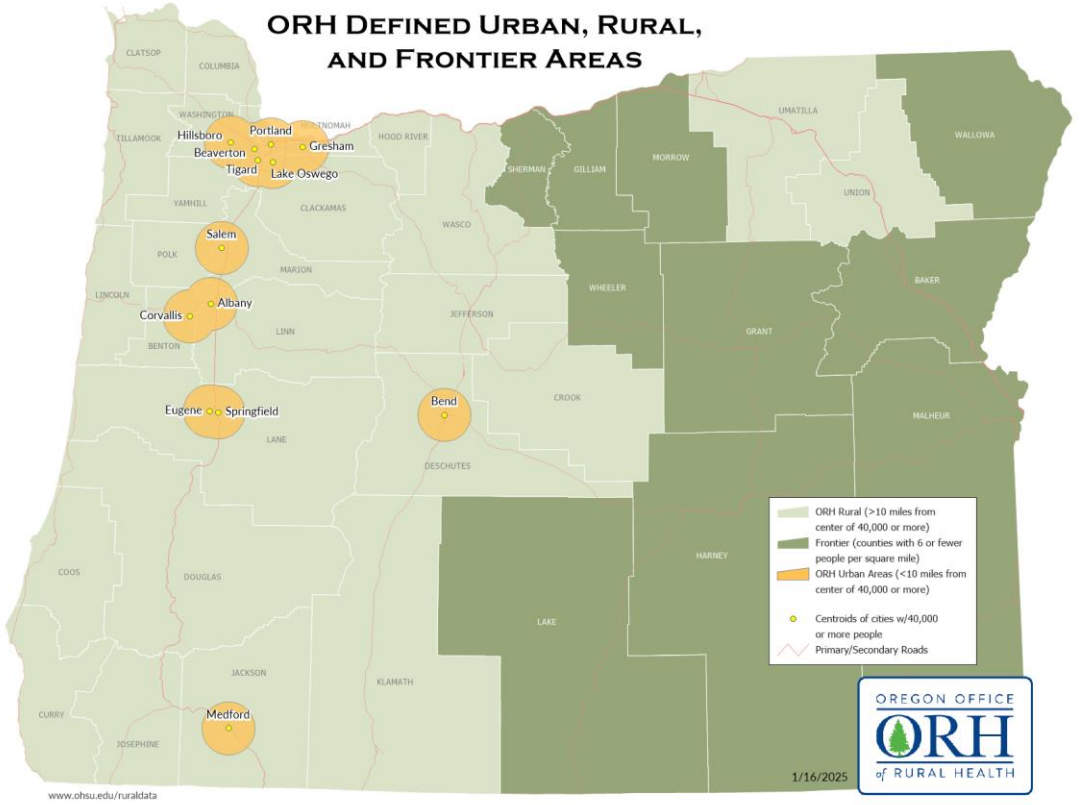
Training

Interpreting skills

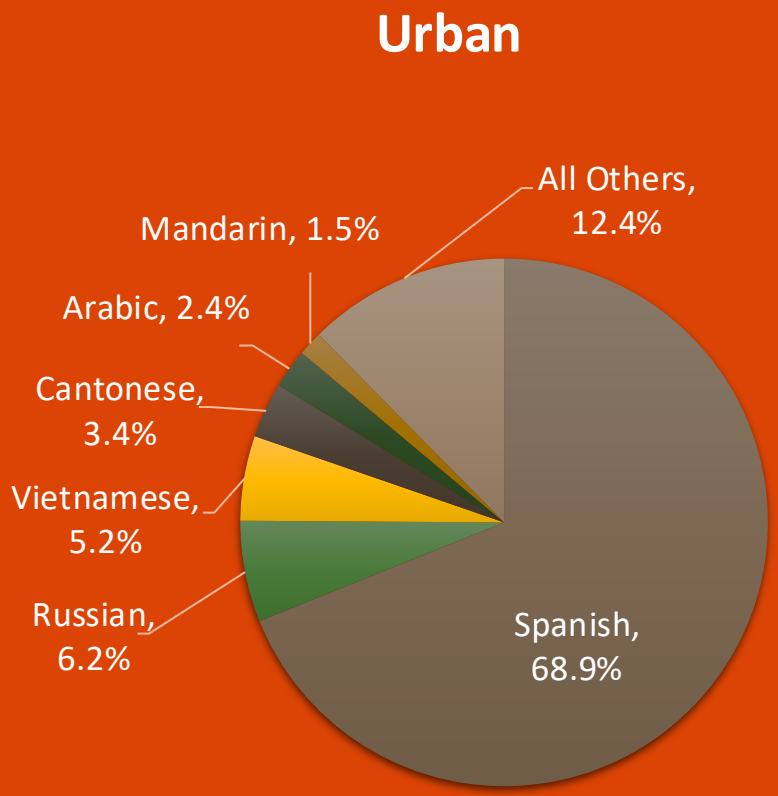
Commitment to and ability to apply ethical principles

