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A Qualitative Study of Latino Workers' Experiences with Washington State's Department of Labor and Industries Healthcare Benefits

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I. Introduction

Latinos are an increasingly important part of Washington State’s workforce in part due to the population’s age structure and labor force participation rates. Currently, 12.9% of Washington State’s population self-identify as Hispanic or Latino, up from 7.5% in 2000 (U.S. Census Bureau, 2018). Among Latinos in Washington State, the labor force participation rate is 71.5% and the employment-to- population ratio is 64.9% compared with a labor force participation rate of 62.9% and employment-to- population ratio is 58.8% among non-Hispanic whites. (U.S. Census Bureau, 2017). As of 2016, Latinos comprise 12.1% of the state’s civilian workforce (WA Dept. of Labor & Industries, 2016).

The majority of working Latinos in the United States are employed in lower paying industries, including agriculture, hospitality services, landscaping, domestic labor and construction (Bucknor, 2016). Latino workers are not only more likely than non-Latino workers to suffer a work-related traumatic injury, but the burden of work-related traumatic injury for Latino workers has increased over time (Sears et al., 2011). In Washington State, the percentage of nonfatal occupational injuries among Latino workers increased from 7% to 15% from 1997 to 2004 (Bonauto et al., 2008). Suggested contributors to this increased burden of work-related injury include overrepresentation of Latino workers in higher risk industries such as mining, agriculture, and construction (Orrenius & Zavodny, 2009).

Accurate statistics on occupational injury among Latino workers are often difficult to determine as many Latinos work migratory or seasonal jobs and may not only travel across state lines but also international borders in the course of migrating. Research suggests that occupational injuries and illnesses are often unreported or underreported by Latinos to their employers for fear of retaliation in the form of reduced schedules, job loss, and not wanting to burden employer (UCLA-LOSH, 2017; Gany et al., 2014). Undocumented workers in particular may be less likely to complain or report unsafe working conditions out of fear of being reported to authorities and possibly deported (Flynn et al., 2015).

Once injured, significant barriers exist for Latino workers to access evidence-based, high quality, linguistically and culturally appropriate health services. In Washington State, Latinos are less likely to report having a usual source of care, 59% compared to 78% of whites (WA State BRFSS, 2014). Also, Latinos are more likely to lack health insurance (16.8%) compared with whites (5.2%) despite the passage of Patient Protection and Affordable Care Act (Bowers & Gann, 2019). Specific to agricultural workers, the most common barriers to accessing health services include high cost, insufficient linguistic support, and lack of transportation (Sangaramoorthy & Guevara, 2017). An estimated 40% of agricultural workers in the U.S. did not use any health services in the last two years (U.S. Department of Labor, 2015).



Legal status is also a barrier to accessing health services for undocumented workers. Most commonly reported barriers include discrimination or maltreatment based on documentation status, fear of deportation, and the need for documentation to access certain health services or providers (Hacker et al., 2015). Discrimination in healthcare settings is often experienced by Latinos, leading to mistrust of medical providers, non-adherence to treatment recommendations and overall dissatisfaction with health services (Brown et al., 2016; Lopez-Cevallos & Harvey, 2014). Perceived discrimination is most pronounced among Latinos in rural settings and/or those who are foreign-born (Lopez-Cevallos & Harvey, 2016). Federally qualified health centers (FQHCs) may have limited linguistic and financial capacity to provide services to large numbers of uninsured patients, resulting in an increased reliance on emergency services for medical care by low-income and uninsured individuals.

Despite working in industries with higher rates of occupational injury, Latinos may have lower rates of workers' compensation claims. Several studies suggest this may be in part due to the underreporting of occupational injury or illness by Latinos (Grzywacz et al., 2012; Leigh et al., 2014). Studies have also found that Latino workers are less likely to receive health insurance and/or workers' compensation coverage through their employer (Sears et al., 2012). In addition, workers' compensation coverage requirements

vary greatly by state and by worker legal status (Prado et al., 2017). A 2017 report on day-laborers in residential worksites in California reported that injuries sustained at the worksite were often serious in nature, but only roughly a third of the workers were likely eligible for workers' compensation (UCLA LOSH, 2017). Another study that surveyed over 400,000 Hispanic workers treated in emergency departments for work-related illness or injury found that the majority had never heard of workers' compensation (Tonozzi et al., 2016).

Additional barriers Latino immigrant workers experience include financial instability, lack of knowledge of health systems, linguistic barriers, discrimination and reluctance to use health services due to immigration status. Immigrant workers may also be discouraged from filing a workers' compensation claim or misinformed about their rights by employers (Kosney, 2012).

While a robust body of literature exists to inform the question of whether or not Latinos are experiencing barriers to accessing workers' compensation or health care as a whole, limited research exists that is specific to Latino workers in Washington State. Focus of the available research into Latino populations has largely focused on rural agricultural workers or immigrant workers but never Latino workers as a whole residing in rural communities. Given the growing importance of the Latino population in Washington State across



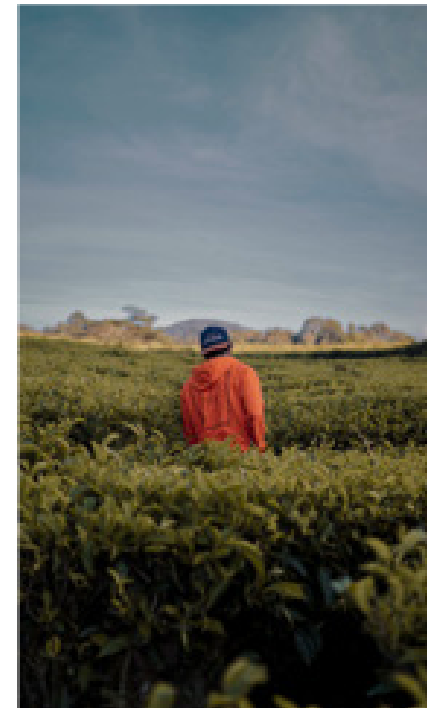
all economic sectors, further research is needed to understand the degree to which Latino workers are informed about occupational injury and resources for healthcare through the state's workers' compensation system. Additionally, it would be beneficial to widen the scope of these studies to include other industries such as construction, hospitality, transportation, mining, maintenance, and production in addition to agriculture (U.S. Bureau of Labor Statistics, 2015).

Specific to workers' compensation use and access, more detailed research is required on the specific and prevalent barriers that exist for Latino workers in the state, particularly for those residing in rural communities like Central Washington. The Washington State Department of Labor and Industries, a division of the Washington State government headquartered in Tumwater, is the governing agency that oversees safety and health of Washington workers. Specifically, the Assistant Director of Insurance Services for L&I is responsible for the oversight of the healthcare benefit program known as workers' compensation for injured and ill workers.

In 2015, a complaint was filed against the Department of Labor and Industries by limited English proficient (LEP) workers stating that they had been the subject of national origin discrimination through inadequate provision of language services. From this, a memorandum of agreement was reached to ensure that LEP workers enjoy

equitable access to L&I programs, activities, and information. As a result, the Department of Labor and Industries has made strides towards significant improvement in language assistance for LEP workers across the state by providing no cost access to interpreter services, translated documents, and direct provision of services by bilingual employees.

In response to this identified need, the University of Washington Latino Center for Health, in collaboration with the Washington State Department of Labor and Industries, aims to identify and describe strengths and barriers to accessing workers' compensation benefits experienced by Latino workers in Central Washington through summarized findings from key informant interviews.





II. Methods

In this qualitative study conducted by the Latino Center for Health, a total of 26 research participants from five key informant groups were interviewed between early and mid-2019: community advocates (N=4), attorneys (N=3), medical providers (N=5), active Latino L&I claimants (N=10), and non-claimant Latino workers (N=4). We recruited community advocates and attorneys through word-of-mouth and cold calling through internet searches. Names of medical providers were obtained from a list of Centers of Occupational Health & Education (COHE) affiliates provided by L&I and also by word-of-mouth for medical providers outside of the COHE network.

Active claimants were drawn from a pool of 284 eligible study participants provided by the Safety and Health Assessment and Research for Prevention (SHARP) program at L&I of recently submitted workers compensation claims data (within past 30 days) where “Spanish” was listed as the preferred language. Other eligibility criteria for participation were age of 18 years and older and residence in Central Washington. Participants were recruited to balance the number of males and females and job industry type. Non-active claimants were recruited through word-of-mouth through community partner agencies and active claimant participant referral.

