



LANGUAGE SERVICES ISSUE BRIEF

AFFORDABLE LANGUAGE SERVICES: IMPLICATIONS FOR HEALTH CARE ORGANIZATIONS

Overview

Clear communication between health care providers and patients is essential for patients to receive safe, high quality health care services. Understanding and processing medical and treatment information can be challenging for many patients, but for those patients who do not speak English as their primary language or who have difficulty reading, writing or understanding English, it can be nearly impossible. For the 21 million persons in the U.S. over the age of 5 with limited English proficiency (LEP),¹ the inability to communicate clearly with providers during health care encounters can result in serious misunderstandings about diagnosis and treatment. LEP patients have a higher risk of misdiagnosis and adverse medication reactions,^{2,3,4} and have greater difficulty getting the care they need^{5,6} and understanding diagnoses and treatment advice.⁷ Sometimes inadequate communication during health care encounters can even result in death.⁸ The Institute of Medicine, in a series of reports has identified effective communication as an important element in preventing medical errors and eliminating disparities in health care outcomes for LEP patients.⁹

The U.S. is more linguistically diverse now than at any time since the early 1900s. Recent immigration trends have significantly increased the number of people who speak a language other than English at home. This segment of the population grew by 38 percent in the 1980s and by 47 percent in the 1990s.¹⁰ By 2000, 47 million persons over the age of 5 spoke a language other than English in the home. Rapid growth of the LEP population is emerging as a new risk that few health organizations are prepared to handle. Adding to this complexity for health care organizations is the fact that language barriers affect hundreds of different language communities. The most rapid growth has been in smaller language communities, with the numbers of Russian speakers nearly tripling and Vietnamese and French Creole (including Haitian Creole) speakers doubling over the last decade. Such language barriers threaten the health care of millions of people.

Language Barriers Can Be A Life Or Death Issue

SAVANNAH—Leticia Xotia Herrera, a 17-year-old mother of two, died this February at Memorial Health University Medical Center in Savannah, after a friend who speaks limited English accompanied Herrera to the emergency room was relied on to play her interpreter for doctors treating the recent Mexican immigrant.

Herrera was treated for a possible stomach infection and told to go home. Her condition turned worse less than a week later, and she was brought back to Memorial Health, where she later died. Friends and family wonder if her death could have been prevented by having a Spanish-speaking interpreter available.

Travis Loller, The Island Packet, 5/22/05

To address this problem, The Robert Wood Johnson Foundation funded Hablamos Juntos (Spanish for “We Speak Together”), an initiative to develop affordable solutions for eliminating language barriers in health care. This work is focused on Spanish speakers, who account for approximately 60% of LEP patients seeking health care. This population is comprised of people from 20 different countries¹¹ where the Spanish language has evolved into many regional varieties. This brief highlights the effects of language

barriers on patient safety and quality of health care, and the challenges organizations must overcome in order to effectively address language barriers. Drawing on the experiences of the 10 Hablamos Juntos demonstration sites, this brief also highlights the lessons that participating providers, health plans and other organizations learned, and suggests next steps that need to be taken in order to ensure that the Nation's LEP patients receive safe, high quality health care.

Effective Communication: An Age-Old and Continuing Challenge

Understanding diagnoses, treatment advice, or instructions from health care providers is arguably the most critical part of the health care service encounter for patients. Effective communication enables patients to participate in health care decisions and self-manage chronic conditions. *Crossing the Quality Chasm*, a report released by the Institute of Medicine about the quality of health care in America, concluded that effective methods of communication and improved information infrastructure are needed to facilitate effective and timely communication between patients and providers.¹²

Another Institute of Medicine report, *Unequal Treatment: Confronting Racial and Ethnic Disparities in Care*, provides compelling evidence that disparities in medical care and health outcomes exist for racial and ethnic minority populations in a number of health conditions and services. The report concludes that professional interpreter services should be the standard of care for situations in which language differences pose barriers to care.¹³ In addition to studies and a growing body of research evidence linking language barriers to quality of health care, the imperative for health care organizations to act is also embedded in federal and state laws. Title VI of the Civil Rights Act obligates health care organizations to provide interpretation and translation services so that LEP patients can have access to health care services equal to that of English speakers.¹⁴ Several state statutes now also provide legal mandates around minimal efforts required to address language barriers.

