Increasing Access to Culturally and Linguistically Appropriate Health Care Services

Mireya Muñoz, Program Director
PALS for Health/ALAS para tu Salud
Who We Are

- Non-profit CBO
- Medical Interpretation
- Written Translation
- Language proficiency testing
- Health care interpreter training
- Provider Cultural Trainings
- Patient language rights education
- Patient leadership Development
Barriers to Care

- Transportation
- Cultural factors
- Health system navigation
- Unaware of available health programs
- Disclosing income and immigration info
- Language
Limited English Proficient Persons:

United States Residents (2010 Census)
52 million spoke language other than English
25.2 million considered Limited English Proficient

California Residents (2010 Census)
15.3 million spoke language other than English
6.9 million considered Limited English Proficient
Challenges Faced by LEP Persons

• Lack of knowledge of language rights
• Lack of knowledge of health care system
• Cultural factors: Questioning authority figures (i.e. health care provider) is inappropriate
• Stigma related to health services (i.e. mental health, SA)
• Fear of substandard care and retaliation
• History of “forced” utilization of untrained interpreters
• History for “forced” utilization of minors including children
Interpreting is a simple task.

Anyone who is bilingual can effectively interpret; including children.

If a person is bilingual, they are fluent in both languages.

Interpreting is simply language translation.
Language Assistance in Health Care Settings – FACTS

- Interpreting is a complex skill.

- Language proficiency may be inadequate unless raised and educated in the non-English language.

- Interpreters must understand different world views and cultural perspectives with regards to the patient’s health and health practices/beliefs.

- Interpreters must be tested and trained.

- Interpreters must have strong command of medical terminology in English and the target language.

- Interpreters must possess excellent memorization skills.
Language Assistance in Health Care Settings

**Current state of affairs**

- Family or friend (including minors)
- Stranger in the waiting room
- Secretarial or custodial staff
- Bilingual staff/providers untrained to be interpreters
- Bilingual staff/providers who have not undergone language proficiency assessment
- “Make do”
Some Consequences

- **Family or friend (including minors)**
  Eight year old girl interprets for her parents who are at the hospital trying to get her fifteen year old brother into a residential drug treatment program.

- **Stranger nearby**
  Patient in labor was used to interpret for another L&D patient.

- **Secretarial or custodial staff**
  Patient undergoing surgery to remove fluid from his brain has pre-op instructions interpreted by a painter.

- **Bilingual staff untrained to be interpreters and/or untested for language proficiency**
  Patient is informed that she has hepatitis instead of diabetes.

  Provider uses Filipina nurse to interpret for Latino man who is being treated for severe lacerations.

* **Make Do** – Patient undergoing gynecology exam had to enlist the help of a 10th grade boy who is at the same hospital to interpret.
Why Family and Friends & Untrained Staff May Not Be the Best Interpreters

- Their English may not be good enough.
- Some people, especially children, are not fluent enough in your native language.
- If they do not work in the medical field, they may not know important words or concepts.
  …appendix, arthritis, chemotherapy, blackout, withdrawals, downers, cravings…
- They often forget to interpret important things you say.
- It may be embarrassing for you or for your family member if sensitive issues come up.
- There are issues that you may want to keep private. You have a right to privacy.
- Sometimes they may have their own opinions or goals.
Consequences of Using Untrained Interpreters – A Research Study

- Recorded pediatric encounters with interpreters
- Errors with clinical consequences committed by 77% (untrained) compared to 53% (trained)
- Errors include omissions, false fluency, substitution, editorialization and addition
- Errors include omitting drug allergies, telling the patient not to answer, wrong medication instructions, recommending own treatments, etc.

<table>
<thead>
<tr>
<th>Nama Pesakit:</th>
<th>Nama Ubat:</th>
<th>Arahan:</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Lin</td>
<td>Crixivan (empat ratus mg)</td>
<td>Telan dua biji, tiga kali sehari.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Jangan makan dua jam sebelum dan satu jam selepas anda makan ubat ini.</td>
</tr>
</tbody>
</table>

**Mustahak! Sila baca:**

Ubat ini mungkin menyebabkan cirit birit, loya, kagatalan kulit, kekeringan kulit, sakit kepala, atau sakit perut.

Pesakit dinasihatkan supaya minum banyak air untuk mengelakkan pembentukan batu karang.
It is best to use a trained medical interpreter.

