

The Language Barriers Hispanics Encounter in Health Care

Edna Boyd

DeBakey High School for Health Professions

I personally have known many Hispanics in situations where they were unable to get a satisfying explanation for their medical diagnosis in a hospital, clinic, or at the doctor's office. Sometimes they were faced with a condition requiring surgery, a situation that would elevate their stress and frustration in not being able to get a detailed explanation from someone that speaks fluent Spanish. The untrained "interpreter" may speak the same language but may not understand the concept of the problem or medical terminology necessary to translate. There are an estimated 40 million Hispanics living in the United States, and adequate health care continues to remain inaccessible for the growing population. Some of the problems that NEP (Non-English Proficiency) and LEP (Limited English Proficiency) patients endure are evident in terms of communication, but the ignorance about existing services puts them at an even greater disadvantage. Something as simple as scheduling an appointment or having to inquire about setting up a payment plan may deter the person from seeking health care.

SEARCHING FOR ADEQUATE HEALTHCARE AND TRANSLATION

I recall a story from my best friend's nanny, Amelia. She was an undocumented 55-year-old Mexican woman that found herself in a painful situation, and she was naturally uninsured, as are many of our nation's immigrants. Amelia desperately needed to be examined by a gynecologist for her embarrassing and uncomfortable dilemma. I insisted many times that she go to the doctor, but she assured me that she was seeing a practitioner (unlicensed) who was going to heal her by repositioning the fallen uterine by manually massaging her stomach. After receiving a year of unsuccessful treatment, she made an appointment to see a licensed doctor in Pearland, Texas. She was in such despair when informed by the doctor's nurse that she was going to need surgery as soon as possible. When she asked pertinent questions on the dangers and complications that could occur from the surgery, the nurse who translated was unable to provide her sufficient information on the diagnosis and needed surgery. A friend of the family recommended a doctor in Dallas who could provide her all the answers to her concerns, so she made the trip without really knowing where the office was located. Upon Amelia's return, she was redirected to a closer physician who provided interpreter's services, and she is now on the road to recovery.

There was another case of a healthy 10-month-old daughter of Hispanic parents taken to a clinic for general weakness. She was diagnosed with iron-deficiency anemia and given a prescription iron. A Spanish interpreter was not available at the pharmacy, but the pharmacist felt that the parents understood how to use the medication dropper and administer the proper dosage. Even though the directions were printed on the bottle, the parents failed to give the proper dosage due to not understanding the label written in English. Within 15 minutes after administering the medication, the infant was rushed to the emergency room where she was hospitalized and monitored. Apparently the parents had overmedicated the infant and caused her to overdose (Flores).

According to Glen Flores, M.D., this disaster could have been avoided if the pharmacy had provided appropriate language services. He said, "Not enough attention has been paid to language barriers and patient safety in pharmacies and prescription labels."

My own mother of 68 years has LEP and was faced with a similar experience. She had suffered a back injury and was prescribed something for the pain. The pain medicine was ineffective in alleviating the pain, so the doctor prescribed something stronger. It was never made clear to her that she was to stop taking the first pain prescription, so she took both pills simultaneously every 2-3 hours. When I went to see how she was doing, I found my mother crying and frightened because she could not remember anything. I asked her what medicine she was taking and quickly discovered that she had overdosed on the pain killers. After calling the pharmacist and describing her symptoms, he told me to limit her pain killers and instructed me to take her to the hospital if she did not improve within a couple of hours. She eventually regained her memory and recovered from her back injury.

I can assure you that this is a very common experience in the Hispanic community. This not only affects the immigrants but Hispanic Americans with LEP. One can understand that if fluent English speakers are overwhelmed when seeking health care, language and cultural barriers can present an additional difficulty. Services denied or delayed under ill circumstances can have life threatening consequences for the LEP patient.