Language Barrier Called Health Hazard in E.R.

When a Spanish-speaking hospital receptionist refused to interpret during her lunch hour, doctors at St. Vincent's Staten Island Hospital turned to a 7-year-old child to tell their patient, an injured construction worker, that he needed an emergency amputation.

With no one to bridge the language gap for another patient, a newly pregnant immigrant from Mexico with life-threatening complications, doctors pressed her to sign a consent form in English for emergency surgery. Understanding that the surgery was needed "to save the baby," the young married woman awoke to learn that the operation had instead left her childless and sterile.

Those cases were among dozens detailed in a civil rights complaint contending that the lack of basic translation services at St. Vincent's and three other New York City hospitals endangers their immigrant patients and violates state and federal law.

Nina Bernstein, New York Times, 4/21/05

Rhode Island's Interpreter State Law Helps Drive Hablamos Juntos Implementation

In 2001, Rhode Island's Legislature passed a State law requiring that every hospital in the state provide qualified interpreters and/or bilingual clinicians for LEP patients, and also fulfill other language-related requirements such as banning the use of children under age 16 for interpretation, by July 2002. This law has gotten the attention of Rhode Island's provider community, including Neighborhood Health Plan of Rhode Island, one of ten national demonstration sites for the Hablamos Juntos initiative.

Health care organizations have an opportunity to take practical steps to systemically improve communication practices for **all** patients. Solutions to language barriers can be created by adapting information systems so that language preferences of patients are routinely collected and patient instruction materials are produced in multiple languages. This is particularly salient as health care organizations move toward electronic medical records. Providing medically trained professional interpreter services is another step that organizations can take to reduce language barriers and increase health care quality.

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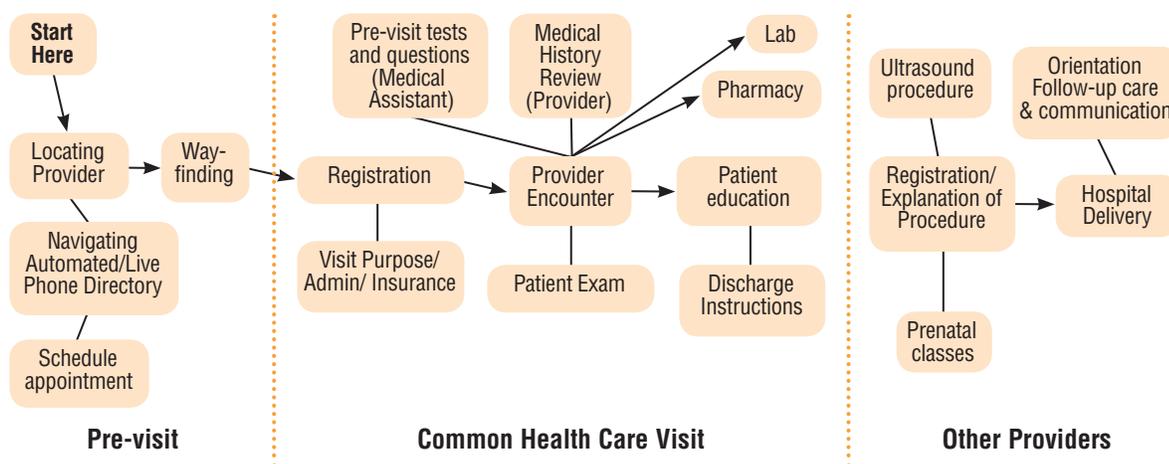
However, even the best-intentioned and inspired changes within an organization are not enough to eliminate this problem. A lack of national and local investments to develop broad *language services*¹⁵ capacity has forced health care organizations, individually, to expend resources in order to create the basic building blocks needed to eliminate language barriers. The basic building blocks needed include standardized training programs and tools to assess language proficiency and interpreting skills of potential interpreters.

