



The United States has millions of individuals classified as limited English proficiency (LEP) which means they are unable to speak, read, write or understand English sufficiently to effectively communicate in English. As a result, these language barriers can affect the ability of LEP persons to receive proper health care services.

Under the Civil Rights Act of 1964 Title, VI, Section 601, “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.” Title VI covers organizations that receive federal financial assistance or funds from the Department of Health and Human Services either directly or indirectly including physicians, clinics, or hospitals that operate and provide health programs receiving federal financial assistance. As a result, physicians who receive reimbursement or payments under Medicare and/or Medicaid must comply with Title VI and make certain that all LEP individuals receive precise and accurate communication during office visits.

The federal Office for Civil Rights proposes the following to ensure compliance with the law:

1. Assessing the language needs of the patient population;
2. Developing a written policy regarding language access that ensures meaningful communication;
3. Training staff members to understand the policy and are able to carry it out;
4. Monitoring to ensure LEP patients have meaningful access to health care.

In order to ensure diverse populations are receiving quality care, health care providers should implement an atmosphere that encourages staff and LEP patients to work together in mutual respect and be sensitive to each other’s diversity. In addition, providers may consider creating a written policy that provides culturally and linguistically appropriate health care services for LEP patients as well as maintain staff education and training to promote competent health care services for all persons.

There are several important guidelines that providers should consider in working with spoken language interpreters. First, use only a qualified interpreter to relay information between caregiver and patient. A qualified professional interpreter has the special skills and training needed to completely understand what another person is articulating and deliver that message precisely and in context to the third party. Since Minnesota does not currently require state certification for foreign language interpreters, the definition of “qualified interpreter” will vary depending on who you talk to. At the minimum, the

interpreter should be required to pass both an oral and written fluency test in English and the native language, an orientation session teaching the Interpreter Code of Ethics, a criminal background check, and properly signed HIPAA confidentiality agreements. Additionally, speaking to the patient and not the interpreter is essential in promoting effective and open communication. Eye contact should always be with the patient not the interpreter in order to avoid feelings of alienation or isolation on behalf of the LEP patient. Furthermore, ask one question at a time to ensure precise communication. Asking multiple questions at once can cause the interpreter to become confused and prevent him/her from accurately matching questions with answers. Also, expect the interpreter to interrupt or use a medical dictionary when necessary for clarification. It is not uncommon for professional interpreters to ask you to slow down, repeat a word or phrase, or to add an explanation for something the patient might not understand without some background information. Certain English words don't necessarily exist in other languages, and therefore it is necessary to explain the words meaning conceptually.

Finally, the use of family members and/or relatives to interpret for one another should be discouraged for several reasons. The first concern is whether the interpreter/family member accompanying the patient has been thoroughly tested by a neutral third party to ensure fluency and comprehension in both languages. Moreover, there is the question of whether the family member or relative understands the Interpreter Code of Ethics including issues of confidentiality, impartiality, neutrality and conduct. Additionally, it is normal for family members and/or friends to be emotionally involved with a patient they are related to or close with. As a result, there is legitimate concern that the communication between provider and patient might be compromised because of the interpreters' inability to deliver bad or distressing news to someone they care for. The Office for Civil Rights suggests that clinics first inform the LEP patient of the right to receive free interpreter services. The use of family and/or friends should only occur after the offer of assistance has been declined and documented in the patient's record.

The key to providing effective health care for LEP individuals is ensuring they can effectively communicate with their caregivers. Ensuring that LEP persons are receiving services for which they are eligible and implementing the appropriate protocol and training to ensure competent health care delivery are important steps in providing effective and equal access to health care services.

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