Trained medical interpreters:
- Are fluent in both languages.
- Have studied medical words.
- Have good memories so they can repeat exactly what the patient and doctor are saying.
- Keep everything that the doctor and patient say private.
The Role of an Interpreter

- An interpreter is a tool for communication between provider/patient.
- Stay to provider/patient throughout the entire visit, i.e. check-in, consultation, examination.
- Will not speak on provider/patient’s behalf.
- Will not sight translate vital documents w/out provider presence.
- Will not make judgments or decisions for provider/patient.
- Will not voice his/her opinions.
- Will keep all information confidential.
Language Access Laws and Regulations
## Language Access Laws – Overview

<table>
<thead>
<tr>
<th>Federal Law and Guidance</th>
<th>California Laws and Regulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title VI of the 1964 Civil Rights Act</td>
<td>Government Code 11135</td>
</tr>
<tr>
<td>Executive Order 13166</td>
<td>Dymally Alatorre Bilingual Services Act of 1973</td>
</tr>
<tr>
<td>Health and Human Services Office of Civil Rights LEP Guidance</td>
<td>Kopp Act</td>
</tr>
<tr>
<td>Office of Minority Health Culturally and Linguistically Appropriate Standards</td>
<td>Medi-Cal Contracts</td>
</tr>
<tr>
<td>Federal Medicaid/SCHIP Managed Care Contracts</td>
<td>Healthy Families Contracts</td>
</tr>
<tr>
<td></td>
<td>SB 853 (Escutia)-Managed Health Plans</td>
</tr>
</tbody>
</table>
Title VI of the 1964 Civil Rights Act

“No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance”

42 U.S.C. § 2000d
Title VI – What is it?

It is a law that says programs that receive federal funds must not discriminate against people based on race, color or national origin.

The Good News…
- Language = National origin
- LEP individuals have the right to language assistance
- It protects every LEP individual

The Bad News…
- Individuals’ right to sue is very limited
HHS OCR LEP Guidance

“No person may be subjected to discrimination on the basis of national origin in health and human services programs because they have a primary language other than English.” Notice regarding language (1980)

- The U.S. Department of Health & Human Services (HHS) administers federal funds for many traditional health and welfare programs.

- HHS has an Office for Civil Rights (OCR), which enforces Title VI.

- The Guidance is a document that sets a standard for how to comply with Title VI.

- It does not establish any new requirements or mandates.
A recipient must:

- Provide language assistance to LEP persons, to make sure that they have equal access to programs and services.

- Apply the LEP guidance to all programs in the recipient’s organization (even if HHS funds only directly support one program).
A recipient cannot do the following towards LEP persons:

- Limit the scope or lower the quality of their services
- Delay the delivery of their services unreasonably
- Limit their participation in a program
- Require them to provide their own interpreters or pay for interpreters
What does the LEP Guidance say about interpreting (spoken)?

- Recipients should make sure patient knows that an interpreter is available for free.

- Possible options for interpreting services include:
  - Bilingual staff - Staff interpreters
  - Contract interpreters - Volunteer interpreters
  - Telephonic Interpretation Services

- Recipients must not require a patient to use friends, family or minor children for interpretation
Interpreters should:

- Be proficient in English and the non-English language.

- Know special terms (such as medical, legal jargon), as necessary.

- Respect a patient’s rights to confidentiality and to impartial interpreters.

- Understand the role of interpreter (such as ethics and practices).
Language access under affordable care act (ACA)

- **Non-Discrimination** – ACA §1557 – Extends Title VI to:
  - Any program or activity receiving federal financial assistance,
  - Any program or activity administered by an administrative agency
  - Any established under ACA (e.g. HBEX)

- **Notices Requirements** – ACA §1001 – All plans must issue notices in language

- **Plain Language Requirements** – ACA §1331 – All notices must be in a language that the intended audience, including LEP, can understand

- **Quality Incentives** – ACA §1311 – increased payments or incentives to activities that will reduce disparities, including language services, community outreach & education, and cultural competence

- **Others:**
  - ACA §1311 – $ for Patient Navigators
  - ACA §5313 and §5405 – Community Health Workers and Health Extension Agents (Linkage)

- **Medi-Cal Expansion:**
  - 79% will be from communities of color
  - 51% will speak English less than very well

- **Health Benefit Exchange (HBEX)**
  - 67% will be people of color
  - 40% will be limited-English proficient (LEP)
Language Access Laws Post–ACA

- **AB 505 (Nazarian)**
  - Strengthens Language Access Requirements for Medi-Cal Managed Care Enrollees
    - Billing Code for interpretation services

- **SB 388 (Mitchell)**
  - Translating the Summary of Benefits and Coverage
    - Must be consistent with California’s current language access laws
Some Best Practices
PALS for Health Proficiency Exam

- PALS for Health – 2.5 hours, in-house proficiency tool in 9 languages (Arabic, Armenian, Chinese, Farsi, Japanese, Khmer, Korean, Russian, Spanish, Tagalog, Thai, and Vietnamese).

