

Speaking the Language of Care: Language Barriers to Hospital Access in America's Cities

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A study by:

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Executive Summary

America has always been a nation of immigrants. This has never more evident than today, when immigrants from around the globe add to the creativity of all parts of our country. No longer are immigrants found only in the big cities on the coasts. All parts of the country are home to immigrants, from North Carolina to Oklahoma to Idaho. This increasing diversity represents an incredible opportunity to our country, but it presents great challenges as well.

Nowhere is this more evident than in the area of access to health care. Many immigrants do not speak English as their first language. Nearly 47 million people speak a language other than English at home. Anywhere from 11 to 21 million people have, at most, only limited ability to speak English. This represents over 8% of our nation's residents. In California, 20% of the population has limited ability to speak English. 13% of New York's population and almost 14% of Texas' population have limited English skills. But this is not only an issue in states with traditionally large immigrant populations. States like Georgia, Nevada, and Kansas all saw their populations of non-English speakers grow by over 100% in the 1990s. Many of these states are less prepared to deal with these new populations.

Many immigrants are unable to maneuver through the complicated terrain of hospitals because of language difficulties. Too often, they do not get the care they need. Many studies have shown lack of English skills is a primary barrier to receiving adequate health care. For example, in one survey, Latino children had much less access to medical care than white children, but the gap was negligible when their parents' English-skills were comparable to that of white parents.¹

This ACORN report had testers call and visit hospitals to see if a Spanish speaking staff person could be contacted as required by federal law. **In over 50%** of the calls to the 70 hospitals tested and visits to 15 hospitals no Spanish speaker could be contacted. This shows how far the hospitals in America have to go in providing services to all Americans.

Too often, people with limited English skills are forced to rely on untrained interpreters. Many times these are young family members. This can lead to embarrassment as privacy is violated. It can also lead to preventable illnesses and even deaths as medical terms are misunderstood and vital information fails to get through. In one instance, a doctor used an untrained interpreter to communicate to a pregnant woman that she needed an immediate caesarian section. She did not understand these instructions, returned home, and her child was stillborn.²

Fortunately, there are federal and state laws to remedy this situation. Title VI of the landmark Civil Rights Act of 1964 prohibits discrimination based on national origin. This has been interpreted to mean that recipients of federal funding must take adequate steps to ensure that people with limited English proficiency (LEP) have access to services. Federal funds are available to provide language services to low- income individuals through the Medicaid and State Children's Health Insurance Program.

Furthermore, many states have laws on the books to remedy the situation. For example, Rhode Island law since 2002 has required hospitals to provide interpreters as a condition of continued licensure. It also requires posting this availability in conspicuous places in at least three widely used languages other than English. The Massachusetts Emergency Services Interpreter Law of 2001 mandates that all acute care facilities providing emergency room services provide interpreter services for all patients.

¹ Weinick, Robin M. and Nancy A. Krauss, "Racial and Ethnic Differences in Children's Access to Care," *American Journal of Public Health* (November 2000) 90 1771.

² National Health Law Program and The Access Project, "Language Skills Action Kit," 2003, p. 41.

As noted above we have found that these laws are not being followed. Nor are federal funds being adequately used to provide translation and interpretation services. In our study, 56% of Spanish speaking callers found that they could not reach anyone who spoke Spanish. Of Spanish speakers who visited hospitals, almost 60% could not find a Spanish speaking staff person to help them. ACORN believes that access to health care is a fundamental right that is being denied to thousands of families. We did out testing in Spanish, but speakers of other languages must have an even harder time in finding good care. To ensure that this right is a reality for all our residents, the following steps must be taken:

- 1) Hospital administrators must meet with ACORN members to develop a plan for language access. Health care providers must recognize it is their obligation under federal law to provide signs in other languages and interpretation services. It is high time for hospitals and other providers to recognize their obligation to serve the public means making language access a priority.
- 2) The federal government has to take strong action to enforce Title VI of the Civil Rights Act. Health care facilities receiving federal funds cannot discriminate against non-English speakers. They must ensure adequate translation (written) and interpretation (oral) services are available. This is a civil rights issue and it is the obligation of the federal government to enforce these laws. Recent moves by the Department of Health and Human Services to weaken regulations enforcing this act, for example by allowing children to provide interpretation services, must be resisted.
- 3) State officials need to adopt a plan to reimburse providers for language services. The federal government has stated that states can use Medicaid and Children's Health Insurance Program dollars to provide language services. So far, however, only nine states have taken advantage of this. State leaders in the other forty-one states must adopt a plan to reimburse providers for providing language services to patients enrolled in these programs.

