

Language Access in Pediatric Primary Care

National Center for Medical Home Implementation and National Center for Cultural Competence

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Language Access Services Facilitate Quality within a Medical Home

Clear bidirectional communication is important for **all** patients and families to achieve care that is accessible, continuous, comprehensive, patient and family-centered, coordinated, compassionate, and culturally effective. Planning, implementation, and evaluation of language access services are key aspects of facilitating quality and satisfaction, particularly for patients and families with limited English proficiency (LEP). When language access services are used for individuals with LEP, patient and family satisfaction increases, staff satisfaction is enhanced, and patients are more likely to adhere to recommended treatment.^{a,b} Examples of language access services include the following:

- Oral interpretation (trained interpreters—on-site or remote)
- Bilingual or multilingual clinicians and staff who are knowledgeable of and proficient in medical terminology
- Written translation of key documents (eg, patients' rights, medication and treatment directions, test preparation directions, consent forms) and signs translated into other languages

What is a language access program?

A language access program delineates how a medical practice or organization provides services to individuals who speak languages other than English. The program describes how the practice will implement standards for service delivery, including how the practice will increase its capacity to address language services and what resources are needed. The program sets out the process of setting deadlines and priorities and identifying who will be responsible for assuring the program is implemented. Further information about language access programs and limited English proficiency resources can be found [here](#).

Title VI of the Civil Rights Act of 1964 (Section 601), as well as Executive Order 13166 (Improving Access to Services for Persons with Limited English Proficiency), prohibits discrimination on the basis of race, color, or national origin, including LEP. These laws and their related guidance—which applies to any organization that receives federal funds (including Medicare and Medicaid)—require that organizations, including medical practices, assess, design, develop, and implement a formal plan for facilitating language access and patients and families who have LEP be provided language access services at no cost to the patient and family.

^a Flores G. The impact of medical interpreter services on the quality of health care: a systematic review. *Medical Care Research and Review*. 2005; 62(3):255–299.

^b Flores G, Laws MB, Mayo SJ, et al. Errors in medical interpretation and their potential clinical consequences in pediatric encounters. *Pediatrics*. 2003; 111(1):6–14.

How are practices addressing language access services in quality assurance?

In April 2012, the National Center for Medical Home Implementation (NCMHI) and National Center for Cultural Competence fielded a survey about language access approaches in pediatric practice settings. The NCMHI recruited select participants from the full listing of American Academy of Pediatrics (AAP) committees, councils, and sections who they believed would have a higher likelihood of interest and practice in language access plans for patients and families. More than 150 pediatricians participated in the survey. In this study, more than one-half of the respondents either were unaware of the existence of a language access plan or reported the absence of such a plan in their practice. Slightly more than 75% of survey respondents reported not having a way to assess satisfaction with language services.

How can practices gather data about the quality of language access services?

Commitment to quality improvement is implicit in the AAP mission of promoting the health and well-being of all children. Given the number of families in the United States who have LEP or for whom English is a second language, attention to the quality of language services is important to pediatric practices.

Consistent with the aforementioned commitment, it is important to assess practice demographics (what percentage of families and patients have LEP) and quality of language access services within a practice. Data collection from patients and families about quality issues should include queries to assess quality and satisfaction with language access services for those using them. Feedback mechanisms may include exit questionnaires after visits, use of standardized questionnaires, or convening of focus groups or interviews with selected families in their preferred language.

The Agency for Healthcare Research and Quality provides links to quality measures through its National Quality Measures Clearinghouse (NQMC). A set of language services items, based largely on the Robert Wood Johnson funded report *Aligning Forces for Quality: Improving Language Services Performance Measures*,[°] is listed on this [Web site](#). In addition, the NQMC provides information about National Quality Forum–endorsed measures. One such measure is the [Communication Climate Assessment Toolkit \(C-CAT\) Patient \(or Pediatric\) Survey and Staff Survey](#).

Another approach to measuring quality within pediatric practices is to utilize patient and family questions based on objectives developed by [Speaking Together](#), a national language access network funded by the Robert Wood Johnson Foundation.^d This network adapted information from the Institute of Medicine (IOM) Committee on Quality of Health Care to develop a set of quality objectives for language access services that address the IOM domains of quality. These objectives suggest areas that practices can incorporate into current quality assurance measures and activities. The data obtained can then be used for Plan-Do-Study-Act cycles and other approaches to improving quality of language access services, which in turn support overall quality of care.

[°] Robert Wood Johnson Foundation. *Aligning force for quality: Improving language services performance measures*. Washington (DC): George Washington University, Center for Health Care Quality, 2010. 72p.