PROBLEMS FOR NEP/LEP PATIENTS

What hinders Hispanics from receiving quality health care? Why should anyone care? There are millions of people in the United States with communication problems. Simply scheduling an appointment can be an ordeal for people with a limited proficiency in English. People who do not speak English as their primary language and who have a limited ability to read, write, speak, or understand English may be classified as Limited English Proficient, or LEP. They become eligible to receive language assistance with respect to a particular type of service, benefit, or encounter (U. S. Department of Health & Human Services). Some of the problems they encounter may include:

- Lack of information about existing services
- Inability to obtain basic information about their visit when they do make their appointment
- Inability to navigate through the complex environment of hospitals
- Inability to communicate with the medical staff and providers within the healthcare system due to insufficient numbers of bilingual personnel
- Lack of insurance
- Unequal treatment that leads to longer waits and denial of service

There is also an obvious mistrust of the health care system that can be caused by immigration status. According to a survey released in December 2001 for the Robert Wood Johnson Foundation (RWJF), both patients and providers believe that language barriers pose serious obstacles to healthy outcomes. The patients expressed difficulties in communication that hindered their ability to explain symptoms, ask questions, and fill their prescriptions. Actually 19% of the Hispanic adults surveyed claimed that they did not seek care when they needed it due to language barriers (RWJF).

A young boy in Los Angeles translated a consent form for his father that involved his sick mother. He misunderstood the form and informed his father that it authorized a nurse to care for his mother at home on a daily basis. Instead, the mother was sent to a nursing home. The Office of Civil Rights (OCR) settled another case with a hospital in the mid-Atlantic region whose lack of an adequate language service almost had deadly consequences for a pregnant woman with LEP who entered the hospital with severe bleeding (Perez, "The Civil Rights Dimension").

A 1998 study from the Divisions of General Pediatrics revealed important access barriers to health care for Hispanic children cited by parents. Besides language problems, cultural

differences were important access barriers for the kids. About one in nine parents had not brought their children in for care previously because they felt that the medical staff did not understand Latino culture. The cultural values of “politeness” and “respect” were viewed as negative by many Hispanic because of the physician’s neutral attitude. The lack of mutual respect, especially from younger doctors, also resulted in negative insights and diminished their search for health care (Flores et al.).

The Social Security Administration’s “Enumeration at Birth” program at the onset deterred immigrants from completing an application to obtain a social security number for their newborns. The problem was that the application required the parents to provide their social security numbers in order to receive one for the baby. This irrelevant question disallowed or postponed the baby born in the U.S. from receiving essential health benefits. In 2000, the Social Security Administration issued guidance that corrected the problem and eliminated this barrier to enable the baby to become eligible for Medicaid, if necessary (Perez, “The Civil Rights Dimension”).

PROBLEMS FOR DOCTORS, HOSPITALS AND CLINICS

My students at DeBakey High School for Health Professions realize the importance of speaking Spanish when they go to the hospitals on rotations for their Health Technology classes required for graduation. They are often asked by the medical staff to translate and tend to the Spanish-speaking patients. Granted this is good practice for the Spanish student, but how is this fair to the unknowing patient that is seeking professional medical advice? The difficulties that doctors find include making proper medical diagnosis and explaining care options. They are unable to persuade NEP/LEP patients to act in accordance with a treatment they may not comprehend. Cost is probably the most important obstacle in providing interpretation services.

The financial challenge for providers is a critical issue in language access. They argue that they wish to comply with Title VI of the Civil Rights Act but simply cannot meet the cost of an interpreter. Washington State has developed a program of cost reimbursement for language assistance that makes use of Medicaid matching funds. If a doctor is seeing a Medicaid patient with LEP, they are able to make arrangements with the state agency that will make available a free trained interpreter to the doctor or patient. The state of Washington also makes available translation of important documents and forms into 60 languages (Perez, “The Civil Rights Dimension”).

