

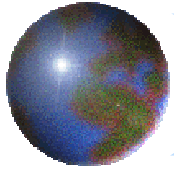
Access in Action!

Laura McGlashan, JD, MPH

NH Refugee Health Coordinator / OMHRA

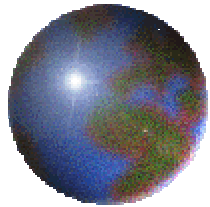
Refugee Health Conference

April 29, 2013

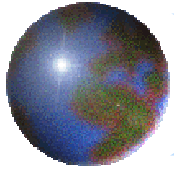


Interpretation vs. Translation

- ❖ Interpreter: A person who renders orally into one language a message spoken in a different language.
 - Qualifications: Bilingual, specialized training
- ❖ Translation: Process involving rewriting source language material into a target language.



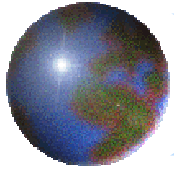
What are the legal requirements to provide language assistance to Limited English Proficient (LEP) persons?



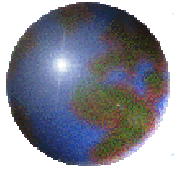
Title VI of the Civil Rights Act of 1964

“No person in the United States shall, on the ground of race, color or ***national origin***, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under **any** program or activity **receiving federal financial assistance.**”

-42 U.S.C. Section 2000d.

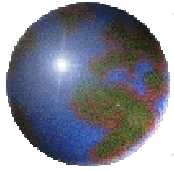


*In 1974, the Supreme Court
decided that*
**national origin discrimination
includes language.**



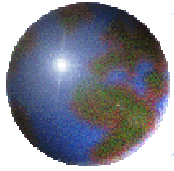
Title VI Language Assistance Requirements

- ➊ Covered entities must take **reasonable steps** to ensure that LEP persons have **meaningful access** to their programs and services.
- ➋ Meaningful access = Language Assistance



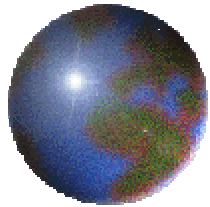
Examples of Language Discrimination

- ❖ ***Denying services*** to non-English speaking individuals;
- ❖ ***Limiting participation;*** or
- ❖ Providing services that are more ***limited in scope*** or ***lower in quality.***

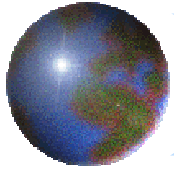


Title VI Enforcement

- Title VI is *enforced* by the Office for Civil Rights (OCR)
- OCR Website: www.hhs.gov/ocr/
 - Actual discrimination complaints & results

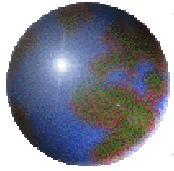


*Accurate Communication
is essential to ensuring the
Quality & Safety of Services!*



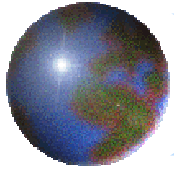
Proven Potential for Harm

- Misunderstanding patient's symptoms and health history
- Ordering more otherwise avoidable tests (which cost money and may be expensive)
- Inability to obtain/provide informed consent
- Patient can't understand diagnosis, plan and instructions
- Patients with Language Limitations:
 - Use preventive services less often;
 - Are more likely not to take medication as directed;
 - ***Have worse health outcomes.***



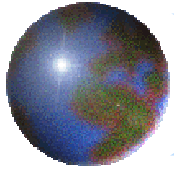
Why Friends/Family Members Should Not be used to Interpret

- ❖ The **error rate** of untrained ‘interpreters’ (including family and friends) is sufficiently high as to make their use potentially **more dangerous** than no interpreter at all.
- ❖ Using untrained interpreters lends a *false sense of security* to both provider and client that accurate communication is actually taking place.



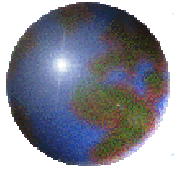
Problems caused by using Friends/Family Members to Interpret

- ⊕ Friends / Family members:
 - ⊕ May introduce bias or filter communication in either direction
 - ⊕ Often don't understand the need to interpret everything the patient or provider says
 - ⊕ May summarize and/or miss key points
 - ⊕ May answer incorrectly and/or without consulting patient
 - ⊕ May have limited English ability themselves
 - ⊕ May not be able to communicate medical terms
- ⊕ The patient/client is much ***less likely to disclose sensitive or private information.***



NEVER Use a Minor Child as an Interpreter

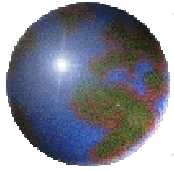
- ❖ Requires the child to take on burdens, decision-making and responsibilities beyond their years or authority;
- ❖ May cause role-reversal and friction in the family;
- ❖ May require child to convey information that is technically advanced;
- ❖ Undermines patient confidentiality.



