OVERCOMING LANGUAGE BARRIERS IN HEALTH CARE
BEST PRACTICES

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1. Language services
2. Organizational policies and procedures
3. Community partnerships

1. LANGUAGE SERVICES

WHAT are language services?

Answer: The term "language services" (or "language assistance") refers to a spectrum of interpreting and translation services. One resource is typically not enough to address patient language needs at one health care organization. An array of services is needed. Examples include:

- Trained, professional contract interpreters. Several services in the D.C. Baltimore area offer in-person (on-site) interpreters, e.g., FIRN Language Connections (nonprofit), Academy of Languages, Professional Interpreter Exchange, About Language, ACT, Lionbridge, LLE, etc.
- Staff interpreters. Full-time, dedicated interpreters typically work in hospitals and large clinics. However, not all staff interpreters are professionally trained to interpret or have been tested for interpreter skills and language proficiency.
- Bilingual employees. Bilingual staff often interpret part-time as one part of their job. Like all interpreters, they should be tested for language skills and professionally trained to interpret.
- Telephonic interpreter services. These are provided 24-7 in over 150 languages by several national companies such as Language Line, NetworkOmni, CyraCom, Teleinterpreters, Lionbridge, CTS Language Link, etc. A dual handset phone may be used to facilitate calls.
- A language bank. This is a list or pool of interpreters (usually volunteer or low-cost). A language bank may be run out of one organization or shared by several agencies.
- Professional translators. They may work freelance or for a language company. They should be certified by the American Translators Association and/or employed by a *reputable* language company. Many agencies produce documents filled with embarrassing errors.

WHY are language services important?

Without them, health care organizations often resort to family members and friends of the patient, who lack medical terminology, are not trained to interpret and do not interpret accurately. The use of untrained interpreters, especially children, has been shown to lead to multiple errors, confusion, misdiagnoses, problems with medications, illness and even death. Using untrained interpreters opens up the agency and provider to liability and potential lawsuits. *Professional medical interpreters should adhere to the National Code of Ethics and National Standards of Practiced issued by the National Council on Interpreter in Health Care (www.ncihc.org).*

2. ORGANIZATIONAL POLICIES AND PROCEDURES

WHAT are organizational policies and procedures for language barriers?

The agency's "LEP Plan" is a policies and procedures document about how to serve LEP patients. Such a document is required for health and human service agencies that receive funding (directly or indirectly) from the Federal government or the state of Maryland. It typically includes policy

language related to Title VI of the Civil Rights Act and/or the Maryland language access law enacted in 2002. It also describes procedures concerning how to serve LEP patients effectively from the moment of first contact to the moment of discharge. The plan may include any/all of the following:

- How to assess the agency's language needs and local linguistic demographics
- Procedures for notifying LEP patients of their right to an interpreter at no charge
- Procedures for calling an in-person interpreter and/or a telephonic interpreter
- Procedures for posting documents in many languages in reception and patient areas notifying patients about the availability of language assistance
- Requirements for training staff on LEP policy/procedures and language access laws
- Requirements for training staff on how to work with interpreters
- Regulations regarding which types of documents must be translated into specified languages
- Other helpful guidance

WHY are such documents important?

Without an LEP plan, most employees (whether clinicians, administrators or front-line staff) have no idea how to serve LEP patients effectively. In many cases, they do not know where to begin. The LEP plan lays down simple steps that show staff what works well when serving a patient who speaks limited English. However, it is also important to train staff on the plan itself: it is common for most staff members in an organization to be unaware that an agency's LEP plan exists.

3. COMMUNITY PARTNERSHIPS

WHO are the ideal community partners for health care organizations that serve Limited English Proficient (LEP) patients?

Answer: Community partners may be community-based organizations that serve groups such as:

- Particular nationalities, e.g., Koreans or Ethiopians
- Regional groups like Hispanics/Latinos, Africans or Middle Easterners
- Faith-based organizations such as Christian, Jewish, Muslim and Buddhist family services agencies, or congregations based in temples/mosques/churches
- Refugees, e.g., refugee resettlement agencies and refugee support networks
- Immigrant agencies offering a broad spectrum of services to immigrants and refugees

WHY are such partnerships valuable?
Answer: They may:

- Help a health care organization to find or recruit interpreters
- Sit on a steering committee, board or advisory group to guide the development of effective language services
- Offer culture brokers or mediators
- Give the agency community feedback on whether language services are working well
- Show when language barriers are complicated by cultural barriers
- Assist with outreach and spread the word about language assistance to the community