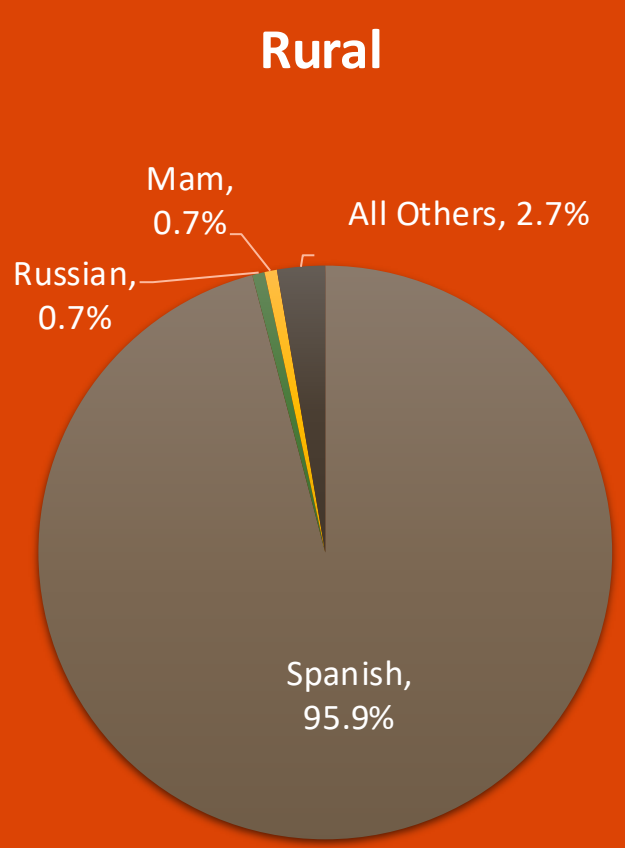
Frontier Interpreting Needs

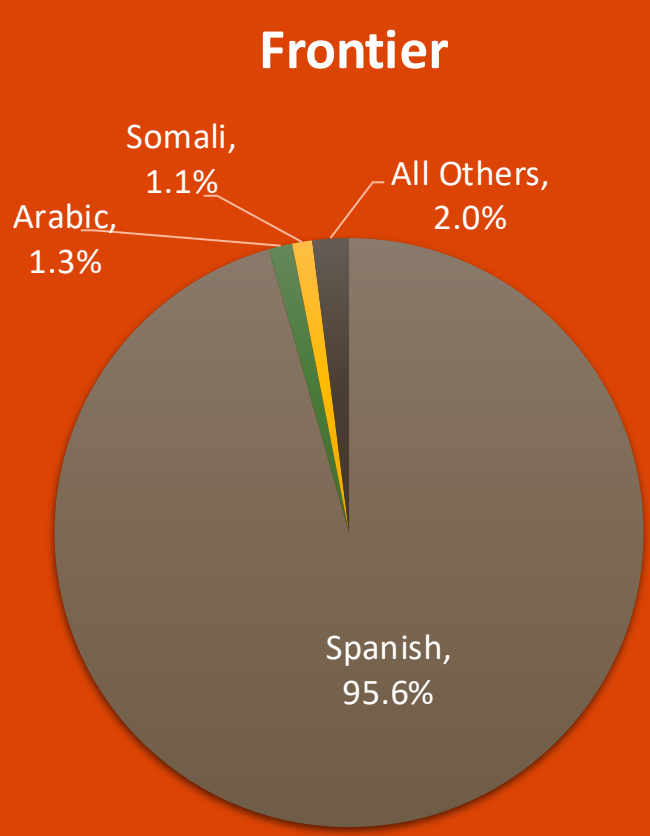
- Frontier CCO members are less likely to receive needed HCI services
  - **5.7%** less likely to receive HCI services compared to urban encounters with interpreting needs
  - Interpreting services **31.6%** less likely to be provided by credentialed interpreters compared to urban interpreted visits
- Mostly Spanish
- In-person most common modality
  - Generally preferred



