



HIGHLIGHTS

*of the report on
Health Equity and
Language Access*

How Language Access Issues Affect Patients, Policymakers and Health Care Providers

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» **The inability to speak English fluently can create obstacles for hundreds of thousands of Coloradans.** Perhaps nowhere is this situation more critical than when it comes to health care. Language barriers can prevent individuals from gaining access to health care and/or understanding their or a family member's health status, diagnosis or treatment instructions. Medical personnel may become frustrated with their inability to provide quality care to some patients, and medical organizations' efficiency can suffer when they have problems communicating with patients. Providing accessible and meaningful language services to limited-English-speaking Coloradans is a key part of the work needed to reduce existing health disparities in the state.

More than 800,000 Coloradans (about 17 percent of the population) speak a language other than English in their home, according to the 2010 Census, and 7 percent of Colorado's population (nearly 328,000 individuals over the age of 5) are considered "limited English proficient" (LEP)¹ – defined as speaking English less than "very well." Between 2000 and 2010, the number of Coloradans who spoke a language other than English at home grew by one-third, and the number with limited English proficiency grew by nearly one-fourth.² The growth in this population creates a challenge that Colorado policymakers and health care providers must address if all Coloradans are to be served equally in the state's health care system.

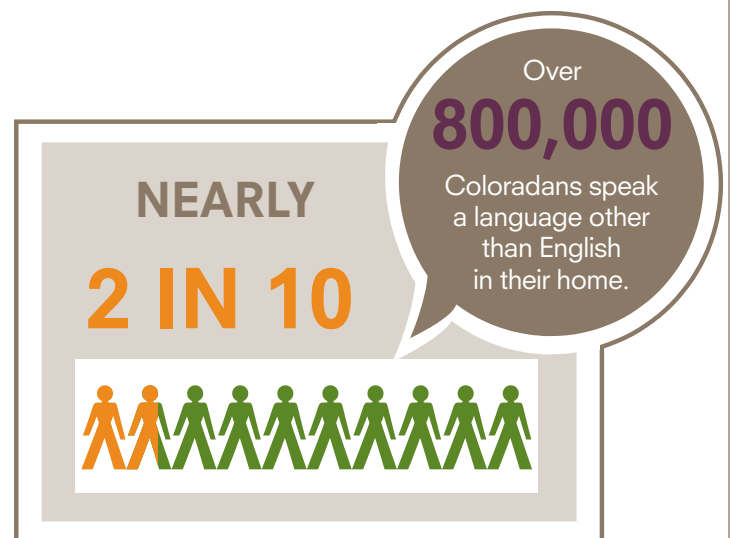
The report, *How Language Access Issues Affect Patients, Policymakers and Health Care Providers*, examines the issues around language access, including:

- Importance of language access in health care
- Legal requirements and policy opportunities for providing language access
- Approaches health care providers can use to overcome challenges and improve language access opportunities.

This report is available at www.coloradotruster.org.

IMPORTANCE OF LANGUAGE ACCESS

Evidence indicates language barriers compromise quality of care and patient safety. Patients who face language barriers are less likely to have a usual source of medical care, they receive preventive services at reduced rates and they have an increased risk of nonadherence to medication.³ A 2007 study reported that 52 percent of adverse events that occurred to LEP patients in U.S. hospitals were likely the result of



Hiring, training or contracting with certified interpreters can eliminate misunderstandings and delays in care caused by lack of communication between staff and patient.

communication errors and that nearly half of these events involved some physical harm.⁴

Language barriers also lead to low patient satisfaction, which can determine whether a patient will return to a particular institution for care, and higher health care costs as a result of increased inefficiencies such as unnecessary testing. Both factors can influence an organization's financial well-being and result in avoidable expenditures.

LEGAL REQUIREMENTS

Reducing language barriers is a matter of fiscal, ethical or safety considerations and it's the law. Both federal and state laws require provision of language services to LEP individuals. Title VI of the Civil Rights Act requires health service organizations receiving funds through federal programs or grants to provide these services. The 2010 Patient Protection and Affordable Care Act (ACA) expands certain requirements and offers opportunities for further improvement of language access. While most of the act's requirements relate to the health insurance exchanges and the "qualified health plans" certified by the exchanges, the requirements extend to any entity with which an exchange or qualified health plan subcontracts to provide services. A number of sections in the ACA call for information to be provided in languages understood by the affected audiences and prohibit discrimination by language.

Colorado also has several statutes and regulations that support the importance of language access in health care. Managed care plans, for example, must address the needs of covered LEP individuals. Outreach is encouraged to individuals whose native language is not English to attract them into health care jobs. Other regulations focus on the entitlement of individuals with mental illness or developmental disabilities to receive in their native language an explanation of rules and information regarding dispute procedures.

Applicants for Medicaid and the Child Health Plan *Plus* program are entitled to receive notification of decisions in their native language.

WAYS TO IMPROVE LANGUAGE ACCESS OPPORTUNITIES

Despite legal requirements and evidence showing that unaddressed language barriers have a negative impact on patient care, progress in improving language services can be difficult. In a recent study, cost and lack of insurance reimbursement for interpreter services were identified as the biggest challenges hospitals face in providing adequate language services for LEP patients. Planning and implementing policies and procedures, and finding and training staff, can be barriers to providing language access.

Some Colorado organizations, however, have made tremendous strides in improving language access, especially when strategies are tailored to an organization's unique context, resources and needs. The Colorado Trust's Equality in Health initiative, which focused on reducing racial and ethnic health disparities through improved organizational cultural competency, found that nearly all of the 26 nonprofit service organizations and education institutions that participated had taken steps to improve their language access.

Among those steps was creating a language access policy, which helps organizations avoid pitfalls and standardize quality of care. Hiring, training or contracting with certified interpreters can eliminate misunderstandings and delays in care caused by lack of communication between staff and patient. Bilingual staff can help to bridge a cultural divide.

The process to help ease language barriers can be undertaken one step at a time. Health care organizations can start by collecting patient language preference data and local population LEP data, followed by conducting a needs analysis and formulating an implementation plan.

Time and multiple approaches are needed to address the challenges Colorado's linguistically-diverse population presents. With a mutual goal of access to health for all, health service organizations and policymakers can ensure Colorado's LEP population receives quality, equitable care.

» END NOTES

- ¹ U.S. Census Bureau. 2010 American Community Survey.
- ² Migration Policy Institute page. <http://www.migrationinformation.org/datahub/state2.cfm?ID=CO>. Accessed October 1, 2012.
- ³ Flores G. Language barriers to health care in the United States. *New Engl J Med*. 2006;355(3):229-31.
- ⁴ Divi C, Koss RG, Schmaltz SP, Loeb JM. Language proficiency and adverse events in U.S. hospitals: a pilot study. *Int J Qual Health C*. 2007;19:60-67.



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