

LOST IN THE TRANSLATION:

The Role of Language and Culture in the Health Care Setting

A Chinese-speaking woman visits her Chinese-speaking primary care physician complaining of a mass in her wrist. After being referred for a biopsy, she returns to the same physician several weeks later for a follow-up appointment. She tells her physician that the surgery was performed and that since she feels fine, she has stopped taking her medications. She does not know what the surgeon found. Her physician examines the bottles and discovers the medications are for tuberculosis. The patient was not aware of this diagnosis. More alarming, she was not aware the disease could be spread easily to others and that effective treatment includes taking her medications for one year.

This true story is one of many that can be told in today's health care system. An increasingly culturally and linguistically diverse patient population is challenging the system as never before. Over the last decade, the foreign-born population in the U.S. increased 44 percent. Nearly 47 million people speak a language other than English at home, and more than 21 million individuals self-report their ability to speak English as less than "very well" and are often referred to as limited English proficient (LEP).

***Limited English Proficient:** the inability to speak, read, write, or understand the English language at a level that permits an individual to interact effectively with health and social service agencies and providers*

Public policy and private efforts by nonprofit organizations, health care systems, and foundations have made some progress in confronting these problems and providing resources for action, but more remains to be done. Based on an April 4, 2003 GIH Issue Dialogue, *In the Right Words: Addressing Language and Culture in Providing Health Care*, this *Issue Focus* discusses the importance of addressing language and culture in the health care setting and highlights key opportunities for grantmakers.

CONSEQUENCES OF LANGUAGE AND CULTURAL BARRIERS

Language and cultural barriers have real consequences for both patients and providers. Barriers can lead to decreased access to health care, diminished patient comprehension, decreased patient satisfaction, compromised quality of care, and increased costs and inefficiency in the health care system. Eventually, these circumstances contribute to escalating racial and ethnic disparities in health care. In its report, *Unequal Treatment*, the Institute of Medicine (IOM) stated that "language mismatches are a fertile soil for racial and ethnic disparities in care," highlighting that factors

within the health care system exert different effects on patients and result in negative consequences for those with LEP.

CASE STUDIES

A Vietnamese-speaking patient is unable to schedule a follow-up appointment for an abnormal mammogram because the receptionist speaks only English. As a result, treatment and necessary procedures are delayed.

A Russian-speaking patient presented at an emergency room complaining of "urgina." The physician figured "urgina" sounded close enough to angina and ordered a battery of costly cardiac tests. It was only after another Russian-speaking patient was able to translate the appropriate word that the doctor learned the patient was complaining of a sore throat.

Providing language services is one element of a strategy to mitigate the myriad health and economic consequences of language and cultural barriers. It is also required by federal law. Under Title VI of the Civil Rights Act of 1964, recipients of federal funding are required to provide meaningful access to linguistic services, including interpreters. This includes all providers that accept Medicare and Medicaid patients and applies to their entire patient population. The U.S. Department of Health and Human Services (HHS) reiterated this longstanding provision by issuing a policy guidance, drafted and enforced by the Office of Civil Rights, which explained the legal requirements of Title VI and outlined several broad strategies. The guidance was first issued in August 2000 and then republished in February 2002. In December 2000, the HHS Office of Minority Health issued 14 national standards for ensuring culturally and linguistically appropriate services in health care. Currently, the Centers for Medicare and Medicaid Services provides the primary source of federal funding for language services to states under Medicaid and the State Children's Health Insurance Program (SCHIP). Only nine states, however, are currently taking advantage of this funding option.

OPPORTUNITIES FOR GRANTMAKERS

As providers and communities struggle to care for LEP populations, the field is ripe with opportunities for foundations to support activities that improve language access and contribute to the growing body of knowledge around these issues.

► **Improving Service Delivery** – Health care organizations and providers currently depend on a variety of methods to deliver linguistically and culturally appropriate health care services. These include relying on the language skills of providers and patients, in-person and remote third-party interpretation, and the translation of written materials. Oftentimes a combination of these methods is most effective. Grantmakers have supported these strategies in a variety of ways, from supporting initial needs assessments to funding well-established interpreter banks.

Through its *Supporting Immigrant and Refugee Families Initiative*, The Colorado Trust identified two critical concerns in the Denver area: lack of a high-quality interpreter bank and no training opportunities for providers on working effectively with interpreters. In response, the foundation selected a local organization to develop and manage a local interpreter bank, which has since recruited a cadre of interpreters, provided health care interpretation training, and is working to constantly assess language skills and provide ongoing professional development for these interpreters. Additionally, a curriculum was designed and presentations were delivered to interested providers on how to work in conjunction with interpreters. Current and ongoing challenges include marketing interpreter bank services and educating the community about the need for high-quality, professional interpreters.

The Consumer Health Foundation in Washington, DC supported a local community clinic, La Clinica del Pueblo, to improve and increase access to quality and specialized medical care for the Latino community through interpreter services. The project trained patient care coordinators, as well as community medical interpreters for on- and off-site interpretation.

► **Convening Stakeholders to Advance Policy** – To promote acceptance of interpretation in health care, foundations are working to create awareness among providers and the general public about its necessity in delivering high-quality care and the importance of developing sustainable financing mechanisms.

In 2002, The California Endowment developed the *Medical Leadership Council for Language Access*, a collaborative of 25 statewide physician organizations, health systems, and health plans working to create solutions that will improve the provision of interpreter and translation services to LEP patients. The foundation convenes the council biannually to discuss how organized medicine and health care providers can support increased language access in California. Council member organizations also engage in education and information dissemination among their organization's membership through discussions at member meetings, writing member newsletter articles, soliciting member surveys, and promoting continuing medical education and training opportunities. Council members are paid a stipend for their participation and involvement.

The Access Project and the National Health Law Program

(NHHELP) are collaborating with the Mid-Iowa Health Foundation, Endowment for Health in New Hampshire, and Quantum Foundation, Inc. in Florida to help their communities advocate for the adoption of Medicaid/SCHIP funding for interpreter services. Coalitions in these states will work to educate opinion leaders and policymakers on the importance of providing interpreter services and explore the feasibility of implementing the federal reimbursement option in their state. These foundations have fostered the development of the coalitions, providing funding as well as identifying key stakeholders, convening meetings and conference calls, and working with immigrant rights coalitions and community groups.

► **Advancing Research and Knowledge** – The IOM recommends that “future research should identify best practices where the availability of interpretation services is limited.” Foundations can play an important role in helping communities determine which strategies have been most successful, which are cost-effective, and what else is needed to improve access to linguistic services.

The Robert Wood Johnson Foundation has launched *Hablamos Juntos: Improving Patient-Provider Communication for Latinos*, a \$10 million national program to help improve access to quality health care for Latinos with LEP. The goal of the program is to explore cost-effective ways for providers to use medical interpretation and translation in delivering services. Specific activities include: growing the capacity for interpreters in regions with new and fast-growing Latino populations; developing technologies that will enable cost-effective and accurate interpretation; creating and distributing resources to build on what is known about interpretation; linking relevant experts nationwide in order to unify the field and explore the science base for interpreting; and advancing knowledge of the business case for providing interpreter services. In its first year of funding, the program has awarded 10 sites nationwide with planning grants of \$150,000 each. Grantees have conducted needs assessments and are taking inventory of their existing resources. Next steps include developing their implementation plans and associated program requirements.

A full report that delves further into this issue and incorporates discussion from the Issue Dialogue will be available in the summer of 2003. If your foundation is working to improve linguistic access in the health care setting, please let us know by contacting Rea Pañares at 202.452.8331 or rpanares@gib.org.

SOURCES

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