A separate interview guide was created for each stakeholder group. The interview guides were reviewed for completeness, flow and length by

study team members prior to starting the participant interviews. Additional minor adjustments were made to the interview guides after the first interviews were completed when needed. The interview guides can be found in Appendix 1.

All interviews were conducted by phone with a trained staff member in the preferred language of the participant (English or Spanish) and were audio-recorded. Prior to the start of the interview, participants were read a script describing the purpose of the study, risks and benefits and were informed of steps taken to protect their confidentiality. Study participants were informed of our intent to audio-record the interview and asked to provide verbal consent. All interviews with community advocates, attorneys and health care providers were conducted in English and all claimant and non-claimant interviews were conducted in Spanish. Audio recording were transcribed in preparation for analysis. Spanish interviews were transcribed into Spanish.

Interviews lasted an average of 27 minutes, with a range of 12 minutes to 74 minutes. All partici-



pants that agreed to be interviewed completed an interview without early termination. Participants received a \$50 Visa cash card for completing the interview. This research project was reviewed and approved by the University of Washington Institutional Review Board (STUDY00006557).

Study Participants

To be eligible for this study, participants had to be 18 years of age and older at the time of the interview and reside and/or work in Central Washington. We recruited community advocates, healthcare providers and attorneys that had significant experience working with injured Latino workers. Community advocates were recruited from non-governmental community-based organizations that serve Latino communities.

Health care providers included physicians and mid-level providers with significant experience providing care to injured Latino workers. Participants in the active claimant group must have had a claim submitted with L&I prior to interview and have selected “Spanish” as their preferred language. Participants in the non-active claimant group must have never had an active claim submitted with L&I.



Data Analysis

Demographic data collected from both active claimant and non-active claimant groups were summarized using R statistical software. Demographic information on all other groups were compiled using Microsoft Excel.

All interview recordings were transcribed verbatim by a professional transcription service in the language of the interview. The lead data analysis team member created a preliminary coding scheme based on the interview guides and interviewer notes. The coding scheme underwent two revisions after the initial coding of three of the interview transcripts. Members of the data analysis team suggested new codes to accurately capture and categorize all data in the transcripts. All transcripts were coded by at least two members of the data analysis team to enhance code fidelity.



III. Results

Twelve of the 26 participants (46%) selected “Spanish” as their preferred language for the interview. All participants reside and /or work in the counties comprising Central Washington. Participants in the active claimant group had an average lag between date of injury and date of interview of 32 days (minimum lag of 22 days and maximum lag of 48 days).

Active and Non-active claimant Demographics

Participants in the active and non-active claimant groups were predominately married (50%), living in Yakima County (57%), born in Mexico (93%), and monolingual Spanish-speaking (69%). The participants’ mean age was 41 years with 43% identified as male and 57% female (see Table 1, Appendix II).

THEMATIC SUMMARY

Analysis of the content obtained through key informant interviews of the sample of respondents provides valuable insights and perspectives regarding principal themes, including facilitators identified with L&I as well as non-L&I sources, and barriers experienced by Latino claimants and providers concerning the L&I claims process and receiving care from providers in the L&I network. Based on the responses received across the five stakeholder groups including claimant and non-claimant workers, providers, attorneys and advocates, a nuanced thematic summary is provided. To provide a context for this report’s focus on injured Latino workers, respondents reported injuries involving ankles, backs, hands, fingers, testicles, legs and acute and chronic pain. The most common injuries were due to falling.

Result 1: L&I Facilitators

Coverage of Costs for Care and Outreach

Respondents identified several strengths of the Department of Labor and Industries (L&I) with regards to its workers compensation system impacting the Latino community in Central Washington. A primary facilitator is the payment of costs of treatment and medications by L&I for injured workers and the coverage of costs for interpreters’ services. This is especially significant as many Latino workers are low-wage earners. A helpful resource noted by several respondents is the reimbursement provided by L&I to injured workers for certain transportation costs. According to a physician in the L&I network, “L&I will reimburse you for travel if you do not have services available within 15 miles.” This support helps promote access. However, several respondents noted that this available reimbursement is not well publicized or uniformly implemented.



Access to Information and Resources in English and Spanish

The interviews across stakeholder groups affirmed the crucial need and importance of providing access to information and resources in Spanish is to the Latino community, due to the large number of monolingual and predominantly Spanish-speaking workers. A few respondents acknowledged that L&I has increasingly made available forms in Spanish. “Especially in the recent years, I think they have done a really good job with translating a lot of the forms and brochures.” Several participants positively viewed L&I’s provision of access to Spanish language information, resources and programs that assist injured workers to navigate the complex L&I system when filing a claim and seeking medical care. These Spanish-language resources include the availability of a hotline number, the CTS Language Link and the availability of use of interpreters.

As a community advocate revealed, “So, any call that comes into our office, whether it be a voicemail left in a different language other than English, we are able to transcribe that and obtain the information by contacting CTS Language Link.”

While many respondents affirmed that an injured worker can request an interpreter and one will be provided at no cost, they revealed that less known is the fact that an injured worker may also submit documents in Spanish and they will be

translated by L&I without charge. This is a noteworthy and underpublicized service provided by L&I.

Several respondents revealed that a bilingual L&I claims specialist served as a resource to navigate the L&I claims system and obtain timely information on types of benefits available.

Outreach and Educational Efforts

A key facilitator noted by several respondents is outreach efforts initiated by L&I, including participation at various community health fairs and visits to local clinics in the region. These efforts enable L&I to help educate the Latino community by making information available about its programs and services in English and Spanish.

In the areas of providing education to the Latino community and to providers and making the process of filing an injured worker claim a bit easier, several respondents remarked that L&I continues to make improvement.

“I think again because L&I has improved. Educating providers, educating clinics, educating everybody on how to fill out the forms, and they made them easier to fill out the forms, so they are not as cumbersome as they used to be. So, I think anytime you streamline anything like that, it makes it easier.”



Result 2: Non-L&I Facilitators

Client-Centered Approach

Respondents also identified several significant facilitators for access and utilization of L&I services by injured Latino workers that are outside of L&I and stem from the community. For example, a community advocate revealed that their office does not close out a referral until it has resolved the injured workers' concern.

“So, if it’s a concern of needing assistance in how to open a claim or file a claim, we walk them through the electronic filing process and/or get them through the employer to the self-insured accident report, so that they can file that and get it into the employer before closing out our referral.”

This type of investment in support of the injured worker exemplifies a client-centered approach and is responsive to the needs of Latino workers who often are unfamiliar with healthcare systems and the L&I workers compensation system. Another facilitator is the work of a community agency to help injured workers address concerns and issues, such as locating a near-by provider in the L&I network.

“So, that’s where our program comes into play, and we can get an injured worker that calls in and says, ‘Hey, I was provided this list. None of these doctors are available.’ Our office will go

through and make certain that we find a provider within the network if the list is out of date, and provide that information to the worker.”

Advocacy of Attorneys and Employers

Many respondents identified attorneys and employers as important facilitators as well. For example, attorneys were often viewed as fulfilling an advocacy role to ensure the worker’s rights and reception of treatment. In terms of receiving treatment services, claimants and attorneys reported that attorneys often helped injured Latino workers to ensure that their treatment was appropriate.

“I just make sure that the claim is still open, that they’re [doctors] following up with the treatment that’s recommended. That the treatment that is recommended makes sense.” In addition, several claimants reported that their employer often told them to file a claim and had their staff assist the worker in completing the injury form.

Training and Education

Respondents identified additional important facilitators including the provision of trainings at their worksite. Topics addressed in these trainings include how to properly use safety equipment when working with chemicals and what a worker should do in case of a job-related accident or injury and illness.



In one case, an injured worker was given the opportunity to speak to fellow workers at a training to share with them information on what they need to do in case of accident. Several respondents also noted the provision of an annual training of healthcare providers as an important facilitator and resource. This training instructed healthcare providers on how to properly fill out paperwork for an injured worker’s claim. However, this L&I training was not commonly reported by providers who were interviewed.

Another facilitator identified by a physician is the evaluation conducted by a state representative of the Centers of Occupational Health and Education and the incentive they pay for filing L&I claims within 24 hours.

