



ISSUE BRIEF

The Impact of Language on Health Care Accessibility

Language barriers can impact the ability of individuals to access vital services such as health care. The COVID-19 pandemic highlighted many of the challenges faced by limited English proficient (LEP) individuals. Health centers and other federally-funded programs aim to ensure that patients' language does not impact their ability to access health care.

This issue brief will inform service providers about policies to promote language access for LEP patients. After identifying and explaining the urgency of the challenges of LEP patients, this issue brief will provide practicable and accessible solutions that service providers can implement both immediately and in the long-term. We hope providers will create their own innovative solutions to meet the language needs of the communities they serve.

Federal Policies to Promote Language Accessibility in Health Care

LEP patients often face hurdles in receiving health care due to a lack of language access services.¹ A recent study found that language barriers reduced access to timely care, preventative health screenings, and adherence to treatment, resulting in worse health outcomes.² In the United States, there are more than twenty-five million LEP individuals who speak over 350 languages.³ Among agricultural workers, 51% reported that they speak little or no English and 54% reported that they could not read or could only read limited English.⁴ According to 2020 health center data collected by the Health Resources and Services Administration (HRSA), 24.37% of individuals, or nearly seven million patients, who receive health care at health centers prefer to receive services in a language other than English.⁵ According to the Department of Labor's National Agricultural Workers Survey, 31% of agricultural workers utilize health centers.⁶

Linguistically and culturally appropriate medical

care is increasingly recognized as essential for the improvement of health care.⁷ In 2000, the federal government explicitly recognized language access' importance for LEP patients. The Department of Health and Human Services (HHS) Office for Civil Rights (OCR) published guidance that emphasized the provisions of Title VI of the 1964 Civil Rights Act; President Clinton issued an executive order that mandated federal agencies to comply with Title VI provisions.⁸

Section 1557 of the Affordable Care Act (ACA) provides clear criteria for upholding civil rights in federally provided health care programs.⁹ The provision prohibits discrimination on the basis of race, color, national origin, sex, age, or disability in health care activities that receive funding from HHS.¹⁰ As provided by the "Nondiscrimination in Health Programs and Activities Final Rule," entities that participate in Medicare and Medicaid and receive HRSA funding are required to comply with the civil rights provisions of the ACA.¹¹ The prohibition of discrimination on the basis of national origin covers LEP individuals.¹² Entities that are covered by section 1557 of the ACA, including health centers, must provide notice to LEP individuals about communication assistance. To comply with section 1557 of the ACA, covered entities are encouraged to create and execute language access plans and hire bilingual staff members.¹³ Further, covered entities must provide interpreter services and offer translation services that are accurate, expedient, and protect LEP patients' privacy.¹⁴

The HHS Office of Minority Health created the Culturally and Linguistically Appropriate Services (CLAS) standards to enhance the ability of health care providers to improve health equity.¹⁵ The principal CLAS standard is to, "provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs."¹⁶

CLAS standards help health organizations provide a mechanism and structure to create more culturally and linguistically inclusive services to better address disparities in health care.”¹⁷ CLAS offers self-assessment tools and an implementation action plan to help organizations create customized plans to promote health equity.

Challenges and Promising Practices to Support Language Access for LEP Patients

Despite federal policies and guidelines, LEP individuals face several barriers to accessing health care. Typically, LEP individuals face challenges due to culturally inaccessible health care information, distrust of the healthcare system, and medical errors due to insufficient interpretation services.¹⁸ The COVID-19 pandemic further exacerbated these challenges.

Between October and December 2021, Farmworker Justice (FJ) and the Association of Asian Pacific Community Health Organizations (AAPCHO) hosted two listening sessions and one webinar related to language access in health centers, with a particular emphasis on challenges and promising practices related to the COVID-19 pandemic. In the listening sessions, representatives from nine health centers from across the country participated and shared their experiences. The health centers represented in the listening sessions serve native speakers of over twenty languages, including Arabic, Spanish, Tagalog, Pashto, and Vietnamese. During the webinar, available [here](#), Alnory Gutlay from the Center for Pan Asian Community Services in Georgia, Mary Zelazny from Finger Lakes Community Health in New York, and Gina (Lulu) Toumajian from the HOPE Clinic in Texas shared their experiences supporting LEP patients. In the listening sessions and the webinar, the participants identified several challenges and promising practices for serving LEP patients.

