EXECUTIVE SUMMARY:
A PATIENT-CENTERED GUIDE TO IMPLEMENTING LANGUAGE ACCESS SERVICES IN HEALTHCARE ORGANIZATIONS

SUBMITTED TO:
OFFICE OF MINORITY HEALTH
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

DEVELOPMENT OF A DRAFT HEALTH CARE
LANGUAGE SERVICES IMPLEMENTATION GUIDE
National Standards for Health Care Language Services Contract

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Contents

Introduction

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.[1] *A Patient-Centered Guide to Implementing Language Access Services in Healthcare Organizations* was developed for the Office of Minority Health (OMH), U.S. Department of Health and Human Services (DHHS), by the American Institutes for Research (AIR). OMH sponsored the development of the guide to help healthcare organizations implement effective LAS to meet the needs of their limited English proficient (LEP) patients, thereby increasing their access to health care.

Importance of Language Access Services

The need for LAS has become increasingly pertinent given the continued growth in language diversity within the United States. The number of individuals who speak a language other than English at home rose from 31.8 million in 1990 to 47 million in 2000. In addition, the number of individuals who speak English less than "very well" increased from 14 million in 1990 to 21.4 million in 2000, reflecting a 53 percent rise in the number of LEP individuals in the United States over the 10-year period.[2]

LAS are especially relevant to racial and ethnic disparities in health care. A report by the Institute of Medicine (IOM) on racial and ethnic disparities in health care documented through substantial research that minorities, as compared to their White American counterparts, receive lower quality of care across a wide range of medical conditions, resulting in poorer health outcomes and lower health statuses. The research conducted by the IOM showed that language barriers can cause poor, abbreviated, or erroneous communication, poor decision making on the part of both providers and patients, or ethical compromises.[3] The implementation of appropriate LAS in healthcare settings can serve to:[4–11]

- Increase access to care
- Improve quality of care, health outcomes, and health status
- Increase patient satisfaction
- Enhance or ensure appropriate resource utilization

Access to Care

The implementation of appropriate LAS can increase LEP patient access to health care. For example, language barriers have led to fewer physician visits and reduced receipt of preventive services among LEP patients, even after considering factors such as literacy, health status, health insurance, regular source of care, and economic indicators.[12 13] Conversely, the use of clinical and preventive services has increased when professional interpretation services were provided.[14] In addition, increased racial and ethnic diversity among professionals has improved access to care for minority patients.[15]

Quality of Care

The provision of appropriate LAS can improve quality of care. For example, Latino children have experienced adverse health consequences, such as poor medical diagnosis and inappropriate prescriptions, as a result of the failure of medical staff to speak Spanish.[16] Conversely, among diabetics, LEP patients who were provided with trained medical interpreters were more likely than limited English proficient patients to receive care meeting selected American Diabetes Association guidelines.[17]

Language barriers have negatively affected patient-provider communication. For example, in an urban emergency room, Spanish-speaking patients who needed an interpreter but did not get one were significantly more likely to report a poor or fair understanding of their discharge diagnoses and treatment plans than those who used an interpreter or were proficient in English.[18] Likewise, providers have frequently identified language or cultural barriers as elements that hinder the quality of patient education for diabetes care.[19]

Patient Satisfaction

Appropriate LAS implementation can improve patient satisfaction. For example, in terms of racial and ethnic disparities, minorities—particularly Asian/Pacific Islanders and those with multiracial backgrounds—have reported lower satisfaction with their medical care than Whites.[20] Lower rates of satisfaction have been documented among LEP patients who have untrained or no interpreters, even when compared with patients of the same ethnicity who have good English skills.[12 21] Patients who have needed interpretation services but did not get them have the lowest levels of satisfaction as compared with those not needing an interpreter and those who received an interpreter.[22] LEP patients as well as providers have reported being the most satisfied during healthcare experiences when using professional medical interpreters as compared with using family members and friends, telephone interpreters, bilingual support staff, or bilingual physicians. Regardless of preference, LEP patients have reflected higher satisfaction with their healthcare experiences when quality language services were made available to them. [23]

Patient-provider communication can also be improved when appropriate LAS are implemented. For example, in an urban emergency room, Spanish-speaking patients who needed an interpreter but did not get one were significantly more likely to report a poor or fair understanding of their discharge diagnoses and treatment plans than those who used an interpreter or were proficient in English.[18] Likewise, providers have frequently identified language or cultural barriers as elements that hinder the quality of patient education for diabetes care.[19] With regard to the patient-provider interaction in general, Hispanic patients have reported being significantly dissatisfied with the reassurance and support provided by doctors and staff and the quality of examinations received as compared to White non-Hispanic patients.[24]

Resource Utilization

The implementation of LAS can enhance or ensure appropriate resource utilization.[13 25] For example, physicians have performed more frequent and more expensive testing and made more use of intravenous hydration when a bilingual physician or professional interpreter was not

available. The lack of interpretation services has also resulted in more frequent hospital admissions.[26]

In general, the duration of patient visits has increased when LAS were not in place.[26 27] However, some studies have shown no increase, and a few studies have shown a decrease in the length of visit.[18] Although the use of a professional medical interpreter may lengthen the time of a visit, use of bilingual physicians and professional medical interpreters may decrease costs because of more appropriate resource utilization. Similarly, although implementing LAS may add costs in the short term, it may lead to reduced costs over time because of increased use of primary care and preventive services.[25]

Background for Language Access Services

Effective patient-provider encounters are based on mutual understanding between providers and patients. When a provider cannot communicate effectively about a disease and treatment, or when a patient cannot describe an experience of illness, it can be difficult to build the trust and rapport needed in the provider-patient relationship, but more importantly, the patient and provider lack the basic connection needed to result in appropriate care. Appropriate communication is necessary for ensuring quality and safety in health care.[28]

This section summarizes some recommendations and some requirements for providing LAS. This is useful background information as you develop LAS at your organization, but it is beneficial to remember that providing patients with language assistance is good medical practice, even when it is not required.

