PROVIDING LANGUAGE SERVICES TO DIVERSE POPULATIONS: LESSONS FROM THE FIELD

Across the country, health care organizations are using innovative approaches to provide language assistance services to individuals with limited English proficiency. This resource discusses a number of approaches used by these organizations to provide language assistance services to persons with limited English proficiency based on the findings of case studies conducted with a variety of health care organizations (i.e., health centers, hospitals, health systems, and health plans). This document shares effective practices to help organizations think through what might work best for them by presenting information on language assistance approaches suited to different settings, populations served, and resource availability.[1]

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Introduction

Language barriers are associated with lower quality of care, poor clinical outcomes, longer hospital stays, and higher rates of hospital readmissions. Access to language assistance for patients is important to the delivery of high-quality care for all populations with limited English proficiency[2] and is a key component of meeting the six aims for improvement in health care specified by the Institute of Medicine's 2001 report, *Crossing the Quality Chasm: ensuring that health care is safe, effective, patient-centered, timely, efficient, and equitable*. Thus, meeting the language access needs of patients is crucial to providing quality health care.

The Centers for Medicare & Medicaid Services (CMS) has been working to gain a better understanding of who its beneficiaries with language assistance needs are, identify their needs, and determine how those needs are currently being met. An analysis of the 2014 American Community Survey (ACS) Public Use Microdata Sample (PUMS) revealed that of the more than 52 million Medicare beneficiaries in the U.S., approximately 8 percent (4,087,882) are individuals with limited English proficiency.

To understand how different health care organizations are meeting the language assistance needs of patients in different health settings, CMS interviewed eight health care organizations about:

- Processes to provide language assistance services;
- How language services are provided (e.g., in-person or telephonic interpreters, availability of translated materials);
- Best practices for the provision of language assistance services; and
- Challenges providing language assistance services for their patients with limited English proficiency.

Organizations Studied and Populations Served

The organizations interviewed included health centers, hospitals, health systems, and health plans. These organizations span service regions in 16 states[3] throughout the U.S., and include rural, urban, and suburban service locations. They range in size and availability of language access services. The populations served and their language needs varied across the different organizations, but included:

- Predominantly Spanish-speaking populations;
- Predominantly Chinese, Vietnamese, and Korean populations;
- Large refugee populations;
- Organizations or locations who serve very few individuals with limited English proficiency; and
- Organizations who serve individuals with limited English proficiency who speak a wide variety of languages, including several that are less common.

[1] The practices described in this paper are offered only as examples of language assistance that some entities have found to be effective for serving persons with limited English proficiency. Health care organizations that receive Federal financial assistance should consult with the U.S. Department of Health and Human Services Office for Civil Rights (OCR) to learn about their legal obligation to take reasonable steps to ensure meaningful access to their programs by persons with limited English proficiency. See OCR website at: https://www.hhs.gov/civil-rights/index.html

[2] Gerteis, Margaret, Susan Edgman-Levitan, and Jennifer Daley. *Through the Patient's Eyes. Understanding and Promoting Patient-centered Care*. San Francisco, CA: Jossey-Bass, 1993.

[3] States represented are: AZ, CA, CO, DC, GA, HI, LA, MA, MD, NH, NM, NY, OR, TX, VA, and WA.

This document discusses the approaches used to provide communication and language assistance services, and highlights possible pros and cons of each. This understanding can help staff determine which approach is best for their organization and what they want to include as they develop a language access plan. Individuals may need to adjust or implement a particular strategy to meet the unique needs of their population and organization.

Approaches to Providing Services

Organizations use a variety of approaches to meet the language needs of their consumers, including in-person interpretation, remote interpretation, and translated written materials. These approaches are dependent upon several factors.

IN-PERSON INTERPRETATION

Organizations discussed the benefits of face-to-face interpreter interactions with patients, which enable interpreters to read facial expressions and body language, and easily interact with providers. In-person interpretation is also beneficial for specific patient subpopulations, including individuals undergoing physical therapy, older patients, and individuals who may need help navigating the health care system.

Organizations used diverse approaches to providing in-person interpretation services, which are outlined below, along with pros and cons to each approach. Although different approaches are used by organizations to provide in-person interpretation services, organizations should utilize qualified medical interpreters to ensure quality and accuracy of interpreting.