In January of 2004 the Association of Community Organizations for Reform Now (ACORN) did a report that tested 70 hospitals to see if a Spanish speaking staff person could be contacted. In over 50% of the calls to the hospitals tested and visits to 15 hospitals failed to provide translation (American Institute for Social Justice). Fortunately there are federal and state laws to resolve this situation. More often than not people with limited English proficiency have to rely on untrained translators that may include family, companions, hospital volunteers or even students from a health profession high school. The laws that can remedy this problematic situation must be enforced.

And to make matters worse, Medicaid recipients will soon have to show documents such as birth certificates, passports, or other proof of citizenship before receiving healthcare. Under the new law, the Deficit Reduction Act, states are unable to get federal monies unless the hospitals and clinics verify citizenship. Jennifer M. Ng’andu of the National Council of La Raza, a Hispanic group, said, “A likely consequence of the new requirement is that a number of people will be cut off Medicaid even though they are eligible.” Governor Chris Gregoire of Washington added, “This provision is misguided and will serve as a barrier to health care for otherwise eligible United States citizen” (Pear).

Many non-Speaking English patients who presently receive Medicaid coverage will be in danger of losing it because they will not be able to present the necessary documents. Concern is prevalent in medical facilities. “The new requirement will result in fewer people being eligible for Medicaid, and that means more uninsured people,” said Lynne P. Fagnani, senior vice president of the National Association of Public Hospitals and Health Systems. “They still need care, but are more likely to wait until their condition becomes more severe and more costly to treat” (Pear).

LAWS--CIVIL RIGHTS POLICY AND EXECUTIVE ORDER 13166

Even though language barriers have been a lengthy issue for medical professionals and their patients in the United States, the debate over what qualifies as adequate language services for LEP and NEP and how to compensate for these services has been strongly argued. After the release of the Office of Civil Rights Policy (OCR) guidance on August 30, 2000, the OCR has the power to enforce rules by “terminating funding to violators or to use any other means authorized by law.” Executive Order 13166, entitled *Improving Access to Services for Persons with Limited English Proficiency*, ensures persons with limited English proficiency to adequate access to federally funded programs. President Bill Clinton made a statement about Executive Order 13166 for instituting this policy: “I am concerned that language barriers are preventing the federal government and recipients of federal financial assistance from effectively serving a large number of people in the country who are eligible to participate in their programs,” (Clinton). This is tied in with Title VI of the Civil Rights Act of 1964 which states:

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 financial assistance. (U.S. Department of Health & Human Services Office for Civil Rights)

Title VI of the Civil Rights Act of 1964 is one of the main tools used in addressing discrimination in health care, particularly “intentional” discrimination. A settlement of such a case was reached by OCR when a hospital in McAllen, Texas, ordered its security personnel to dress up in uniforms that looked like the U.S. Border Patrol. The policy had the effect of discouraging Hispanics from using the facility in the area. OCR also reached an agreement with a hospital in South Carolina that had a policy of barring pregnant women with LEP from receiving an epidural during labor and delivery (Perez, “The Civil Rights Dimension”).

Medicare and Medicaid are examples of federally funded programs that would fall in that category. Title VI is the only federal law that directly supports any facet of cultural proficiency in health care. There are two ways to summon the protections of Title VI: a wronged person can (1) file a written complaint with OCR and /or (2) file a lawsuit under Title VI (Perez, “The Civil Rights Dimension”).

The OCR has made several investigations and reviews involving language barriers that interfere with the access of LEP persons to medical services. OCR also has the legal authority to enforce Title VI of the Civil Rights Act of 1964 in providing language assistance to LEP persons (Ikemoto). In the 1974 case *Lau vs. Nichols*, the Supreme Court acknowledged the 1970 regulation by the Department of Health, Education, and Welfare that specifically mentioned:

Where inability to speak and understand the English language excludes national origin-minority group children from effective participation in the educational program offered by a school district, the district must take affirmative steps to rectify the language deficiency in order to open its instructional program to these students. (Ikemoto)

Language access cases are OCR’s most frequently found type of Title VI case. Patients encounter problems with providers who 1) require the patients to provide their own interpreter service, through family or friends; 2) fail to furnish interpretive service, or offer untrained

interpreters; and 3) force LEP patients to wait considerably longer as a result of the lack of available translation services.