Use of Trained Interpreters Prevents Problems!

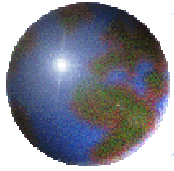
- Trained interpreters:
 - Possess special skills and knowledge
 - Adhere to standards of ethics and practice

- Using trained interpreters:
 - Ensures patient confidentiality
 - Prevents conflicts of interest
 - Ensures completeness and accuracy
 - Saves costs



Culturally & Linguistically Appropriate Services (CLAS) Standards

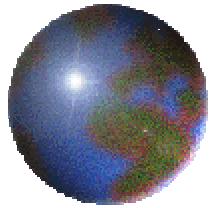
- Federal DHHS guidance for complying with Title VI, published 2000, enhanced 2013
 - 15 Standards (specific steps) to be more linguistically and culturally accessible
- **Standards 5 – 8** pertain to communication and language assistance



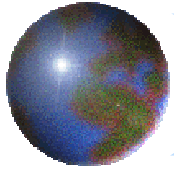
CLAS Standards 5 – 8: Communication and Language Assistance

Language Assistance must be:

- ✚ Accurate - Provided by **competent** interpreters
- ✚ Timely - Offered in a timely manner
- ✚ Provided at no cost to the patient/client
- ✚ Provided at all points of contact w/ the organization.



Benefits to Providers



CLAS Benefits Providers!

- ☉ Compliance with Anti-Discrimination Laws

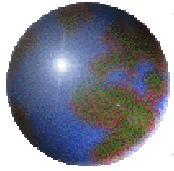
- ☒ Protects from lawsuits

- ☉ Healthier, more satisfied clients/patients

- ☒ Improved communication between patients and providers is linked to more efficient treatment (less follow-up, better adherence to treatment plans)

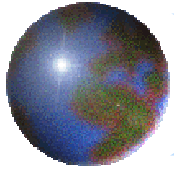
- ☉ Increased competency and satisfaction of staff

- ☒ Training staff in CLAS standards will increase staff competency & satisfaction, decrease frustration (e.g., ***appointment no-shows***)



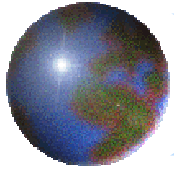
Improved Business / Cost-Savings

- Avoids unnecessary diagnostic tests
- Improves the effectiveness of treatment plans
- Increases patient adherence to therapy
- Decreases recovery time
- Avoids lawsuits due to inadequate informed consent, medical errors, and violation of anti-discrimination laws
- Higher employee morale and retention
- Higher client loyalty and retention
- Adherence to Standards
 - e.g., Joint Commission, NCQA, NQF – standards are very clear about requiring language assistance and documenting interpreter qualifications



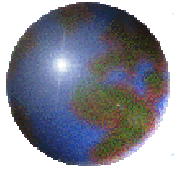
Perceived Barriers to Providing Language Assistance

- ✿ Impact on length of encounter
(visits are time-limited and using an interpreter will likely take longer)
- ✿ Cost (or perceived cost) of Interpreter
- ✿ Need for interpreter not known in advance
- ✿ Not knowing where to find trained, qualified interpreters or how to schedule an interpreter session.

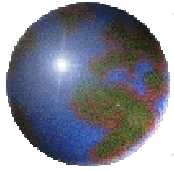


Responses to Perceived Barriers

- Impact on length of encounter (visits are time-limited and using an interpreter will likely take longer)
 - Any increase in appointment time is more than made up for by the resultant improvement in communication with increased mutual understanding and improved quality of interaction, avoiding unnecessary misunderstandings and potential for damaging or dangerous inaccuracies
- Cost (or perceived cost) of Interpreter
 - Minimal Cost
 - Using an interpreter may save costs in other areas.

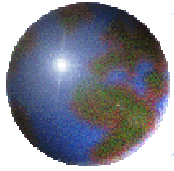


Only 50¢ per \$100
Health Care Visit!



