

How to Address Language Differences

Overview

Delivering good health care and changing health behaviors is hard enough without the added complication of language differences between a patient and health care provider. Speakers of languages other than English often do not get the health information they need.

Addressing language differences is an important part of addressing health literacy universal precautions and is also a requirement by law. As part of the Civil Rights Act of 1964 and subsequent Federal and State laws and policies, a practice participating in Medicare or Medicaid is legally required to provide equal access to services for patients who do not speak or understand English well.

Purpose

To help practices consider multi-language issues and offer suggestions on how to address them. This tool includes a list of resources that practices can access to assist in developing their plan to address language barriers.

Action

- **Assess and document language preferences and language assistance needed.**
 - ◇ **“I Speak” cards:**  These are cards that read “Mark this box if you read or speak [a specific language]” and are written in that particular language. Copies of these cards can be displayed or readily accessible at the reception desk or welcome area to help patients identify which language they speak.
 - ◇ **Determine patient’s language assistance needs.** Ask all new patients (especially if someone else is making the appointment for them):
 - ◆ “What language do you feel most comfortable speaking with your doctor or nurse?” If they answer American Sign Language, ask whether they have TDD capabilities (Telecommunication Devices for the Deaf).
 - ◆ “Would you like an interpreter?”

- ◆ “In which language would you feel most comfortable reading medical or health care instructions?”
- ◇ **Record patients’ language assistance needs.** Once assessed, preferred language and language assistance needs should be noted in the chart. If electronic charts are used, this information can easily be tracked over time to help practices appropriately plan language services.
- ◇ **Display patients’ rights.** 🗣️ At the receptionist desk or welcoming area, display a sign explaining patients’ right to language services and how to access those services at your practice.
- **Acceptable language assistance services.**
 - ◇ **On-site trained interpreters:** Often times an interpreter is well educated and uses medical terms. Training should include attention to plain language and other health literacy issues. To find a local interpreter you can go to:
 - ◆ [American Translators Association](#) 🗣️
 - ◆ [Pro Z](#) 🗣️
 - ◇ **Telephone medical interpreter services:** This will require special equipment such as dual handset or speaker phones in examining rooms.
 - ◇ **Bilingual clinicians and staff trained as interpreters.**
 - ◇ **Other emerging technologies to look for (but not yet tested):**
 - ◆ Video conferencing (especially for American Sign Language).
 - ◆ Voice activated software that recognizes and translates phrases from one language to another, also known as a “phraselator.”

Tips ★

Planning for Interpretation Services

- ◇ Tell patients that interpreters will be provided for free. If patients say they will bring their own interpreters, tell them untrained interpreters often make mistakes, and in particular children should not be asked to interpret.
- ◇ Consider training your staff on how to work with interpreters.
- ◇ If many of your patients speak a particular language, consider hiring bilingual staff.

- **Unacceptable interpreter services.**
 - ◇ **Untrained staff:** Using untrained staff to interpret has been shown to lead to clinically significant medical errors.
 - ◇ **Family and friends:** Practices must keep in mind that family or friends are considered untrained interpreters. Using family or friends poses a problem with patient privacy. In addition, family may impose their view of the patient and their health. Patients may insist that staff communicate with bilingual family or friends and that request should be respected, but a trained interpreter should be in the room to assure that the information is accurately relayed.
 - ◇ **Minor children of patient:** Minor children should never be used as interpreters. Using minor children to interpret puts the child in a very vulnerable position and puts the practice at risk for liability if something were to go wrong. Patients may be less likely to discuss more personal health topics when using children as interpreters.

- **Translated written material.**
 - ◇ **What will need translating?**
 - ◆ Forms, signs, posters, pamphlets, etc.
 - ◆ **Health education material:** The following Web sites have a large selection of easy-to-read health education material in several languages.
 - [MedlinePlus](#)  by the National Institutes of Health.
 - [Healthy Roads Media](#)  provides materials in handout form, audio, Web video, and mobile video for a variety of different opportunities for practitioners to get them to patients.
 - [Health Information Translations](#)  provides materials in 18 different languages, including American Sign Language video for patients that are deaf.
 - ◇ **Things to keep in mind about translating words into another language.**
 - ◆ Direct, word-for-word translations do not always work because nuances of culture are thereby ignored.
 - ◆ Translators must apply plain language guidelines. Dense materials in English are often difficult to understand. The same material in another language will also be difficult to understand.

- **Organizing languages services.**
 - ◇ **Office visits:** For small populations of diverse patients, consider scheduling appointments at times when appropriate interpretation services are available.
 - ◇ **Phone calls:** Plan designated times that patients can call when interpreters are available.
 - ◇ **Unscheduled communications:** Have a plan for when a patient who you did not know needed language assistance comes in or calls (e.g., contract with medical telephone interpreters).
- **How to pay for language assistance services.**

Paying for these services is by far the most challenging part, especially if there are no trained bilingual staff at the practice. Although these services are mandated for most practices, funding them may take some creative thinking.

 - ◇ Investigate whether Medicaid and other insurance plans will pay for interpreters or have negotiated discounts. (Medicaid reimbursement is available in 13 States.)
 - ◇ Coordinate with other practices to develop contracts with language assistance vendors.
 - ◇ Contact community organizations for possible volunteer trained interpreters.
 - ◇ Consider separate flexible funding sources such as grants or fundraisers to help subsidize these services.

Track Your Progress

- After implementation, take 1 week and ask staff to make note of all the language assistance needs that they encountered and how they were dealt with. Collect the comments, and discuss them at the next Health Literacy Team meeting. Explore new approaches to address the weaknesses, and do another evaluation in another 2 months.
- Compile a list of the most common languages spoken by your patients. Compare that list with the languages used for the written materials you distribute. Repeat after 2 months to see whether more non-English materials are available.

Resources

- [“Addressing Language and Culture”](#) is a booklet by The California Academy of Family Physicians Foundation that helps practices gauge how

well they are doing at providing services sensitive to language and culture.

- **The Health Care Language Services Implementation Guide**  is a Web site sponsored by the Department of Health and Human Services' Office of Minority Health that provides a comprehensive guide to addressing language access services in health care settings. It offers case study audios that skillfully illustrate the issues around the need for language access services. It also provides a comprehensive list of resources such as laws and regulations, telephone translation services, testing and training for interpreters, funding options, etc.
- **“Office Guide to Communicating with Limited English Proficient Patients”**  is a booklet by the American Medical Association that offers practical advice.
- **Hablamos Juntos**  has a number of resources for language services, one being a toolkit on improving the quality of health care translations.
- **“Effective Communications Tools for Healthcare Professionals”**  is a free online learning course broken down into five, 1-hour modules and offering continuing education credits.

References

1. Flores,G. Language barriers to health care in the United States. *New Engl Med*, 2006;355(3):229