Section I: The need for Translation and Interpretation in Hospital Settings

As our population becomes more diverse and the numbers of immigrants whose primary language is not English increase, there is a greater need for translation and interpretation services in all areas of American life. Translation (which refers to written documents) and interpretation (oral communication) are especially crucial in the field of health care, where life and death decisions are made every day. A variety of surveys and reports by other organizations have documented the medical problems caused by the lack of these language services:

- Health care providers surveyed in Los Angeles, New York, Houston and Miami found that language difficulties were a major barrier to immigrants' access to health care and a serious threat to the quality of care they received, since doctors could not get the information needed to make a good diagnosis and patients often did not understand their directions.³
- Non-English-speaking women who did not visit their doctor for cervical cancer screenings cited the inadequacy of translated materials as a contributing factor.⁴
- A language barrier is as significant as a lack of insurance in predicting Latinos' use of health services.⁵
- Language problems can lead to preventable deaths. In one instance, a Haitian woman who spoke Creole came in several times to a health center complaining of "gaz." Providers thought she was talking about gas and proscribed Mylanta. In fact, "gaz" denotes much more serious stomach pains, and by the time she was diagnosed with stomach cancer, it was too late to treat it, and she died.⁶

ACORN members have had direct experience with the pain and suffering that is caused by the lack of adequate interpreter services at hospitals. An ACORN member from near Oakland had to stay with her dying father in a Walnut Creek hospital almost full time since there were no doctors or nurses that spoke Spanish and interpreters were not available. A number of problems occurred as a result of these communication problems. First, since her father couldn't communicate with the nurses or doctors, he was understandably uncomfortable his whole time there because he couldn't communicate his needs for pain medicine or anything else. As a specific example, no one responded when he told them he needed to use the bathroom, leading to many accidents. Second, because no doctors there spoke Spanish, his throat cancer was diagnosed very late, and as a result no life-saving treatment was possible.

There is another reason that hospitals must take language access seriously. It's the law. The next section describes federal and state requirements for health care providers.

³ Kaiser Commission on Medicaid and the Uninsured, "Caring for Immigrants: Health Care Safety Nets in Los Angeles, New York, Miami, and Houston" at ii-iii (Feb 2001) (prepared by Leighton Ku and Alyse Freilich, The Urban Institute, Washington, D.C.)

⁴ Naish, Jeannette, et al "Intercultural Consultations: Investigation of Factors that Deter Non-English Speaking Women from Attending their General Practitioners for Cervical Screening," 309 *BMJ* (Oct. 29, 1994) 1126.

⁵ Derose, Kathryn P. and David W. Baker, "Limited English Proficiency and Latinos' Use of Physician Services," *Med Care Research and Rev* (2000) 57 76.

⁶ National Health Law Program, 41.

Section II: Federal and State Laws Requiring Language Access

Title VI of the Civil Rights Act of 1964 prohibits discrimination based on race, color, or national origin by any institution that receives federal funding. The federal Department of Health and Human Services (HHS) and the courts have determined that the prohibition of discrimination based on national origin includes protections for people of different nationalities who do not speak English well.

Because virtually all hospitals receive federal funding through programs like Medicare and Medicaid, they are covered by this law. HHS has determined that these restrictions go beyond intentional discrimination. They prohibit any policies or procedures that have the effect of privileging one group of recipients over another. In August 2000, HHS issued guidelines on how to carry out this mandate. It requires recipients of federal funds to develop plans for language access. While these plans will differ according to circumstances—with areas that have a large immigrant population requiring more services than many other localities—they all must contain oral interpreter services, translated written materials, a means to make services accessible, and training of staff.

The federal government has also ruled that federal funding is available for states that reimburse providers for language services offered to patients in Medicaid or the state Children's Health Insurance Program (CHIP.) So far, only nine states have adopted plans to take advantage of this: Hawaii, Idaho, Maine, Massachusetts, Minnesota, Montana, New Hampshire, Utah, and Washington.

