Advancing Language Access in Healthcare Organizations

Understanding the importance and logistics of language access results in better outcomes for patients and providers, saves money and improves efficiency. And, it's the law!

Language Access is the Law

Source: United States Department of Health and Human Services

Title VI of the Civil Rights Act of 1964	• Prohibits discrimination on the basis of race, color or national origin in any program or activity that receives federal funding assistance
Executive Order 13166	• Holds federal agencies to the same standard as recipients and requires that federal agencies work to ensure that recipients of federal funding provide meaningful access to English Learners.
Section 1557 of the Affordable Care Act	• Prohibits discrimination on the basis of race, color, national origin, sex, age or disability in health programs or activities, any part of which receive federal funding.

LEP Individuals in Pennsylvania

1,408,776 People
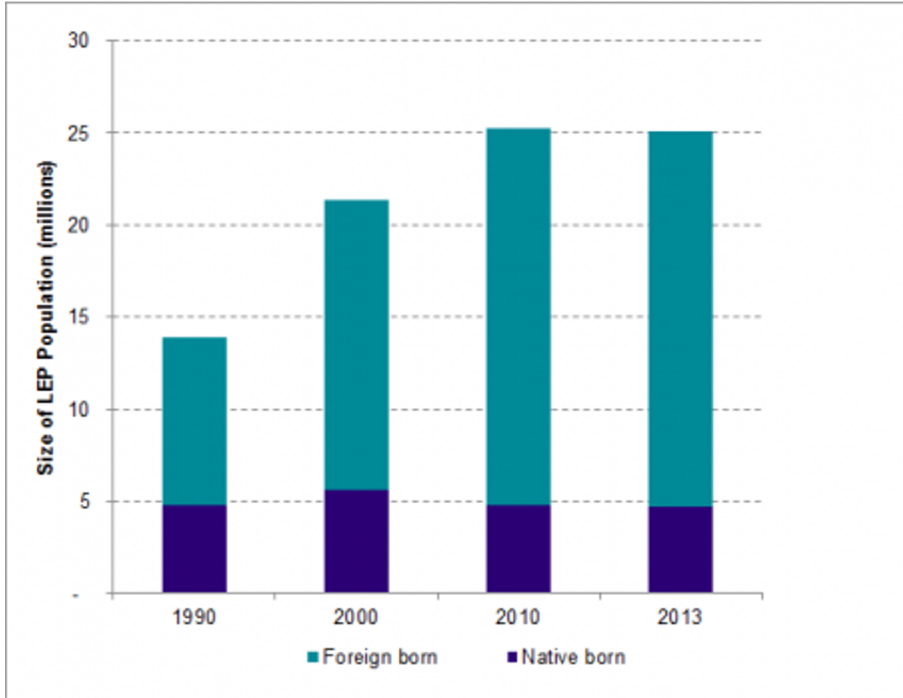speak a language other than English in the home.

Of those, ⅓
are Considered LEP (469,592)

156 Languages
represented in the the State of Pennsylvania

Source: United States Census Bureau

Source: Migration Policy Institute

- 80% national LEP increase from 1993- 2013

- Compared to English-proficient, LEP less educated and more likely to live in poverty, have poor health and experience poor outcomes overall

Language Access is Access to Services

Remember that just because a person says that they understand what you are saying, that may not be the case.

How to Identify When an Interpreter is Needed

- A patient states that they speak little or no English, or requests an interpreter

- A person cannot grasp or respond to information

- A person nods or answers "yes" to all questions, or responds in a limited way

- A patient is difficult to understand or relies on an app or family member to communicate

How to Identify When an Interpreter is Needed

- In times of stress, illness and with ageing, a person's proficiency in their second language is likely to decrease and an interpreter may be required.

Types of Language Access Resources

- Written Translation

- Oral Interpretation (in-person)

- Oral Interpretation (over-the-phone)

- Video Relay Interpretation

- Sight Translation

Who cannot be an interpreter?