Responses to Perceived Barriers

- Need for interpreter not known in advance
 - Identify language assistance needs from the time of first encounter and flag this information as part of the person's demographic profile. Ask:
 - *Do you need an interpreter for your encounter?*
 - *In what language do you prefer to discuss and receive your services?*
- Not knowing where to find trained, qualified interpreters or how to schedule an interpreter session.
 - Resource materials provide information



Good news!

*There are many tools &
resources to help
healthcare providers put a
language assistance plan in
place.*



THINK CULTURAL HEALTH



Advancing Health Equity at Every Point of Contact

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Become a member of the Center for Linguistic and Cultural Competency in Health Care (CLCCHC - "click" to our friends!)



By joining the CLCCHC, you will gain access to exclusive resources and be the first to hear about the latest initiatives from OMH and Think Cultural Health team!

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Office of Minority Health



CLAS Standards



Ways to Connect



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RHTAC developed this website with initial funding from the Office of Refugee Resettlement. With the end of this initial funding period, RHTAC will no longer offer TA directly to individuals or institutions. RHTAC will continue to provide web-based information and resources. While we work with our partner agencies to seek resources that will allow us to resume active TA, viewers are encouraged to visit our website, [join our mailing list](#), and engage with stakeholders using our online discussion forum [Community Dialogue](#).

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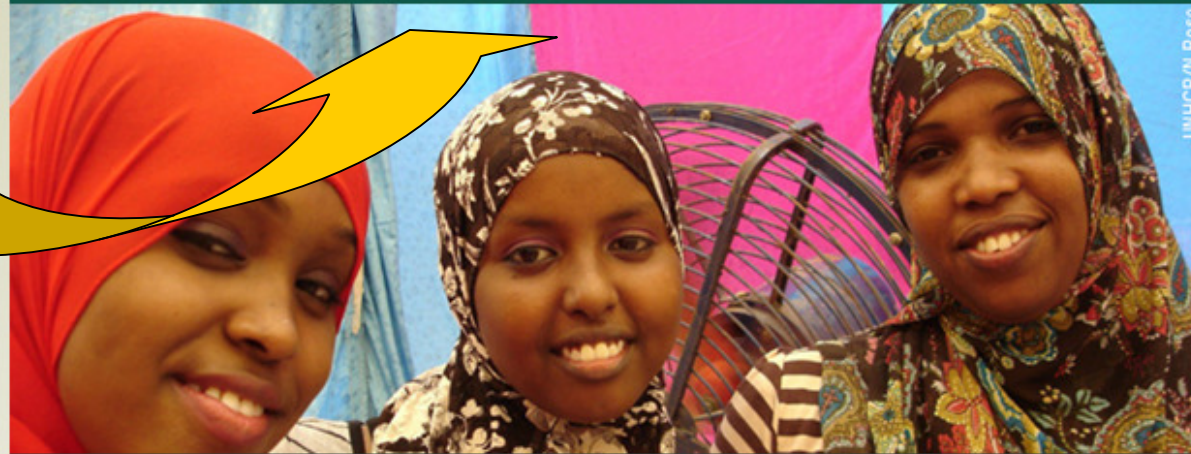
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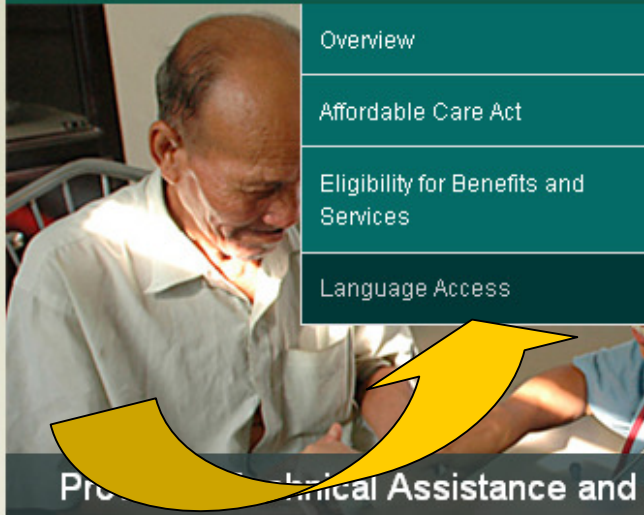
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Overview

Affordable Care Act

Eligibility for Benefits and Services

Language Access



Interpreters vs. Translators

Interpreter Best Practices

Preparing for a Remote Interpreted Session

Translated Health Education Materials

FAQs

What's New

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Quality Improvement Guide

Multicultural Health Care: A Quality Improvement Guide



Multicultural Health Care: A Quality Improvement Guide is available for free online at <http://www.clashealth.org/>. The Guide was developed by NCQA in collaboration with Eli Lilly and Company. The free guide is intended for health care organization such as managed care plans, large group practices, hospitals, public health agencies, disease management

organizations, community health centers and other institutions that provide and/or arrange for care of diverse patients. The aim of the Guide is to serve as a resource for those wanting to undertake quality improvement initiatives to improve culturally and linguistically appropriate services and to reduce disparities in care.