History of the Recommended National Standards for Culturally and Linguistically Appropriate Services in Health Care

OMH issued the recommended National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care in December 2000 as a means to address existing inequities in health services. The standards were developed through a rigorous research and review process that drew upon the input of hundreds of national experts and stakeholders. The CLAS standards were developed to provide consistent and comprehensive guidance to healthcare organizations and providers to promote cultural and linguistic competence in health care. The 14 CLAS standards are organized into three themes:

- Culturally Competent Care (standards 1–3)
- Language Access Services (standards 4–7)
- Organizational Supports (standards 8–14)

The guide mainly focuses on standards 4 through 7. In addition to the nonregulatory CLAS standards, there are laws and regulations that may apply to LAS. Title VI of the Civil Rights Act of 1964 is discussed below, as are other laws, regulations, policies, and standards.

Title VI of the Civil Rights Act of 1964

Title VI of the Civil Rights Act of 1964 states, "No person in the United States shall, on 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."[29] To avoid discrimination based on national origin, Title VI and its implementing regulations require recipients of Federal financial assistance to take reasonable steps to provide meaningful access to LEP persons.

In 2003, DHHS revised its guidance on providing services for people with limited English proficiency.[30] The revised guidance document clarifies the expectations of how Title VI applies to recipients of Federal funds with regard to promoting meaningful access to services among LEP individuals. This guide takes into account recommendations in the guidance when providing suggestions for implementing LAS.

State and Local Regulations

A few States have passed comprehensive language access laws to ensure communication with LEP patients. Some of these laws, in California, Massachusetts, New York, and Washington, DC, for example, include specific requirements for what providers must do. Many more States have tied language access laws to specific categories of health services. For example, in California, the State's Medi-Cal Managed Care program has established a primary language threshold for LAS, which is set at 3,000 beneficiaries residing in a county, 1,000 beneficiaries in a ZIP code, or 1,500 beneficiaries in two contiguous ZIP codes.[31]

Accrediting Organizations

A variety of accrediting organizations have standards for LAS. For example, most hospitals, ambulatory, home healthcare, long-term care, and behavioral health programs must meet the standards set by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). The JCAHO standards related to CLAS are focused on the importance of quality and safety in health care and individual-centered care. For example, Standard RI.2.100 requires that organizations ensure effective communication between the patient and the organization through the provision of interpreter and translation services. The standards also require the collection of race, ethnicity, and language data.[32] Likewise, the National Committee for Quality Assurance places standards for accreditation on managed care organizations. The standards require managed care organizations to provide materials and publications in non-English languages that are spoken by at least 10 percent of their membership.[33]

What Is the Purpose of the Guide?

As part of its mission, OMH, DHHS, 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 supported the development of the guide to help healthcare organizations implement LAS for LEP individuals.

The overall purpose of the guide is to provide practical, ground-level suggestions for how healthcare organizations and providers can implement LAS. The guide is designed to serve as a resource for organizations such as hospitals and health maintenance organizations, but hopes to address the needs of smaller organizations, such as family practices, health clinics, and healthcare specialists with limited resources, that seek alternative means of implementing LAS. The guide is based on the OMH recommended CLAS standards.

AIR provided assistance to OMH for the development of the guide. AIR and OMH established a panel of experts in the field of LAS to provide valuable input on the content and format of the guide. Field research included site visits to small healthcare organizations with experience implementing LAS, telephone interviews with healthcare professionals on the content of the guide, and focus groups with LEP individuals.

It is important to recognize that language and culture go hand in hand. Although cultural competence and sensitivity are related to implementing LAS, they are complex topics in themselves and are beyond the scope of the guide. Likewise, the language access issues discussed in the guide may apply to deaf or hard of hearing populations who use American Sign Language. However, the guide does not cover all issues related to language access for deaf and hard of hearing populations.

For Whom Is the Guide Designed?

The guide is intended to meet the needs of healthcare organizations from a variety of clinical settings. These include community health centers, clinics, and hospitals, as well as physicians' practices, mental health institutions, dental offices, long-term care facilities, substance abuse treatment centers, and the like.

The guide is designed to meet the needs of healthcare organizations of all sizes. It may be especially helpful for smaller organizations with resource constraints, as it provides useful information solicited from healthcare professionals who work in small healthcare organizations. Because organizations differ in size, resources, and capabilities, the guide provides basic implementation recommendations as well as additional alternatives to take into consideration when deciding how to implement LAS specific to your organization.

The guide's suggestions assume that LAS currently do not exist at your organization. In this way, the guide provides a user-friendly step-by-step approach to implementing such services. If you have some service components in place, you are already ahead of the game and can consider ways to enhance and improve your services.

Finally, the guide is intended to be patient centered and family focused. It is important to note that the term "patient" refers to someone who receives services at a healthcare organization, regardless of clinical setting. For example, a person utilizing mental health services may sometimes be referred to as a "client" or "consumer"; however, for the purposes of the guide, the term "patient" is used throughout for ease of reference. Examples and quotes from the patient's perspective are presented throughout the guide. The points at which patients make contact with your organization (referred to as patient points of contact) are also emphasized throughout the guide to highlight the importance of LAS that are patient centered.

How Is the Guide Organized?