Identifying and eliminating unnecessary barriers in the health care system for immigrant populations is a never-ending task for the OCR. Case in point, OCR investigated the state of Georgia when they were made aware of Georgia's application for Medicaid benefits. It required all applicants to certify under penalty of perjury that all members of a household were legal residents of the United States. The only pertinent question was the immigration status of the applicant. The effect of asking such a question was to discourage eligible applicants from applying because they feared deportation from the Immigration and Naturalization Service. (Perez, "The Civil Rights Dimension").

The *Lau* case raised concern in San Francisco, California, when 1,800 Chinese-American students were discriminated against on the basis of national origin. The NEP and LEP students were placed in desegregated schools without language assistance. As a result the court held that the school district discriminated on the basis of national origin. HHS has enforced Title VI against health care and associated social services that have failed to provide language assistance to LEP patients (Ikemoto).

Another case raised questions about the enforceability of the LEP policy guidances, including the Department of Health and Human Services (HHS) LEP Policy Guidance. *Alexander vs. Sandoval* challenged the Alabama Department of Public Safety because they refused to give the driver's license examination in Spanish. Sandoval spoke mainly in Spanish, and she felt strongly that they were in violation of Title VI regulations, and it imposed discrimination on the basis of national origin on LEP persons (Ikemoto). Unfortunately, it was ruled by the Supreme Court that, as a private individual, she did not the right to sue recipients of federal funds who fail to provide "appropriate language assistance." That decision was a big setback for civil rights advocates. As a result of *Sandoval*, private litigants will have to prove that the failure to provide effective language assistance services amounts to intentional discrimination under the Title VI itself. Thomas Perez strongly feels that "Congress should act to restore the status quo that existed prior *Sandoval* by passing legislation to reestablish the private right action for disparate impact discrimination under the Title VI regulation" (Perez, "The Civil Rights Dimension").

On August 4, 2003, The Department of Health and Human Services published the revised *Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons* (2003 HHS LEP Policy Guidance). Recipients of HHS assistance may include hospitals, nursing homes, home health agencies, managed care organizations, universities, state, county and local health agencies, state Medicaid agencies, state, county and local welfare agencies, programs for families, youth, and children, Head Start programs, public and private contractors, subcontractors, vendors, and physicians and other providers who receive Federal financial assistance from HHS (Ikemoto).

While Title VI and the 2003 HHS LEP Policy Guidance are important tools, they are restricted tools. More importantly, HHS, using Title VI, should call for more extensive cultural competency requirements than language assistance to facilitate complete access to effective health care and accompanying social services (Ikemoto).

The Office of Minority Health published the *National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care*. It was developed in December 2000, and the CLAS report states:

The standards are especially designed to address the needs of racial, ethnic, and linguistic population groups that experience unequal access to health services....[and] to contribute

to the elimination of racial and ethnic health disparities and to improve the health of all Americans. (CLAS)

The CLAS national standards include the requirements for language assistance to LEP patients. The 2003 HHP LEP Policy guidance addresses language assistance “mandates” but also include “guidelines” and “recommendations” that are not officially enforceable at the present time. If it were legally enforced, it would bring considerable improvement throughout the health care system (CLAS).

Even though this policy has been challenged by politicians, the House of Representatives and even the AMA (American Medical Association) due to the issue of cost and funding, it has prevailed and has been reaffirmed in October of 2001 by the Department of Justice, under the George W. Bush Administration.

Unfortunately another amendment proposed by Senator Tom Coburn (R-OK) to repeal Executive Order 13166 is currently being considered. Tom Perez, a former director of the Office of Civil Rights at the U.S. Department of Health and Human Services wrote, “If the Senate were to repeal Executive Order 13166, it would undermine recent improvements in language access and appropriate health care for 47 million people. The Coburn amendment would strike a devastating blow to access to quality health care and to civil rights protections” (Perez, “Punishing Patients”). I refuse to believe that such an amendment would be passed after all the progress that has been made in improving language access and adequate health care of millions of people.