Challenges

One of the primary challenges experienced by health center listening session participants was the retention and effective utilization of interpreters. They shared

that there has been a shortage of interpreters for hire, on staff, and via electronic services. Interpreters are experiencing burnout and there are sometimes gaps in written materials and interpreter services, especially in regional or local dialects. Language access lines, while helpful to address gaps in in-person interpretation services, are limited in their effectiveness. While language access lines can provide adequate interpretation in an exam room, they cannot follow the patient into other parts of the clinic (i.e. lab or x-ray), resulting in a potential language gap for the patient. Additionally, other staff, providers, and contact tracers have limited understanding of how to utilize and work with interpreters. Participants also noted the lack of in-language alerts and services at off-site referrals (e.g. pharmacies, specialists, etc.).

Listening session participants also noted the challenge of misinformation related to COVID-19. They conveyed that patients experience fear related to COVID-19 testing and vaccines due to misinformation and lack of language alerts appropriate for LEP individuals. Additionally, the participants commented that mixed COVID-19 messaging among different LEP communities created hesitation and fear among their patients.

Finally, listening session participants shared that patients have limited technological literacy and access to technology to receive telehealth services. Participants noted that this has become particularly relevant during the COVID-19 pandemic as clinics relied more on technology to provide health care to patients.

Promising Practices

In the listening sessions and the webinar, participants identified several promising practices to support LEP patients. Health centers have been working to ensure that LEP individuals receive quality care during the pandemic, despite the barriers that health centers and LEP patients face related to interpreters, COVID-19 misinformation, and technological literacy and access to technology. Further, health centers also identified and shared their best practices to improve the overall experience and health care outcomes of patients.

In terms of interpretation, representatives of health

centers emphasized the importance of employing bilingual and bicultural staff from the community along with interpreters that are adequately certified to provide accurate and culturally comprehensible interpretation. They highlighted the importance of hiring bilingual and bicultural nurses, administrative staff, and doctors, as well as patient navigators to assist with other access needs such as transportation. Mary Zelazny from Finger Lakes Community Health in New York shared the benefits of certifying and training staff with proper language and interpretation skills:

“The [certification] program teaches our team about how to appropriately interpret for a patient... and on cultural competency. For the patient, they can be assured that they have an interpreter that has the right skills to ensure a successful visit. For the certified interpreter, they earn an additional certification that is valuable for their job with our organization, as well as something that they can take with them for future employment, if they do move on.”

Regarding COVID-19 misinformation, health centers have been working with community partners to ensure accurate interpretation to curb the spread of misinformation. Alnory Gutlay from the Center for Pan Asian Community Services (CPACS) in Atlanta, Georgia, remarked that, “during the pandemic, it is especially important for community members to receive information in-language so that they are able to get accurate information on COVID-19.” CPACS and many other health centers have patient navigators from the community, providing information in a manner that is culturally appropriate and accessible. Additionally, health centers commented that they are working closely with trusted local community leaders (spiritual, business, cultural, etc.) in COVID-19 public service announcements and advertisements.

To address accessibility to technology and technological literacy, health centers have made their websites more accessible to LEP individuals and provided other mechanisms to share information with individuals who may not be comfortable with technology. As health centers strengthened their technological platforms during the pandemic, they have remained mindful of technological literacy. Mary Zelazny remarked that, “As our website became a much better tool to have patients schedule vaccines and testing, we had to make sure that the literacy

levels were appropriate for patients to understand the information presented.” Finger Lakes Community Health provided mobile and outreach services for patient education and referrals that utilized telehealth and remote interpreters when community health workers (CHWs) were not able to be in-person with the patient.