“Something they’ve done for a while is a person from COHE will come and give you your grade or your percentage of how quick you are. Because ideally you’d want to do an L&I claim, and then within 24 hours, submit it online. And so, there’s an incentive. I think they pay you more if you submit it within 24 hours, as opposed to having it sit on your desk and then [submit it] a week later.”

Community Resources and Assistance in Filing Claims

A unique facilitator identified is the security clearance that a community organization has from L&I. As a result, an organization is able to

access L&I files and documents. From the organizational perspective, this aids their ability to assist injured workers in an expedited and informed manner. Finally, several respondents specifically identified Project Help, a community resource that provides helpful information to injured workers who are union members. Assistance provided by clinic or hospital staff or employer staff was also noted by claimants and other respondents as especially important.

Having a person at the hospital, clinic, or place of work, for example, was recognized by many respondents as helpful in expediting the processing of the injured worker’s claim and timely access to care. As noted by a community advocate, “It does require some ability to complete forms, or gather information to attach to those forms. And, it has to be timely.” Respondents also emphasized the importance of completing the required forms correctly.





“For example, don’t miss the date of injury. Clarify what body parts you injured. Make sure you explain that you were doing your job, provide names if you had coworkers who saw when the accident happened. Make sure you put if you’re married, single, if you have dependents.”

Spanish Language Access and Cultural Responsiveness

Respondents recognized that provider organizations can be instrumental in helping an injured Latino worker file a claim with L&I. One community advocate stated:

“I always have, like I say, bilingual staff who can help them fill out forms. And the interpreters that we utilize are very good. They’ll call them to remind them [injured workers] of their appointments. They fill out paperwork for them. We’ll fax things to Labor & Industries for them. They’ll bring in paperwork, and we’ll kind of give them a rundown of it.”

This support to claimants is instrumental to the worker receiving timely care. The fact that this organization has bilingual staff available enables it to be responsive to the linguistic needs of injured Latino workers whose primary language is Spanish. Another respondent indicated that their clinic utilizes online interpreting services called InDemand. This respondent felt this service works very well.

These efforts to assist workers in the claims process and the ability to speak to them in Spanish are important components of a patient/client-centered approach. Indeed, walking with clients in navigating the process of filing a claim or working with employer to complete a self-insured accident report was reported by multiple respondents across stakeholder groups as an important approach to engage clients.

Another component of client-centered care deemed significant by several respondents is cultural responsiveness.

Having visible signage in Spanish and English at the office / clinic, having artwork that reflects Latino experiences portrayed in the waiting areas, hallways and treatment rooms was viewed as important welcome signs to Latinos.

Also, having staff at clinics and call centers that are bilingual is deemed as integral in culturally responsive patient care as these components help build connection and trust with the Latino community.



Information about Rights of Workers and Services

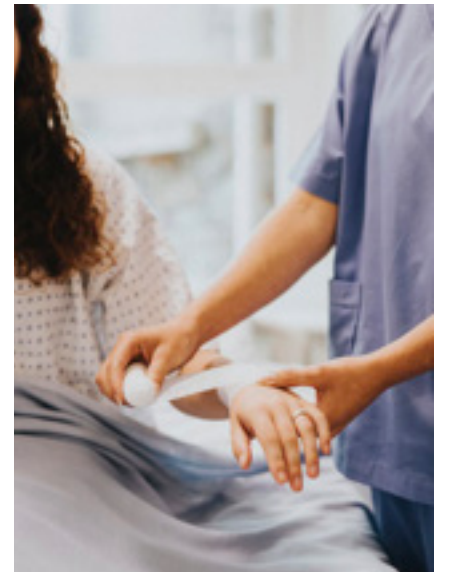
Providing information about L&I and the rights of workers when injured while at their job is a key facilitator. Respondents from community organizations and attorneys revealed their use of radio and TV to publicize resources and services is an effective way for them to get the word out to the Latino community in the region. Word of mouth, however, was recognized as the key mechanism for communication.

In addition, agencies’ presence at community health fairs was identified as a tool used to connect with the community and provide information. Several claimants stated that information meetings at their place of employment on what to do if they fall on the job or are injured while at work were also helpful in educating workers. For the most part, employers are seen as doing a good job of informing workers about L&I coverage. This is more evident from the perspective of doctors in the L&I network who see employers as invested in taking care of their workers.

Existing literature identifies transportation as a significant barrier with regards to accessing treatment services. In the Yakima Valley region, a limited facilitator is People for People which provides transportation for Latino workers and others but only individuals who have Medicaid coverage.

Timely Care

Respondents mostly agreed that injured workers are seen in a timely manner in L&I contracted clinics. However, an exception was noted. In instances where the provider network list is outdated or inaccurate, injured workers experienced delays in treatment. One respondent indicated that immediate access to treatment is offered by non-L&I clinic. Most respondents saw employers as helpful in assisting injured worker to find a provider.





Result 3: Barriers

Some respondents acknowledged L&I efforts to improve access and utilization of the workers' compensation system by injured Latino workers. Nevertheless, respondents across all stakeholder groups consistently identified several recurring themes of significant barriers:

- The worker's lack of knowing their rights;
- The lack of consistent training provided by L&I to employers and healthcare providers; and
- The perception of the early or premature closing of worker's claims.

Other barriers include the lack of an up-to-date list of providers in the L&I network, the lack of attention and responsiveness given to injured workers by healthcare providers and the lack of transportation. The complexity of L&I as a government entity also poses a barrier. "Labor and Industries as a whole, is one umbrella, but it's an umbrella of multiple divisions. So, it's kind of difficult when there are potential language barriers." Respondents also uniformly identified transportation as a key barrier. "People for People is transportation that only picks up folks, but again, you have to have coverage – Medicaid. And, it has to be a medical appointment in a clinic."

Competing Priorities

Competing priorities within the L&I system are a reality. The workers compensation system is designed to help injured workers, including Latino workers, to access health care and treatment services. At the same time, L&I seeks to control costs. This dynamic contributes in part to perceptions of interviewed claimants that L&I does

not have their interests at heart. Many claimants and attorneys voiced this concern and revealed that it diminishes the trust of workers in the L&I system. One claimant voiced more than just a lack of trust in L&I. "I think that the truth is that L&I should not exist. They should replace it with something, something better. L&I is not doing their work as they should."

Lack of Knowledge and Understanding of Claim Requirements

A recurring theme across respondents is that a clear and persistent need exists to help injured workers navigate the processes of L&I. A significant identified barrier is the lack of knowledge and understanding about L&I claim requirements among Latino injured workers and the broader Latino community. "We just don't do a good job about providing that education to patients when they even become a new patient at a clinic in terms of how to navigate because it's very different here than it is in, say, Mexico, where most people are from, or in some other Latin American countries." "Specifically for Latinos would be



probably the best way to communicate how to open a claim and what your rights are because they don't understand what their rights are." A community advocate added, "When I first talk to the workers before they file a claim, they're not real familiar with which form they need to fill out or where do they need to get the form. Where to get the paperwork seems like the main concern."

Bureaucracy

The claims process, including the data requirements such as proper dates and codes for injury, is seen as cumbersome and confusing and a barrier by most claimants as well as some attorneys and providers. Resulting negative experiences contribute to the perception held by many that L&I is an uncaring, bureaucratic entity. "But no, I think L&I, it's almost like there's an invisible wall there. It's like they're not real people. They just sit in a tower somewhere making decisions."

Outreach and Communication

While L&I currently engages in outreach efforts to the Latino community in Central Washington, respondents across groups cited that L&I's efforts in outreach and communication to the Latino community are insufficient. Echoed by several respondents is the need for L&I to do more extensive outreach and communication.

"The resources that are available, there not being a lot of outreach and communication. In my opinion, I think having more presentations and/or information available, literature, for the Latino community would be beneficial for them. And I think that's potentially a barrier because workers' comp is complex in itself."

Lack of Knowledge of Their Rights

Related to this theme is the barrier resulting from injured Latino workers' lack of knowledge of their rights. Despite efforts of L&I, many respondents remarked that many Latino workers don't know what their rights are under L&I. As a result of this lack of knowledge a major disconnect exists between L&I services and workers' understanding. "In actuality an injured worker filing a claim with L&I should not have any out-of-pocket costs. However, the perception of many workers and the broader Latino community captured through the stakeholders' interviews is that the injured worker must pay all costs involved in receiving treatment and care."