SOLUTIONS AND AVAILABLE GRANTS

To meet the needs of the LEP persons, providers must ensure that patients have access to appropriate and adequate language interpretation to insure effective communication. This can be achieved through bilingual staff, staff interpreters, contract interpreters, community volunteers (a cost effective solution) who are competent as translators and understand client confidentiality, and telephone interpreter services. Medical Spanish classes are becoming available in medical schools, clinics, and hospitals, and they provide an excellent opportunity for the medical staff to increase communication with Hispanic families.

Under the leadership of Secretary Donna Shalala, HHS spent considerable time and energy on language access issues and came up with some potential steps:

- More foundations must get involved.
- Educate and train providers on their obligation to provide language assistance services.
- Address the critical financing challenge. (Perez, “The Civil Rights Dimension”)

The United Hospital Fund, for example, has been influential in bringing together providers and community-based organizations to develop a system of medical interpretation that uses wireless remote technology to meet a tremendous need. Foundations and HHS could support technical assistance centers that would assist providers in developing language assistance programs and educate communities on their rights under Title VI. (Perez, “The Civil Rights Dimension”). Providers have been known to express a desire for technical assistance but are hesitant to request help from OCR in fear that they will be investigated and found to be in violation of Title VI. They are even fearful of requesting help from community-based organizations because they could be sued by these groups.

One survey in 2001 by the Robert Wood Johnson Foundation (RWJF) shows language barriers caused many persons of LEP to ignore needed medical treatment. Due to the lack of communication between patients and providers, the RWJF survey found that the lack of access to quality care added to the decline in health awareness and medical treatment (RWJF). Because of

the health disparities, this population of LEP persons is at a higher risk for diabetes and heart disease.

RWJF is one of our nation's largest philanthropies that focus on troubling health and health care issues in our country. For more than thirty years they have devoted their time and energy in improving the health care of all Americans. They have tackled problems such as the language barrier situation and begun to bring meaningful and positive change in some areas.

RWJF is promoting another program through the University of North Texas Health Science Center at Fort Worth. They are implementing several strategies to improve the situation and open up the lines of communication between Spanish speaking patients and their English-speaking doctors and hospitals. The program is called "*Hablenos de su Salud*"- *Let's Talk About Your Health* (U of North Texas). This health science center is one of nine organizations in the country that has been selected by RWJF to address the issue of language barriers in health care. Through this grant, the health science center will develop realistic approaches to increase accessibility of interpreters, improve Spanish language competence, and develop Spanish materials and ways for LEP patients to easily navigate health care facilities. The plan is to develop advanced training and education for interpreters and expand materials in original Spanish instead of translating English language materials.

In an additional effort to combat racial and ethnic disparities in health care, a three-year, \$5 million program is already being proposed by RWJF. Marshal H. Chin M.D., M.P.H., associate professor of medicine, University of Chicago, will direct "Finding Answers." According to Chin, "There is a clear need for solutions that can improve the health of millions of Americans." *Finding Answers* expected to receive proposals from provider organizations such as medical groups, hospitals, community health centers, community organizations and academic institutions by the due date of March 2006. This will involve six to eight grants that will be given in October 2006 ranging between \$50,000 and \$300,000 (RWJF).

In an effort to address these problems and promote future awareness in other communities in the United States, an event was held by "*Tus Medicinas y Tu Salud*" (Your Medicines, Your Health) in San Antonio, Texas, in February 2006. More than 2,000 Hispanic Americans whose primary language is Spanish were expected to attend and receive advice from experts regarding prescription coverage under the Medical Part D plan, health screening, and consultations on taking their current prescriptions (American Association of Colleges of Pharmacy). *Tus Medicinas, Tu Salud* is a collaboration between Univision Television, Univision Radio, The American Association of Colleges of Pharmacy (AACP), The American Association of Colleges of Nursing (AACN), and the San Antonio pharmacy and nursing community.