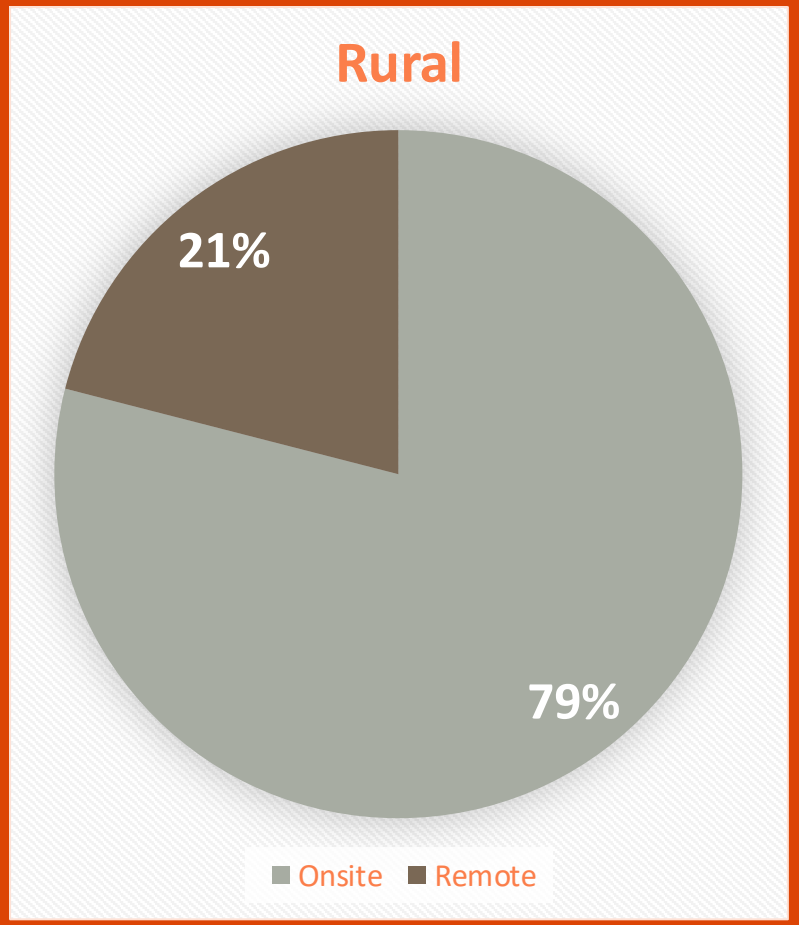
Languages by Region

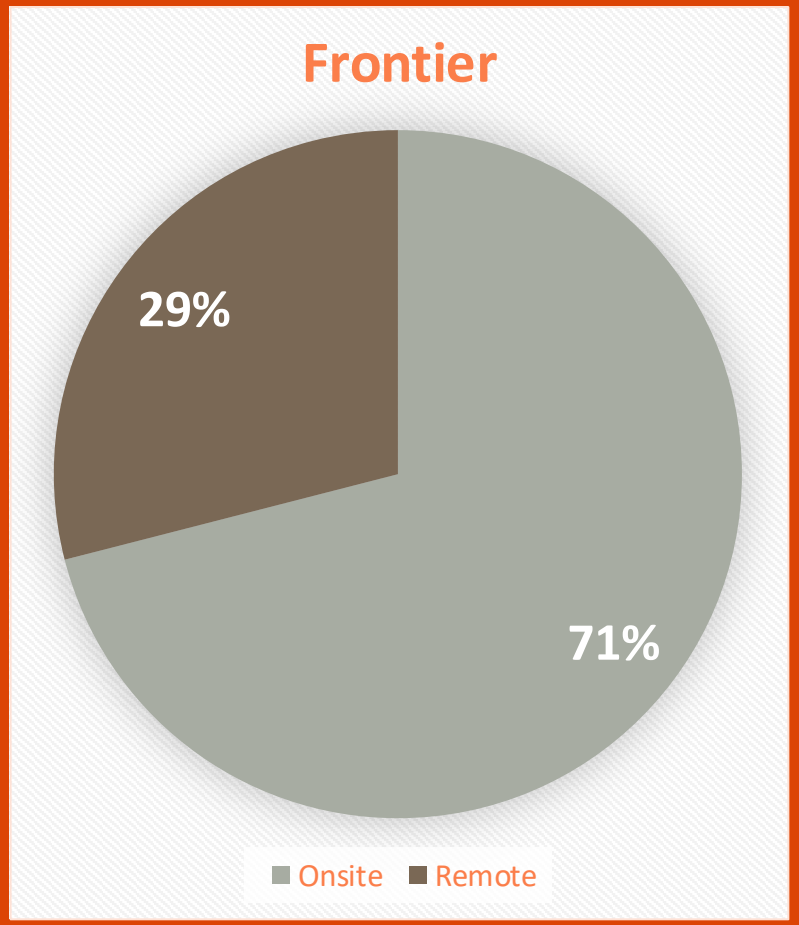






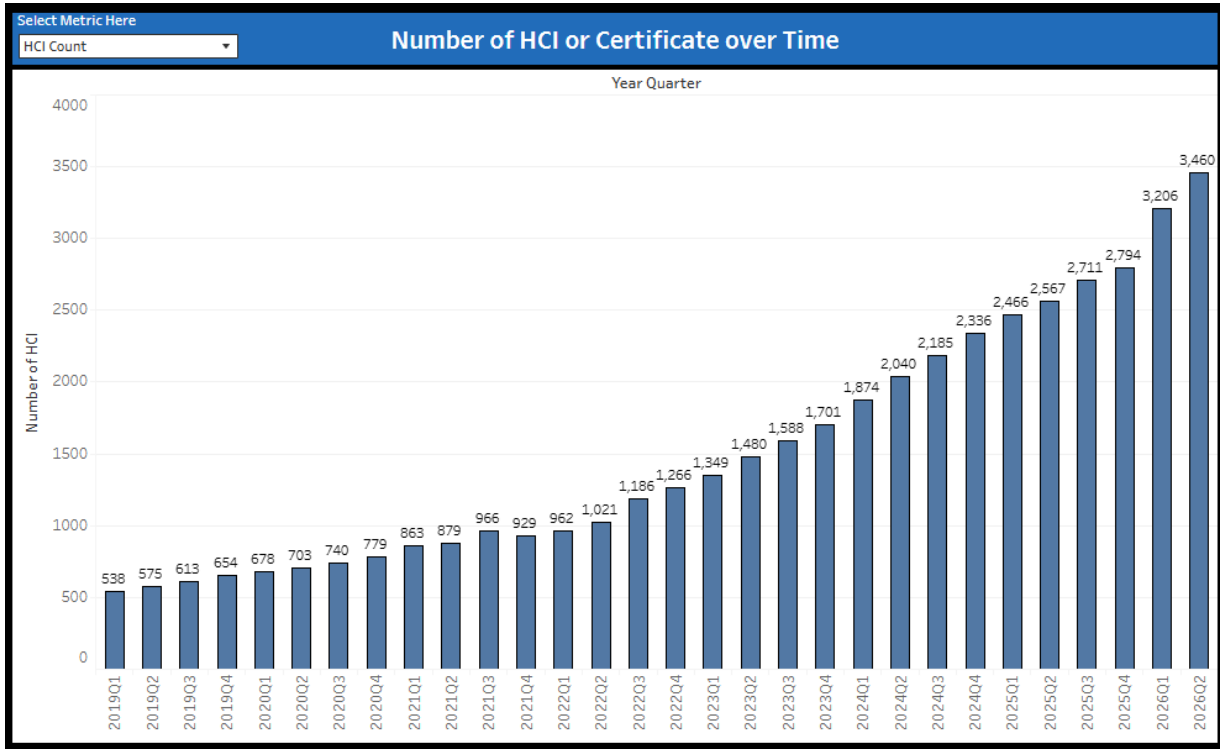
Onsite and Remote Interpreting





Oregon HCI Workforce

- Growing workforce
- Most HCIs are independent contractors
  - “Full-time” workload 4-5 hours/day
- Oregon HCI income tends to around $30k per year (OHA 2021, OIA 2026)
  - Affording the program may be a challenge without scholarships or employer support