The guide contains four steps and six resource units (labeled A–F) that provide guidance on the process of implementing LAS at a healthcare organization. The first two steps involve assessment. The third step focuses on the planning, implementation, and evaluation of the various components of LAS. The fourth and final step provides a detailed discussion of specific methods for monitoring, evaluating, and improving your LAS.

Each step and resource unit describes two case studies that depict a situation and reactions to the situation from patient and provider perspectives. The placement of the cases is designed to help readers apply what they have learned through the guide content. Placed at the beginning of each step and resource unit, Case 1 illustrates what an organization and its patients might experience in a setting where LAS are not well established. Case 1 is followed by a brief synopsis of the patient's perspective as well as the provider's perspective. Placed at the end of each step and resource unit, Case 2 illustrates what an organization and its patients might experience in a setting where LAS are better established as compared with Case 1. Case 2 is also followed by a brief synopsis of both the patient's and provider's perspectives. Each step and resource unit concludes with a summary of insights from the cases that illustrate the benefits of LAS for healthcare organizations.

Throughout the guide, you will find Web links to tools, resources, and tips for ease of access to additional information. These can be found in sidebars in the page margins. The following symbols are used to indicate the content of the sidebar:

- Indicates links to Web resources

- Indicates tips on implementation

Text

- Indicates quotes from interviews with healthcare professionals or focus groups with LEP patients

Focus on Patient Points of Contact

The guide provides emphasis on patient-centered care by highlighting the process a patient and his or her family members go through when seeking healthcare services, specifically at each point of contact throughout the delivery of a continuum of care. Exhibit ES–1 summarizes the various points of contact and the steps and/or resource units in the guide that may be relevant to each point of contact.

Exhibit ES–1: Traveling Through the Points of Contact

Initial contact and appointment scheduling
- For information on preparing your organization on this point of contact, refer to Step 2.

Entering the healthcare organization and navigation through the system
- For information on preparing your organization on this point of contact, refer to Resource Units B, C, and D.

Registration
- For information on preparing your organization on this point of contact, refer to Step 1; Resource Units A, B, and D.

Preparation for visit
- For information on preparing your organization on this point of contact, refer to Step 2; Resource Unit A.

Waiting in the lobby
- For information on preparing your organization on this point of contact, refer to Resource Units B, C, and D.

Billing
- For information on preparing your organization on this point of contact, refer to Step 2; Resource Units A, B, and C.

Procedures, radiology, and lab work
- For information on preparing your organization on this point of contact, refer to Step 2; Resource Unit A.

Diagnosis and explanation of treatment and discharge plan
- For information on preparing your organization on this point of contact, refer to Resource Unit A, B, and C.

Assessment and clinical encounter, including physical exam
- For information on preparing your organization on this point of contact, refer to Step 2; Resource Unit A.

Discussion of referrals
- For information on preparing your organization on this point of contact, refer to Steps 1 and 2; Resource Units A, B, and C.

Pharmacy
- For information on preparing your organization on this point of contact, refer to Step 2; Resource Units A, B, and C.

Reminders and followup communication
- For information on preparing your organization on this point of contact, refer to Steps 1 and 2; Resource Units A and B.

Patient complaint and incident reporting
- For information on preparing your organization on this point of contact, refer to Steps 1 and 2; Resource Units A and B.

The guide will walk you through the process of planning, implementing, and evaluating LAS using a step-by-step approach. Exhibit ES–2 summarizes each of the steps and resource units discussed in the guide and provides a summary of insights associated with each step or resource unit.

Exhibit ES–2: The Four Steps and Six Resource Units—With Related Insights

Step		Related Insights
Step 1	Assessing the Language Needs of Your Patients	Identifying LEP populations and their needs in an organization's service community can help to better provide patients with appropriate services and ensure the quality of their care. In addition, it can save resources for the organization in the longer term and can prevent misunderstanding and potential malpractice suits.
Step 2	Assessing Your Organizational Capabilities	Moving an organization toward cultural competence and effective language services requires dedicated leadership and involves engagement that encompasses the entire organization.
Step 3	Planning and Implementing Language Access Services	Step 3 comprises Resource Units A through F. See each Resource Unit for related insights.
Resource Unit A	Interpretation Services	Offering competent interpretation services assists LEP patients with understanding and making informed decisions about their medical care.
Resource Unit B	Written Materials	Developing materials in other languages and/or translating materials that meet patients' needs can help patients to better understand and manage their health. Including the patient community in developing the materials can help ensure that the materials are accurate, understandable, and useful.
Resource Unit C	Signage and Wayfinding	Posting meaningful signage and helping patients find their way within a healthcare organization demonstrates consumer friendliness and helps LEP patients and their families feel more comfortable in a stressful situation. In addition, signage may help patients receive timely care in emergency situations.
Resource Unit D	Notice of Language Access Services to LEP Patients	Providing LAS can make a difference in the quality of care and health outcomes of patients, but patients need to be aware of the services, by providing appropriate, visible notices about the availability of the services, which should be available when patients need them.
Resource Unit E	Community Involvement	Involving the community in LAS is a necessary component of providing effective LAS and has advantages for providers, administrators, healthcare organizations, and patients.
Resource Unit F	Written Language Assistance Plans	Developing and operationalizing an integrated written plan for offering LAS can benefit both healthcare organizations and providers by ensuring strategic action, providing a shared framework for the provision of LAS, and serving as a tool for evaluating services.
Step 4	Evaluating the Quality of Your Language Access Services	Monitoring, evaluating, and updating LAS are part of an iterative process and can help to ensure the highest quality of care and patient satisfaction.

