

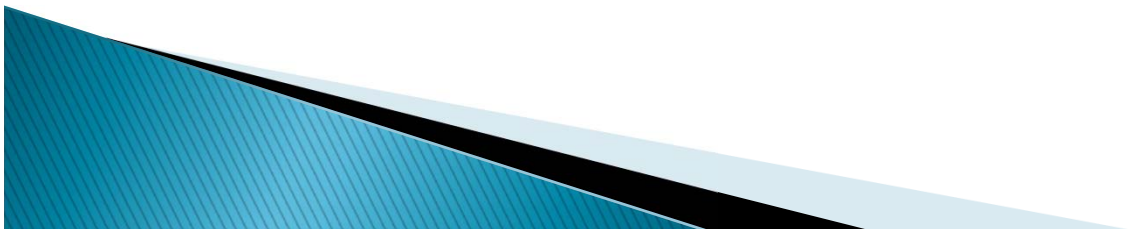
Increasing Access to Culturally and Linguistically Appropriate Health Care Services

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



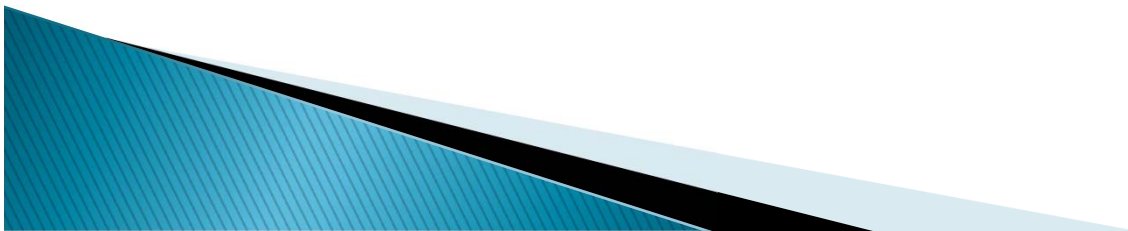
Who We Are

- ▶ 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



Census 2010

Limited English Proficient Persons:

United States Residents (2010 Census)

52 million spoke language other than English

25.2 million considered Limited English Proficient

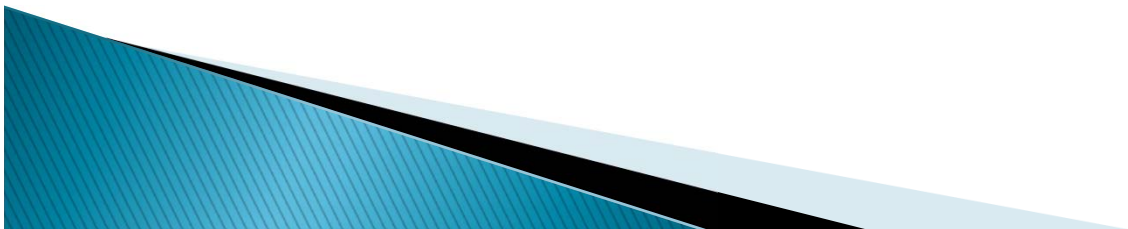
California Residents (2010 Census)

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




Language Assistance in Health Care Settings – **Misconceptions**

- ▶ 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.

Flores, G., Laws, M., Mayo, S.J., Zuckerman, B., Abreu, M., Medina, L., & Hardt, E.J. (2003). Errors in medical interpretation and their potential clinical consequences in pediatric encounters. *Pediatrics*, 111, 6-14.

Kedai Ubat Sunshine

123 Jalan Main, Los Angeles, CA 90015

Nama Pesakit:

John Lin

Nama Ubat:

Crixivan (empat ratus mg)

Arahan:

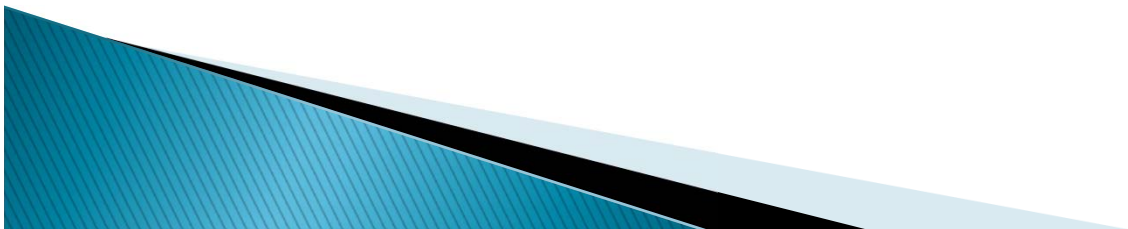
*Telan dua biji, tiga kali sehari.
Jangan makan dua jam sebelum
dan satu jam selepas anda makan
ubat ini.*