About Rural & Frontier Interpreters

- Unique challenges
  - Travel (generally unpaid)
  - Limited work available—especially for LLD interpreters

Year	Active HCIs: Pts	Active HCIs: Encounters	Encounters	Active HCIs*
2020				
Urban	1:111	1:443	77,888	176
Rural	1:95	1:408	32,667	80
Frontier	1:8	1:18	162	9
2021				
Urban	1:116	1:724	232,326	321
Rural	1:74	1:475	87,860	185
Frontier	1:89	1:615	9,837	16
2022				
Urban	1:166	1:906	482,661	533
Rural	1:64	1:387	123,472	319
Frontier	1:94	1:567	14,184	25
2023				
Urban	1:138	1:658	460,685	758
Rural	1:56	1:342	157,900	462
Frontier	1:65	1:387	23,633	61

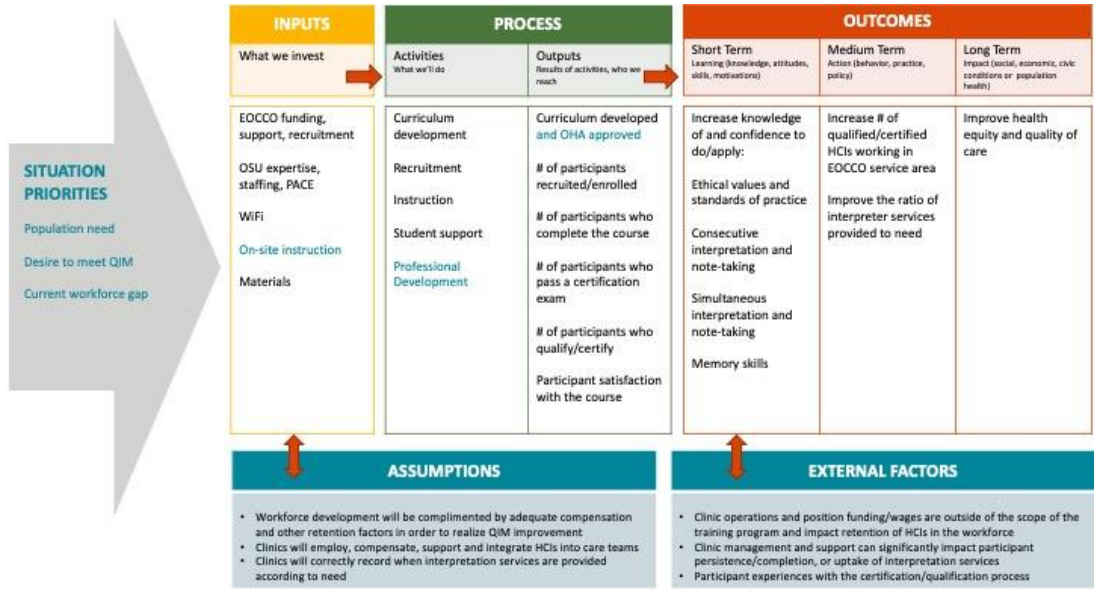


OUR PROGRAM

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Program Rationale and Purpose

- Language is a social driver of health
- Language justice, including access to HCIs, reduces disparities rooted in language barriers
- CCOs report most patients who need interpreting services don't get them
  - Frontier patients less likely to have HCIs when needed
- QIM & health equity 2030 goal



About Our Program

OHA-Approved Course Offerings

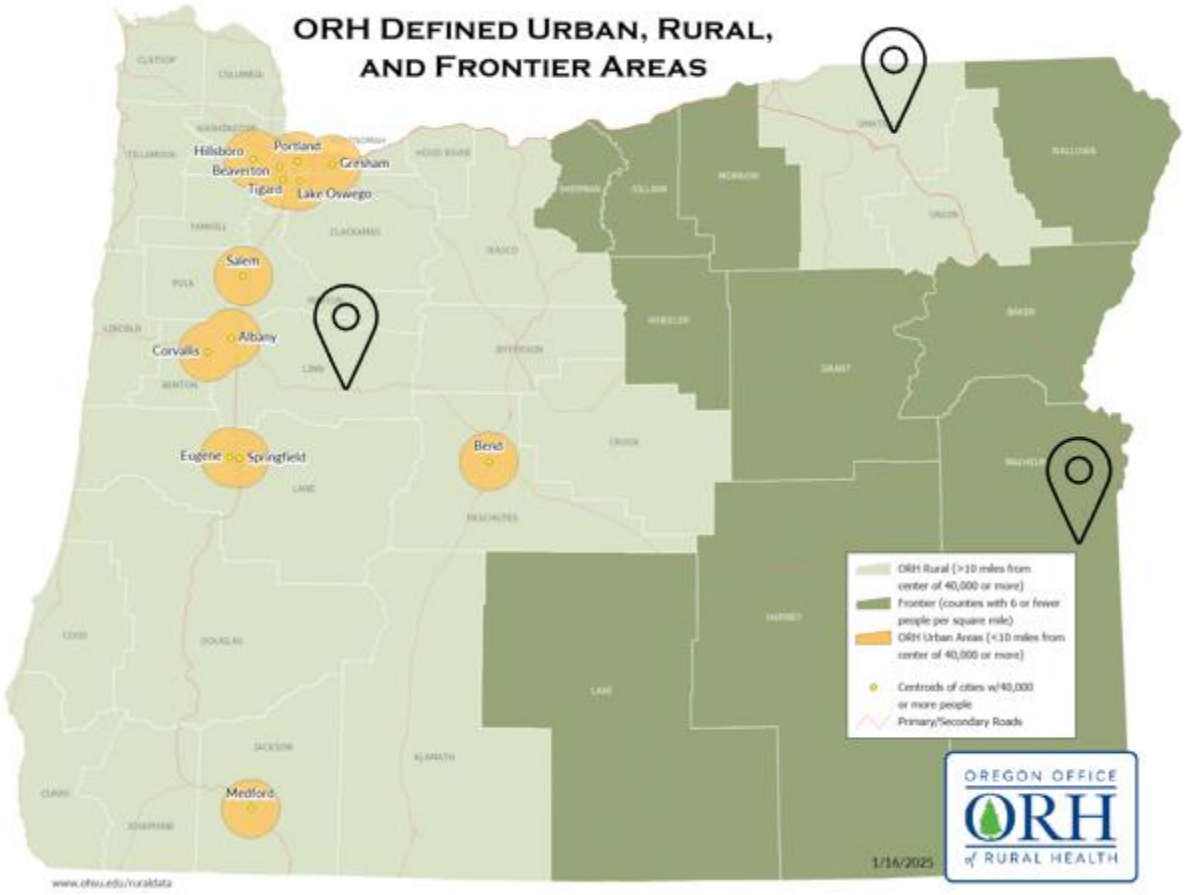
- Foundational training
  - Spanish-English
  - Language-Neutral
- CEUs