Within each step and resource unit in the guide, you will be given issues for consideration as you plan, followed by a summary of implementation issues, including a checklist of activities to use as a guide as you implement. The final section in each step and resource unit provides you with evaluation questions that you can cross-reference against each item in the implementation

checklist to help you monitor, evaluate, and update your LAS. You can then refer to Step 4 for more detailed information on designing and conducting evaluation activities.

In the sections that follow, you will find a brief description and the implementation checklist for each step and resource unit found in the guide.

Step 1: Assessing the Language Needs of Your Patients

The first step in implementing LAS involves identifying the language needs of your patients. Step 1 walks you through collecting data on your patients, including both data specific to your organization that can be collected internally as well as population trend data that you can collect from sources outside of your organization. The step describes ways to use these data to assess your patients' language needs. This includes determining how many of your patients are limited English proficient, the frequency with which these LEP patients have contact with your organization, and the nature and importance of the services that they utilize at your organization.

After reviewing the planning issues related to this step, you can use the checklist below to keep track of activities as you implement them. The checklist outlines activities that vary in scope. You will need to consider your organization's capabilities when deciding which activities to undertake. You can also use the checklist to monitor, evaluate, and update the activities associated with Step 1.

Collecting Patient Data

- ☐ Did you collect internal organization-specific data?
  - ☐ Did you decide upon the variables that you will use to identify your patients' language needs?
  - ☐ Did you decide upon ways to collect the data in a simple electronic database or to effectively transfer the data when they are in hardcopy only?
  - ☐ Did you train staff on how to collect and enter the data?
  - ☐ Did you collect data on whether language services were used during patient visits?
  - ☐ Did you collect data on when patients declined or refused an interpreter?
  - ☐ Did you collect data on whether patients received language assistance from a friend or family member?
  - ☐ Did you collect data on the duration of the visit?
  - ☐ Did you seek data from other internal data sources, such as patient satisfaction surveys?
  - ☐ Did you conduct community outreach to collect patient data?

- ☐ Did you collect information from external data sources?
  - ☐ Did you collect national, State, county, and/or local data?
  - ☐ Did you collect research data from published and unpublished literature?

Assessing Patient Needs

- ☐ Using the data you collected, did you assess your patients' language needs?
  - ☐ Did you analyze the number of LEP individuals your organization serves?
  - ☐ Did you analyze the frequency of contact that LEP patients have with your organization?
  - ☐ Did you analyze the nature and importance of services provided to LEP patients by your organization at each point of patient contact?

Step 2: Assessing Your Organizational Capabilities

Step 2 walks you through promoting LAS at an organizational level, including determining and enlisting leadership support, promoting a diverse work environment, and conducting training on service delivery. The step describes ways to assess your organization's capabilities for providing LAS, including determining whom to involve in organizational assessment and identifying barriers and enablers to meeting needs.

After reviewing the planning issues related to this step, you can use the checklist below to keep track of activities as you implement them. The checklist outlines activities that vary in scope. You will need to consider your organization's capabilities when deciding which activities to undertake. You can also use the checklist to monitor, evaluate, and update the activities associated with Step 2.

Promoting Language Access Services at the Organizational Level

- ☐ Do you have support from leadership at your organization? If not, did you enlist leadership from your organization?
  - ☐ Did you consider creating a business case to enlist leadership support?
  - ☐ Did you illustrate how providing LAS aligns with the mission of your organization?
  - ☐ Did you enlist provider and staff support for LAS?
  - ☐ Did you engage community leaders or public opinion leaders within your organization?

- ☐ Does your organization promote a diverse work environment by attracting and hiring culturally diverse staff?
  - ☐ Did you list language skills or a bicultural background as a requirement for hiring in job descriptions?
  - ☐ Did you place job announcements in non-English media?
  - ☐ Did you send job announcements to universities?
  - ☐ Did you disseminate job announcements through local community groups?
  - ☐ Did you highlight your organization's mission in job announcements?
  - ☐ Did you hire from within the community?
  - ☐ Did you offer incentives to bilingual employees?
  - ☐ Did you hire interpreters who have completed local training programs?
  - ☐ Did you work with local chapters of professional associations?

- ☐ Did your organization conduct training on LAS delivery?
  - ☐ Did training address the following topics?
    - ☐ Organizational policies and procedures
    - ☐ Benefits of LAS to providers
    - ☐ How to access LAS at your organization
    - ☐ How to effectively work with interpreters
    - ☐ Building trust with interpreters
    - ☐ How to use and access written materials for LEP populations
    - ☐ Federal requirements for LAS
  - ☐ Did you implement training:
    - ☐ At staff meetings?
    - ☐ On the intranet?
    - ☐ During an inservice training?
    - ☐ At a special diversity lecture?
    - ☐ With other organizations in the community?

Assessing Your Organization's Capacity for Providing Language Access Services

- ☐ Did your organization decide whom to involve in the organizational assessment?
  - ☐ Did you assign a coordinator with knowledge, skills, interest, and credibility to develop a LAS program?

- ☐ Did your organization identify enablers and barriers to meeting the needs of the LEP population?
  - ☐ Did you identify human resources?
    - ☐ Did you identify bilingual staff members?
    - ☐ Did you assess the proficiency of these staff members?
    - ☐ Did you train these proficient staff members to serve as interpreters?
    - ☐ For those bilingual staff members who will serve dual roles (one being an interpreter), is interpreting part of their job description? Did you consider how role changing will affect staff?
    - ☐ Did you identify ways to prevent burnout among bilingual staff members?
  - ☐ Did you identify technical resources?
    - ☐ Does your organization have speaker phones for telephone interpretation?
    - ☐ Does your organization have headsets for simultaneous interpretation?
    - ☐ Does your organization have the needed hardware and software for your LAS program?
    - ☐ Do the management information systems allow for the collection and recording of patient data such as race, ethnicity, or preferred oral and written language?
  - ☐ Did you identify financial resources?
    - ☐ Did you look at direct and indirect costs of implementing LAS?
    - ☐ Did you look at potential cost savings of implementing LAS?
    - ☐ Did you consider tapping into free or already paid services in your community?
    - ☐ Did you consider sharing LAS with other organizations in your community?
    - ☐ Did you consider getting grants to develop LAS?