Health care organizations alone cannot develop the language services infrastructure needed by LEP patients. Initiatives are needed to create local, regional or national interpreting resources flexible enough to reach across the boundaries of health organizations. Even when an organization provides interpreter services, the *Unequal Treatment* report cautions that having interpreter services available may not be enough to improve health outcomes.¹⁶ Without broader language services capacity in place such as subscriptions supported regional language banks that enable telephone and in person interpreters to be available on demand across all provider sites, LEP patients will continue to suffer a lack of continuity of care, redundancy and miscommunication as they move from one provider setting to another.

Language Barriers: Through the Patient's Eyes

LEP patients face barriers to the health care delivery system at many levels. These include finding a doctor, scheduling an appointment, getting to an appointment, and arranging for subsequent treatment and follow up. The map below depicts the route of an average health encounter for an expecting new mother. From a patient's perspective, language services are needed to penetrate and navigate all aspects of the health system, thus language services must go beyond the reach and scope of single health organizations.

Typical Communication Junctures for a Health Visit



Each box represents a stop along the health care path. Many stops are routine “communication junctures”¹⁷ where administrative or clinical information must be exchanged—all of which influence how the patient experiences health care delivery, the information received and given, decisions made or opinions formed by both providers and patients, and ultimately the quality of care received.

As the above diagram shows, health care for this new mother requires her to navigate different health care settings and to communicate with numerous people, all of whom contribute to her care. This LEP patient must overcome many hurdles in order to access quality care, including: finding a provider who accepts new OB patients with her financial circumstances; scheduling and undergoing a medical exam; and engaging in health care information exchanges, both administrative and clinical, common to health visits. While health care leaders can help to ensure that their organizations are prepared to help LEP patients get through all of the stops in a health care visit, broader approaches (community, regional or national level solutions) are required in order for language services to be available across, and within, every health organization LEP patients must visit to get the care they need.

Language Barriers: The Health Provider's View

Language barriers are a national concern, although their consequences are not yet broadly felt. As a result, the attention paid to language barriers varies by community. Some health providers are further along than others, particularly those in communities with heavier concentrations of LEP populations. In the six states where the most rapid growth of LEP populations has occurred, health organizations may feel more urgency than other providers.¹⁸ Physicians in some communities can easily list six or seven different language groups in their practices.¹⁹ From a health provider's perspective, effective communication is important with *every* patient, irrespective of the language they speak.

The absence of universally available language services is a national health care system failure, the burden of which is bore by LEP patients and their health providers. Furthermore, a lack of coordinated attention to the issue of language barriers leaves many provider organizations on their own to fund additional interpreters and efforts to reduce language barriers. Payment policies that fail to support efforts to address language barriers in a coordinated fashion contribute to sub-optimal quality performance, patient safety issues and waste resources.

Practical Solutions for Health Organizations

As part of Hablamos Juntos participation, demonstration sites worked to increase the number and quality of medical interpreters. While all demonstrations focused on LEP Latinos, the challenges and opportunities these organizations faced hold lessons for health care organizations serving other language groups. This portion of the brief highlights the lessons learned broadly across all demonstrations. It also provides a glimpse of the context in which health care organizations must work to address language barriers, common challenges faced by participants and emerging solutions used by demonstration sites.*

Hablamos Juntos demonstrations vary in organizational size, type and locale. As a result, each site faced unique opportunities and challenges in addressing language barriers. Geographic diversity is particularly important because the size of an LEP community often drives the demand for language services. Additionally, the longer a particular language community has co-existed in a region, the better enabled its members are to learn English while health care organizations take the necessary time to adequately learn about the needs of that particular community. More established heritage language communities can be a local resource to assist health organizations in addressing language barriers. Language communities just emerging in a region often provide more challenges for health care organizations.