Foundational Training Modules

- Intro to Interpreting
- Healthcare Interpreting
- Ethics
- Consecutive Interpreting
- Simultaneous Interpreting
- Memory skills
- Note-taking skills
- Working as an HCI

Program Features

- Rotating locations
- Blended remote/in-person format
  - ü 1:1 practices
  - ü Zoom classes
  - ü In-person classes
  - ü Self-paced online work
- 9 weeks, about 8 hours per week "classroom time"
- Caters to adult learners – many participants work in other health care roles, have served as ad hoc interpreters
- Remote, simultaneous emphasis
- Special considerations for work in rural/frontier areas
- Scholarships to offset cost



Collaborators



- Working with community partners is essential to building a successful training program
- Our collaborators help with
  - Marketing
  - Enrollment
  - Scholarships
  - Prerequisites (testing)
  - Access to resources (internet, laptops)
  - Mentorship/skill-building opportunities
  - Curriculum review and approval
  - Instructional design

Who are potential collaborators?

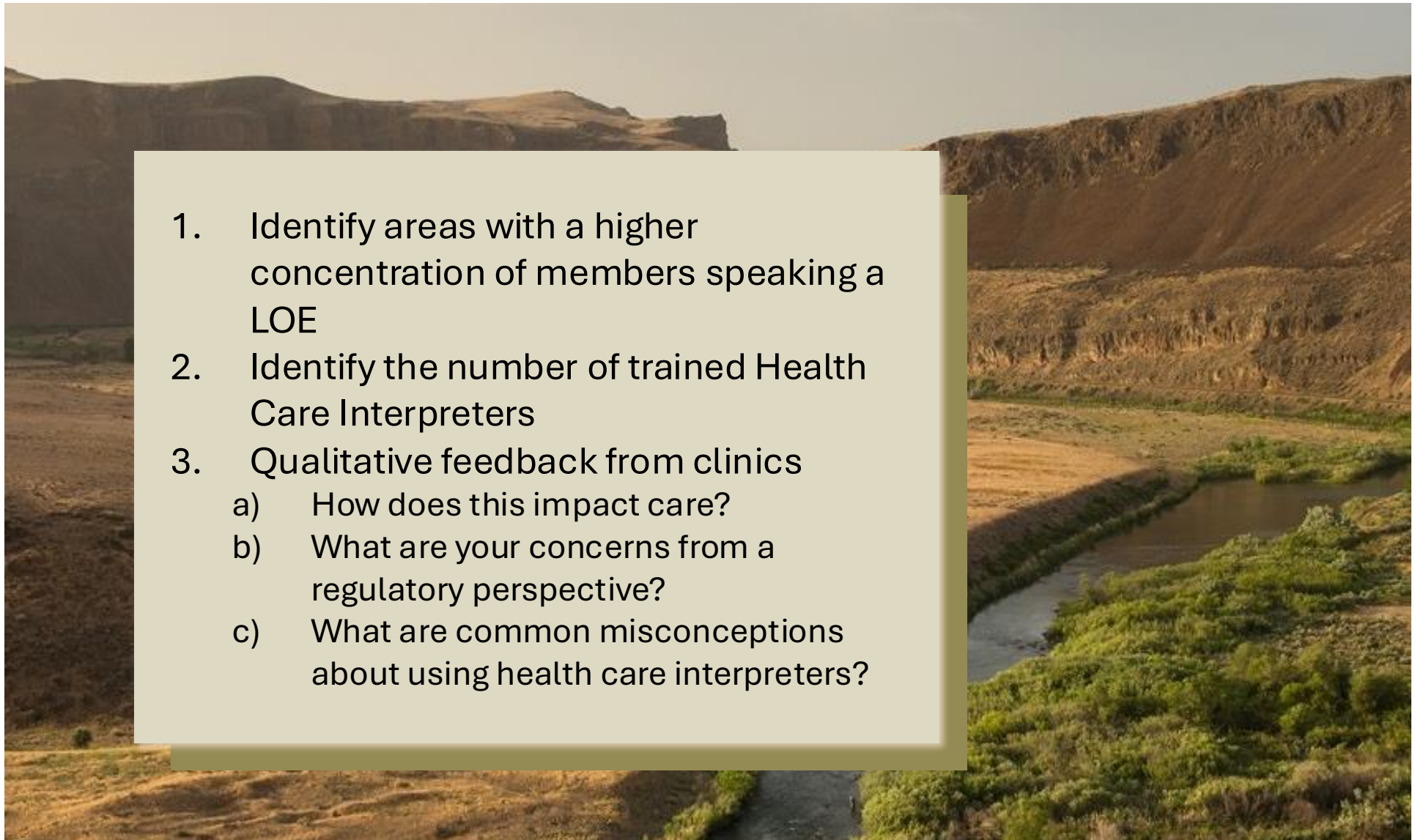
- Language companies
- Health systems
- Coordinated care organizations
- Non-profit/community-based organizations
- State agencies
- Academic institutions
- Program graduates



