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To:All IEHP ProvidersFrom:IEHP – Health EquityDate:September 25, 2023Subject:2023 Member Language Demographics Survey Results: Free Interpreter Services Available

We recently conducted a **Member Language Demographics Survey** to provide awareness of our Members' language needs as a best practice to remove linguistic barriers and health inequities and to anticipate potential needs for interpreter services. Going forward, we will be conducting this survey annually and share our findings with our Provider network.

As a reminder, **FREE** Interpreter Services are a benefit for Member appointments.

Member Region	English	Spanish	Vietnamese	Mandarin	Cantonese	Other
Corona/Temecula/Hemet	262,760	50,454	887	1517	348	46
High Desert	193,987	30,354	177	75	42	24
Low Desert	136,323	62,018	238	56	29	6
Mohave Valley	2,871	31	0	0	0	0
Out of Area	6,033	730	26	36	10	0
Palo Verde Valley	5,755	826	1	0	0	0
Riverside	230,280	78,066	984	356	104	52
San Bernardino Prop	340,137	97,205	1,378	670	153	86
West San Bernardino	143,367	32,143	1,215	4,031	721	39

Member Language Demographics Survey Results:

Providing a global view of our Member language demographics emphasizes the importance of your office response to our bi-annual verification form asking for updates on your staff's ability to speak other languages.

The accuracy of spoken languages at your office is vital for our Members!

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How can my practice verify the Primary Language of my Members?

When verifying Member eligibility, click on the Member's name to open their Health Equity Demographics

Q IEHPID » DOS:	Health Equity - Member Demographics	wull and Condex Identity Information
IEHPID » DOS: View More Member Information Member CIN Aid Code	Note: This member hasn't given explicit consent to share Se Language Written Answer: Spoken Answer: How well do you speak English?	xual and Gender Identity Information. Race & Ethnicity Ethnicity Answer: Race Answer:
	Answer: Would you like an interpreter? Answer:	

How Does my Practice Request an Interpreter?

If you do not have medical staff to interpret in the Member's preferred language, call IEHP Member Services at (800) 440-IEHP (4347) or 711 for TTY.

- In-Person Interpreter Requests: Please ask IEHP a minimum of five (5) working days in advance for an interpreter for a routine appointment.
- All requests for interpretation services must be scheduled and authorized by IEHP.
- Members are NOT required nor encouraged to use family members or friends as interpreters during medical appointments, unless specifically requested.
- Minors should NOT be used as interpreters (unless it is a medical emergency, and no one else is available to interpret).
- For after-hours telephone interpreter services, call IEHP 24-Hour Nurse Advice Line at (888) 244-IEHP (4347) or 711 for TTY.

As a reminder, all IEHP communications can be found at: <u>www.iehp.org</u> > Providers > Plan Updates > Correspondence If you have any questions, please do not hesitate to contact the IEHP Provider Call Center at (909) 890-2054, (866) 223-4347 or email <u>ProviderServices@iehp.org</u>