A perception prevails that unless you have resources to access medical services you can't open a claim. This excludes many Latino workers who do not have a primary care physician or money or knowledge to access medical services when in-



jured. In some cases, injured Latino workers' lack knowledge that a workers' compensation system even exists and that it is a state system not an employer program.

"I think the biggest barrier is understanding that they are able to open up a claim with the state. Some of them delay treatment, and it's not just Latino. I think it's just a lot of people who are not educated, but they don't understand that they don't have to go through their employer. If their employer is putting up roadblocks or telling them just to deal with it or not getting them in contact, if they don't know that they can just walk in on their own and open up a claim with the state. I think, too, they don't understand the claim is with the state and not with their particular employer."

Premature Closing of Workers' Claims

A recurring barrier identified across stakeholders but primarily attorneys and claimants is the premature or early closing of injured workers' claims by L&I—its staff and doctors in its network. An oft-repeated perception exists that doctors are pressured by L&I to get workers to close their claim sooner than what is in the best interest of worker. In addition, several respondents indicated that the reasons why a case is closed are often not understood by injured worker or deemed to be done prematurely.

In the words of one claimant: "And then later they spoke to me, L&I spoke to me inquiring why I was still going to the hospital. They were angry with me, telling me -- why did I do this since they have their specialists, that I have to go to them. And afterwards, they closed my case."

Respondents indicated that the primary reasons L&I denies a claim stem from improper completion of required documentation and inaccurate information. However, a perception revealed by several respondents is that decisions made by L&I are often influenced by pressure to keep costs down. "For example, L&I adjuster just kept denying claim despite the doctor's support for surgery deemed to be necessary for the injured worker."

Perception That Some Doctors are not Patient-Centered

Respondents, including workers, acknowledged that getting to the hospital or clinic is not a primary barrier. Often, an injured Latino worker, however, does not feel that providers really listen to them. A repeated theme, especially claimants, is that injured workers, at times, perceive the L&I doctor to whom they were referred as being not responsive and not serving their needs. "This is why I am angry with L&I, because they have doctors that always do that, do not give attention." "They (L&I) get doctors that do not give attention to, do not give attention, really, do not give attention to the people."



Some Physicians Resistant to Work with Injured Workers

Respondents identified that providers, even specialists, also can serve as barriers as some are resistant to providing care to injured Latino workers because they do not like to deal with L&I. "In our area specifically, family practice providers don't like to do L&I because it gets messy, especially if they're also seeing that person as their regular patient." "Our local neurologist will not touch Labor & Industries. We sometimes have a hard time with ear, nose, throat specialists."

Another remarked: "Like the one guy that we use for hands, I found out he does two visits a week dedicated to Labor & Industries. So, you can call, and your appointment is six weeks out because he's only giving so many L&I spots, and I'm not sure how legal that is."

Once a claim is closed for more than six months, respondents identified repeatedly that physicians are resistant to work with patients. "Even after the nurses and Name Redacted (L&I official)

have contacted them that they're still having a lot of difficulty getting doctors to work with the patients that have their cases closed for more than 6 months because they just don't want to open the cases. They will not work with injured workers to open the cases."

Some L&I Staff Not Knowledgeable About Spanish Language Availability

Respondents consistently identified that some L&I staff, including claims managers, are not fully knowledgeable about the availability of language access provided by clinics/providers or interpreters to Spanish-language injured workers. In addition, there exists, at times, confusion whether an injured worker is eligible to file a claim if the worker lacks documented status. Further training for L&I workers was repeatedly identified as a serious need as well as consistent training of providers in the L&I network.

Lack of Training Provided to Physicians

A serious barrier expressed repeatedly by physicians in the L&I network is the lack of training they receive. They feel it is not consistent or sufficient, and in some instances, not provided:

- "Lack of mandatory training for L&I physicians. I feel like that is L&I's biggest problem because I feel like if anybody who's going to do L&I had at least a minimum of a four-hour training, they would be 50 percent more successful and more likely to take on new L&I patients because this is a rural community."



- “So, I feel like providers really not knowing how L&I works actually delays a lot of care and treatment for the patients, but there’s no mandatory training for any provider.”
- “L&I doesn’t require you to be trained or to do a tutorial on how to fill out the form. So, then we have those issues.”
- “So, that would be a barrier too, is not enough education for the providers themselves to know enough to report back to the patients and telling them what their benefits are...So, you are learning as you are going. There is no training program for the providers.’

The importance of filing correct documentation is crucial and can lead to delays in the worker receiving care or in the rejection of the claim. As one doctor noted, “And one thing I just do for my sake because it’s happened to me before – I didn’t check a box, or I missed the one thing, then they reject the claim until the form is complete.”

Another provider revealed that indicating “possibly” or “probably” on the claims form leads to a delay in L&I’s processing of the injured worker’s claim.

“I didn’t know that until after already seeing patients. I didn’t know that there was a big difference between that. And so, when you’re a provider, if they just put “possibly” and “probably,”

it’s going to delay because they’re going to look into it and see if it’s possible that they’re going to open a claim or not.”

Pressure Exerted by L&I—Not Client-Centered

L&I was identified by some respondents as pushing back, often aggressively, against interests of injured workers. However, one respondent affirmed that L&I does not push back on claims if documentation is correct. Several respondents indicated that L&I is not client-centered nor does it prioritize Latino injured workers rights and needs. A common perception voiced among many claimants, community advocates and attorneys is that L&I and L&I providers exert a strong push or pressure to get injured Latino workers back to work as soon as possible and sooner than medically appropriate. A concern expressed by some community advocates and attorneys centers on L&I representatives second-guessing the injured worker’s information that leads to delays in the processing of claims and reception of treatment and contributes to tension, in some instances, with physicians.

“Some other roadblocks are claim managers kind of do some second-guessing, or if there’s any kind of a protest on the employer’s part, they just hold medical care altogether. Even if it’s just something stupid that can be resolved pretty easily, they just put the brakes on everything, and so you can’t get anything done.”



One doctor attested: “It is not my job to say the patient is lying, or the patient is faking. My job is 100 percent to treat the patient and believe the patient. No matter what condition he comes in. It doesn’t matter if it is motor vehicle accident, has a cold or a cough. Whatever, my job is to believe the patient and try to treat whatever they say.”

Likewise, another physician remarked:

“As a provider, you have to believe in the patient, and it is not my job to say you are lying.”

Issues with Physicians Not Properly Completing Documentation

A theme that emerged from the data was that emergency room physicians do not always complete the required APF forms in a timely manner. This improper documentation leads to a delay in the injured Latino worker getting a follow-up appointment and the employer not having a worker to complete a job. This can result in serious consequences, including health consequences and the worker losing work hours and not getting paid. Several respondents noted that many ER doctors work at multiple hospitals and, as a result, they are less accessible to correct documentation issues, which results in more delays.

“So, then what happens is, if it takes them about

a week to be seen by somebody to take over the claim because the ER physicians can only do that initial visit, and then they’re done. And I’ve seen a lot of times that patients haven’t worked for a week, sometimes up to 10 days because they could not get an appointment. And then what happens is the employer lost because they didn’t have their worker, and the employee lost because they work and took three days without pay. And so, the ER physicians, sometimes they’ll fill out the APF forms. A big issue we have here: we have a lot of traveling doctors.”

Another issue identified by some providers is the lack of timely access to LNI claims manager, which hinders their ability to obtain important information. “And then you call L&I, and then you want to talk to your claims manager. Well, they have 48 hours to return your call, and there’s not somebody you can really go to. I know the people on the phone can try to offer options, but most of the time they just take messages. ‘I’ll take your message and let the claims manager know.’”

Addressing Workers’ Pain

A significant barrier that surfaced through our analysis centered on treatment of pain. Often described by respondents across stakeholder groups is that while providers have treated the injured worker for their injury, the worker experiences significant and persistent pain. Injured claimants, attorneys and providers revealed that pain is a multifaceted issue with regards to claims.



The lack of a clear path for chronic pain management serves as a barrier according to many respondents. One provider noted: “And so, then that’s my job to then educate, ‘Well, pain is not an objective finding. We can’t measure pain. You can measure, but we can’t. And we go by facts and things and studies. I understand you’re still having pain. We just recently had an MRI; it didn’t how any abnormalities, so unfortunately there’s no more treatment because there’s nothing that needs to be fixed.’”