THE CLINICAL PERSPECTIVE

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Understanding the Service Area

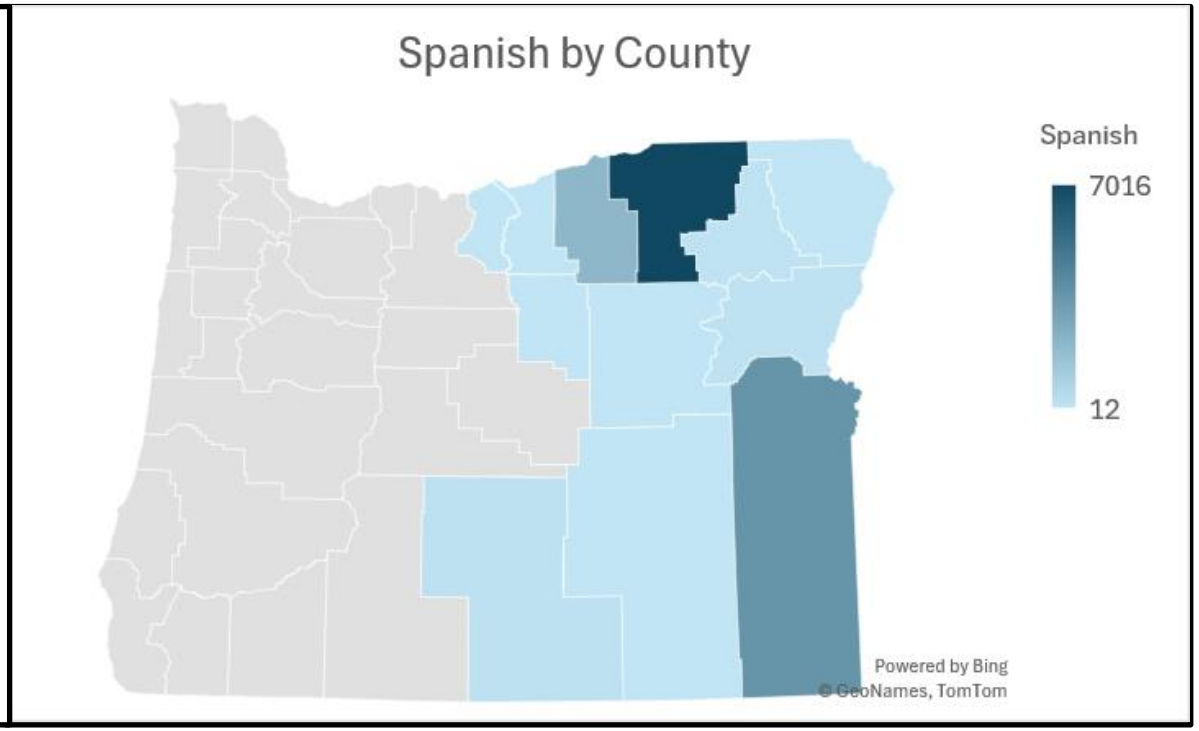


1. Identify areas with a higher concentration of members speaking a LOE
2. Identify the number of trained Health Care Interpreters
3. Qualitative feedback from clinics
    a) How does this impact care?
    b) What are your concerns from a regulatory perspective?
    c) What are common misconceptions about using health care interpreters?

What areas of our membership have the greatest needs?

EOCCO was able to identify three counties with a higher population of members who spoke Spanish: Morrow, Umatilla, and Malheur

Counties	Number of members speaking Spanish
Baker County, Oregon	137
Gilliam County, Oregon	28
Grant County, Oregon	<20
Harney County, Oregon	<20
Lake County, Oregon	181
Malheur County, Oregon	3627
Morrow County, Oregon	2044
Sherman County, Oregon	29
Umatilla County, Oregon	7016
Union County, Oregon	90
Wallowa County, Oregon	22
Wheeler County, Oregon	<20



Do we have enough interpreters to serve the population?

Used OHA's Health Care Interpreter Registry to determine how many HCIs were serving EO.

Note:

- Registry included many statewide interpreters
- Hospitals and clinics often have additional means for providing interpreter services not captured by the HCI registry

County	All HCIs (including statewide)	HCIs only serving EO Counties (all languages)	Spanish HCIs serving EO specifically
Baker	134	6	4
Gilliam	144	16	6
Grant	137	9	7
Harney	133	5	3
Lake	135	7	5
Malheur	133	5	3
Morrow	146	18	16
Sherman	151	23	13
Umatilla	149	21	19
Union	135	7	5
Wallowa	134	6	3
Wheeler	133	5	3

Clinical Feedback and Buy In

- EOCCO sent a survey to our service area to gauge interest
- Connected with our clinics to understand their current workflows and challenges with using interpreter services

Care Impacts	Administrative and Regulatory / Compliance concerns	Misconceptions
• Differing member experiences across different locations • Medicaid members are handled differently • Clinic staff may not be able to step away	• It is difficult to revise established workflows • Adherence to MLA regulations	• Bilingual staff are used in place of an interpreter • It is often assumed that bilingual staff will want to become an HCI • The HCI training will be a "quick fix" to ensure complaince

e Pilot



- Umatilla County was chosen as the location for the initial Health Care Interpreter training
- EOCCO partnered with local clinics and hospitals to identify staff interested in the training
  - 25 learners enrolled in the initial course, OSU hired a second instructor
- All learners received scholarships covering the course of the training
- The first class was held from January 6 – March 3 in Hermiston.