Recommendations to Promote Language Access

Staff at all levels of the health center, from the front desk to the administration, have an important role in promoting language access for their LEP patients. Below are recommendations for health centers to promote language access, based on the promising practices shared during FJ and AAP-CHO’s listening sessions.

- Incorporate telehealth and remote interpreters when conducting mobile outreach.
- Provide training and compensation opportunities for interpreters to support professional development and overcome staff burnout.
- Develop a screening process that is culturally and linguistically conscious. It is important to provide any print material, such as intake forms, in multiple languages, as well as have front desk staff members who are able to communicate with patients in multiple languages.
- Integrate cultural practices into health outreach and education efforts. For example, conversational intakes with CHWs can create a culture of deep listening that extends the care interaction beyond the fifteen minute billing session.
- Locate and refer patients to smaller pharmacies who have experience with resettlement agencies and employ bilingual/bicultural staff.
- Invest in visual and oral materials (i.e. podcasts, patient education videos, radio, small group education nights) rather than expending resources on translating print materials.
- Integrate interpreters into the planning and implementation of telehealth systems to ensure visual interpretation sessions adequately meet the

needs of LEP patients and providers.

If you have additional questions related to language access and health care accessibility, please contact Alexis Guild at aguild@farmworkerjustice.org. FJ has created a number of health care resources for LEP farmworker patients, available at www.farmworkerjustice.org/resource/.

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References

1. U.S. Department of Health and Human Services (HHS). *Language access in clear communication*. National Institutes of Health. 7 July 2021, <https://www.nih.gov/institutes-nih/nih-office-director/office-communications-public-liaison/clear-communication/language-access-clear-communication>.
2. Pandey M, Maina RG, Amoyaw J, Li Y, Kamrul R, Michaels CR, Maroof R. Impacts of English language proficiency on healthcare access, use, and outcomes among immigrants: a qualitative study. *BMC Health Serv Res*. 2021 Jul 26;21(1):741. doi: 10.1186/s12913-021-06750-4. PMID: 34311712; PMCID: PMC8314461.
3. Das, Lala Tanmoy, et al. "Addressing Barriers to Care for Patients with Limited English Proficiency during the COVID-19 Pandemic: Health Affairs Forefront." *Health Affairs*, 29 July 2020, <https://www.healthaffairs.org/doi/10.1377/forefront.20200724.76821/full/>.
4. U.S. Department of Labor, "Findings from the National Agricultural Workers Survey (NAWS) 2017–2018: A Demographic and Employment Profile of United States Farmworkers," <https://www.dol.gov/sites/dolgov/files/ETA/naws/pdfs/NAWS%20Research%20Report%202014.pdf>.
5. Health Resources and Services Administration, *National Health Center Program Uniform Data System (UDS) Awardee Data*, <https://data.hrsa.gov/tools/data-reporting/program-data/national>.
6. NAWS, *supra* note 4.
7. HHS, *National CLAS Standards - Think Cultural Health*. <https://thinkculturalhealth.hhs.gov/assets/pdfs/EnhancedNationalCLASStandards.pdf>.
8. *Id*.
9. HHS, *Section 1557: Ensuring Meaningful Access for LEP Patients*. <https://www.hhs.gov/sites/default/files/1557-fs-lep-508.pdf>.
10. *Id*.
11. Nondiscrimination in Health Programs and Activities Final Rule, 81 Fed. Reg. 31375-31473 (May 18, 2016)
12. AAPCHO, *supra* note 8.
13. NACHC, *supra* note 12.
14. United Language Group. "The Affordable Care Act and Language Access." <https://www.unitedlanguagegroup.com/blog/the-affordable-care-act-and-language-access>.
15. National CLAS Standards, *supra* note 7.
16. *Id*
17. *Id*, at 2.
18. *AMA J Ethics*. 2017;19(3):263-271. doi: 10.1001/journalofethics.2017.19.3.medu1-1703.