

LANGUAGE ACCESS SERVICES TRANSLATE TO HIGH QUALITY HEALTH CARE

FINDINGS FROM INTERVIEWS ON LANGUAGE SERVICES IN KENTUCKY

Effective communication between health care professionals and patients is a critical component of high quality health care. For families learning English, language barriers can lead to poor health care quality and poor outcomes for children, communities and health providers alike.¹

Language access services refer to efforts of health care professionals to ensure effective communication with patients, such as translation and interpretation services. The Civil Rights Act of 1964 requires health care providers to offer these services to patients if they receive any federal funding. However, many families still do not receive language access services in the health care setting.

Kentucky's population of English-learners is continuing to rise. To determine the extent to which language barriers exist in health care settings, Kentucky Youth Advocates conducted more than 30 interviews across the state with community-based advocates working with people learning English, as well as health care providers, including hospitals, health departments, and clinics. The findings from these interviews and recommendations for improving language access services in Kentucky are summarized here.

Research indicates that a net savings may result from providing language services to all patients in the health care setting.^{2,3} The cost of interpreter services has been estimated to represent approximately 0.5 percent of the total cost of a visit, but this small cost can have a large impact on patient health.⁴

FINDINGS

Health care providers realized the value of language access for their patients, but the extent and scope of the policies they developed varied greatly. The likelihood of accessing language services for health care depends in part on the setting; most larger health providers realized the importance of providing language access services. Providers cited quality of care, legal obligations, and the makeup of their patient load as reasons for providing language access services. Many providers invested heavily in language access policies, while others perceived a lack of need for comprehensive policy development to ensure quality health outcomes.

Language access services lack consistency and often do not follow the provider's stated policy. Most of the providers had written policies in place, but provider perceptions of the quality of language access services differed from the perceptions of advocates who work with people learning English. Facilities reported that they discourage or do not allow children, family, and friends to interpret. In contrast, advocates reported those learning English often bring their own interpreters, due to personal preference or perceived expectations of the health care provider. This happens despite policies to use trained interpreters and research showing the increased risk of medical errors.⁵

Language access services fall short on quality and breadth. No process exists in Kentucky for assessing proficiency of interpreters or need for language access services. Interpreters are often not trained to do medical translation, and determination of competency is left up to the contracted agency. Most of the providers did not conduct a community needs assessment to determine what types of services are needed in their service area. Many practitioners provide services in Spanish, but not other languages.

Information is not readily available to patients to explain the language access services providers are required to offer. Patients lack information about the services they should receive from health care providers. Advocates reported that providers were not offering information that could be easily understood by patients. Communities also play a role in notifying patients of their rights, yet many counties in Kentucky have no service agencies that work with people learning English

RECOMMENDATIONS

Improve statewide coordination of language access services. Kentucky should establish a commission to develop a statewide training program for certification, maintain a directory of certified medically-trained interpreters, establish an advisory network of providers, advocates and patients; and create an ombudsman position to effectively address negative patient experiences.

Evaluate and improve health care policies to assure quality in language access services. Kentucky should assist providers in implementing national standards for providing culturally and linguistically appropriate services. A universal language access plan could be created for providers to adopt and modify to meet their specific needs.

Educate patients on what services they should receive and the risks of using untrained interpreters. Communities and health care providers need to improve education for families to increase awareness of the legal obligations of providers and the risks of using non-medical interpreters. These educational efforts should also empower patients to be proactive by requesting an interpreter in advance and carrying a card that identifies the language they speak.

Develop a reimbursement mechanism for language services. Kentucky should develop a reimbursement mechanism for CHIP and Medicaid to assist providers in paying for language access services. As of 2009, fifteen states were receiving federal matching funds for interpreter services.^{6,7} Kentucky's federal match would be 85% for CHIP and 75% for Medicaid.^{8,9}

CONCLUSION

Federal and state laws address individuals' rights to language access services in the health care setting, but more must be done to implement and monitor programs that provide these services. Kentucky can make significant gains in the health and well-being of every child and family with a minimum investment in quality interpretation and translation services.

Endnotes

^{1,2,4,5} Ku, L., and Flores, G. (2005). "Pay Now or Pay Later: Providing Interpreter Services in Health Care." *Health Affairs*, vol. 24, no. 2. Available at <http://content.healthaffairs.org/cgi/content/full/24/2/435>. Accessed August 2009.

³ Jacobs, E., Shepard, D., Suaya, J., Stone, E. (2004). "Overcoming Language Barriers in Health Care: Costs and Benefits of Interpreter Services." *Research and Practice*, vol. 94, no. 5.

⁶ Connecticut Health Foundation (2007). *Seeking Solutions: State Approaches to Covering Medical Interpreter Services in Medicaid and SCHIP Services*. Available at <http://www.cthealth.org/matriarch/documents/4%2027%2007%20final%20interp%20models%20brief.pdf>. Accessed August 2009.

⁷ Personal correspondence with Jane Perkins of the National Health Law Program.

⁸ National Health Law Program (2009). The Children's Health Insurance Program Reauthorization Act. Available at <http://www.healthlaw.org/library/attachment.146440>. Accessed August 2009.

⁹ Office of the Federal Register, National Archives and Records Administration (2008). Federal Register, vol. 73, no. 229. Available at <http://www.gpoaccess.gov/fr/retrieve.html>. Accessed August 2009.