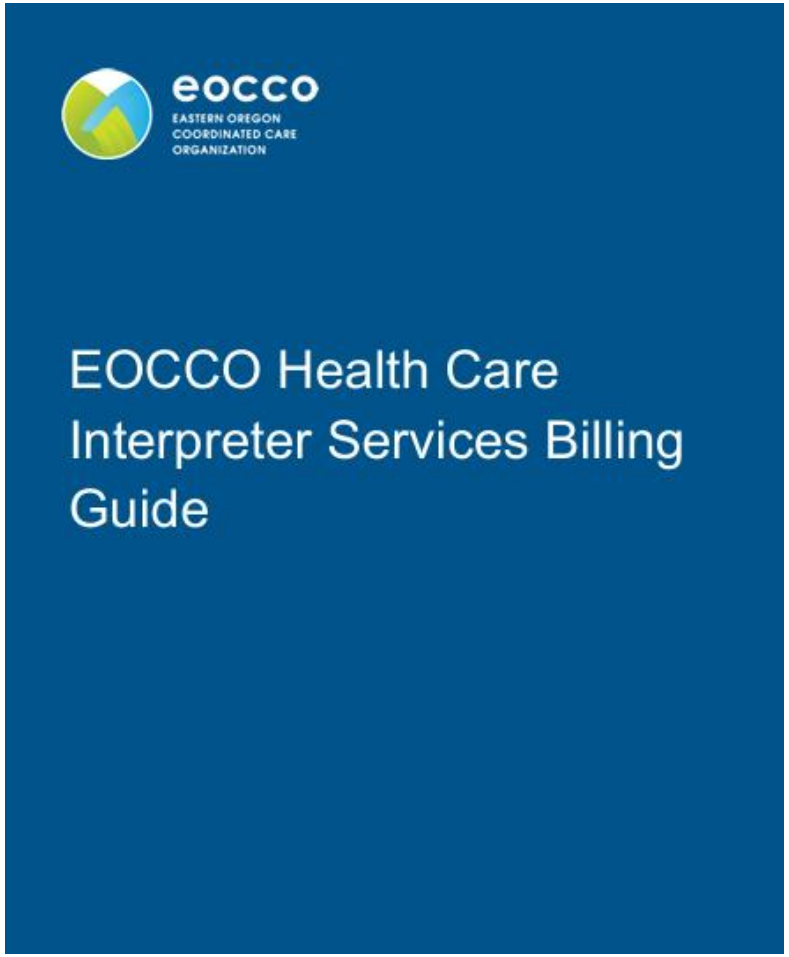
Lessons Learned

- Feedback and collaboration go hand-in-hand
- Not everyone is ready to enroll (despite wanting to!)
- Set realistic expectations about time commitments
- Promoting a "free" training conveys a different message than offering scholarships
- Work with applicants ***and*** administrators



How can CCOs Support HCIs

- Ongoing training opportunities
- Assistance completing the Health Care Interpreter application
- Offer assistance completing proficiency testing
- Health Care Interpreter Billing Guide
- Technical Assistance completing the Language Access Report



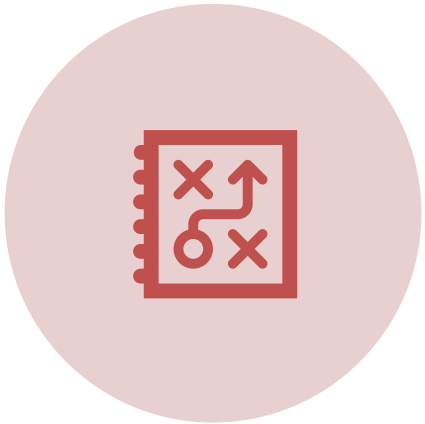


PROGRAM EVALUATION

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PURPOSE



STRATEGIES



TIMING

Purpose

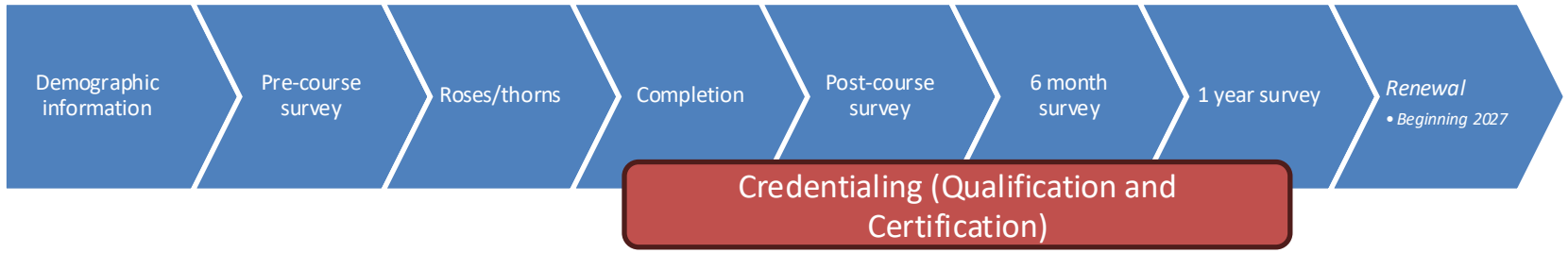
- Determine whether we are meeting program goals
- Communicate our impact
- Identify areas for improvement



What We Measure

- Course registration and completion
- Participant demographics
- Foundational Interpreting Skills
- Satisfaction
- Credentialing
- Supports and Challenges