This finding suggests there is an ongoing need for education of providers on pain management of Latino patients with occupational injuries.

Independent Medical Evaluations

While the claims process allows for independent medical evaluations (IME), no data is available regarding the outcomes of IME’s. “We are going to recommend that you get an independent medical evaluation, because I don’t think there is anything else in that regard that we can do.” In this context, the IME is perceived by nearly all workers as obtaining a second medical opinion. However, injured workers lack understanding that the “purpose of the IME is to obtain information and expert opinion for the purposes of litigation, not to provide the patient with a ‘second opinion’ or with medical treatment.” Several respondents identified the IME process as a barrier.

Inaccurate List of Providers in the L&I Network

The fact that the list of L&I providers is not updated in a systematic or timely manner is a structural issue that leads to delays in care and even, at times, to the denial of injured worker’s claim. It can lead to L&I worker accusations towards the injured worker.

“And then, the claims manager identifying that, per the network list, provider network list, that there are providers closer to that particular worker. But the reality is, the claims managers are pulling that list, not realizing that it’s only up to date and as valid as a provider is in updating it. So, it may very well be that those providers are not accessible, and that the injured worker submitting reimbursement request is accurate, that there was not a provider closer for them to seek treatment with.”

Denial of Travel Reimbursements

In some cases, the distance of providers in the L&I network from the work or residence of the injured worker serves as a barrier. This is also related to the denial of travel reimbursements because the injured worker is seeing a provider without proper authorization. As noted by a community advocate, “What we have found from time to time with injured workers is they will send in travel reimbursement requests, and the travel reimbursement is denied with prior authorization having not been given for them to see that doctor.” In addition, travel reimbursement



requests are denied because L&I worker says that there is provider who is closer to the injured work, and therefore travel was unnecessary. However, the provider list is out of date and, in some cases, there is actually no provider more proximate to worker.

Interpreter and Language Issues

Respondents acknowledged that in most cases access to a Spanish-language interpreter is made available to the injured Latino worker. However, problems arise because, at times, the interpreter does not communicate clearly and accurately with the injured worker and mistrust is fueled. The opportunity exists for L&I to assure that Spanish-speaking workers have access to high quality interpretation services through requirements specifying interpreter training and certifications.

The following quote highlights another problem related to the use of interpreters.

“And so, for whatever reason, our referral coordinator put, ‘Patient will need translator.’ Well, he drives all the way to Seattle and gets there, and no interpreter was arranged. So, the provider would not see him, which makes sense because it wasn’t going to be an effective visit. But also, they wouldn’t call an interpreter because by the time they would get a hold of one, his appointment was over, even though he drove three hours.”

Another issue regarding language access that is highlighted in the literature was presented by a claimant who indicated that though he is able to speak English, the medical terminology used by physicians is unknown to him. Typically, this is assessed through surveys – such as the CAHPS provider surveys - asking about provider communication.

Modified Work Load

In instances where the injured worker could not yet resume her or his full-time job responsibilities, some respondents voiced appreciation of the opportunity to engage in light duty work when noted by the provider. However, while a modified or light work duty may be an available option for the doctor to recommend as part of the injured worker’s treatment plan, a modified work load is not uniformly or correctly supported or followed by L&I staff or employers.

“Light duty was prescribed but employer did not follow this, said there was no light duty work available.” A modified work load plan also puts workers of risk of losing their job. “Maybe one or two out of ten were laid off. Because there is not the light duty that they require.” A community advocated revealed:

“The problem with that light duty is that they’re working, they’re at work – This is what one lady told me. She said my supervisor wanted to give me a position where I would be directing truck traffic, and I would be sitting down, but the



L&I staff person said, ‘No, she can do her work. She’s fine. Send her back to that work.’ And her work was to clean underneath the processing machines. Well, she fell down again, and she got hurt again, because she was back doing the same thing that she shouldn’t have been doing because she should have been under modified work.”

Two respondents revealed a largely unknown facet of the modified work plan that is detrimental to the injured worker. “But because the ER physician has cleared them ‘no work,’ then automatically, with L&I, the first three days that you work is a day without pay, and then modified duty kicks in on day four. I don’t know if you knew that.” “Let’s say they put a patient in, and we take them off of work for three days. They are not aware that maybe they won’t get those three days paid.”

Workers’ Fear of Losing Job

The population of Latino workers interviewed reflect low wage earners who cannot afford to risk their jobs and fear serves as a barrier, at times, to reporting their injury and filing a claim with L&I.

As noted by a community advocate, “They have to go back to work whether they’re ready or not because they just don’t have anything else from where to eat.” In one instance, though the injured worker felt he needed to rest more than one day, he took the prescribed meds but it took nearly 10

days for the inflammation to go down and for the worker to regain ability to move fingers. Due to the importance of keeping his job and earning an income, this worker continued to work 10 days with only his left hand due to the pain in injured right hand and the inability to use it.

L&I Resistance to Proper Treatment

A perception exists among injured Latino workers, community advocates and attorneys that L&I at times resists proper treatment for injured workers. A recurring view is that L&I spends significant amount of money on fighting injured workers who seek to obtain needed medical treatment. This signals the lack of patient centered approach by L&I and diminishes trust.

Emergency Room as Source of Care

The emergency room of a hospital is commonly used as initial point of care when Latino workers are injured. Among claimants, this is due to several perceived factors—the lack of urgent care appointments in the L&I network of clinics, the distance of the office or clinic coupled with the lack of available transportation, the worker’s lack of familiarity with the healthcare system, the worker not having a regular primary care doctor, and the opportunity to receive diagnostic assessment such as X-rays at the ER. “Next day, I spoke with a L&I doctor who informed me that no appointments were available, so I went to the hospital on advice of the L&I doctor.” Many



claimants view that it is easier and quicker to be seen at a hospital than to obtain an appointment to be seen in an outpatient clinic.

In one instance, the employer sent an injured Latino worker to the clinic serving L&I clients but the worker went to a hospital instead because of its proximity. In another instance, a worker reported that he was told to go to the doctor by the employer but the worker was not informed where the doctor’s office was so he decided to go to the hospital for a hand injury. The use of hospitals as a first source of care by injured workers may contribute to the overuse of Emergency Departments, as previously noted to the Latino Center for Health by health plan administrators in central Washington.

Shortage of Bilingual Doctors and Professionals

Substantial shortage of trained professionals, including bilingual professionals, in various occupations is a historical reality in this region. This shortage has negative consequences with regards to access and trust as well as the provision of culturally responsive care. “We have a big shortage of trained professionals in various occupations in this community.” “But, again, so I think, again, if you look at this whole thing, and the continuum of this, and where it can go, I mean, yeah, if there are certain injuries that require certain professionals to respond to the various things that could result from an injury that’s not cared for, or

the opportunity is not there, then, yeah, I think there’s a shortage. I mean, even physical therapists, occupational therapists.”

Immigration Issues

The Yakima Valley is a major agricultural resource in the State, requiring a workforce to harvest a variety of crops in a timely manner. Many Latino workers employed in the agricultural industry are immigrants. A fear of deportation exists if an injured worker presents for care is an elevated perception and concern within the Latino community and among Latino workers, including H2A workers.

Delay in Seeking Treatment

In some instances, injured workers delayed seeking care, thinking that all would be fine in the next day or two. One worker thought that the pain was due to the work injury but his hand swelled and he finally went to see a L&I doctor because he couldn’t move his hand.





IV. Recommendations

In this section of the report, we offer six recommendations for L&I to consider as it sets priorities for improving the quality of care, including client-centeredness, and health outcomes of injured Latino workers in Washington State.

- Education and Training
- Linguistically and Culturally Appropriate Care
- Access to Information in Spanish
- Outreach and Community Engagement
- Primary Care and Behavioral Health Integration
- Additional Research



Recommendation 1: Education and Training

An important recommendation made by several respondents across stakeholder groups is to enhance communication and training across the L&I system so all L&I staff are aware and fully informed of L&I's practices and policies regarding the worker's compensation system and can communicate this information effectively and accurately to injured and non-injured Latino workers. Study respondents reported Latino workers were misinformed or uninformed by L&I staff on steps of claims process, claims requirements regarding worker legal status, language assistance resources available and current providers in the L&I network. Increased and systematic training for healthcare providers in the L&I network and employers is also warranted and will increase efficiency.