Step 3: Planning and Implementing Language Access Services

Step 3 walks you through the various components of LAS. The step is divided into six resource units. Each resource unit describes issues to consider for planning, includes an implementation checklist, and poses questions for evaluation.

Resource Units

- Resource Unit A: Interpretation Services
- Resource Unit B: Written Materials
- Resource Unit C: Signage and Wayfinding
- Resource Unit D: Notice of Language Access Services to LEP Patients
- Resource Unit E: Community Involvement
- Resource Unit F: Written Language Assistance Plans

Resource Unit A: Interpretation Services

Resource Unit A walks you through issues related to interpretation services. After an overview of interpretation services, the planning section of this unit describes types of interpretation services. Following these descriptions, the resource unit walks you through developing a process for ensuring competence of interpretation services, including developing an initial screening process, determining means of training interpreters, and assessing performance. The resource unit then addresses issues related to determining policies and procedures for working with interpreters.

After reviewing the planning issues related to this resource unit, you can use the checklist below to keep track of activities as you implement them. The checklist outlines activities that vary in scope. You will need to consider your organization's capabilities when deciding which activities to undertake. You can also use the checklist to monitor, evaluate, and update the activities associated with this resource unit.

Types of Interpretation Services

- ☐ Has your organization used multiple strategies to address the oral communication needs of your LEP population? Have you considered and used an appropriate combination of the following strategies?
  - ☐ Bilingual staff and clinicians
  - ☐ Staff interpreters
  - ☐ Dual-role interpreters
    - ☐ Is interpreting part of their job description?
    - ☐ Did you consider how role changing will affect staff?
    - ☐ Did you compensate or provide incentives for interpreting?

- ☐ Contract interpreters
- ☐ Telephone interpretation lines
- ☐ Community volunteers as interpreters
- ☐ Interpreters through an interpreter bank, community language bank, or language agency
- ☐ Emerging technology, such as video interpretation or remote simultaneous medical interpretation
- ☐ Family and friends as interpreters
  - ☐ If so, did you offer an interpreter to sit in on the visit?
  - ☐ If so, did you ask the patient to sign a waiver?
- ☐ After-hours interpretation assistance

- ☐ Did you address language barriers at all patient points of contact at your organization?

- ☐ For any of the types of interpretation services used above:
  - ☐ Did you assess language proficiency?
  - ☐ Did you train interpreters or use trained interpreters?

Developing a Process for Ensuring Competence

- ☐ Did you develop a process for ensuring competence of the interpretation services?

- ☐ Did you develop an initial screening or assessment of bilingual staff and interpreters?
  - ☐ Did you consider the National Council on Interpreting in Health Care's six components of interpreter skills:
    - ☐ Basic language skills
    - ☐ Ethical case study
    - ☐ Cultural issues
    - ☐ Healthcare terminology
    - ☐ Integrated interpreting skills
    - ☐ Translation of simple instructions
  - ☐ Did you assess the language proficiency of self-identified bilingual providers?

- ☐ Did you determine a means of training interpreters?
  - ☐ Did you consider various training programs for interpreters?
  - ☐ Did you train potential staff interpreters or dual-role interpreters?
  - ☐ Did you hire trained interpreters?

- ☐ Did you asses the performance of interpreters?
  - ☐ Did you consider standards of practice for interpreters?
  - ☐ Did you provide feedback to the interpreter?

Determining Policies and Procedures for Working With Interpreters

- ☐ Did you develop policies and procedures on the following topics:
  - ☐ How do staff members access interpretation services?
  - ☐ How do staff members schedule interpretation services?
  - ☐ How do staff members respond to LEP patients in writing, by telephone, and in person?
  - ☐ In what situations can staff members use bilingual staff to interpret?

- In what situations is it acceptable to use family or friends to interpret?
- What procedures do staff members follow when an LEP patient refuses an interpreter?
- Is there a system in place to get feedback on interpretation services?

- Did you educate or train staff on these policies and procedures?

Resource Unit B: Written Materials

This resource unit describes issues for consideration as you plan to develop or translate written materials to communicate with LEP patients. The resource unit provides an overview of written materials and then walks you through determining a process for making materials available in other languages. The resource unit describes different types of services for developing written materials, determining what materials to make available in other languages, processes for ensuring the quality of written materials, and ways to make written materials accessible for providers and patients. The section concludes with a discussion on determining policies and procedures for developing written materials.

After reviewing the planning issues related to this resource unit, you can use the checklist below to keep track of activities as you implement them. The checklist outlines activities that vary in scope. You will need to consider your organization's capabilities when deciding which activities to undertake. You can also use the checklist to monitor, evaluate, and update the activities associated with this resource unit.

Determining a Process for Making Materials Available in Other Languages

- Did you consider the following ideas?
  - Whether written materials will benefit your LEP patient population
  - Cultural implications of written materials

- Did you designate a coordinator to ensure uniformity of written materials?