Multicultural Health Care: A Quality Improvement Guide is organized into 4 chapters that follow the steps of a basic quality improvement process – **Assessment, Planning, Implementation** and **Evaluation**. Each chapter contains explanatory text, information on how to follow the process and examples from a variety of settings.

NCQA CLAS Initiatives

Awards Program

Recognizing Innovations in Multicultural Health Care

Technical Assistance Project

http://www.clashealth.org/

search... SEARCH

About the Guide

About CLAS

Acknowledgements

Steps to Quality Improvement

Resource Library

Multicultural Health Care: A Quality Improvement Guide



Welcome to Multicultural Health Care: A Quality Improvement Guide. This guide is intended for health care organizations that provide or arrange for the care of diverse patients. The guide is a resource for those interested or already engaged in quality improvement (QI) initiatives to improve culturally and linguistically appropriate services (CLAS) and to reduce disparities in health care.

Quality Improvement

Applying the QI process to CLAS

GO

Assessment

Assessing needs and resources

GO

Planning

Organizing, prioritizing and planning

GO

Implementation

Using small steps to implement and refine

GO

Evaluation

Measuring effectiveness

GO

Start Using the Guide

Tell us what type of organization you are and see how the Guide can help you.

I am a ...

Resource Library

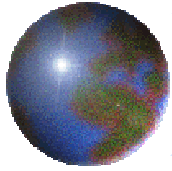


Click here for ready-to-use tools and resources that can help you address CLAS and disparities.

Take a Tour of the Guide

Click here for an introductory tour of Multicultural Health Care: A Quality Improvement Guide.





Equity of Care



Racial and ethnic minorities currently represent one-third of the U.S. population.
— U.S. Census Bureau

- Home
- About Us
- Resources
- Call to Action

Many have seen the headlines that bring attention to the multiple societal factors that impact disparities in care, including environmental and other social determinants. Add the facts that racial and ethnic minorities currently represent one-third of the U.S. population and will become a majority of the population in 2042.

This site was created to help hospitals, health systems, clinicians and staff improve the quality of care for each and every patient.

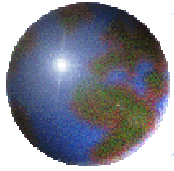
Through free resources, shared best practices and national collaborative efforts, Equity of Care is leading the health field on a clear path to eliminate disparities.

There is great opportunity to impact disparities using three core elements:

- Increasing collection of race, ethnicity & language data
- Increasing cultural competency training
- Increasing diversity in leadership

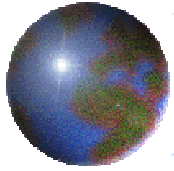
Questions? Contact us at info@equityofcare.org

<http://www.equityofcare.org>



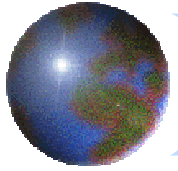
The Growing Recognition of Link Between Addressing Disparities & Improving Quality

- **Accreditation organizations** are developing equity measures and culturally competent care standards and requirements
 - **To assure the delivery of culturally and linguistically appropriate health care services**
 - **Joint Commission**
 - **National Committee for Quality Assurance**
 - **National Quality Forum**



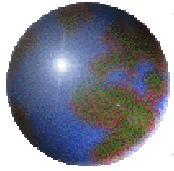
Joint Commission: Patient Race and Ethnicity Data Collection

- ❖ **The medical record contains the patient's race and ethnicity** (new EP 28 to Standard RC.02.01.01.)
- ❖ **To collect data in order to identify health care disparities.**
 - ❖ The Joint Commission's monograph *Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care: A Roadmap for Hospitals* provides examples of practices to help hospitals collect these data elements (pages 36-37).