The provision of such training can facilitate skill building and also promote a client-centered approach to injured Latino workers. Respondents highlighted the need to implement such an approach throughout L&I organization and its network of providers. This client-centered approach has clear potential for transformation needed to diminish the perception of L&I as a bureaucratic entity. In addition, it will effectively build trust with its Latino clients and the broader Latino community.

Maintaining and disseminating a current list of healthcare providers participating in L&I network is a related area for quality improvement. L&I should develop a system to ensure that Latino workers, employers and L&I staff have access to a list of current L&I providers that is accurate and up-to-date.

Access to L&I forms and documents by community-based organizations in Latino communities was viewed favorably by study respondents. This particular type of agreed-upon access facilitated navigation of the L&I system by injured Latino workers and their advocates. Increasing the number of agreements with community organizations and providing training to them so that they can access and review L&I case documents and effectively assist injured workers with their filing/case would be impactful.



Recommendation 2: Linguistically and Culturally Appropriate Care

In terms of culturally responsive services, as noted by respondents, it is crucial for L&I to increase the number of its staff who are bicultural and bilingual in Spanish. This is perhaps a long-term goal but measurable growth in the hiring of bicultural and bilingual staff is warranted to address the linguistic needs of the increasing population of Latino workers in Washington state. Incentives by L&I for providers to increase bicultural and bilingual staff is one possible approach to this problem. Creating or partnering with educational programs at Hispanic-serving institutions in the State, of which there are several, may also be an effective approach to increasing bicultural and bilingual staff.

Ensuring access to interpreters or bilingual staff is important to language access, but equally important is assuring that the language interpretation provided is of high quality. L&I should put policies in place that ensure the proper training of individuals providing care in Spanish or interpretation services. Use of untrained bilingual staff or interpreters can be problematic and lead to patient dissatisfaction and medical errors. Use of family and untrained community members for interpretation should be strongly discouraged. As also noted by several respondents, it is important to have signage in Spanish in office and clinic locations serving Latino workers and to make visible culturally congruent images and symbols.

While these aspects of the physical environment are not directly related to diagnosis and treatment, they provide a sense of welcome to clients, patients and families and demonstrate respect of the Latino community. L&I has the opportunity to include these aspects of culturally appropriate care in its trainings of healthcare providers and in its own offices.

Indigenous and non-indigenous Latino immigrants may be accustomed to alternative and traditional healing approaches and therapies. For example, Latino markets and corner stores may sell pharmaceuticals brought from Mexico and Central America. Latino workers may also have access to and utilize sobadores and other traditional healers. Education of western trained providers in indigenous and alternative ways of healing found in Latin America may increase the cultural responsiveness of care.

Finally, the presence of ongoing discrimination and bias against Latinos in healthcare settings and by employers should be acknowledged and policies addressing non-discrimination should be widely and regularly disseminated to workers as well as healthcare providers and employers. "One of the things I've seen— I've known for years that workers, who are undocumented face significant levels of discrimination. I mean there's just, they have to tolerate a significant amount."



Recommendation 3: Access to Information in Spanish

While L&I provides useful information on its website, navigation aids such as the topic index and narrative information is only available in English. Spanish language forms are currently available via the L&I website. It is strongly recommended that L&I place Spanish webpages on website for injured workers that only read Spanish. This will increase access to clear and accurate

information regarding its services and programs. In order to monitor use of Spanish language services, L&I should track the number of visits to the Spanish language website as well as the number of Spanish language phone calls and information requests received by L&I.

Recommendation 4: Outreach and Community Engagement

L&I should increase the frequency and scope of outreach to and community engagement with Latino communities, including the use of multiple methods such as Spanish radio, social media, community health fairs and community health workers (i.e., promotoras) to educate Latino workers and the Latino community about L&I's benefits, services and worker's rights. Study respondents identified the availability of interpreters, reimbursements for transportation, online Spanish forms and the ability of an injured worker to submit documents in Spanish that LNI will translate without charge as particularly valuable L&I services.

Use of community health workers (promotoras)¹ to help Latinos navigate the healthcare system is an established best practice. L&I may want to consider developing a community health worker program or partner with existing community health worker networks to help injured Latino workers navigate the L&I claims and appeals processes.

¹ See: <https://www.cdc.gov/minorityhealth/promotores/index.html>



Recommendation 5: Primary Care and Behavioral Health Integration

Physical injuries can lead to and co-occur with mental health and behavioral health issues including chronic pain and depression. A community advocate raised the integration of behavioral health services in primary care settings as an important, but often unaddressed need.

“We end up seeing clients here who are obviously depressed about their situation, or the lack of movement, or their inability to return to work.

So, we see – yeah, the secondary symptoms of what’s happened because of their physical issues, and their work environment.”

Greater acknowledgement and focus on the linkage between physical and behavioral health and addressing health in a comprehensive and holistic manner is recommended.

Recommendation 6: Additional research

It is recommended that further research, including quantitative research, be supported by L&I to identify and support measurable progress of L&I’s efforts to be responsive to the findings of this report and accountable to its commitment and effectiveness to provide quality, culturally and linguistically appropriate services to injured Latino workers across the state of Washington. Findings from this warranted research should be broadly disseminated.

This qualitative study focuses on the experiences of various stakeholder groups in rural central Washington state, but a significant number of Latino workers live and work in other region of the state in rural and urban environments, including Skagit Valley and the urban core along the I-5 corridor between Everett and Olympia. These communities of Latino workers also de-

serve research on the quality of L&I’s health services.

This qualitative study provides unique and significant insight into the worker’s compensation system overseen by the governing agency, Department of Labor and Industries, that oversees the safety and health of Washington workers. Latino workers in Central Washington experience supports and barriers involving the filing of injury claims and accessing and utilizing the health services offered through the state’s worker’s compensation system. The experiences and perspectives revealed by the respondents are a salient voice that can be instrumental to inform change efforts of L&I as it seeks to improve in excellence in the delivery of its programs and services to the Latino community.



V. Study Limitations

This study’s findings need to be interpreted within the context of the study’s research methodology. The qualitative methodology used in this study is well suited to identifying themes among the diverse group of key informants interviewed. However, the study’s methodology does not quantify how broadly these themes are present in the community. More specifically, this study does not address the prevalence of the views expressed and summarized in the report. Quantifying the expressed views of key informants can be accomplished through survey research using representative sampling of the population as described in recommendations.



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APPENDIX 1: INTERVIEW GUIDES

-- Introductory Script: Community Advocate --

First, read through the Information Statement. Answer any questions that arise.

Thank you for agreeing to participate in this interview. The interview will last approximately 30- 45 minutes. We are interested in learning about your experience supporting Latino/Hispanic workers seeking to access healthcare services through the Washington State Department of Labor and Industries benefit program known as “L and I” or “Workers Comp”.

The Latino Center for Health is working with L&I to better understand barriers to accessing L&I healthcare services for Latino workers. None of the information you provide to us will be shared with anyone outside of the study team at the Latino Center for Health in a way that identifies you. In other words, the information you provide today will be confidential. In addition, we will not share your name or any other personally identifying information with L&I. You may choose to stop this interview at any time or skip any questions you do not wish to answer. At the end of this interview we will provide you a \$50 gift card for your participation.

We are tape-recording this session so that we can review your responses later while writing the final report. No names or any other personal information will be used in the final report. All recordings and identifying information linked to the answers you provide today will be destroyed at the end of the study (December 2019).

Do you have any questions about the recording or anything else I have said? Is it okay with you if we audio-tape this interview?

- Yes [Start audio-tape]
- No [Terminate and thank participant for their time and end interview.]

To start, I will begin by asking you a few questions about your background.

- a. What is the name of your organization?
- b. What is your job title or role in this organization?
- c. How long have you been in this role or position?
- d. Where is your work primarily located?
- e. What, if any, languages do you speak other than English?



The following questions are intended to help us understand healthcare access for Latino workers in the region.

-- Interview Guide --

1) ADVOCATE BACKGROUND:

- a. Please describe your role and organization where you currently work. Have you been a community advocate in other jobs or roles prior to your current position? If so, please describe.
- b. How long have you lived in the community you serve?
- c. How familiar are you with the Labor and Industries system?
- d. How familiar are you with the barriers that Latino/Hispanic workers encounter when seeking to access L&I healthcare benefits?