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.*

Using Trained Interpreters

- ▶ 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

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

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

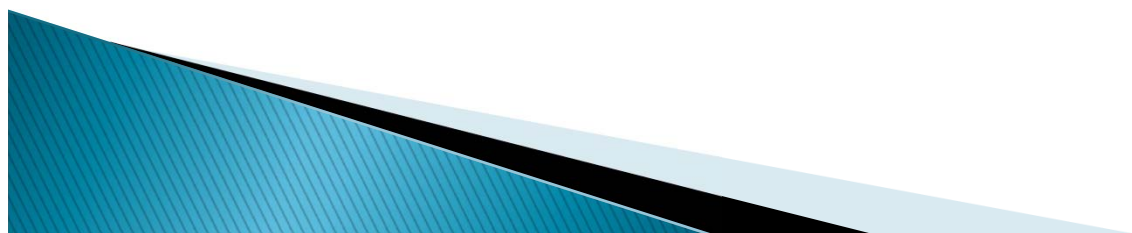
“No person may be subjected to discrimination on the basis of national origin in health and human services programs because they have a primary language other than English.” Notice regarding language (1980)

- 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.
- 

HHS OCR LEP Guidance – How does it address language needs?


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).



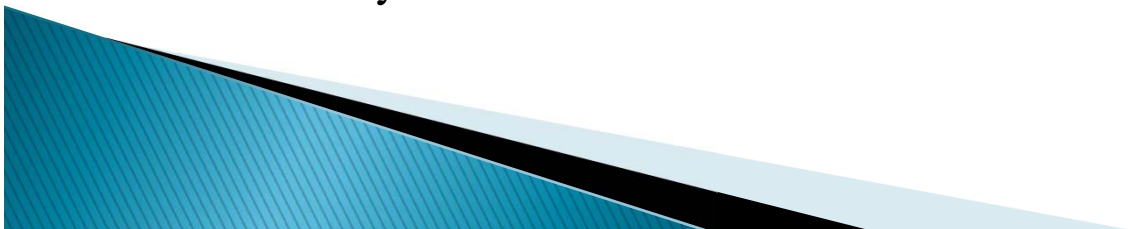
HHS OCR LEP Guidance – What can't recipients do?

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)?

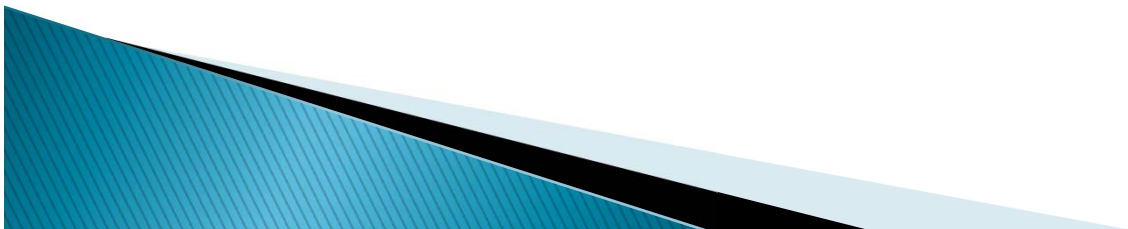
- Recipients should make sure patient knows that an interpreter is **available for free**.
- Possible options for interpreting services include:
 - Bilingual staff - Staff interpreters
 - Contract interpreters - Volunteer interpreters
 - Telephonic Interpretation Services
- Recipients **must not** require a patient to use friends, family or minor children for interpretation



HHS OCR LEP Guidance – Competence of interpreters

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)

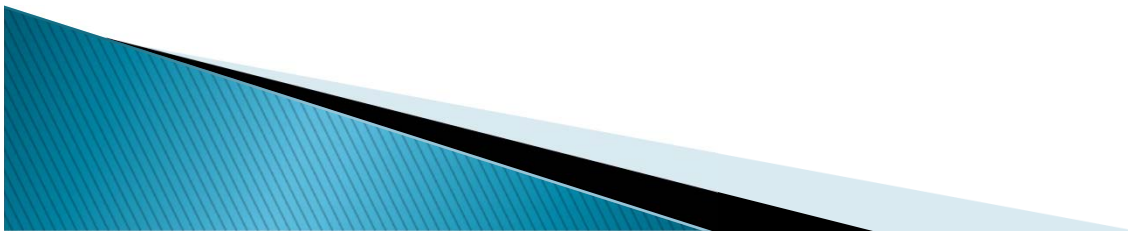
- **Medi-Cal Expansion:**
 - 79% will be from communities of color
 - 51% will speak English less than very well
- **Health Benefit Exchange (HBEX)**
 - 67% will be people of color
 - 40% will be limited-English proficient (LEP)



