

Non-English speaking families and healthcare accessibility

Communication between patients and medical providers is critical for delivering effective patient-centered healthcare. In the medical field, language barriers lead to miscommunication, poorer quality of care, worse outcomes, and health disparities.

In 2018 alone, data from the U.S. Census Bureau indicated that 67.3 million people in the United States speak a language other than English at home. Furthermore, several studies have shown that non-English speaking communities are disproportionately affected by unequal access to healthcare. Likewise, patients who face language barriers have poorer health outcomes compared to English speaking patients (Hilal et al., 2019).

Non-English speaking communities face challenges of health literacy, accessing credible information, navigating the healthcare system, and the lack of resources in their native language. To overcome the challenges posed by language barriers, federal laws have been created and modified to meet the needs of non-English speaking families.

Section 1557 of the Affordable Care Act (ACA) details medical language services for people experiencing limited English proficiency (LEP) in the United States. All healthcare entities who receive federal assistance must provide people with LEP interpreting services that meet the needs of the patient/family. There are two types of legal interpreters that are recognized under the ACA: qualified interpreters and certified medical interpreters. The difference between qualified and certified interpreters is the type of credential they possess. Qualified interpreters demonstrate high proficiency in another language, and have the appropriate training/experience to interpret professionally. Those considered “certified” obtained additional specialization in medical terminology, are certified through a professional organization or the government, and met specific criteria to interpret in medical settings.

Medical facilities can improve their quality of care to non-English speaking families by requiring all interpreters to become medically certified. Collaborating with advanced interpreter services may increase the family’s understanding of patient education, lead to more family support materials, and bridge the language barrier gap that is still an ongoing dilemma within the healthcare setting.

We propose a new bill that requires all interpreters in healthcare organizations to be certified medical interpreters. Certified medical interpreters, as identified under the Affordable Care Act (ACA), obtain a profession in medical terminology and meet specific criteria to interpret in medical settings. We propose that all health institutions provide training and certification for medical interpreters or collaborate with interpreting services certified to translate health information. Certified medical

interpreters available on-site, by telephone, or via video call ensure that health information is translated accurately. This creates more engagement between the healthcare provider, the patient, and/or the patient's family members. Current Federal laws require hospitals to ensure equal language access. This can be achieved by ensuring all health information is translated accurately by certified medical interpreters, whether prior to, during, or long after the appointment. Patients have the right to request the need for interpreting at no cost. Patients also have the right to keep their health information private; therefore, hospitals and clinics collaborating with interpreting services should ensure a privacy policy. We also urge healthcare organizations to follow the Department of Managed Health Care guidelines by re-assessing the populations enrolled in health plans every three years to adjust languages included in interpreting services as needed.

There is a shortage of certified interpreters nationwide. Although bilingual professionals/clinicians may help fill this gap, they must be formally trained. Published data revealed that more interpreting errors occur with untrained interpreters. However, while a qualified interpreter is superior to an untrained interpreter, communication errors are still prevalent with medically certified interpreters. One study estimates that medical encounters involving interpreters, including professional interpreters, had an average of 31 communication errors. To address the possible staff and funding limitations, we propose the new policy to ensure healthcare organizations receive federal financial assistance to cover training and staffing costs. We urge healthcare organizations to use awarded funds to provide training and certification to bilingual healthcare providers, which would increase the number of available medically certified interpreters.

Health organizations should provide linguistically and culturally competent care for non-English speaking patients with the assistance of certified medical interpreters to help improve patient's health outcomes. Section 1557 of the Affordable Care Act is a federal law requiring healthcare organizations who receive federal assistance should provide interpreting services to patients that have LEP. However, there is not a federal law indicating the types of legal interpreting services required. It should be required by law that all interpreting services involved in healthcare organizations are certified medical interpreters. Unlike qualified interpreters, certified medical interpreters are specifically trained to translate medical terminology and medical information accurately to the patient. Certified medical interpreters contribute to health equity by bridging a language barrier gap, as well as streamlining accessible and appropriate health care.

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