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**Understanding and Improving Family Planning Services Through Language Assistance**

The proposed research aims to address challenges associated with providing language assistance for limited English proficient (LEP) patients at family planning clinics.

The 3-year project includes two studies. Study 1 is a statewide interview study of Title X-funded family planning clinics in New York State. A semi-structured, telephone interview with clinic administrators will examine organizational language assistance services, resources and needs, and interest and capacity to participate in research to improve language assistance services. Interview results will be used to plan and recruit eligible clinics in Study 2, an intervention study. A multiple baseline design with randomization to intervention exposure for two groups of clinics will be used to examine the effects of a 4-month intervention on three language assistance practices commonly promoted in health care and rates of preventive services by LEP Latina patients. Six clinics will be enrolled in the study based on location (to avoid sharing patients), administrative support for language assistance, LEP Latina patient volume, similar staff and patient characteristics, similarity in current language assistance practices, and interest and capacity to participate in the research study. Study 1 findings will be used to refine an existing method to create an organizational plan for language assistance service for use in family planning organizations. During the intervention phase, organizations will be exposed to 1) support to develop and implement a plan for language assistance services (e.g. in-person, telephone and web-based support) and 2) a minigrant to support specific improvements in language assistance services.

The primary outcome will be organizations' implementation of language assistance services for a minimum of three language assistance services commonly promoted in health care: 1) use of procedures at the point of patient-contact to identify patient primary language and interpreting need, 2) use of at least one method of interpreting, and 3) use a data process to identify, organize and monitor patient primary language and interpreting need and use. The secondary outcome will be organizations' delivery of preventive services as indicated by rate of STI screening among pregnant and nonpregnant women recommended by the latest USPSTF guidelines. The secondary outcome will focus on Latinas because they represent the largest LEP group in New York, predominantly Spanish-speaking. The quantitative and qualitative changes in the target outcomes and potential correlates will be measured by observational checklist during site visits, key informant interviews, and chart review. Project findings will be synthesized into a guide of best-practice for language assistance during family planning services for LEP patients. The proposed research represents one of the first steps to empirically improve family planning services through language assistance interventions. Results will help to develop further research to eliminate language and cultural disparities in family planning services and patient outcomes.