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



Proficiency Testing

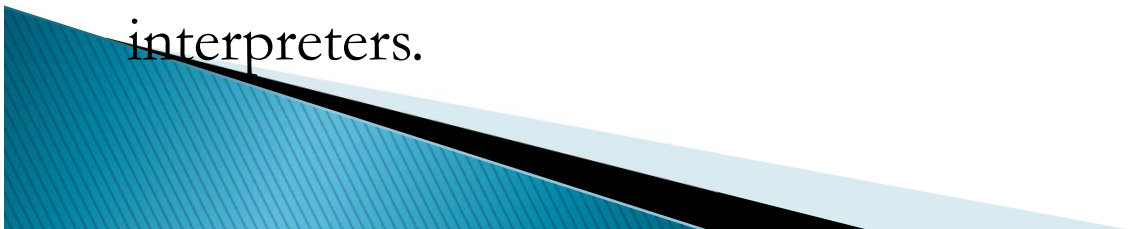
PALS for Health Proficiency Exam

- ▶ 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



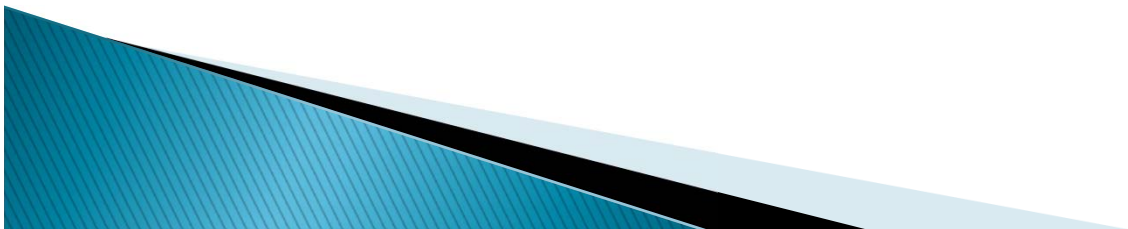
Health Care Interpreter Training

- 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.



Interpreter Notification Poster



County 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

ከፈለጉ፣ ያለ ክፍያ
አስተርጓሚ የማግኘት
መብት አለዎት።
አስተናጋጁን(ዋን) ይጠይቁ

Armenian

Դուք իրաւունք ունիք քարգուման մը
ունենալու, որ օրիաքար պիտի
տրամադրուի ձեզի: Հարցունցէ
տեղեկութիւն հայթայթող տեղանիս:

Arabic

لك الحق بالحصول على مترجم وبدون مقابل
استفسر في مكتب الاستعلامات

Cambodian (Khmer)

លោកអ្នកមានសិទ្ធិ ទទួលបាន ការបកប្រែឥតគិតថ្លៃ
នៅទីកន្លែងទទួលសេវា ។

Cantonese

您唔使用錢就可以得到一項醫療翻譯的服務，詳情請
向櫃面查詢。

Farsi

داشتن مترجم رایگان حق قانونی شماست. از قسمت اطلاعات بپرسید.

French

Vous avez le droit d'un interprète pour vous aider
à parler et comprendre sans prix. Demandez-le
à la reception.

Hindi

आप को पूरा अधिकार है कि आप अपने लिए एक मेडीकल
इंटरप्रेटर बगैर किसी खर्च के रख सकते है ।

Italian

Lei ha il diritto di avere un interprete specializzato
nel campo medico assolutamente gratis. Chiedere
all'entrata dell'accettazione.

Japanese

通訳の必要な方は、無料に
て受けられます。フロント
デスクにおたずね下さい。

Korean

선생님께서는 무료 통역을 이용하실 수
있습니다.창구에 문의하십시오.

Lao

ທ່ານມີສິດຂໍເອົາຜູ້ແປພາສາ ໂດຍບໍ່ໃດ້ເສັ້ງເງິນ. ການຮຸນາຖາມຜູ້ຮັບຮອງຮັບ.

Mandarin

您有權享有一項免費的醫療翻譯，
請向櫃面查詢。

Russian

ВЫ ИМЕЕТЕ ПРАВО НА БЕСПЛАТНЫЕ
УСЛУГИ ПЕРЕВОДЧИКА. СПРОСИТЬ В ОТДЕЛЕ
ИНФОРМАЦИИ.

Samoan

E iai lau aiiā tatau mo se fa'amatalaupu e leai se
totogi. Fesili i le tagata oi le laulau i luma.

Somali

Waxaad xaq u leedahay in lagu turjumo adigoo
wax kharash ah lagu weydiin. Weydii qofka miiska
hore jooga.

Spanish

Usted tiene el derecho de que se le provea un
intérprete médico sin costo para usted. Pregunte
en el escritorio de enfrente.

Swahili

Una haki ya kupatiwa mfasiri bila ya kutozwa
malipo yo yote. Ulizia kwenye mapokezi.

Tagalog

May karapatan kayong magkaroon nang medikal
interpreter na walang bayad. Magtanong sa
repcionista.

Thai

"ท่านมีสิทธิที่จะใช้ผู้แปลทางการแพทย์โดยไม่เสียค่าใช้จ่าย
โปรดสอบถามที่
โต๊ะประชาสัมพันธ์"

Tongan

Kataki `o tuhu ange ki ho`o lea fakafonua,
kau ui kiha taha fakatonulea.

Urdu

آپ کا پورا پورا حق ہے کہ آپ مسائل انٹرنیٹ پر کسی رقم کے رکھ سکتے ہیں
مزید معلومات کیلئے حرکت سے رجوع کریں


Vietnamese

Quý vị được quyền có một thông dịch viên để giúp đỡ quý vị.
Xin hỏi tại bàn thư ký.

Do you have a problem? Call _____ for help.

<http://ladhs.org/odp>

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, 3rdFloor-Suite 320

Los Angeles, CA 90017

www.palsforhealth.org

" We Speak Your Language for a Healthier Community"

