

# Increasing Language Access to Healthcare: Toward Effective National and State Policies

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## Introduction

**M**ore than 28% of New Yorkers speak a language other than English at home. This translates to nearly 5 million New Yorkers, two million of whom are considered Limited English Proficient (LEP). LEP individuals face enormous barriers to quality health care services. Overcoming language barriers to healthcare is critical to addressing the needs of a significant portion of New York's population.

On April 25, 2007, The Center for Women in Government & Civil Society of the University at Albany in partnership with the Education Fund of Family Planning Advocates of New York State and the Center for Immigrant Health at New York University School of Medicine, convened a statewide conference entitled: *New York State Conference on Increasing Language Access to Healthcare: Toward Effective State and National Policies*. The New York State Black, Puerto

Rican and Asian Legislative Caucus, The NYS Hispanic/Puerto Rican Task Force and New York State Assemblyman Andriano Espallat endorsed the conference.

With generous support from the Agency for Healthcare Research Quality (AHRQ), the conference brought together researchers, state policy makers, healthcare providers and advocates to foster the adoption of collaborative strategies to increase language access to healthcare statewide and nationally. Presenters and attendees included national experts on language access and key participants in the national policy reform process. The 125 participants who attended the conference worked together to develop recommendations for effective state and national policies. This Policy Brief summarizes these recommendations.

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## Overall Goal

**Decrease healthcare disparities by ensuring that the healthcare system is linguistically-accessible to all Limited English Proficient (LEP) individuals.**

## Policy Priorities

**1) Provide funding mechanisms that support compliance with clear, system-wide expansions for language access to healthcare.**

- Ensure that healthcare providers are able to receive **Medicaid reimbursement** for providing interpretation and translation services to patients in all healthcare settings. Other states are already using Medicaid to cover these services.
- In the absence of adequate federal funding mechanisms/eligibility, establish **supplemental state funding** to cover interpretation services provided by competent and trained interpreters in all parts of the healthcare industry.

# Policy Priorities continued

## 2) Create system-wide standards for oral interpretation and written translation and strengthen enforcement and compliance.

- In the absence of clear federal standards, **strengthen state standards** and expand them to all parts of the healthcare industry.
- Create **interpreter competency standards** to ensure that interpreters have prerequisite knowledge and skills.
- Strengthen **accountability and enforcement** of the new and existing regulations around language assistance services and patients' rights.

*Conference participants identified a need to **strengthen system-wide standards and promote their adoption among all providers. Guidance for training medical interpreters is needed. There is a need for core competencies to guide the development of curriculum for training interpreters. Mentoring and continuing education must be integral parts of interpreters' education and training. Cultural competency must also be an essential component of trainings.***

## 3) Enhance system capacity to make services linguistically accessible through workforce development and technical assistance.

- Create a **multi-lingual communication initiative** based in a NYS agency that will translate vital forms, identify promising practices, and support interpreter training. For example, the Bureau of Refugee & Immigrant Assistance at the NYS Office of Temporary & Disability Assistance has established a language translation initiative and is now providing language translations to a wide variety of consumers. This Bureau could serve as a nucleus for a multi-lingual communication initiative.
- Develop and implement a state-sponsored **workforce development initiative** to train, educate and assist healthcare providers in accessing resources more effectively and in making their services linguistically appropriate. In addition, New York should establish and operate professional training programs for interpreters and translators.

***Creating a central depository for all translated materials would help to avoid duplication of resources. Centralizing language access materials would encourage shared resources and best practices across the state. Developing and maintaining the state interpreter workforce is an urgent priority. Workforce grants and educational scholarships to encourage people to enter the interpreting field must be explored.***

- Designate **worker recruitment and retention funds** for scholarships and educational incentives to increase the opportunity for staffing the health care system with bilingual and bicultural individuals.
- Create a **data collection system** to facilitate the collection of accurate, current data on LEP populations that can help inform and shape services; expand and support a **research agenda** to generate evidence-based knowledge, define language access needs and evaluate success in meeting those needs.