In-Person Interpretation Services	
Dedicated full-time interpretation staff: Full-time staff trained as qualified medical interpreters	
Pros	**Cons**
Full-time interpreters are available at all times.	It may not be feasible to provide full-time interpreters for every language spoken in the population that is served.
Patients can get to know the interpreter staff, as well as their providers.	Full-time interpretation services may be more costly than acceptable alternatives, such as telephonic interpreter services.
The organization utilizes fully certified and trained interpreters.	Medical interpreter training programs can vary in quality.
Contracted in-person interpreters: Full or part-time staff who provide in-person interpretation services on a contract basis	
Pros	**Cons**
Provide services on an “as-needed” or “on-call” basis.	Contracted in-person staff interpreters may be more costly than acceptable alternatives, such as telephonic interpreter services, especially if organizations are frequently relying on interpreter services in multiple languages.
Allows timely services in the languages available.	If the interpreter is part-time, he or she may not be available when needed, which could cause delays in care, or special attention needs to be given when scheduling visits for patients with communication needs.
Can allow flexibility in terms of number of in-person qualified, trained interpreters.	Medical interpreter training programs can vary in quality.

In-Person Interpretation Services	
Qualified bilingual staff (QBS): Bilingual medical staff trained as qualified medical interpreters	
Pros	**Cons**
Interpret when needed or conduct appointments in a language other than English.	Must have bilingual staff to utilize this approach.
QBS training programs train staff in interpretation, diversity, and cultural competency.[4]	QBS training can be significant in terms of both time of staff and cost to the organization.
QBS programs test and evaluate interpretation skills, typically with verbal and written tests to ensure competency.	Programs to test and evaluate skills of QBS can vary in quality. Staff's bilingual skills may not align with the language needs of the patients.
Dual-role interpreters: Bilingual health care employees who have been tested for language skills, trained as medical interpreters, and assume the role of part-time interpreters[5]	
Pros	**Cons**
Allow clinical and/or administrative staff to function as qualified interpreters as needed.	Staff need to be bilingual and have time and flexibility to serve as interpreter as needed.
Allow interpreters to conduct minor clinical activities when not interpreting to ensure better coverage of time/spread of workload.	Training and demand could interfere with the staff members' ability to do their normal job.
Ad-hoc interpreters: Untrained individuals who serve as interpreters, otherwise known as chance or lay interpreters[6]	
Pros	**Cons**
May allow a way to communicate in emergency circumstances until other options are available or, when an individual requests that an accompanying adult interpret, the companion is willing and reliance on the companion is appropriate under the circumstances.	Can lead to higher rates of errors, misunderstandings, and poor outcomes, and may fall short of nondiscrimination obligations. Reliance on unqualified individuals is widely discouraged and in some cases illegal.[7]

REMOTE INTERPRETATION

The eight organizations surveyed also discussed their use of remote interpretation services, which they considered a flexible option for providing immediate services with qualified interpreters in different languages.

Remote Interpretation Services	
Telephonic interpretation: Remote interpretation in which the interpreter connects by telephone to the principal parties, typically through a speakerphone or headsets	
Pros	**Cons**
Allows a qualified or trained interpreter to be available at all times.	Patients may feel telephonic interpretation is impersonal.
Helpful in emergencies where patients can quickly connect with a telephonic interpreter service.	Lacks the benefit of interpreter access to visual cues.
Helpful when working with less common languages because a wide variety of languages is available.	May not be well suited for certain subpopulations such as the elderly and behavioral health patients.
May be less expensive than in-person interpretation, especially when language needs are varied and when considering less common languages.	May not be appropriate when there are differences in dialects.

[4] Entities that receive Federal financial assistance should consult with the U.S. Department of Health and Human Services Office for Civil Rights (OCR) to learn about the use of qualified interpreters to meet their legal obligation to take reasonable steps to ensure meaningful access to their programs by persons with limited English proficiency. See OCR website at: https://www.hhs.gov/civil-rights/index.html.

[5] *The Terminology of Health Care Interpreting; A Glossary of Terms*. National Council on Interpreting in Health Care; August 2008. http://www.ncihc.org/assets/documents/NCIHC%20Terms%20Final080408.pdf

[6] Id. at FN4 above.

[7] Id.

Remote Interpretation Services	
Video interpretation: Use of a video camera enables a remote interpreter to hear and see the parties for whom he or she is interpreting via TV monitor. Interpretation is relayed by speakerphone or through headsets. Two-way methods of video interpreting can also be used.[8]	
Pros	**Cons**
Beneficial when visual cues are helpful, as may be the case with less common languages.	Other types of appropriate remote interpreter services may be less expensive.