At least two states have adopted their own legislation on language access: Rhode Island law since January 2002 has required hospitals to provide interpretation services as a condition of initial or continued licensure.⁷ They must provide a qualified interpreter, if an appropriate bilingual clinician is not available, for all services to non-English speakers. This cannot be anyone under the age of sixteen. Hospitals must post, in conspicuous places, notices advertising these interpretation services in at least the three most common foreign languages used at the hospital. The law's regulations also establish minimum qualifications for these interpreters, including understanding of confidentiality and medical terminology.

The Massachusetts Emergency Services Law of 2001 requires every acute care hospital to provide competent interpreters for emergency room patients. This law also covers hospitals providing acute psychiatric services. The state Attorney General can enforce this law, and individuals can file legal action. The state Department of Public Health has issued regulations to implement this law. These regulations require that interpreters receive appropriate training and that hospitals not rely on family members to interpret. They also mandate that hospitals have a coordinator of interpretation services, record the primary language of all patients, and translate important materials.

Unfortunately, federal and state law is not being followed at the hospitals we surveyed. The next section reviews our findings at these locations.

Section III: Results of Language Access Study in Cities Across the Country

ACORN members chose hospitals in their local areas to test access to care for people with Limited English Proficiency (LEP). Over the course of this study 42 hospitals were called to determine if a Spanish speaking person could be reached.

⁷ Rhode Island General Laws Section 23-17-54; 14 090 CRIR 007 Section 20.3. This law is highlighted in Perkins, Jane (2003) *Ensuring Linguistic Access in Health Care Settings: An Overview of Current Legal Rights and Responsibilities* Washington, D.C: Kaiser Commission on Medicaid and the Uninsured.

A majority of the time (56%) a Spanish speaker could not be reached on the telephone. While some hospitals seemed to usually have someone available who spoke Spanish, other hospitals repeatedly did not have a Spanish speaker available. In at least one case, the staff Spanish speaking staff member who was finally reached told the caller that due to the lack of interpreters at that hospital the caller should seek treatment at a different hospital. In other cases interpreters were only available during regular business hours, although medical needs do not occur on a business timetable. Callers were also passed on to answering machines that were only recorded in English. In the case of one hospital a Spanish speaking staff member was reached, but only after getting their extension off of a recording in English. A summary of the call finding are in the table below. The results of all the calls are listed in Appendix A.

PHONE SURVEY RESULTS
ACORN
November and December 2003 and January 2004

SUMMARY

State	City or Area	# of Hospitals called	# of phone calls made	# of calls where a Spanish speaker was reached	% of calls where a Spanish speaker was <u>NOT</u> reached
AZ	Phoenix/Glendale	6	14	6	57%
AZ	Phoenix/Mesa	6	12	6	50%
AZ	Tucson	6	12	7	42%
CA	Bay Area/ N CA	7	15	6	40%
CA	Los Angeles area	21	45	20	44%
CT	Hartford	4	8	4	50%
DC	Washington DC	6	11	8	27%
FL	Tampa	4	8	5	38%
PA	Philadelphia	4	8	3	62%
RI	Providence	5	60	23	62%
VA	Northern Virginia suburbs of DC	7	21	7	67%
TOTALS		70	214	95	56%

Even worse results came about when ACORN members visited selected hospitals to see if a Spanish speaking staff person could be found. In almost 60% of the visits (16 out of 27 times) no one could be found that spoke Spanish. Several testers were asked if their children could translate for them. Some people were told to wait or to try back later. In several cases nurses came by who spoke Spanish but they were too busy with their other duties to be able to stop and help. This creates a very dangerous situation for non-English speakers when they go to hospitals. People who speak a foreign language other than Spanish would likely have an even harder time finding an interpreter for their needs.

The list of hospitals visited and the results of those visits are in Appendix B at the end of this report.

