

# Tips for Accommodating Patients and Family Members with Limited English Proficiency

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# Objectives

- At the end of the webinar, participants will be able to demonstrate the following behavioral objectives:
  - Define Limited English Proficiency (LEP) individual
  - Discuss the legal guidance regarding LEP services
  - Identify appropriate practices for accommodating LEP individuals in the primary care setting
  - Discuss available resources for addressing LEP individuals



# Content Outline

- Background
- Culturally and Linguistically Appropriate Standards
- Primary Care Practices - Dos and Don'ts
- Resources
- Summary

# I. Background

# Background

- Limited English Proficient (LEP) individuals
  - Individuals who do not speak English as their primary language and who have a limited ability to read, speak, write, or understand English can be considered Limited English Proficient, or "LEP." Individuals with sensory impairments (hearing/sight) are also covered under LEP (as well as the American with Disabilities Act).
  - These individuals may be entitled to language assistance with respect to a particular type or service, benefit, or encounter.

# Background (cont.)

- A large and growing population
  - Minority groups are the nation's fastest-growing demographic accounting for one-third of U.S. population.
  - Nearly 25 million (8.6%) of U.S. population are defined as LEP individuals.



# Characteristics of LEP Individuals

- In one case study, on average, LEP individuals experienced:
  - Lower likelihood of having a usual source of medical care
  - Lower rates of mammograms, pap smears and other preventive services
  - Non-adherence with medications
  - Increased risk of drug complications
  - Longer medical visits
  - Higher resource utilization for diagnostic testing
  - Lower patient satisfaction
  - Impaired patient understanding of diagnoses, medications and follow-up

# It's the Law!

- Title VI of the Civil Rights Act
  - No person in the United States shall, on the grounds 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.
  - Both the U.S. Department of Justice (DOJ) and the Department of Health and Human Services have issued guidance documents which can be found at [www.lep.gov](http://www.lep.gov).
- Section 601 of the Title VI of the Civil Rights Act of 1964



# National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care

## **Communication and Language Assistance**

- Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
- Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.

# National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care (cont.)

- Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
- Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

# Interpretation

- Interpretation involves the immediate communication of meaning from one language (the source language) into another (the target language).
- An interpreter conveys meaning orally, while a translator conveys meaning from written text to written text. As a result, interpretation requires skills different from those needed for translation.



# Interpretation (cont.)

- Professional interpreters and translators are subject to specific codes of conduct and should be well-trained in the skills, ethics, and subject-matter language.
- Those utilizing the services of interpreters and translators should request information about certification, assessments taken, qualifications, experience, and training.
- Quality of interpretation should be a focus of concern for all recipients.

# Primary Care Practices Do's and Don'ts

## Do

- Offer qualified interpreters services for LEP patients as a first option - language lines should be used as secondary option
- Provide appropriately translated written materials including office paper work, clinical documents such as informed consents and patient education materials
- Install building signage in appropriate languages

## Don't

- Allow family members or untrained bilingual staff to offer interpretive services
- Provide documents written in English without explaining the purpose - for instance laboratory requisition slips
- Install signage only in English if your practice serves LEP individuals

# IV. Resources

# Resources



- A Physician's Practical Guide to Culturally
- Competent Care – A free online course:  
[www.thinkculturalhealth.hhs.gov/education/physicians](http://www.thinkculturalhealth.hhs.gov/education/physicians)
- CLAS Standards Toolkits: [health.maryland.gov/mhhd/Pages/CLAS-Standards-Toolkits](http://health.maryland.gov/mhhd/Pages/CLAS-Standards-Toolkits)
- Building an Organizational Response to Health Disparities: A Practical Guide to Implementing the National CLAS Standards (Centers for Medicare & Medicaid Services, Office of Minority Health): [www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/CLAS-Toolkit-12-7-16.pdf?subject=https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/CLAS-Toolkit-12-7-16.pdf](http://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/CLAS-Toolkit-12-7-16.pdf?subject=https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/CLAS-Toolkit-12-7-16.pdf)

# Thank You



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