COMMUNITY CATALYST

Promoting Cultural Awareness and Language Assistance in Health Care

Why is this important?

Millions of Americans lack quality health care because they have trouble communicating with their health care providers. Although medical jargon gets in the way of many health care conversations, the problem worsens when a patient and caregiver come from different cultures and speak different languages. Many studies show that patients without English proficiency are more likely than others to skip or delay needed medical care, miss follow-up appointments, misunderstand doctors' instructions or experience drug complications.[1] For example, as many as one in five Spanish-speaking Americans do not seek necessary medical care due to language barriers.[2]

Many consumer stories describe situations where patients use family members, including children, as their interpreters when seeking care. Family members may not know medical terms and may misinterpret information.[3]

Lack of awareness about cultural beliefs and customs about health can also create mistrust and problems that interfere with good care. For example, many Chinese immigrants see mental disorders as bad karma from a past life, which is highly stigmatized. In consequence, they may not seek mental health care and may reject care that doesn't take their beliefs into consideration.[4] As the nation becomes more diverse, there is a growing need for bilingual and/or bicultural health care providers and interpreters, as well as other providers who are aware of the cultural beliefs of their patients.

Title VI of the Civil Rights Act of 1964 requires health care providers who receive federal funding to provide interpretation and translation services to patients who need language assistance. Health care interpreters help patients communicate with medical staff; translators convert patient materials and informational brochures into needed languages. Some state laws require linguistic and cultural competency training programs for physicians and other health professionals, and some laws mandate health care facilities to provide language services. However, there has been little enforcement of these laws. In 2000, the federal Office of Minority Health issued 14 standards on Culturally and Linguistically Appropriate Services (CLAS) designed to help improve care. The federal government requires providers receiving federal funds to meet only four of these standards: offering free language assistance, assuring patients receive language assistance in their preferred language, providing certified interpreters and posting materials and signs in the languages most used by patients.

Stronger requirements and enforcement would help improve care and reduce disparities. Research shows that culturally competent care and the use of language assistance services lead to expanded use of preventive care, reduced hospitalization, fewer medical errors, more accurate diagnoses and an increase in patient satisfaction.

Keys to success

To address cultural and linguistic barriers, best practices include the following elements:

Expansion of access to language services

- Provide free and timely qualified interpretation services to consumers who need language assistance
- Translate into multiple languages all essential information that explains patients' legal rights to obtain language assistance, their eligibility for benefits and services, and treatment information
- Develop a statewide interpreter bank that includes face-to-face and telephone interpreter services in a breadth of languages
- Create a consumer board and/or a system of surveys to monitor consumer satisfaction with the quality, availability and accessibility of the interpretation and translation services
- Establish multilingual helplines to help individuals connect with services and to resolve complaints

Increase federal and private funding

- Increase federal matching funds in Medicaid and the Children's Health Insurance Program (CHIP) for language assistance services
- Establish Medicare policy to reimburse providers for language services
- Require private health insurance companies to reimburse providers for language services

Training and certifying interpreters

- Provide statewide training programs for all medical interpreters and translation agencies
- Develop certification for health care interpreters and translators

Health care workforce training on cultural awareness

- Provide ongoing staff training on the importance of cultural and linguistic competency and on the health beliefs, practices and values of different cultures
- Regularly assess the attitudes and practices of staff and the policies and structures of organizations to ensure cultural competency
- Include cultural awareness training in the curriculum of all health professional schools
- Mandate cultural competency as part of licensing and continuing education requirements for health professionals

Health care workforce diversity

- Recruit bilingual and bicultural health care workers as providers, administrative staff, lab technicians, pharmacists and front line staff

What can advocates do?

There are opportunities to defend and strengthen cultural and linguistic competency at the federal, state and local levels.

Federal

- Press for federal regulations that require all health providers to meet all 14 national CLAS standards
- Urge Congress to fund language services in all public health care programs
- Press the Department of Justice to enforce Title VI of the Civil Rights Act of 1964
- Urge the Department of Health and Human Services to enforce the CLAS standards

State

- Work in collaboration with other stakeholders – including health care providers, interpreter and translation agencies, and health lawyers – to develop legislation that requires all health providers to demonstrate cultural and linguistic competency and mandates health insurers to pay for language services. Currently, California provides the most comprehensive state approach to address language barriers. Cal. Chapter No. 713 (2003 SB 853) took effect on January 1, 2009, and requires health, dental and specialty insurers to provide members with interpretive services when needed.
- Press state governments to adopt the Medicaid option to pay providers for language services. Only 14 states use this option, which allocates federal matching funds to reimburse providers for interpretation services.[5] Possible advocacy strategies include:
    - Building awareness about the option
    - Educating policymakers about how improving language services could save money by reducing medical errors
    - Helping providers explain to state Medicaid officials that bundled reimbursement, which combines the costs of language services with those of other services, is not enough to fund quality translation
- Urge state government to direct some Disproportionate Share Hospital funding to provide language assistance to the uninsured. This federal money is designed to support hospitals that serve large numbers of uninsured and underinsured patients
- Encourage providers and interpreter services to develop a statewide interpreter bank
- Support and encourage efforts to develop certification and training programs for medical interpretation