So far California is the first state to take the initial steps to enforce a program that gives equal access in healthcare for non-English speaking patients. The California Department of Managed Health Care (DMHC) is developing new regulations that will ensure all health plan members understand their prescriptions and doctor's instructions, without depending on family members as interpreters. Cindy Ehnes, Director of the DMHC said, "In today's complex medical world, it is crucial that patients understand the instructions given by their doctor, which can be difficult if there is a language barrier." "These new regulations will allow millions of Californians with limited or no English-speaking ability to have equal access to health care treatment" (Department of Managed Health Care).

TRAINING HEALTH CARE PROFESSIONALS

In high school, many students are beginning to make career choices in the medical field. My goal is to engage the students in a school for health professions in a course that will properly train them to interact effectively with individuals who are "limited English proficient." Before students

are allowed to assist the medical staff in hospitals, they will be knowledgeable and aware of LEP policies and procedures. Students should also have completed a Medical Personnel Workbook that drills the student in realistic practical Spanish dialogues that medical personnel encounter in the course of their work. The students will be able to label diagrams on the important parts of the human body, fill out forms on patient information and be able to understand a LEP patient's symptoms. The students will have mastered the appropriate medical terminology needed at the doctor's office, a specialist's office, the clinic, dentist, cardiologist, x-ray room, the lab, or a hospital emergency room in helping cure and heal the patient.

Not only will students learn to speak the language but they will also be prepared to inform and give suggestions to the patient on low cost health services available and how to access them if uninsured. Sometimes payment plans are available but only upon request. This information will be made available to students to share with the patients in need of assistance in their language and will be able to direct LEP patients to locations or centers in different parts of the city where the individual in need resides.

There is overwhelming evidence that people that are limited in a language will suffer in silence and avoid making a trip to the doctor due to the language barrier. It is imperative to educate and empower the patient and assist them in navigating the perplexing territory of health care (Perez, "The Civil Rights Dimension"). Harlem Hospital in New York, for instance, has implemented a patient navigator program designed to provide advocates for patients who can assist them in asking the appropriate questions as they access the health care system.

Fortunately one ESOL (English for Speakers of Other Languages) teacher from Virginia, Kate Singleton, has developed methods to help students decipher the health care system. She created simple picture stories about preventative care, asking for clarification from the doctor, handling stress, and domestic violence. From the picture stories the instructors were able to prompt discussion that affect the personal health and well-being of their ESOL students (Singleton).

CONCLUSION

Hispanics with LEP that are born American or recently immigrated have tackled the health care system to the best of their limited knowledge and language ability. Some dispute that LEP patients have the problems they have due to lack of compliance and not because of language barriers. Research has shown this not to be true. The cost of language services is a concern to most physicians but essential in providing quality care to their patients. To ignore it would put providers in violation of Title VI if they are receiving federal funding from Health and Human Services (HHS). Because of this, plans for language interpretations have been developed and implemented in more and more states which contain oral translation services, translated written material and training of staff.

In order to eliminate racial disparities, it is important to understand the underlying reasons. In the past, discrimination was mainly associated to finances. It was thought that the underprivileged person was more likely to have problems in accessing quality health care. I have come to realize that the extent of the problem is understated because many victims are immigrants who are unwilling to question authority figures as they access the health care world.

LESSON PLANS

Lesson 1

Objective

Investigating Language Barriers in Health Care

Focus

To understand questions and concerns that exist among patients with Limited English Proficiency (LEP) and their health care facilities.

Materials

Reading activities from true accounts that are published by the Community Legal Services Language Access Project.

Vocabulary and expressions in Spanish to interview patients about their experiences in communication and requesting help in translating. (Dialogues)

Activities

1. Students will read stories about problems in communication and interpretation from patients with LEP (handouts) and will discuss in groups.
2. Students will read about the problems that families face when children translate for their family.
3. Students will give patients information on requesting help when an interpreter is needed.