* A Web-based resource guide, expected on Hablamos Juntos' Web site in early 2006, will provide information about tools and interventions used by demonstration sites that are replicable by others, and will also provide a variety of ways demonstrations sought to eliminating language barriers. The focus will be on actions health organizations can take to improve care for LEP populations, such as establishing new medical interpreter services and effectively utilizing the skills of bilingual workers. Also featured will be low-tech and high-tech tools developed by the demonstrations to help LEP patients traverse the administrative and clinical "communication junctures" within health organization. New technology such as computer-based bilingual (English-Spanish) Medicaid Application software and information about video conferencing equipment used in the demonstrations will be also available.

Hablamos Juntos' Concentration Areas

The effort is focused on three priority language services: 1) increasing availability and quality of interpreter services for Spanish-speaking patients in health care facilities; 2) providing useful health care-related material in Spanish; and 3) developing easy-to-understand ways for non-English speaking patients to navigate health care facilities. To learn more about this effort, visit: <http://www.hablamosjuntos.org>

Demonstrations used inward and outward approaches to reduce language barriers. Inward, or organization-based, approaches looked to develop new capabilities within a health care organization. This included establishing or expanding medical interpreter services, or hiring bilingual employees. Outward approaches looked to engage community-wide partners to develop needed resources that all local health organizations could share. Common outward approaches involved establishing formal programs in local colleges or universities to train medical interpreters, and creating interpreter services to be shared by local health providers.

Organization-based Approaches

Most demonstrations developed or expanded interpreter services. The lack of national standards for health interpreters, and tools to assess language or interpreting proficiency, required demonstration sites to create the tools needed to assess, hire and train interpreters. In regions where language barriers were new or emerging, the learning curve proved steep, requiring extraordinary expenditure of resources to assess, hire and train interpreters. Even when supportive executive leadership designated these programs as important priorities, the integration of hired interpreters into these organizations presented unanticipated challenges. Hiring and training interpreters are clearly the first steps on a long journey toward creating organizational environments supportive of medical interpreters.

Developing interpreter programs. Demonstration sites used both traditional and newly developed approaches for deploying interpreters. In traditional programs, interpreters are hired to work as part of a language services department, responding to calls throughout the health organization as needed. Meanwhile, Inova Health System, a large multi-hospital system in Northern Virginia, developed a hybrid approach, using both a traditional interpreter service and a patient navigator model where interpreters are assigned to patients to assist them throughout their health experience. Molina Healthcare, a California-based Medicaid managed care plan with many bilingual employees, created a substitute for interpreters by developing a nurse call center with Spanish-speaking doctors and nurses to answer health questions, link callers to member services and help enrollees navigate the health plan network.

Recruiting interpreters. Recruiting interpreters or bilingual employees from heritage language communities is a common strategy, although this is less available in regions with emerging language communities. However, research finds that even those people who retain their heritage language do not always reach full proficiency in the heritage language.²⁰ Social pressures to assimilate into the dominant culture result in heritage speakers with marginal native language ability. As a result, it is important that health care organizations test for language proficiency before hiring interpreters or using bilingual employees to interpret.

Using technology-based solutions. Computer-based software or low-tech tools, such as point-to-cards, "I Speak" cards, pre-recorded audio messages or instructions, and process improvement techniques can be used to overcome language barriers at administrative and clinical "communication junctures." Further, as health care organizations improve internal information system capacities, from data collection efforts to performance improvement monitoring and electronic medical recording development, it is important for staff to learn effective methods for communicating with all patients, and especially LEP patients.

Exploiting Existing Opportunities

The decision to implement an electronic medical record system had already been made when The Med in Memphis, Tennessee became an Hablamos Juntos demonstration site. Installation planning created opportunities to consider how language needs could be addressed. The new system now enables a patient's preferred language to be part of the medical record, and the technology to produce patient discharge instructions and health education materials is being adapted to enable these to be printed in the patient's preferred language.

Employing other practical steps. Health care organizations can develop improved capacity to service LEP patients in a variety of other ways. A simple first step is to look at how first contact positions, such as operators, registration and scheduling staff, are dealing with patients with whom they can not communicate—have solutions been developed or are employees inventing solutions as they go? Other strategies include increasing awareness among employees about the effects of language barriers on patient safety and quality of care, offering training for employees about working through interpreters, and developing hiring policies that consider language needs of patients. Still other strategies include offering pay

incentives for language skills development, developing practice guidelines for using bilingual workers, using symbols-based or multilingual signage and other systemic change to create supportive environments where inward approaches can thrive.