Family members

Children
<18 years old

Other patients, visitors

Untrained staff

If a patient declines interpretation services:

- Signed waiver is recommended

- Explain the pitfalls of relying on family members

- Proceed with caution, simplify your language and be vigilant for miscommunication

Integrating Language Services

- Understand the types of Language Access Resources

- Learn how to use each of these resources correctly

- "Getting it right" – clinical staff training and accountability

- Written translation and oral interpretation quality control

Comprehensive Service v. Ad Hoc Service

Assumption-Based Action

- Disconnects patients from their care
- Discourages patients from returning
- Leads to miscommunication and poor outcomes

Deliberate & Informed Action

- Patients speak for themselves
- Patients take active role in their own care
- Minimizes preventable illness and increases patient return rate

Pitfalls of Machine Translation

- Meaning can be lost because there is no way to incorporate context

- Quality of Translation is dependent on language pair

- Significant grammatical errors

- No system for error recognition or correction

OPI: Over-the-Phone Interpretation

CONS:

- Quality control is a serious issue

- Not appropriate for meaningful, lengthy or specialized content communication

- Nonverbal cues are lost and accuracy is poor as a result

PROS:

- Quick and convenient

- Cost effective

- Remote accessibility

Recognizing Accuracy

- Does the family seem engaged or disconnected?

- Is the interpreter observing best practices in general? (body positioning, first-person speech, etc.)

- Do the appx. number of words being conveyed match?

- Is the interpreter having side conversations?

Hello!

Use this chart to identify the language of non-English speakers.

Ask the individual to indicate which language they speak.

The bubbles below read: Hello! Please point to your language. Interpretation is available to you free of charge.

For more information about language access and assistance, visit the DHS Immigrants & Internationals Initiative at www.alleghenycounty.us/DHS/immigrantresources. If you are a DHS staff member, visit info.alleghenycounty.us/DHS/LanguageAccess.aspx.

- ARABIC
- BOSNIAN
- BURMESE
- FARSI
- FRENCH
- GERMAN
- GUJARATI
- HINDI
- ITALIAN
- JAPANESE
- KAREN
- KINYARWANDA
- KIRUNDI
- KOREAN
- MANDARIN
- NEPALI
- PORTUGUESE
- RUSSIAN
- SOMALI
- SPANISH
- SWAHILI
- TAGALOG
- THAI
- UZBEK
- VIETNAMESE

GLOBAL
LANGUAGE SERVICES

LANGUAGE IDENTIFICATION CHART

Show your client the chart and prompt him/her to identify his/her country of origin.
You should then call us while the client is still with you, in case clarification is needed in relation to any specific dialects.
If possible, use in conjunction with the 'Language ID Card' provided by Global Language Services Ltd.

Glasgow Office
Craig House
60 - 64 Darnley Street
Glasgow, G41 2SE
Tel/Fax: 0141 429 3429
mail@globalglasgow.com

Edinburgh Office
Belgrave Business Centre
45 Frederick Street, Edinburgh, EH2 1EP
Tel: 0131 220 0115
Fax: 0131 624 1166
mail@globaledinburgh.com

Highlands Office
Fairways House, Fairways Business Park
Castle Heather, Inverness, IV2 6AA
Tel: 01463 258 839
Fax: 01463 258 851
mail@globalinverness.com

Aberdeen Office
Riverside House
Riverside Drive
Aberdeen, AB11 7LH
Tel: 01224 224 368
mail@globalaberdeen.com

Should you require a Telephone Interpreter, please contact 0141 530 8026 with your Client Number, PIN and Language Code.
For written translations, please forward the document to secure.translations@globalglasgow.cjsm.net
To order additional copies of this chart, please contact the Glasgow office. Updated 2014

Tips for Clinical Staff

- Etiquette: make eye contact with the subject, not the interpreter

- Always speak in the first person

- Slow down, enunciate, and pause to allow time to interpret

- Screen for accuracy

More Tips for Clinical Staff

- Body positioning

- Ethics: Confidentiality, boundaries, impartiality, accuracy and completeness

- Tone, register and style

- Ask one question at a time

- Schedule extra time for appointments where interpreters are needed