

Address Language Differences

Tool 9

Overview

Patients who do not speak English very well, including those who speak American or other sign language, often do not get the health information they need. Addressing language and sensory differences is an important part of addressing health literacy and is required by law. Practices participating in Medicare or Medicaid can be legally required to provide language assistance for patients who do not speak or understand English well. Failing to use acceptable forms of language assistance can expose a practice to liability.

Actions

Assess language preferences and language assistance needs.

- Ask all new patients what language they prefer to speak and read, and if they would like an interpreter. Record patients' language assistance needs in the medical record.
- For patients who do not speak enough English to respond to questions about language preference, use "I Speak" cards to identify the language they speak.
- Match patients with qualified bilingual clinicians or staff members, or request an interpreter for patients who do not speak English very well or who appear to have difficulty understanding English.
- Display Interpreter Services Posters in your waiting and reception areas to make patients aware of the availability of free interpreter services.

Use acceptable language assistance services.

- Acceptable language assistance services include the following:
 - Bilingual clinicians or staff members whose proficiency has been confirmed can communicate directly with patients in their preferred language.
 - Staff who are trained as interpreters.
 - On-site trained medical interpreters.
 - Telephone or video medical interpreter services. Make sure you can access necessary equipment (e.g., dual handset phones) in all areas where patients interact with staff.
- All clinicians, staff, and interpreters should understand the importance of using plain language. See Tool 4: Communicate Clearly for guidance on communicating clearly.

Do NOT use unacceptable language assistance services.

- Individuals who are not trained to be an interpreter make more clinically significant mistakes. Unacceptable language assistance services include the following:
 - Clinicians or staff who are not trained and/or certified as medical interpreters.
 - The patient's family and friends. Using family or friends poses a problem with patient privacy. In addition, family or friends may provide you with their own views of what patients say or feel about their health problems. If a patient insists that a family member serve as interpreter, you should respect that request, but a qualified interpreter should also be present to assure that information is accurately relayed.
- Minor children should never be used as interpreters.

Plan for interpreter services in advance.

- Use data about patients' language preferences to determine how to best meet their language assistance needs (e.g., hiring bilingual staff, hiring professional interpreters, training staff as interpreters).
- For practices with small populations of non-English-speaking patients, consider scheduling appointments and having call-in hours on specific days or times when appropriate interpreter services are available (e.g., Spanish interpreters available Thursdays 1-5 p.m.).

Provide written materials in patients' preferred languages.

- Do not assume that non-English speakers, including speakers of American Sign Language, will understand notes or other materials written in English.
- Decide what to translate, such as signs, forms, and instructions.
- Obtain multilingual health education materials. See the List of Internet Resources at the end of this toolkit for links to easy-to-read materials in several languages.
- When you can't obtain materials in patients' preferred languages, enlist the help of interpreters trained in sight translation. Sight translation is reading a written document aloud in a different language from the one in which it is written.

Pursue sources of payment for language assistance services.

- Investigate whether insurers will pay for or have negotiated discounts with interpreters. Medicaid reimbursement is available in a number of States.
- Contact community organizations to see if they can provide volunteer trained medical interpreters.
- Develop contracts with language assistance services that can be shared among several practices.
- Consider sharing language services with local hospitals.
- Apply for grants to support interpreter services.

Track Your Progress

Within a month of beginning implementation, ask staff to record all of the language assistance needs they encountered during a specified week and how these needs were met. Collect these notes and discuss them at the next Health Literacy Team meeting. Explore new approaches to address any weaknesses and do another evaluation in 2, 6, and 12 months.

Routinely conduct a review of medical records of patients with recent visits to ensure that language assistance needs are being assessed and recorded. Check that qualified individuals are giving language assistance.

Compile a list of the most common languages spoken by your patients. Compare that list with the languages used in the written materials you distribute. Repeat after 2, 6, and 12 months to see whether more non-English materials are available.

Resources

The Guide to Providing Effective Communication and Language Assistance Services from the U.S. Department of Health and Human Services provides comprehensive guidance on addressing language assistance services in health care settings.

The Office Guide to Communicating with Limited English Proficient Patients is a booklet by the American Medical Association that offers practical advice for addressing communication barriers in health care settings.

Hablamos Juntos has a number of resources for language services, including a toolkit on improving the quality of health care translation.

LEP.gov provides federal guidance in providing language access.

The American Translators Association allows you to search for local translators (for written materials) and interpreters (for verbal communication). The Certification Commission for Healthcare Interpreters has a searchable registry of certified interpreters, as does the National Board of Certification for Medical Interpreters.

Sources of multilingual easy-to-read materials:

- MedlinePlus by the National Institutes of Health.
- Healthy Roads Media provides materials in handout form, audio, and video in several languages.
- Health Information Translations provides materials in 18 different languages, including American Sign Language video.