

## When your HIV-infected patient doesn't speak English

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In 2007, more than 55 million people in the U.S. (19.7% of the population) spoke a language other than English at home. Of those, almost half reported that they spoke English less than 'very well.'<sup>1</sup> In Louisiana, 8.2% of the population speaks a language other than English at home, 6.4% in Arkansas, and 3.4% in Mississippi, according to the 2007 Census estimates.<sup>2</sup>

Imagine you are living temporarily in another country, for example Ethiopia, and you do not speak the language spoken there. How do you find out about where to go for testing, information and treatment for HIV? Once you have been lucky enough to find out where these services are provided, the question remains: does the organization provide services in English? If not, you have to bring someone with you who *does* speak both English and Amharic so that they can help you to communicate. Who should you bring with you to help you communicate when you go in to get tested and learn about HIV? Your brother? Your partner? Your daughter?

It is no wonder that public health departments and HIV programs are seeing low representation of limited English proficient (LEP) individuals despite large populations of Latino, Vietnamese, and other language-speaking populations in the Southeastern region of the United States. Adults with limited English proficiency and their children are much less likely to have insurance and a usual source of care, have fewer physician visits, and receive less preventive care than those who only speak English.<sup>3,4,5,6</sup>

People must know where to find services in order to access them. Therefore, all of the advertisement, outreach, community education, prevention, and awareness efforts done in English must be undertaken in each language of significant prevalence to the region. Because of the high degree of stigma associated with HIV, LEP individuals may be reluctant to bring a friend or family member to help them communicate with providers. In order to successfully provide services to this population, the services must be accessible in the language of the client, e.g. Spanish, Vietnamese, or Portuguese.

A lack of effective communication affects patient safety, resulting in inappropriate use of prescribed medications or the patient's inability to comply with follow-up instructions, increasing the probability of adverse medication reactions.<sup>7</sup> Many clients might have a basic or even conversational proficiency in English, and thus the need for language assistance is not immediately obvious. However, a much higher level of English proficiency is needed by the HIV-infected client in order to communicate effectively through the personal, emotional, and technical aspects of HIV care. For this reason, it is always important to ask the client in which language he or she prefers to receive health care.

Not only is it a moral and public health responsibility to reach those LEP individuals in our communities, but it is also a legal responsibility for most public health organizations. Title VI of the Civil Rights Act<sup>8</sup> (1964), Clinton's Executive Order 13166<sup>9</sup> (2000), and HHS Office of Civil Rights Guidance<sup>10</sup> (2003) mandate that any organization or program that

receives federal financial assistance (i.e., Medicaid, Medicare, federal grants, Ryan White funding, etc.) must provide meaningful access to their services and not discriminate based on national origin. This includes the provision of language access services for LEP clients, which should be provided at no extra cost to the client.<sup>11,12</sup>

Other groups have established guidelines and standards for language access services in health care as well. The Joint Commission has recently established new standards regarding language access services, which will likely be implemented beginning in 2011.<sup>13</sup> The Office of Minority Health also established the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care, which serve as a model for organizations and those setting legislative or policy standards around culturally and linguistically appropriate services in healthcare.<sup>14</sup>

All of these laws and standards discourage the use of family members, friends, and minors as interpreters. This is not only due to confidentiality issues mentioned in the opening questions of this article, and HIPAA, but also because by using these individuals who are not trained as professional interpreters or screened for competency, they may not be proficient in medical terminology, may not possess the necessary skills to interpret, may omit or alter important information either unintentionally or intentionally, or may not be emotionally mature enough to handle the information being conveyed. The client may also choose to withhold or change important health information due to not wanting the individual interpreting to know.<sup>15</sup>

Simply being bilingual does not make someone a competent interpreter. Trained professional medical interpreters are bound by a code of ethics and have professional expertise in specific content areas (i.e., proficiency in medical vocabulary in both English and the target language), as any other medical professional would.<sup>16,17</sup> Moreover, interpreters are not necessarily translators. Interpretation is the transmission of a spoken message from one language to another, whereas translation is the transmission of a written message from one language to another. Expertise necessary for translation is distinct from that necessary for interpretation.<sup>18</sup>

The literature demonstrates that “use of professional interpreters is associated with improved clinical care as compared to the use of ad hoc interpreters. Professional interpreters appear to raise the quality of care for LEP patients to approach or equal that of patients without language barriers.”<sup>19</sup> However, professional interpreters are not the only aspect to consider as you create a plan to serve LEP clients. A comprehensive language access plan for a health care organization should take into account both their client population and the population of the surrounding geographical area. Language access services include not only professional interpreters, but also translation of all “vital documents,” as well as bilingual signage. Bilingual providers, professional staff interpreters, telephonic interpreter services, and contract interpreters are all important components of a comprehensive language services plan. A plan should spell out what resources to utilize for which client services situations, including, but not limited to: phone calls, intake, clinic visits, follow-up mail, etc. Very importantly, staff should not only be trained in language access policy and procedures, but should also be involved in the development and implementation of them in order to ensure that they are appropriate and effective.