Follow-up Activities

Students interview 3-5 people outside of class in Spanish that may be possibly experiencing problems in communication. Students will record their responses. Some sample questions:

1. ¿Cual es el problema mas grande que se encuentra en comunicando con el medico?
What is the biggest problem you face in communicating with the doctor?
2. ¿Pediste ayuda en interpretacion? Did you ask for help in interpretation?
3. ¿Que dijeron? What did they say?
4. ¿Consiguiste interprete? Did you get an interpreter?

Students then share information in class and discuss the people's experiences and the guidance shared with the patient that was unaware of available help.

Lesson 2

Objective

Helping patients address questions and concerns about finding their way in a hospital and becoming familiar with hospital-related vocabulary.

Focus

Understand hospital signs and directions and understanding some problems people have when they attempt to find their way in a hospital.

Materials

List of hospital related vocabulary and expressions

- Student handouts
- Pictures of hospital signs and symbols

Activities

1. Students will analyze pictures of hospital signs and symbols and discuss how they may be interpreted by a non-English speaker.
2. Students will discuss the problems patients with LEP (Limited English Proficiency) experience in trying to find their way in a hospital.

3. Students will discuss some solutions hospitals may employ to assist those who need help by exploring hospitals that have already resolved the problem.

Follow-Up Activity

Students will visit a near by hospital and interview 3-5 patients with limited English proficiency in their native language. In Spanish they will be asked:

1. ¿Ha tenido problemas hallar departamentos en el hospital?
Have you had problems finding departments in the hospital?
2. ¿Que hicieron y como lo encontraron?
What did you do and how did you find it?

Students will write and share their responses in class and discuss solutions.

Follow-Up Activity

Students will speak with a hospital administrator and share his findings and bring to their attention the problems people face in getting around the hospital. Also students will give some suggestions and solutions that are being used by other hospitals in helping confused people.

Lesson 3

Objective

Completing Health Care Forms--assisting patients fill out the required forms required in clinics, hospitals, doctor's offices, etc.

Focus

To prepare students in assisting prospective LEP patients in filling out health related forms and applications. To discuss concerns patients may have about completing them.

Materials

Sample health care forms and applications such as: General Information Form, Application for Benefits, and Children's Medicaid.

Vocabulary list – questionnaire terminology in health related questions

Activities

1. Students will role-play explaining the questions found in health care forms in Spanish. Their partner will be a patient with limited or no English speaking skills. The questions will be explained and presented to the class. (pair work)
They will ask:
 - a. ¿Donde vives? - Where do you live?
 - b. ¿Cuando naciste? - When were you born?
 - c. ¿Eres casado(a)? - Are you married?
 - d. ¿Estas trabajando? - Are you working?
 - e. ¿Que es tu primer idioma? - What is your first language?
2. Students will take turns interviewing different students in Spanish with different forms and applications. They will ask them if they are experiencing difficulties and what could be done to facilitate them in completing the forms.

Assignments

1. Students will obtain additional forms in local areas such as the library, Department of Health and Human Services, regional hospitals, clinics, doctor's offices and centers. They will

- become familiar with the vocabulary and Spanish counterparts and develop dialogues in explaining its contents in Spanish.
- In groups of four, students will brainstorm ways to improve forms and applications and present their ideas to the class. The best ideas will be gathered and listed and made available to local and regional hospitals and clinics. These will be solutions to problems many patients experience when trying to fill out forms and applications.

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Recommended Film

- World's Apart*. Fanlight Productions. <<http://www.fanlight.com/catalog/films/912>>. A four part series on Cross-Cultural Healthcare. Films follow patients and families faced with critical medical decisions as they navigate their way through the health care system.

Recommended Books

Kelz, Rochelle K. *Conversational Spanish for Health Professionals*. Third Edition

A useful guide for students in allied health and nursing programs who need to communicate quickly and effectively with Spanish speaking patients and their families

---. *Delmar's English and Spanish Pocket Dictionary for Health Professionals*.