

Eliminating Healthcare Disparities by Addressing Language Barriers

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I have no disclosures

Objectives

Recognize

Recognize the role of language barriers in healthcare disparities

Identify

Identify the federal and state laws governing the use of language services

Summarize

Summarize how to effectively work with interpreters

Agenda

Background

Federal Laws

Healthcare Disparities

Working with Interpreters

What can we do?



Limited
English
Proficiency
(LEP)

Individuals aged 5 years or older who understand, speak, read, or write English "less than very well"



Language	Number of Speakers	Number who speak English "less than very well"
Spanish	37.5 million	16.3 million
Chinese	2.9 million	1.6 million
Tagalog	1.6 million	516, 522
Vietnamese	1.4 million	839, 237
Korean	1.1 million	617, 405
Arabic	924,374	341,425

Hearing Difficulty

- Hard of Hearing (HOH) or Deaf
- •USA 11.5 million



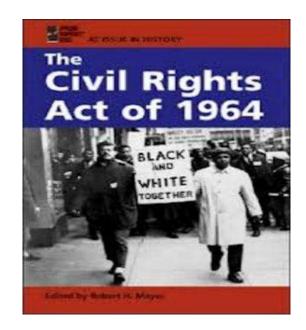
Federal Laws



Title IV of the Civil Rights Act of 1964

Prohibits discrimination on the basis of race, color, and national origin in programs and activities receiving federal financial assistance





Executive Order 13166

"Improving Access to Services for Persons with Limited English Proficiency"

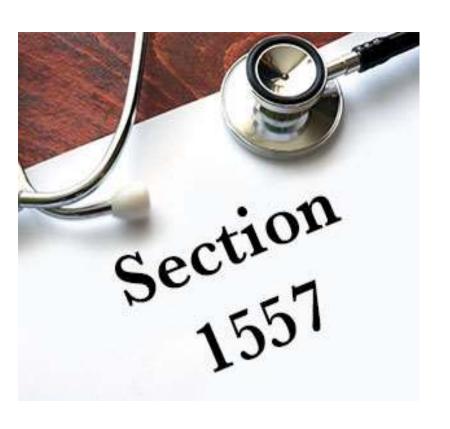
- Assessment of services for LEP
- Identify need for services
- Develop & implement as system





Americans with Disabilities Act, Title II, 1990

Requires state and local government to provide appropriate auxiliary aids and services where necessary to ensure effective communication with individuals with disabilities.



Patient Protection and Affordable Care Act May 18, 2016

Covered entities shall take reasonable steps to ensure meaningful access to its programs or activities by limited English proficient individuals

Healthcare Disparities

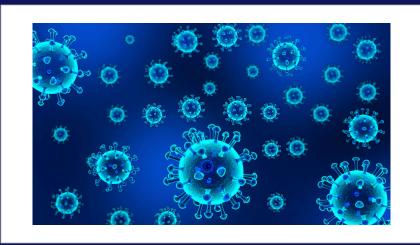
Virginia Department of Health Lost in Translation January 21, 2021

FAQ page translated

"the vaccine is not required"
to "la vacuna no es necesaria"

"the vaccine is not necessary"

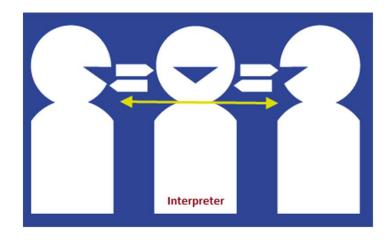




- Poor patient satisfaction
- Decreased access to preventive services
- Longer hospital stays
- Increased hospital readmissions
- Medical errors & misdiagnoses



Working with Interpreters



Dos & Don'ts of Working with Interpreters

DO

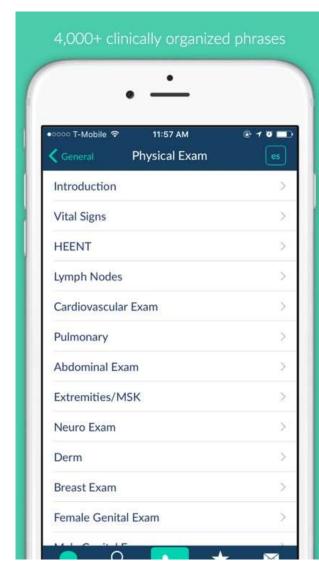
- Use jargon-free, easily interpreted amounts of information
- Maintain eye contact with the patient when speaking
- Use qualified live, video, or phone interpreters
- Keep all written communication as a part of the medical record

DO NOT

- Use a child as an interpreter
- Use an unqualified adult family member in nonemergent situations
- Use fluent healthcare workers that are not qualified interpreters
- Allow the interpreter to take control of the encounter

Language Apps









Use qualified medical interpreters

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