TRANSLATION OF WRITTEN MATERIALS

The organizations surveyed discussed their use of written materials to notify customers of available interpretation services and to provide educational information to their patients in their preferred languages. In general, organizations provided notices of the availability of language assistance services in the top 10 to 15 non-English languages spoken in their state. Due to costs, organizations noted that they typically translated only documents such as discharge summaries, consent forms, and other vital documents[9] into the top one or two most commonly spoken non-English languages.

DECIDING WHICH APPROACHES TO IMPLEMENT

Ultimately, organizations chose to meet language needs in a variety of ways. Among the eight organizations studied, the approaches to communication and language assistance implemented were not unique to the type of organization (e.g., health system, health center). Instead, available resources and characteristics of populations served were the primary drivers of the approaches used by a given organization.

Organizations who reported having a significant number of patients with language needs	
Primarily one or two non-English languages spoken Service Options • Dedicated full-time interpreter staff • Qualified bilingual staff • Dual-role interpreters	**Multiple languages spoken** Service Options • Contracted in-person interpreter staff • Telephonic or video interpretation • Qualified bilingual staff or dual-role interpreters in certain languages
Organizations who reported having fewer patients with language needs	
Primarily one or two non-English languages spoken Service Options • Dedicated part-time interpreter staff • Contracted in-person interpreter staff • Qualified bilingual staff • Dual-role interpreters • Video interpretation	**Multiple languages spoken** Service Options • Telephonic interpretation • Video interpretation • Contracted in-person interpreter staff

[8] Entities that receive Federal financial assistance should consult with the U.S. Department of Health and Human Services Office for Civil Rights (OCR) to learn about their legal obligation to take reasonable steps to ensure meaningful access to their programs by persons with limited English proficiency. See OCR website at: https://www.hhs.gov/civil-rights/index.html.

[9] Id.

Approaches to Training

Organizations have various approaches to train and educate staff on organizational policies and procedures for accessing and using interpreter services, and for training and qualifying those who provide interpreter services. The specific training approaches to policies, procedures, and service provisions differed by resources available to organizations and types of populations served.

TRAINING ABOUT POLICIES AND PROCEDURES

Training for new staff during onboarding or orientations, and annual refresher or ad hoc courses when organizational policies change, are the main ways organizations educate staff on how to access and utilize interpreter services. Some organizations include information about health literacy, language access, and/or cultural competency in their trainings to help emphasize the importance of using a qualified interpreter.

TRAINING STAFF TO PROVIDE SERVICES

Many organizations discussed their use of qualified bilingual staff or dual-role interpreters to provide in-person interpretation. Most or all organizations ensure that individuals who provide interpretation services have some training or credential. Training approaches vary, and may include:

- Requirements that staff interpreters must complete a cultural competency training course and pass a language screening test within three months of hire.
- State interpretation certification programs.
- Training of qualified bilingual staff, may include:
  - Rigorous three-day training and testing for competence by an external group;
  - Bridging the Gap[10] training program; and
  - Internal certification, with credentialing requirements and formal vetting procedures varying by region.
- Lengthy or advanced medical interpreter training, sometimes including written and role-play testing.

Regardless of training approaches, ensuring high-quality interpretation services was paramount to all organizations, whether they relied on in-person or remote interpretation approaches to meet the communication and language needs of their patients.[11]

Conclusion

More than 25 million people in the United States have limited English proficiency, which can negatively affect all of their interactions with the health care system, from applying for coverage and understanding their benefits, to making an appointment and understanding the instructions their doctor gives them. Providing these individuals with access to qualified medical interpreters and high-quality translated materials can reduce disparities, and improve health care quality and health outcomes.

Organizations provide language assistance services in a variety of ways, and they may rely on a combination of different approaches to provide language assistance to ensure meaningful and equal access to their patients with limited English proficiency. What works for one organization may not work for another, and organizations should consider the most appropriate mix of approaches for the organization to ensure that communication and language needs are met. Regardless of the choice of assistance, the use of qualified interpreters is essential to ensure that patients receive high-quality services.[12]

[10] Bridging the Gap is a program that trains bilingual staff to work as effective, competent, and professional medical interpreters. More information on the program is available at https://www.libertylanguageservices.com/bridging-the-gap.

[11] Health care organizations that receive Federal financial assistance should consult with the U.S. Department of Health and Human Services Office for Civil Rights (OCR) to ensure their training programs accurately represent their legal obligation to take reasonable steps to ensure meaningful access to their programs by persons with limited English proficiency. See OCR website at: https://www.hhs.gov/civil-rights/index.html

[12] Id. at FN8 above.