^d Speaking Together: National Language Services Network. *Domains of Quality Adapted for Language Services*. Robert Wood Johnson Foundation Web site. <http://www.rwjf.org/content/dam/supplementary-assets/2008/06/domains-of-quality-adapted-for-language-services.pdf>. Published in 2001. Accessed April 24, 2014.

The following quality objectives within the IOM domain of *Safety* are described, followed by potential items that pediatric clinicians can ask families/caregivers to evaluate language access services within their practice.

Communication between patients with LEP and their clinicians is clearly and accurately understood by patients and clinicians.

- The interpreter or health care professionals and staff who speak my language with me use words that I understand.
- The interpreter helps me get clarification from the health care professional if I do not fully understand what is being said.
- The interpreter asks me or my health care professional to make what we have said clearer if the interpreter is not sure what is being said.
- The interpreter makes sure that my health care professional and I are talking with each other, not the interpreter.
- Documents written in my language are easy to understand, and I am clear about the purpose of the document.
- Signs and posted information are written in my language.

Communication reflects patients' cultural nuances and assumptions.

- The interpreter or health care professionals and staff who speak my language with me check with me about words that may have different meanings to people from different countries and backgrounds.
- The interpreter or health care professionals and staff who speak my language with me use phrases and language that are common to me and people from my country or background.

Communication includes complete and accurate information.

- The interpreter or health care professionals and staff who speak my language with me make sure the communication between my health care professional and me is complete and my questions are answered.
- The interpreter helps my health care professional explain information so I understand and can follow up on recommendations.
- Health care professionals/staff who speak my language with me explain information so I understand and can follow up on recommendations.
- Written documents are easy to understand and clearly state all the information I need to make a decision or follow instructions and recommendations.

The following quality objective within the IOM domain of *Patient Centered* is described, followed by potential items that pediatric clinicians can ask families/caregivers to evaluate language access services within their practice.

Interpreters are trained, knowledgeable, respectful, and skilled with brokering that takes into account language, culture, beliefs, family, values, and different clinical situations.

- The interpreter is able to help me share with my health care professional my cultural beliefs and family's values about the topics we are discussing.
- The interpreter treats me with respect.

Note: Cultural brokering is defined as the “act of bridging, linking or mediating between groups or persons of differing cultural backgrounds for the purpose of reducing conflict or producing change.”^e A cultural broker is a “go between who advocates on behalf of another individual or group.” Not all interpreters are willing or have the knowledge to take on the role as a cultural broker. Practices that want to include cultural brokering as an added aspect of language access and communication services will need to seek interpreters who have knowledge of specific cultural communities and create job descriptions that delineate cultural brokering in addition to language proficiency and interpretation as key areas of knowledge and skill.

The following quality objective within the IOM domain of *Timely* is described, followed by potential items that pediatric clinicians can ask families/caregivers to evaluate language access services within their practice.

Patients receive appropriate language services as quickly as is practicable and reasonable.

- Interpreter services are available when I arrive for a scheduled appointment.
- Interpretation services are available and do not unreasonably delay my appointment.
- Interpreter services are available and free.
- Staff in my health care professional's office knows how to get interpretation services for my communication needs.

Don't forget the practice team!

Evaluation of language access services is not just about the patient and family experience. Satisfaction of clinicians and other practice team staff should also be assessed to determine whether current approaches are effective, well understood by practice team members, and easy to access. Consider getting feedback from the practice team about the following items:

- Availability and ease of scheduling interpreter services
- Knowledge of procedures for obtaining interpreters
- Effectiveness of interpreters in facilitating patient encounters, scheduling appointments and procedures, providing health education, and communicating instructions for treatment or diagnostic procedures
- General satisfaction with interpreters, interpreter agencies, and mechanisms for delivering interpretation (eg, in person, telephonic, video)

Cumbersome or ineffective language access services can erode the quality of health care delivered and may contribute to adverse medical events. They may also impede regulatory adherence. In addition to implementing policy and procedures for language access services, practices can include such services in quality improvement efforts to enhance care for patients and families.

^eVJezewski M A, Sotnik P. *Culture Brokering: Providing culturally competent rehabilitation services to foreign-born persons*. Buffalo (NY): Center for International Rehabilitation Research Information and Exchange; 2001.

Resources

- [Pediatricians and the Law: What does law require of physicians caring for patients with limited English proficiency?](#)
- [Enhancing Pediatric Workforce Diversity and Providing Culturally Effective Pediatric Care: Implications for Practice, Education, and Policy Making](#)
- [Agency for Healthcare Research and Quality: TeamSTEPPS Module on enhancing Safety for Patients with Limited English Proficiency](#)