Joint Commission: Patient-Centered Communication Standards for Hospitals

- The **Patient-Centered Communication standards**, released January 2010.
- Joint Commission surveyors will **evaluate compliance** with the Patient-Centered Communication standards beginning January 1, 2011; however, findings will not affect the accreditation decision.
- Compliance with the Patient-Centered Communication standards will be **included in the accreditation decision no earlier than January 2012.**



The Joint Commission:

Patient-Centered Communication standards

- ➊ ***Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care: A Roadmap for Hospitals***

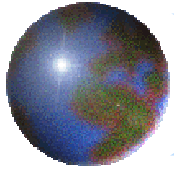
Oakbrook Terrace, IL: The Joint Commission, 2010

- ➋ Provides recommendations to help hospitals address unique patient needs, meet the new Patient-Centered Communication standards, and comply with existing Joint Commission requirements
- ➌ http://www.jointcommission.org/Advancing_Effective_Communication/

Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care

A Roadmap for Hospitals





A Patient-Centered Guide to Implementing Language Access Services in Healthcare Organizations

- ✚ Step 1: Assess language needs of patients
- ✚ Step 2: Organization Capability Assessment
- ✚ Step 3: LAS Components
- ✚ Step 4: LAS Quality Evaluation



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Health Care Language Services Implementation Guide

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Health Care Language Services Implementation Guide

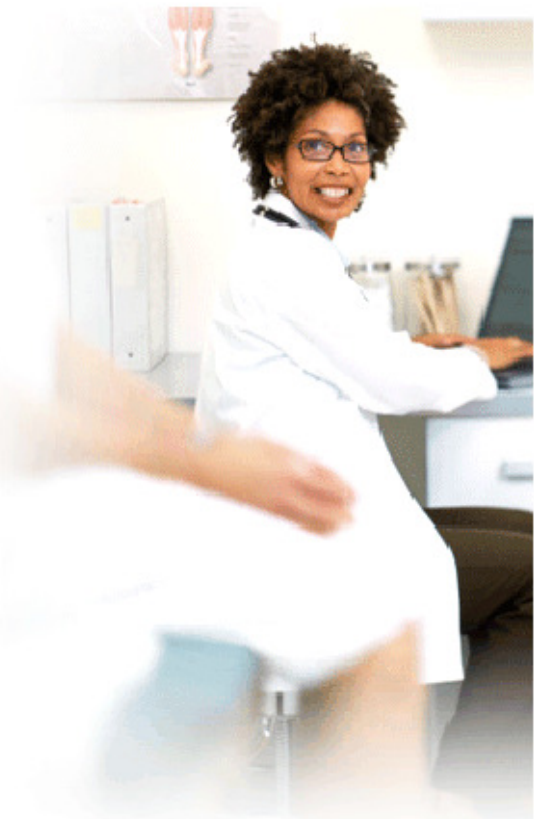
With growing concerns about racial, ethnic, and language disparities in health and health care and the need for healthcare systems to accommodate increasingly diverse patient populations, language access services (LAS) have become more and more a matter of national importance. As part of its mission, the **Office of Minority Health (OMH), U.S. Department of Health and Human Services (HHS)**, seeks to:

Improve the health of racial and ethnic minority populations through the development of effective health policies and programs that help to eliminate disparities in health.

OMH has sponsored the development of this guide to help health care organizations implement effective LAS to meet the needs of their patients with limited English proficiency (LEP), thereby increasing their access to health care.

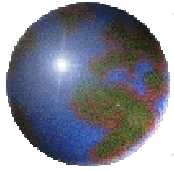
The guide can help you get started. As your community and your organization evolve over time, you can use the guide to assist you with the evolution of your LAS. As such, your health care organization can continue on your mission to provide quality health care to all of the patients who seek your assistance, regardless of their language ability.

The guide lays out the basic steps for implementing LAS, and the process for carrying out each step is explained in detail and supplemented with links to resources and tips on alternative ways to complete the step.



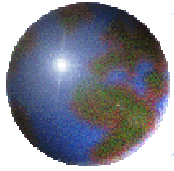
Steps

[Click to Expand](#)



Identifying LEP populations in your service area

- ✚ Use data collected by your own organization;
- ✚ OMHRA Data – Provides numbers of refugees resettled in NH by year, country/region they came from, and city/town where they settled.



Make Language Services Accessible


- ❖ Learn client's preferred language ASAP
(during intake or telephone registration)
- ❖ Inform clients *Verbally & In Writing* of their Right to Interpreter Services at No Cost (post signs at registration, in waiting areas, etc.)
- ❖ "I Speak" Cards
 - ❑ Notify patients about the language services that are available
 - ❑ Identify the patients' preferred language


LANGUAGE BANK





INTERPRETATION
SERVICES


Europe

Albanian Shqip 
Tregoni me gisht gjuhën tuaj. Do të thërrasim një përkthyes. Përkthyesi do të merret falas për ju.