When We Measure



Course Completion and Credentialing

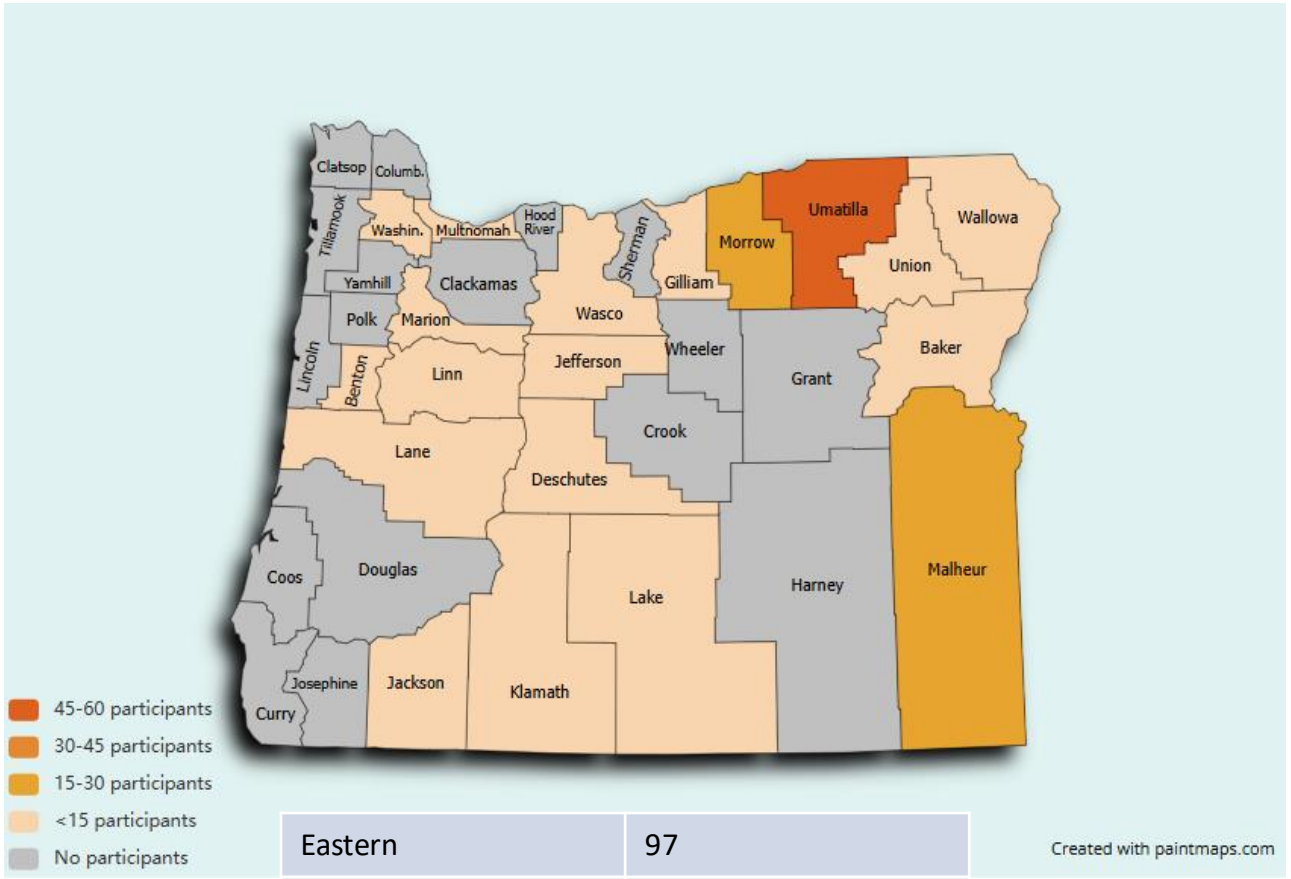


93% COMPLETION RATE



79% OF PROGRAM GRADUATES
HAVE EARNED OHA CREDENTIALS

Geographic Reach



Eastern	97
Central	3
Southern	2
Willamette Valley	7
Portland Metro	9

- 83% of participants (n=97) from Eastern Oregon
  - Umatilla (44%, n=51)
  - Malheur (17%, n=20)
  - Morrow (14%, n=16)
- Program locations
  - Umatilla County (6 cohorts)
  - Malheur County (4 cohorts)
  - Fully online (2 cohorts)
  - Linn County (1 cohort)

Foundational Interpreting Skills

Δ Knowledge	Δ Confidence	Skill Measured
25.7	22.3	Message conversion / discourse analysis
18.3	19.1	Clear/understandable speech delivery
25.2	**24.7**	**Target language equivalence**
27.2	**25.2**	**Regional dialects**
23.3	23.8	Register
22.1	24.1	Self-monitoring/self-assessment
26.9	**25.4**	**Consecutive Interpreting**
18.3	13.3	Simultaneous Interpreting
29.9	**29.4**	**Sight translation**
22.5	21.4	Written translation
20.3	22.3	Cultural competency
24.6	**26.1**	**Medical terms**
27.2	**26.6**	**Anatomy/physiology**
24.5	21.7	Remote interpreting

Participants self-reported their knowledge and confidence from 0-100 before and after the course.

Left columns show the difference between the pre- and post-course scores

Graduates improved in all foundational interpreting skills we measured

Challenges and Supports



OHA application process



Employer support



CEUs

Sharing Findings

Internally	Program improvement and planning
Externally (especially with EOCCO)	Describing impact and reach of the program Explaining decisions about the program
With program participants	Importance and impact of their input

Program Improvements

Added “welcome week” to training

Reinstated language proficiency requirement

Launched continuing education courses

What questions do you have?

Name
Title, Unit
Email
Phone

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Extension Service