Local

- Collect consumer stories about the consequences of cultural and linguistic barriers
- Work with providers to document the language spoken at all levels of contact
- Pressure providers to make information about their cultural and linguistic competency available to consumers
- Inform community members of the risk of relying on family members or friends for medical interpretation, and advise them to use trained interpreters
- Help providers build stronger relationships with their communities
- Help consumers understand their rights to language services, connect with appropriate services and submit complaints when their requests are denied
- Monitor whether health plans and providers are meeting their obligations on cultural and linguistic competence, and publicize the findings

Example 1: California's Health Care Language Assistance Act[6]

In 2003, the California Pan Ethnic Health Network (CPEHN) took the lead to develop legislation that requires health plans to provide cultural and linguistic services. Through action alerts and public meetings, CEPHN and its partners mobilized diverse community groups that included minority-led organizations, interpreter agencies and community members. These groups and individuals were urged to tell their personal stories at committee hearings and legislative visits, describing their fear of navigating the health care system and the inappropriate care they received when interpreters were not used. CPEHN also invited public health experts and respected researchers to provide testimony on the potential reduction of health disparities if race and ethnicity data collection was included as part of the regulations.

The coalition faced significant opposition from health plans, which organized their own campaign to weaken the bill. For example, the early drafts required health plans to distribute a notice in 10 or more languages about the right to interpretation services. The final bill only required this notice to be sent in the languages of the two largest ethnic groups in the community. However, it did require the state to develop standards for interpreter services; translation of materials; and the collection of race, ethnicity and language data.

The completion of new regulations was delayed considerably, due to a state budget deficit and the special election of Governor Arnold Schwarzenegger, which resulted in a change in administrative staff. CPEHN and its partners frequently met with new state staff to discuss the law. They also continuously mobilized community members to testify at public hearings across the state to ensure regulations met communities' needs. The full implementation of the law on January 1, 2009 was an historic victory.

Example 2: Guaranteed Interpreter Services at the University of New Mexico Hospital

For eight years, advocates from five New Mexico organizations worked to improve access to charity care and interpreter services at the University of New Mexico Hospital (UNMH), the largest public hospital in the state. When they could not budge the hospital through negotiations, the Center on Law and Poverty filed suit against UNMH for failure to provide interpreter services. The Bernalillo County District Court ruled against the hospital, forcing it to make major changes in its programs and policies to comply with the law. The hospital: (1) mandated institution-wide training about the importance of using formal translation and interpretation services; (2) implemented an interpreter certification system; (3) doubled the number of interpreters on staff; (3) posted signs in Spanish and Vietnamese and produced videos in Navajo, for which there is no written language; and (4) translated documents and notices into the languages most commonly spoken by patients. The five advocacy organizations that championed this initiative – Enlace Comunidad, the Center on Law and Poverty, South West Organizing Project, New Mexico Voices for Children, and the Community Coalition for Health Care Access – continue to monitor interpreter services by interviewing non-English speaking consumers as they exit the hospital.

Additional resources

National Health Law Programs (NHeLP) – information on federal and state laws, research and activities on language services in health care settings

Action Kit: Interpreter Services in Health Care Settings for People with Limited English Proficiency – developed by the National Health Law Program and The Access Project

Improving Patient-Provider Communication – video from the Joint Commission and the U.S. Department of Health and Human Services (HHS) Office for Civil Rights

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[1]Ku, Leighton and Flores, Glenn. Pay Now or Pay Later: Providing Interpreter Services in Health Care. 2005. *Health Affairs*, 24, No. 2: 435-444.

[2] Russell, Lesley. A Move To Close the Health Care Disparities Gap: The President's 2011 Budget Addresses Health Inequities. Center for American Progress. February 2010. http://www.americanprogress.org/issues/2010/02/health_disparities_budget.html

[3] Joint Commission. Promoting Effective Communication: Language Access Services in Health Care. http://www.jointcommission.org/NR/rdonlyres/ACAFA57F-5F50-427A-BB98-73431D68A5E4/0/Perspectives_Article_Feb_2008.pdf

[4] Chan, Susan and Leong, Cynthia. Chinese families in transition: Cultural conflicts and adjustment problems. Journal of Social Distress and Homeless. 1994: Vol. 3, No. 3.

[5] These fourteen states are the District of Columbia, Hawaii, Iowa, Idaho, Kansas, Maine, Minnesota, Montana, New Hampshire, Utah, Vermont, Virginia, Washington and Wyoming, according to the National Health Law Program, 2010.

[6] California Pan Ethnic Health Network (CPEHN). A Blueprint for Success: Bringing Language Access to Millions of Californians. January 2009. http://www.cpehn.org