- Did you consider the following processes?
  - Developing new materials for your LEP population
  - Translating existing materials for your LEP population
  - Steps for translating materials

Types of Services for Written Materials

- Has your organization used multiple strategies to address the written communication needs of your LEP population? Have you used the appropriate combination of the following strategies?
  - Bilingual staff to develop or translate materials
    - Is translating part of their job description?
    - Did you consider how role changing will affect staff?
    - Did you compensate or provide incentives for translating?
  - Web-based resources
  - Materials from clearinghouses
  - Community collaborations to access written materials

- Translation companies to translate existing materials
- Purchasing materials
- Other resources available in your community

- For any of the sources listed above, did your organization assess the quality of materials?

Determining What Materials To Make Available in Other Languages

- Did you prioritize written materials to make available in other languages, such as:
  - Consent forms
  - Complaint forms
  - Intake forms
  - Contact information for the organization
  - Eligibility criteria, including loss of benefits or services
  - Notices advising LEP person of free language assistance and how to access it
  - Patient bill of rights
  - Pharmaceutical instructions and interactions
  - Preparation instructions for procedures and diagnostic tests
  - Discharge instructions
  - Advance directives
  - Hospital menus
  - Institutional Review Board materials, such as consent forms for clinical research trials
  - Other relevant materials

- Did you consider literacy level?

- Did you determine languages for written materials based on the needs of your LEP population?

Developing a Process for Ensuring Quality of Written Materials

- Are written materials:
  - Readable?
  - Understandable?
  - Useful?
  - Targeted to a specific audience?
  - At the appropriate literacy level?
  - Professional in tone?
  - Culturally appropriate?

- Did you verify literacy and health literacy levels of written materials?

- Did you consider field testing materials with LEP patients?

- Did you consider the following concerns for ensuring quality?
  - Limitations of word-for-word translations given the unique structure of each language
  - Cultural considerations

- ☐ If using outside materials, did you consider the following questions?
  - ☐ Who prepared the materials? What are their credentials?
  - ☐ What process was used to create the materials?
  - ☐ Were the materials field tested?
  - ☐ Does the literacy level match the literacy level of your population?

Making Written Materials Accessible for Providers and Patients

- ☐ Did you designate a person to be in charge of organizing written materials internally?

- ☐ Do you save written materials on your organization's intranet?

- ☐ Do you display and keep written materials organized in one location in the office?

Determining Policies and Procedures for Developing Written Materials

- ☐ Did you develop policies and procedures on the following topics?
  - ☐ Who identifies the communication needs of LEP patients?
  - ☐ How does your organization determine languages in which materials should be made available?
  - ☐ How does your organization decide which materials to translate?
  - ☐ Who approves the content and expense of translation or developing new materials?
  - ☐ How do staff members request that documents be translated or developed?
  - ☐ How are written materials disseminated to staff?
  - ☐ Where are written materials stored? How are they organized?
  - ☐ Who is responsible for organizing these materials?
  - ☐ How are LEP patients made aware of written materials?
  - ☐ How are written materials distributed to LEP patients?
  - ☐ Is there a system in place to receive patient feedback on written materials?

- ☐ Did you educate or train staff on these policies and procedures?

Resource Unit C: Signage and Wayfinding

Resource Unit C examines options for signage and wayfinding. The resource unit first provides an overview of signage and wayfinding and then helps you decide what types of signage to post throughout your organization. The resource unit provides tips on determining the quality of signage, including the quality of translations and literacy level used, and helps you decide where to display signage. Lastly, the section provides information on training staff on signage issues.

After reviewing the planning issues related to this resource unit, you can use the checklist below to keep track of activities as you implement them. The checklist outlines activities that vary in scope. You will need to consider your organization's capabilities when deciding which activities to undertake. You can also use the checklist to monitor, evaluate, and update the activities associated with this resource unit.

Overview of Signage and Wayfinding

- ☐ Did you incorporate signage and wayfinding techniques within your organization?
  - ☐ Did you incorporate signage and wayfinding within existing facilities?
  - ☐ Did you incorporate plans for signage and wayfinding within facilities under construction and/or future facilities?
  - ☐ Does your signage include words, symbols, pictures, or a combination of all three elements to convey their message?

Deciding What Type of Signage To Post

- ☐ Before deciding what type of signage to post in languages other than English, did you take an inventory of the signs already present at your organization?

- ☐ Is signage effective in increasing access of services for your LEP patients?
  - ☐ Did you eliminate multiple versions of signs conveying the same message to allow for more easily recognizable signs throughout your organization?
  - ☐ Did you make enough duplicates of signs made to replace previously displayed signs?
  - ☐ Did you use simple wording that can be understood by those with low literacy?
  - ☐ Did you translate signage into the most common languages encountered in your patient population?
  - ☐ Does signage answer the following questions for LEP patients?
    - ☐ What services are available?
    - ☐ How does one gain access to certain services?
    - ☐ Are patients' rights explained, specifically the right to language assistance?
    - ☐ Are conflict and grievance procedures explained?
    - ☐ What are the office hours?

- ☐ Did you partner with other organizations, colleges, and/or universities to develop and share resources?

Deciding Where To Display Signage

- ☐ Did you strategically post signage in the areas of your organization that LEP individuals most frequently access?

Determining the Quality of Signage

- ☐ Did you post signage that LEP individuals can easily read and comprehend without referring to a dictionary to translate?

- ☐ Did you use signage that is simple, accurate, culturally appropriate, and organizationally standardized to minimize patient confusion?

- ☐ Did you incorporate the input of the following groups to ensure that the words and symbols you use are appropriate for your patient population?
  - ☐ Patients
  - ☐ Staff and providers

- Interpreters and translators
- Local and national stakeholders, such as leaders from local and national organizations
- The community

Training Staff on New Signage

- Did you conduct orientations and trainings to help staff become more familiar with the goals of signage and to teach them about the organizational policy on developing new or updated signage?