**Resources available to organizations or individuals interested in developing or strengthening language access services include:**

- *The Office for Civil Rights' regional offices. The Office for Civil Rights is the enforcement agency for Title VI of the Civil Rights Act. This office also dedicates time and resources to provide technical assistance outside of enforcement upon request to organizations that fall under their jurisdiction.*
- *The American Translators Association is a valuable resource to locate professional translators to contract for the written translation of vital documents. <http://www.atanet.org/>*
- *The Louisiana Language Access Coalition is a grass-roots group doing advocacy work to improve language access services and legislative support for such services. <http://reachnola.org/langpartlac.php>*
- *A Patient-Centered Guide to Implementing Language Access Services in Healthcare Organizations<sup>20</sup> is one of many guides that takes a step-by-step approach to how to plan and implement a language access services plan.*
- *For links to additional resources and guides please visit: [www.reachnola.org/languageaccess](http://www.reachnola.org/languageaccess). HIV Clinician • Summer 2010 5*

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REFERENCES

1. U.S. Census Bureau, American Community Survey 2007, Table S 1601, "Language Spoken at Home by Ability to Speak English for the Population 5 Years and Over" Available online at <http://factfinder.census.gov>.
2. Shin, H.B. & Kominski, R.A. 2010. *Language Use in the United States: 2007*, American Community Survey Reports, ACS-12, U.S. Census Bureau, Washington, D.C.
3. Ponce, N., Hays, R. D. & Cunningham, W. E. "Linguistic disparities in health care access and health status among older adults." In *Journal of General Internal Medicine*. 21(7): 786-791. 2006.
4. DeRose, K. P. & Baker, D. W. "Limited English proficiency and Latinos' use of physician services." In *Medical Care Research and Review*. 57(1): 76-91. 2000.
5. Yu, S. M., *et al.* "Parental English proficiency and children's health services access." In *American Journal of Public Health*. 96(8): 1449-1455. 2006.
6. Jacobs, E. A., *et al.* "Limited English proficiency and breast and cervical cancer screening in a multiethnic population." *American Journal of Public Health*. 95(8): 1410-1416. 2005.
7. Andrulis, D., Goodman, N., Pryor, C. "What a difference an interpreter can make: Health care experiences of uninsured with limited English proficiency." In *The Access Project*. Boston, MA. 2002.
8. U. S. Department of Justice Civil Rights Division. *Title VI of the Civil Rights Act of*

1964. <http://www.justice.gov/crt/cor/coord/titlevi.php>. 1964.
9. William J. Clinton. United States Department of Justice Civil Rights Division. *Executive Order 13166: Improving Access to Services for Persons with Limited English Proficiency*. <http://www.justice.gov/crt/cor/Pubs/eolep.php>. 2000.
10. Office of Civil Rights, U.S. Department of Health and Human Services. Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons, 68 Fed. Reg. 47311. <http://www.usdoj.gov/crt/cor/lep/hhsrevisedlepguidance.html>. 2003.
11. Adelson, Bruce. *Title VI of the Civil Rights Act of 1964: A compliance primer for health care providers*. CCH Health Care Compliance Letter. May 19, 2009.
12. *Federal laws and policies to ensure access to health services for people with limited English proficiency*. National Health Law Program and The Access Project. 2003.
13. Joint Commission on Accreditation of Healthcare Organization. *Approved: New and revised hospital EPs to improve patient-provider communication*. In Joint Commission Perspectives. Vol. 30(1). 2010.
14. U.S. Department of Health and Human Services, OPHS, Office of Minority Health. *National Standards for Culturally and Linguistically Appropriate Services in Health Care: Final Report*. Washington, DC. 2001.
15. Joint Commission on Accreditation of Healthcare Organizations. "Promoting effective communication: language access services in health care." In *Joint Commission Perspectives*. 28(2). 2008.
16. National Council on Interpreting in Health Care. *National Standards of Practice for Interpreters in Health Care*. 2005. <http://data.memberclicks.com/site/ncihc/NCIHC%20National%20Standards%20of%20Practice.pdf>
17. International Medical Interpreters Association. *Code of Ethics for Medical Interpreters*. 2006. <http://www.imiaweb.org/uploads/pages/376.pdf>.
18. National Council on Interpreting in Health Care, American Translators Association and the National Health Law Program. *What's in a Word? A Guide to Understanding Interpreting and Translation in Health Care*. 2010. [http://www.healthlaw.org/images/stories/Whats\\_in\\_a\\_Word\\_Guide.pdf](http://www.healthlaw.org/images/stories/Whats_in_a_Word_Guide.pdf)
19. Karliner, L. S., *et al.* "Do professional interpreters improve clinical care for patients with limited English proficiency? A systematic review of the literature." In *Health Services Research*. 42(2): 727-54. Apr., 2007.
20. United States Department of Health and Human Services, Office of Minority Health. *A Patient-Centered Guide to Implementing Language Access Services in Healthcare Organizations*. Washington, D.C: HHS; 1-253. 2005.