Outward Approaches

Demonstration sites used several approaches for developing the basic building blocks needed in the community for effective language services. These included developing training programs to produce qualified medical interpreters, and centralizing time-consuming efforts to recruit, assess and hire interpreters. Additionally, demonstration sites worked with the National Program Office of Hablamos Juntos to pilot test language proficiency and interpreter assessment tools.

Training for medical interpreters. The absence of national standards for interpreter training means that medical interpreters receive highly variable training, if they receive any training at all. The most common way for interpreters to be trained is through abbreviated commercial workshops that typically run 20 to 48 hours. These programs rarely test for language proficiency, and tend to cram too much information into too short a period of time to be effective. When such workshops are not available, health care organizations provide interpreter instruction through in-service training, or on the job training with supervision. Hablamos Juntos demonstrations are showing that better ways exist to train medical interpreters. Five demonstration sites successfully partnered with local colleges to launch health care interpreter training programs. Demonstrations also helped participating local colleges build a business case for the programs.

Developing language services agencies. Two demonstration sites developed local language services agencies to provide area hospitals with access to qualified medical interpreters, and to generate economies of scale in hiring, training and supervising medical interpreters. Four South Carolina hospitals created Medverse, a not-for-profit agency that enables its partners to develop and run hospital-based interpreter programs. The Central Nebraska demonstration expanded the current statewide telemedicine infrastructure to provide medical interpreting to six local hospitals using video-conferencing equipment. Both language agencies aim to create a common source of qualified Spanish medical interpreters available to community health care organizations.

Implications of Lessons Learned

Through the experience of a diverse set of Hablamos Juntos demonstrations, health care organizations are gaining a deeper understanding of the challenges that patients and their health care providers face in overcoming language barriers. The two-year implementation of Hablamos Juntos also served to underscore a prevailing naiveté about the level of investment (in both time and money) required of health organizations to meet the language needs of their LEP patients.

Until this burden becomes more visible, the consequences of language barriers will continue to fall disproportionately on the most vulnerable patients, and the providers who care for them. Absent new funding, the willingness of health organizations to invest in solutions will vary. Health care organizations that understand the risks posed by language barriers can develop a variety of solutions to overcome language barriers. Those committed to quality health care can also find many opportunities to address language barriers through information system technology designed to promote effective communication. Promoting practical steps, as well as using systemic approaches and known techniques such as performance improvement and rapid change cycle methods, can also help organizations improve their ability to respond to LEP populations and to create environments supportive of language services. But health care organizations can not do this alone.

National and state efforts are required to develop the basic building blocks to produce the “qualified trained interpreters” health organizations need. There is no valid reason that health care organizations should independently develop the means to acquire trained medical interpreters. Individual organizations do not have the resources required to meet the needs of hundreds of language communities that have a right to safe and quality health care. Clear communication for all patients is essential in order for the U.S. health care system to deliver safe, equitable and high-quality care.

September 2005

About Hablamos Juntos

Hablamos Juntos (Spanish for “We Speak Together”) is a project funded by the Robert Wood Johnson Foundation and administered by UCSF Fresno, Center for Medical Education & Research, to develop affordable models for language access. The ten demonstration sites funded under Hablamos Juntos included health plans, hospital systems, nonprofit community organizations and educational institutions. To learn more visit: <http://www.hablamosjuntos.org>