Resource Unit D: Notice of Language Access Services to LEP Patients

Resource Unit D describes issues for consideration as you plan to provide notice of LAS to your LEP population. The resource unit explains the importance of providing notification of LAS to LEP patients and provides guidance on determining the content for notice of LAS to LEP individuals, as well as the languages in which to provide the notice. The resource unit walks you through deciding how and where to provide the notice to LEP patients. Lastly, the resource unit provides information on training staff on LAS notification.

After reviewing the planning issues related to this resource unit, you can use the checklist below to keep track of activities as you implement them. The checklist outlines activities that vary in scope. You will need to consider your organization's capabilities when deciding which activities to undertake. You can also use the checklist to monitor, evaluate, and update the activities associated with this resource unit.

Determining the Content of Notice

- Did you provide notice of LAS to your LEP patients?
  - Did you describe what LAS services are available and to whom they are available?
  - If applicable, did you clearly state that LAS are provided free of charge to LEP patients?

Determining Languages in Which To Provide Notice

- Did you provide notice of LAS in the appropriate languages?

- Did you provide notice of LAS in simple wording that can be understood by those with low literacy?

Deciding How and Where To Provide Notice to LEP Individuals

- ☐ Did you ensure that all LAS are firmly set and that staff are fully prepared for increasing numbers of patients entering the organization and requesting those services?

- ☐ Are you utilizing any of the following strategies to provide notice to LEP individuals?
  - ☐ Signs and brochures—Did you post notice in any of the following locations?
    - ☐ Points of entry/intake
      - ☐ Registration desks
      - ☐ Front desks
      - ☐ Waiting rooms
      - ☐ Financial screening rooms
      - ☐ Pharmacy reception
    - ☐ Areas where clinical work is performed, such as medical exam rooms
  - ☐ Cultural mediation
  - ☐ Community outreach
    - ☐ Did you develop relationships with and send notice of your LAS to any of the following types of organizations?
      - ☐ Local health departments
      - ☐ Community-based organizations
      - ☐ Community churches and other religious organizations
      - ☐ Schools
      - ☐ Surrounding healthcare organizations and providers
      - ☐ Any other stakeholders who would benefit from having information on health services
    - ☐ Did you participate in community events, such as cultural, health, and employment fairs?
  - ☐ Telephone communication and voicemail
  - ☐ Non-English media
    - ☐ Television
    - ☐ Newspapers and magazines
    - ☐ Radio
    - ☐ Latino Web sites

Training Staff on LAS Notification

- ☐ Did you provide training or orientation to staff and providers on available LAS so that they are able to properly inform patients of what your organization has to offer?

- ☐ Did you encourage staff and providers to educate patients on how to better utilize the services available at your organization?

Resource Unit E: Community Involvement

Resource Unit E discusses ways to involve the community in LAS implementation by first explaining the importance behind reaching the community. The resource unit then provides information on deciding how to use community input at your organization. After providing tips

on building trust in the community, the resource unit helps you decide whom to involve in community outreach. Next, you are presented with methods for effectively reaching the community. Lastly, the resource unit walks you through deciding how to collaborate with community organizations.

After reviewing the planning issues related to this resource unit, you can use the checklist below to keep track of activities as you implement them. The checklist outlines activities that vary in scope. You will need to consider your organization's capabilities when deciding which activities to undertake. You can also use the checklist to monitor, evaluate, and update the activities associated with this resource unit.

Deciding How To Use Community Input at Your Organization

- ☐ Did you decide on a process for involving the community in LAS implementation?

Building and Maintaining Trust in the Community

- ☐ Did you develop positive rapport within in the community?
  - ☐ Did you develop partnerships within your community?
  - ☐ Did you reach out to LEP patients who may face acculturation and immigration challenges that inhibit their ability to voice their concerns and opinions?
  - ☐ Did you follow through with commitments you made to the community?

Deciding Whom To Involve in Community Outreach

- ☐ Did you designate an individual or group of individuals to be in charge of community outreach efforts?
  - ☐ Did you enlist the leadership support from management, providers, and staff within your organization who are members of the surrounding community and are familiar and comfortable with your service area and patient population, such as:
    - ☐ Interpreters and translators
    - ☐ Case workers
    - ☐ Social workers
    - ☐ Office managers
    - ☐ Health educators
    - ☐ Patient advocates/navigators
    - ☐ Providers
    - ☐ Volunteers

Deciding On Methods for Effectively Reaching the Community

- ☐ Did you incorporate a component on LAS within your existing community outreach activities?

- ☐ Did you develop a community outreach strategy that is specific, culturally appropriate, and implemented throughout your organization to ensure that all departments are working in the same direction?

- ☐ Did you identify community-based organizations that exist in your community?
  - ☐ Did you choose to work with organizations that share similar or complimentary goals?
  - ☐ Did you identify leaders in your community?
  - ☐ Did you choose to work with community leaders who share similar or complimentary goals?

- ☐ Did you conduct any of the following with individuals from the community?
  - ☐ Assessment surveys
  - ☐ Interviews
  - ☐ Focus groups

- ☐ When conducting community outreach, did you consider any of the following factors?
  - ☐ Materials to be used
  - ☐ Content of materials
  - ☐ Languages to be used
  - ☐ Community events to target
  - ☐ Media to be used
  - ☐ Locations to target

- ☐ Did you include the input on your community outreach efforts from any of the following members of the community?
  - ☐ Community leaders and advocates
  - ☐ Representatives of community-based organizations
  - ☐ LEP patients

Deciding How To Collaborate With Community Organizations

- ☐ Did you expand existing relationships with community-based organizations to facilitate LAS?