2) HEALTHCARE USE & ACCESS:

- a. In your current role, how often do you interact with Latino/Hispanic workers seeking healthcare services for work-related (occupational) injuries or illnesses?
- b. Where do you refer Latino workers for healthcare services when they present with work-related injuries or illnesses?
- c. Generally, how long does it take for a worker to receive the care he/she needs for work-related injuries? And work-related illnesses (heat, pesticide, back-pain or other bone, joint or muscle injuries)?
- d. In your opinion, how well equipped are local healthcare providers in your community to meet the work-related healthcare needs of Latino workers?
Now speaking specifically about L&I covered healthcare services:
- e. What are the most significant barriers Latino workers face when accessing L&I covered healthcare services in your community?
 - i. Language?*
 - ii. Transportation?*
 - iii. Hours?*
 - iv. Cost?*
 - v. Bureaucracy/Paper work?*
 - vi. Other?*



- f. Of the barriers you have described, which if any would you say are unique to Latino workers compared with other workers?
- g. In your opinion, what are some facilitators that allow Latino workers better access to L&I covered healthcare services? i.e. specific community resources?

3) WORKERS COMPENSATION: How familiar you with L&I workers' compensation system? (very familiar, somewhat familiar, not familiar)

- a. Please describe how you have learned about the L&I program.
- b. Have you assisted Latino workers either formally or informally to access L&I healthcare services? Please describe the kinds of experiences you have had supporting Latino workers as they seek healthcare from the L&I system.
 - i. Were these workers successful in submitting claims?*
- c. From your perspective, what barriers exist keeping Latino workers from submitting a claim? (what are most important barriers)
 - i. For example, to what extent do transportation, lack of bilingual providers, out of pocket costs, time away from work and employer retaliation exist as barriers?*
 - ii. From your perspective, what barriers exist keeping Latino workers from having a claim approved by L&I?*
- d. Do you believe there are adequate resources in your community to meet the needs of workers with L&I services? Why or why not?
- e. If you had an opportunity, what would you tell someone injured on the job about how to file a claim? About what they might expect?
- f. Is there any information that would be helpful for us to know about workers' compensation or occupational injury in general to better support Latino workers?

This concludes the questions we have for you. Is there anything else you would like to tell us? Is there anyone else you think we should speak with regarding Latino worker access to L&I services in your community?

If yes:

Thank participant and give incentive.



-- Introductory Script: Attorney --

First, read through the Information Statement. Answer any questions that arise.

Thank you for agreeing to participate in this interview. The interview will last approximately 30 minutes. We are interested in learning about your experience advocating for Latino/Hispanic workers seeking healthcare benefits from the Washington State Department of Labor and Industries benefit program known as “L and I” or “Workers Comp”. At the request of several community organizations and leaders and L & I, the Latino Center for Health is working to better understand barriers to accessing L&I healthcare benefits for injured Latino workers.

None of the information you provide to us will be shared with anyone outside of the study team at the Latino Center for Health in a way that identifies you. In other words, the information you provide today will be confidential. In addition, we will not share your name or any other personally identifying information with L&I. You may choose to skip any question you do not wish to answer or halt the interview at any time. At the end of this interview we will provide you a \$100 gift card for your participation.

We are tape-recording this session so that we can review your answers later while writing the final report. No names or any other personal information will be used in the final report. All recordings and identifying information linked to the answers you provide today will be destroyed at the end of the study (December 2019).

Do you have any questions about the recording or anything else I have said? Is it okay with you if we audio-tape this interview?

- Yes [Start audio-tape]
- No [Terminate and thank participant for their time and end interview.]

To start, I will begin by asking you a few questions about your background.

- a. What is the name of your firm or organization?
- b. What is your title or role in this firm?
- c. How long have you been in this role or position?
- d. Where is your work primarily located?
- e. What, if any, languages do you speak other than English?



The following questions are intended to help us understand healthcare access for Latino workers in the region.

-- Interview Guide --

1) ATTORNEY BACKGROUND: Could you please begin by describing the nature of your work?

- a. How long have you lived in the community you serve?
- b. How long have you been practicing law? How long have you been practicing in this community?
 - i. How long have you represented individuals seeking claims with L&I?*
- c. In your work, how often do you interact with Latino/Hispanic workers seeking healthcare services for occupational injuries or work-related illnesses?
- d. In this role, how do you help Latino workers access L&I sponsored health care services?
- e. How do you receive referrals for Latino workers seeking legal services?

2) HEALTHCARE USE & ACCESS:

- a. What are some of the main reasons Latino workers seek your services when seeking L&I healthcare benefits?
- b. From your experience, what are the main barriers Latino workers face in accessing healthcare services through the worker’s compensation system?
 - i. From your experience, what role do employers play in accessing L&I services by Latino workers?*
 - ii. From your experience, what role do healthcare providers play in accessing L&I health benefits by Latino workers?*
- c. Are there specific features of the L&I programs that make it difficult for Latino workers to obtain needed services?
- d. Do Latino workers come to you for quality of care reasons? If so, what kinds of issues are they having with healthcare providers?

3) Labor and Industries WORKERS COMPENSATION:

- a. How have you learned about the workers’ compensation program?
- b. Please tell us about your experience dealing with L&I claims – both positive and negative experiences.
 - i. Can you tell us about a time when a claim for an injury was approved with your assistance?*



ii. Do you see a difference in approvals between claims for work-related illnesses (e.g. pesticide exposure) versus injuries (e.g. broken bone or back injury)?

iii. In your experience, what are some of the main reasons Latino workers have claims denied by L&I for healthcare benefits?

iv. Have you been involved with a case when the claimant was no longer living in the United States? Please tell us about that.

c. What do you feel are the most important steps L&I should take to improve access to its Workers' Compensation system for Latino workers?

This concludes the questions we have for you. Is there anything else you would like to tell us? Is there anyone else you think we should speak with regarding Latino worker access to L&I services in your community?

If yes:

Thank participant and give incentive.



-- Introductory Script: Injured worker with Active Claim --

First, read through verbal consent form. Answer any questions that arise.

Thank you for agreeing to participate in this interview. The interview will last approximately 30- 45 minutes. We are interested in learning about your experiences accessing healthcare services through the Washington State Department of Labor and Industries benefit program known as "L and I" or "Workers Comp".

The information gathered will help provide better service to injured workers. None of the information you provide will be shared with anyone outside of the study team at the Latino Center for Health in a way that identifies you. In other words, any personally identifying information you provide today will be confidential and will not be shared with your medical provider, L&I or any other government agency. Nothing you say here will affect the care you may receive as a result of your L&I claim. You may choose to skip any questions you do not wish to answer, and you may end the interview at any time. At the end of this interview we will provide you a \$50 gift card for your participation.

We are tape-recording this session so that we can review your answers later while writing the final report. No names or any other personal information will be used in the final report. All recordings and identifying information linked to the answers you provide today will be destroyed at the end of the study (December 2019).

Do you have any questions about the recording or anything else I have said? Is it okay with you if we audio-tape this interview?

- Yes [Start audio-tape]
- No [Terminate and thank participant for their time and end interview.]

To start, I will begin by asking you a few questions about your background.

[DEMOGRAPHIC QUESTIONNAIRE]



The questions below reference the injury you reported occurring on [DATE] that resulted in you filing a claim with L&I.

-- Interview Guide --

1) PARTICIPANT BACKGROUND: Could you please begin by describing your injury and the place you were working when you were injured?

- a. What type of work were you doing?
- b. How long have you been doing this type of work?
- c. How long have you worked for this employer?

2) Was there a delay in receiving initial treatment after your injury or illness?

- a. If delayed, why did you wait?
- b. What role did your employer play in helping you get medical care?
- c. Did your employer direct you to a specific health care provider or were you responsible for finding a doctor?
- d. Did an employer representative accompany you to your initial visit to the ER or to a doctor's office? What role did the employer representative have in the visit?
- e. How does your employer inform you about your benefits from the worker's compensation program?
- f. Has your employer ever discussed your claim with you? If so, what was the nature of the conversation?
- g. Has your employer offered you a reduced schedule or light duty as directed by your doctor?
- h. Have you received any training on occupational safety at your job? If so, could you please describe? What safety topics were discussed? Were they offered in English? In Spanish?