- Tests for medical terminology, interpreter readiness, translation and interpretation skills, grammar/vocabulary

- Test for Superior Language Skills: Both oral and written
Health Care Interpreter Training

• PALS for Health adapted Connecting Worlds© in developing our own health care interpreter training curriculum.

• 5 partners: Asian Health Services, Healthy House, Vista Community Clinic, Clinicas de Salud del Pueblo, & PALS for Health.

• 5-day (40 hours) basic curriculum for health care interpreters.

• CW is an introduction to the theory, ethical standards, concepts and skills associated with health care interpreting.

• Practical application through simulated sessions, language labs, and practicum.

• Introduces interpreters to California standards for health care interpreters.
Patient Education

- Patient language rights education w/ I-Speak card: developed with assistance from Health Consumer Center in 2000.

- 24 month partnership with 14 agencies from 2000 to 2002 to implement workshop in 13 languages (Arabic, Armenian, Cambodian, Cantonese, Japanese, Korean, Lao, Mandarin, Somali, Spanish, Thai, Tongan, and Vietnamese).

- Conducted at churches, temples, ESL classes, citizenship classes, community organizations, etc.

- Evaluation of component conducted in partnership with researcher from UCI.
Count of Los Angeles - Department of Health Services

**Interpretation Services Available**

You have the right to an interpreter at no cost to you. Ask at the front desk.

**Amharic**

አማርኛ የታወ.AF ከም ይቶጎ።

Armenian

քուրայթիչներ ունեն թաքցելիում դեռ

Arabic

لك الحق بالحصول على ترجمة وبدع مقابل

Cambodian (Khmer)

អាហង្វរបាយបូណែទឹកសេរីឡើងព្រម្ភារព្រម្ភារ

Cantonese

您有權享有一項免費的醫療翻譯，

Farsi

درستن ترجمه رایگان حق رفع سوال است

French

Vous avez le droit d'un interprète pour vous aider

Hindi

ज्ञात को हुए उचित है कि ज्ञात को यह इन में से

Italian

Lei ha il diritto di avere un interprete specializzato

Japanese

通訳の必要性は、無料に

Korean

신생아에게는 무료로 읽을 이용하실 수

Lao

ophone xaythip bamevdn.

Mandarin

您有權享有一項免費的醫療翻譯，

Russian

Вы имеете право на бесплатные

Samoan

E lai lau aiia tatavu mo se fa'amatalatou e leai se
totogi. Fesisol le tagata o le laulau i luma.

Somali

Waxaad xaq u leedahay in laguu turjumso adigoon

Spanish

Usted tiene el derecho de que se le provea un

Swahili

Una haki ya kupatiwa mfasiri bila ya kutozwa

Tagalog

May karapatan kayong magkaroon nang mediikal

Tongan

Kataki o tuhu ange ki ho'oe lea fakafonua,
kau ui kiha taha fakatoneula.

Urdu

اپنے بچوں کے لئے رایگان ترجمہ کا حق

Vietnamese

Quy vị được quyền có một thợ dịch viên để giúp đỡ quý vị.

Do you have a problem? Call ______________ for help.
Recommendations for Providers

- Learn more about federal, state and local language access laws.
- Assess the population in your service area.
- Assess and train bilingual staff.
- Train your staff, especially front-line, on how to work with LEP individuals and how to access language assistance.
- Create language identification tools, i.e. Point-to Poster or I-Speak Cards
- Document preferred language(s).
- Ask your contracted interpretation service providers regarding proficiency testing, interpreter training, evaluation.
- Collaborate with other nearby providers, especially nonprofit.
- Work with CBO’s and community gatekeepers.
- Talk to your patients.
Contact Us – PALS for Health and ALAS para tu Salud

PALS for Health (Main line)
213-553-1818

ALAS para tu Salud (Spanish)
213-627-4850

515 Columbia Ave, 3rd Floor-Suite 320
Los Angeles, CA 90017
www.palsforhealth.org

“We Speak Your Language for a Healthier Community”