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Endnotes

- 1 U.S. Census defines limited English proficient as anyone who answers less than “very well” to the question: “How well do you speak English?” The possible answers are: very well, well, not well, not at all.
- 2 Ku, L and G. Flores (2005) Pay Now or Pay Later: Providing Interpreter Services in Health Care. *Health Affairs*, Vol. 24 (2), p.435-444
- 3 Brach, C., Fraser, I. and K. Paez (2005) Crossing the Language Chasm. *Health Affairs*, Vol. 24 (2) p. 424-434
- 4 Wilson E., Chen A. H., Grumbach K., Wang F., and A. Fernandez (2005) Effects of Limited English Proficiency and Physician Language on Health Care Comprehension. *Journal of General Internal Medicine*, Vol. 20 (9), p 800-806
- 5 Woloshin S., Schwartz L. M., et al, (1997) Is Language a Barrier to the Use of Preventive Services? *Journal of General Internal Medicine*, Vol. 12, p. 472-477
- 6 Shapiro J and E. Saltzer (1981) Cross-cultural Aspects of Physician-patient Communication Patterns. *Urban Health*, Vol 10, p.10-15
- 7 Baker, D.W., Parker, R. M. Williams, M.V. Coates, W. C. and K. Pitkin (1996) Use and effectiveness of interpreters in an emergency department. *Journal of the American Medical Association* Vol. 275 p. 783-88.
- 8 Loller, T. (2005) Language Barrier can be a life or death Issue. *The Island Packet*, May 22, 2005.
- 9 Institute of Medicine (1999) *To Err is Human: Building a Safer Health System*, Committee on Quality of Health Care in America. Editors, Kohn, L. T., Corrigan, J. M. and M. S. Donaldson. National Academy Press, Washington, D.C. *To Err is Human*, first of three IOM reports referenced in this brief, identified effective communication as an important element in preventing medical errors. The other two reports are referenced below.
- 10 U. S. Census (October 2003) Language Use and English-Speaking Ability: 2000. Census 2000 Brief <http://www.census.gov/prod/2003pubs/c2kbr-29.pdf>
- 11 Spanish is the official language of 20 countries; there are more than 30 countries and territories in which Spanish is widely spoken. www.bcpl.net/~sullivan/modules/Spanscountries (9/3/2005 2:45 PM). Equatorial Guinea and Democratic Republic of the Congo are sometime also counted as Spanish speaking countries. www.aneke.com/spanish.html (9/3/2005 2:25 PM)
- 12 Institute of Medicine (2001) *Crossing the Quality Chasm, A New Health System for the 21st Century*. Committee on Quality of Health Care in America, National Academy Press, Washington, D.C. p. 211
- 13 Institute of Medicine (2003) *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*. Editors, Smedley, B. D, Stith, A. Y. and A. R. Nelson. Committee on Understanding and Eliminating Racial and Ethnic Disparities in Health Care, National Academy Press, Washington, D.C. p. 192
- 14 Perkins J. (2003) Ensuring Linguistic Access in Health Care Settings: An Overview of Current Legal Rights and Responsibilities. Available at <http://www.kff.org/uninsured/loader.cfm?url=/commonspot/security/getfile.cfm&pageID=22093> (8/29/2005 10:28 PM); and Presidential Executive Order 13166 (2000) “Improving Access to Services for Persons with Limited English Proficiency.” *Federal Register* 65, No. 159:50121. Available at <http://www.dol.gov/oasam/regs/statutes/Eo13166.htm> (8/29/2005 10:31 PM)
- 15 The term *language services* is used in this brief to call attention to the need for a systems approach to overcoming language barriers where medical interpreters are supplemented by a variety of solutions.
- 16 *Ibid* p. 192
- 17 The term “communication juncture” is used by the National Program Office to refer to predictable encounters with the health care system where patients are asked or given information. In many cases these junctures are predictable and routine.
- 18 Nevada (193 percent) Georgia (164 percent) North Carolina (151 percent), Utah (110 percent), Arkansas (104 percent), and Oregon (103 percent)
- 19 Lake, Snell and Perry Associates Inc. (March 2004) Physician Perspectives on Communication Barriers Insights from Focus Groups with Physicians Who Treat Non-English Proficient and Limited English Proficient Patients (Executive Summary). Lake, Snell and Perry Associates Inc. A study sponsored by The Robert Wood Johnson Foundation –Hablamos Juntos.
- 20 Portes, A., & Hao, L. 1998. E Pluribus Unum: Bilingualism And Loss Of Language In The Second Generation. *Sociology of Education*, 71: 269-94.