3) HEALTHCARE USE: How many times have you seen a doctor about your injury since you were first injured?

- a. How did you find your doctor?
- b. How long does it take for you to get to your doctor's office from your home?
- i. Is getting to your doctor's appointments a problem? If so, why?
- c. If English is not your primary language, what options were provided to you by the doctor's office for interpretation?



- d. What treatment options were offered for your injury?
- e. Have you been able to get all the specialty care you need? Specialty care refers to care from doctors with specialties like orthopedics, cardiology or surgery.
- i. How about physical therapy or chiropractic care?
- f. How satisfied are you with the medical care you are getting?

4) WORKERS COMPENSATION:

- a. Could you please describe how you first learned about workers compensation?
 - i. How did you learn about your right to file a claim?
 - ii. Where did you receive information about workers compensation?
 1. Was information available in English and in Spanish?
 2. Have you ever used the internet to access information about workers' compensation? If you wanted to learn more, would you feel comfortable using the internet?
 - iii. Was there anyone that was helpful to you in filing for L and I?
 - iv. Where would you go if you have questions about your claim?
 - v. What are your impressions of the workers compensation program?
- b. Did you ever submit a claim for workers compensation and were denied?
 - i. What were the reasons given for denial?
 - ii. How was this handled?
- c. Are you worried about how your employer would react to you seeking workers' compensation claim? What are some of your concerns?
- d. What do you see as the biggest hurdles to submitting a workers' compensation claim?
 - i. Probes: Transportation, bilingual services, cost, time

5) FINAL THOUGHTS/ADVICE:

- a. If you could give advice to a co-worker about what to do if they are injured on the job, what would it be?

This concludes the questions we have for you. Is there anything else you would like to tell us?

Thank participant and give incentive.



-- Introductory Script: Worker, no active claim --

First, read through verbal consent form. Answer any questions that arise.

Thank you for agreeing to participate in this interview. The interview will last approximately 30 minutes. We are interested in learning about your familiarity with the Washington State Department of Labor and Industries benefit program known as “L and I” or “Workers Comp”.

None of the information you provide will be shared with anyone outside of the study team at the Latino Center for Health at the University of Washington in a way that identifies you. In other words, the information you provide today will be confidential. In addition, we will not share your name or any other personally identifying information with L&I or with your employer. You may choose to skip any questions you do not wish to answer and you may end the interview at any time. At the end of this interview we will provide you a \$50 gift card for your participation.

We are tape-recording this session so that we can review your answers later while writing the final report. No names or any other personal information will be used in the final report. All recordings and identifying information linked to the answers you provide today will be destroyed at the end of the study (December 2019).

Do you have any questions about the recording or anything else I have said? Is it okay with you if we audio-tape this interview?

- Yes [Start audio-tape]
- No [Terminate and thank participant for their time and end interview.]

To start, I will begin by asking you a few questions about your background.

[DEMOGRAPHIC QUESTIONNAIRE]



-- Focus Group Guide --

1) PARTICIPANT BACKGROUND: Could you please begin by describing the nature of your work and the organization you work for?

- a. What type of work do you do the majority of the time?
- b. How long have you been doing this type of work?
- c. Where are you employed?
- d. How long have you worked for this employer?

2) OCCUPATIONAL SAFETY: Have you ever been injured while on the job?

- a. If so, can you please describe the injury? Did you seek medical care for the injury? Did you submit a claim to L&I to cover the cost of the medical care?
- b. What role did your employer play in helping you get medical care and submit a claim to L&I?
- c. If you could give advice to a co-worker about what to do if they are injured on the job; and what would it be?
- d. Have you received any training on occupational safety at your job? If so, could you please describe?
 - i. What safety topics were discussed?*
- e. Do you feel you know what to do if a workplace injury or illness if it happens?
- f. Do you have a medical provider or clinic where you go for regular medical care?
- i. If so, how long does it take to get to your doctor’s clinic? Are the hours convenient for you?

3) WORKERS COMPENSATION: Have you heard of workers’ compensation?

- a. If so, could you please describe what you know about it?
- b. Where did you receive information about workers compensation?
 - i. Was the information available in English and in Spanish?*
 - ii. Have you ever used the internet to access information about worker’s compensation? If you needed to learn more about workers compensation, would you feel comfortable using the internet?*
- c. Have you ever submitted a claim for workers compensation that was denied?
 - i. What were the reasons it was denied?*
 - ii. Did you feel the reasons were fair?*



- d. Was information available in English and in Spanish?
- e. Are you worried about how your employer would react to you seeking a workers' compensation claim for a work injury or illness? What are some of your concerns?
- f. What do you see as the biggest barriers to submitting a workers' compensation claim?
- i. Probes: Transportation, bilingual services, cost, time
- g. Is there any information that would be helpful for you to know about workers' compensation or occupational injury in general?

This concludes the questions we have for you. Is there anything else you would like to tell us?

Thank participant and give incentive.



APPENDIX 2: TABLE 1 – PARTICIPANT DEMOGRAPHICS

Table 1. Claimant and Non-Claimant Demographics (N=14)

	Total (N=14)			Active Claimants (N=10)			Non Claimants (N=4)		
	Mean (SD)	N	%	Mean (SD)	N	%	Mean (SD)	N	%
Age	41.5 (13.3)			45.0 (12.0)			34.0 (14.0)		
Gender / Sex									
Male		6	42.9		5	50.0		1	25.0
Female		8	57.1		5	50.0		3	75.0
Years lived in U.S.									
Less than 5 years		1	7.1		1	10.0		0	0.0
5-10 years		1	7.1		1	10.0		0	0.0
More than 5 years		12	85.7		8	80.0		4	100.0
Country of Birth									
United States		1	7.1		0	0.0		1	25.0
Mexico		13	92.9		10	100.0		3	75.0
County of residence									
Benton County		5	35.7		3	30.0		2	50.0
Yakima County		8	57.1		6	60.0		2	50.0
Adams County		1	7.1		1	10.0		0	0.0
Years lived in county									
Less than 5 years		3	21.0		2	20.0		1	25.0
5-10 years		3	21.0		3	30.0		0	0.0
More than 5 years		8	57.0		5	50.0		3	75.0
Language									
Only Spanish		9	69.2		7	70.0		2	50.0
More Spanish than English		3	23.1		3	30.0		0	0.0
Both about the same		1	7.7		0	0.0		1	25.0
More English than Spanish		1	7.7		0	0.0		1	25.0
Marital Status									
Married, living w/ spouse		6	42.9		4	40.0		2	50.0
Married, living separately		1	7.1		1	10.0		0	0.0
In domestic partnership		2	14.3		2	20.0		0	0.0
Single		4	28.6		2	20.0		2	50.0
Widowed		1	7.1		1	10.0		0	0.0



Table 1. Claimant and Non-Claimant Demographics (N=14)

	Total (N=14)			Active Claimants (N=10)			Non Claimants (N=4)		
	Mean (SD)	N	%	Mean (SD)	N	%	Mean (SD)	N	%
Education									
Did not attend		1	7.1		1	10.0		0	0.0
Elementary school		6	42.9		4	40.0		2	50.0
Middle or junior high school		3	21.4		3	30.0		0	0.0
High school diploma/GED		1	7.1		0	0.0		1	25.0
Bachelor's degree or higher		3	21.4		2	20.0		1	25.0
Employment status									
Employed full-time		11	78.6		8	80.0		3	75.0
Not currently working		3	21.4		2	20.0		1	25.0
Average weekly work hours									
30-40 hours		7	64.0		5	62.0		2	67.0
More than 40 hours		4	36.0		3	38.0		1	33.0
Annual household income									
11,000-20,000 per year		1	7.7		1	10.0		0	0.0
21,000-30,000 per year		4	30.8		3	30.0		1	25.0
31,000-40,000 per year		3	23.1		3	30.0		0	0.0
41,000-60,000 per year		3	23.1		2	20.0		1	25.0
61,000 or more per year		2	15.4		0	0.0		2	50.0
Work Industry									
Agriculture & Farming		9	81.8		7	88.0		2	66.7
Healthcare, pharmaceutical		1	9.1		0	0		1	33.3
Entertainment, hospitality		1	9.1		1	12.0		0	0.0

**Due to rounding, percents may not total to 100*