- ☐ Did you develop new relationships with community-based organizations to facilitate LAS?

- ☐ Did you implement ways to combine and share resources through partnerships?

- ☐ Did you establish partnerships that are mutually beneficial for all parties involved?

- ☐ Did you collaborate with any of the following organizations?
  - ☐ Public health departments
  - ☐ Refugee settlement agencies
  - ☐ Local YMCAs
  - ☐ Chambers of commerce
  - ☐ Ethnic and minority associations and organizations
  - ☐ Faith-based organizations

- ☐ Did you collaborate with organizations at various levels?

- ☐ When collaborating with other organizations in the community, did you consider any of the following?
  - ☐ Understanding the priorities and motivations of community-based organizations
  - ☐ Being aware of the time and resource constraints faced by community-based organizations
  - ☐ Developing a contract that reflects co-equity and clearly lays out each organization's role and responsibilities

Resource Unit F: Written Language Assistance Plans

Resource Unit F presents methods and tips for developing a written language assistance plan (LAP). The resource unit provides an overview of language assistance plans, followed by a discussion of the benefits of a written plan. It provides a framework for drafting a plan and discusses tips for operationalizing the LAP.

After reviewing the planning issues related to this resource unit, you can use the checklist below to keep track of activities as you implement them. The checklist outlines activities that vary in scope. You will need to consider your organization's capabilities when deciding which activities to undertake. You can also use the checklist to monitor, evaluate, and update the activities associated with this resource unit.

Drafting a Language Assistance Plan

- ☐ Did you use the strategies and guidelines that you developed in association with each step and resource unit in the guide to write your LAP?
- ☐ Did you solicit stakeholder input on a draft of the LAP?
- ☐ Did you use stakeholder input to revise the draft of the LAP?

Operationalizing a Language Assistance Plan

- ☐ Did you designate roles and responsibilities for those involved in operationalizing the LAP?
- ☐ Did you develop a timeline for operationalizing the LAP?
- ☐ Did you educate your managers, clinicians, and staff on the contents of the LAP?

Step 4: Evaluating the Quality of Your Language Access Services

The fourth step in implementing LAS involves evaluating the quality of the services that you are providing. Step 4 begins with an overview of evaluation, followed by tips on determining whom to involve in designing an evaluation. Next, the step discusses how to design the evaluation, including determining what you want to evaluate and why, from whom to collect data, and how to collect the data. The section on how to collect data includes a discussion on collecting data

from your LEP populations, managers, providers, and staff; collecting data from patient grievances and incident reports; and developing instruments to collect your data. Step 4 concludes with a discussion on conducting the evaluation and sharing the findings of your evaluation.

After reviewing the planning issues related to this step, you can use the checklist below to keep track of activities as you implement them. The checklist outlines activities that vary in scope. You will need to consider your organization's capabilities when deciding which activities to undertake. You can also use the checklist to monitor, evaluate, and update the activities associated with Step 4.

Determining Whom To Involve in Designing the Evaluation

- ☐ Did you designate someone to be responsible for conducting the evaluation?
- ☐ Did you designate whom to involve in the design of the evaluation?

Designing the Evaluation

- ☐ Did you develop a model of your LAS as whole by answering the following questions?
  - ☐ What do you want to accomplish through the implementation of LAS?
  - ☐ How will you know whether you have accomplished your goals?
  - ☐ What activities will you undertake to accomplish your goals?
  - ☐ What factors might help or hinder your ability to accomplish your goals?
  - ☐ What will you want to tell others who are interested in your LAS?
- ☐ Did you use the implementation checklists and questions for consideration at the end of each step and resource unit to help you answer the questions above?
- ☐ Did you determine what within your LAS model you want to evaluate and why?
- ☐ Did you decide from whom you will collect data?
- ☐ Did you determine how to collect the data by considering the following?
  - ☐ Collecting data from your LEP populations
  - ☐ Collecting data from managers, providers, and staff
  - ☐ Collecting data from patient grievances and incident reports
  - ☐ Ways to develop instruments to collect your data
- ☐ Did you determine what resources are available to you to help you conduct the evaluation?
- ☐ Did you determine a timeline for implementing the evaluation activities?

Conducting the Evaluation

- ☐ If possible, did you pilot test your instruments?
- ☐ Did you collect your formal evaluation data?
- ☐ Did you analyze your data?
- ☐ Did you write a report of your findings?

Sharing the Findings of Your Evaluation

- ☐ Did you share the results with the following stakeholders?
  - ☐ Decision makers
  - ☐ Advisory committee members
  - ☐ Those who helped design the evaluation and other stakeholders
  - ☐ Organizational department heads, managers, providers, and staff
  - ☐ Other healthcare organizations and community members

Conclusion

Implementing LAS provides benefits not only to LEP individuals and their families, but also to healthcare administrators, providers, staff, and the community within which the healthcare organization is situated. The research supporting these benefits is discussed in the guide's introduction. The guide also illustrates such benefits through the use of vignettes in each step and the direct quotes provided by LEP patients, administrators, providers, and other healthcare professionals.

The basic steps for implementing LAS are laid out in the guide, so that 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.

Every organization differs in size, available resources, and capabilities. The guide recognizes this variability, by providing both basic solutions and additional alternatives that organizations can consider when deciding how to develop LAS that best suit their needs. Implementation is an evolutionary process. 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, as a healthcare organization, you can continue on your mission to provide quality health care to all of the patients who seek your assistance, regardless of their language ability.

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