Armenian Հայերեն 
Ցոյց տուէք ո՞ր մէկ լեզուն կը խօսիք՝ Թարգմանիչ մը կանչել կը տանք. Թարգմանիչը կը տրամադրուի անվճար.


Basque Euskara 
Euskara seinalatu. Jarraian itzultzaile bati deituko diogu. Itzultzaileak doako zerbitzua eskeiniko dizu.


Bosnian Bosanski 
Pokažite svoj jezik. Prevodilac će biti pozvan. Prevodilac je obezbijeden bez troškova za vas.


Bulgarian Български 
Посочете вашият език. Ще бъде извикан преводач. Преводачът е осигурен безплатно за вас.


Croatian Hrvatski 


Europe - continued

Icelandic Íslenska 
Bentu á þitt tungumál. Það verður hringt í túlk. Túlkurinn er þér að kostnaðarlausu.

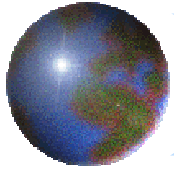
Italian Italiano 
Puntare sulla propria lingua. Un interprete sarà chiamato. Il servizio è gratuito.

Lithuanian Lietuvių 
Nurodykite savo kalbą. Bus pakviestas vertėjas. Vertėjas jums bus suteiktas nemokamai.


Macedonian Македонски 
Покажете на јазикот на кој зборувате. Ќе повикаме преведувач. Услугите на преведувачот се бесплатни.

Norwegian Norsk 
Pek på ditt språk. Vi tilkaller en tolk. Tolken arbeider uten at det koster deg noe.


Polish Polski 




Patient Points of Contact




Initial contact and appointment scheduling
Step 2




Entering the health care organization and navigation through the system
Resource Units B, C, and D




Registration
Step 1; Resource Units A, B, and D




Preparation for visit
Step 2; Resource Unit A




Waiting in the lobby
Resource Units B, C, and D




Billing
Step 2; Resource Units A, B, and C




Procedures, radiology, and lab work
Step 2; Resource Unit A




Diagnosis and explanation of treatment and discharge plan
Resource Units A, B, and C




Assessment and clinical encounter, including physical exam
Step 2; Resource Unit A




Discussion of referrals
Steps 1 and 2; Resource Units A, B, and C



Pharmacy
Step 2; Resource Units A, B, and C



Reminders and follow-up communication
Steps 1 and 2; Resource Units A and B



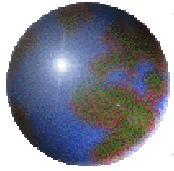
Patient complaint and incident reporting
Steps 1 and 2; Resource Units A and B

- (PDF - 159 KB)
- [InterpretTool.pdf](#) (PDF - 169 KB)
- [WorkingWithAnInterpreter.pdf](#) (PDF - 214 KB)

Questions for the CLAS

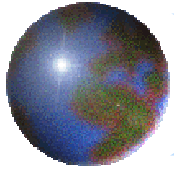
How would you rate your organization's interpreter services?

Very minimal
 Minimal
 Moderate
 High
 Very high



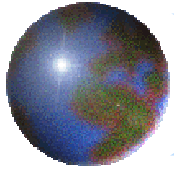
Types of Interpreter Services

- Trained Staff interpreters
- Contract Interpreters
- Community Interpreter Banks
- Telephone Interpreter Services
 - In-person interpretation is BEST.
 - In certain situations, it's appropriate to use telephone interpretation services.



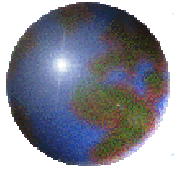
Working with an Interpreter

- Best Practices for Communicating with an Interpreter
- Conducting & Preparing for a Remote Interpreted Session (scripts available)



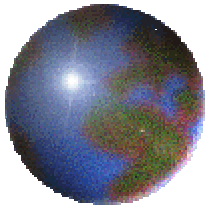
Translation of Printed Materials

- What materials should be translated?
 - Materials that are “vital” to the program should take priority
 - Signs, directions, notices about the availability of interpreter services
 - Legal & Other documents: consent forms, client rights and responsibilities, privacy notices, client intake forms, client educational materials, etc.
- Translating on a Budget
 - There are many printed materials that are available at no cost. Consider partnering/pooling resources with colleagues and community organizations.



Evaluate Language Programs Regularly

- Implementing a Language Assistance Plan is an ongoing process;
- Evaluate programs regularly to ensure that new & changing needs are identified and met.



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