Section IV: Recommendations

We cannot rely on band-aid solutions to the problem of removing language barriers to health care access. We cannot expect patients to rely on their children and relatives, when federal guidance, state law and everyday experience tell us that this can lead to invasions of privacy, health care mishaps, and preventable deaths. Nor can we leave interpretation to already-overworked staff that have their own jobs to do. Private institutions as well as the government must devote resources to ensure access to health care for non-English speakers. We have several recommendations to help make this happen:

- 1) The management of hospitals need to meet with ACORN members to adopt a plan to ensure all residents have access to health care, no matter what language they speak.
- 2) The federal government must vigorously enforce Title VI of the Civil Rights Act. This means prosecuting those hospitals that discriminate on the basis of national origin by not providing equal access to people with Limited English Proficiency. It also means that the Department of Health and Human Services should not weaken regulations to enforce language access by, among other things, allowing children to be used as interpreters.
- 3) States should adopt a plan to reimburse health care providers that offer language services to patients enrolled in Medicaid and the Children's Health Insurance Program. Following the lead of the nine states that have adopted these plans will allow us to obtain federal matching funds for these services.

Methodology and Acknowledgements

This report investigates the compliance with federal regulations on language access to health care by the nation's hospitals. Spanish-speaking ACORN members called and visited hospitals during the months of November 2003, December 2003 and January 2004 to determine access to care for non-English speaking patients.

There were two parts to the investigative survey. ACORN members were first trained to make calls to the hospitals and to ask in Spanish to speak to someone who spoke Spanish. In all cases the tester noted if the person who answered the phone spoke Spanish and if not, if they were able to connect them someone who spoke Spanish. For the next part of the testing, ACORN members went to some of the hospitals to look to see if there were signs posted in Spanish and to see if they could find a staff person at the hospital who spoke Spanish and would help them.

Written materials from the National Health Law Program and the Access Project were used for background information on language access.

Speaking the Language of Care: Appendix A

State	Metro Area	Hospital	Call #1	Call #2	Call #3	Call #1 notes
AZ	Phoenix/ Glendale	West Valley Urgent Care	no	no	yes	asked for a Spanish speaker and was left on hold for 40 minutes
AZ	Phoenix/ Glendale	Advantage Urgent Care	yes	no		told there might be someone later
AZ	Phoenix/ Glendale	Arrowhead Community Hospitals	no	no	no	
AZ	Phoenix/ Glendale	Health South/Valley of the Sun	no	no		
AZ	Phoenix/ Glendale	Banner Thunderbird	yes	yes		
AZ	Phoenix/ Glendale	Thunderbird Samaritan	yes	yes		
AZ	Mesa	Banner Baywood	no	no		
AZ	Phoenix/ Mesa	Banner Desert Medical Center	no	no		was on hold for 15 minutes and no one came on the phone
AZ	Phoenix/ Mesa	Banner Mesa Medical Center	yes	yes		
AZ	Phoenix/ Mesa	Mesa General	yes	yes		
AZ	Phoenix/ Mesa	Lutheran Heart Hospital	yes	no		
AZ	Mesa	Mesa Lutheran	yes	no		
AZ	Tucson	Tucson Medical Center	no	no		
AZ	Tucson	Kino Community Hospital	no	yes		
AZ	Tucson	University Medical Center	yes	yes		
AZ	Tucson	Northwest Medical Center	no	no		
AZ	Tucson	St. Mary's Hospital	yes	yes		
AZ	Tucson	St. Joseph's Hospital	yes	yes		
CA	Bay Area/ Northern CA	Alta Bates	yes	no		(said no Spanish in Emergency or quick care)
CA	Bay Area/ Northern CA	Eden Medical Center	no	no		connected to human resources voice mail
CA	Bay Area/ Northern CA	Children's Hospital	yes	no		no language services over the phone
CA	Bay Area/ Northern CA	Sutter Delta Medical Center	no	yes		
CA	Bay Area/ Northern CA	Contra Costa Regional Medical Center	no	yes		no one on the phone, but they said they have a translation service
CA	Bay Area/ Northern CA	Mount Diablo Medical Center	no	yes	no	no on the phone, said they would find someone if you came in
CA	Bay Area/ Northern CA	John Muir Medical Center	yes	no		They have a list of people who can speak different languages in the hospital, and when they need translation, they call them.

CA	Los Angeles area	Alhambra Hospital Med Center	yes	yes		person answering phone spoke Spanish; they have Spanish-speaking staff operator spoke Spanish, transferred to someone who spoke Spanish but asked if the caller could speak English
CA	Los Angeles area	Barlow Respiratory Hospital -	No	yes		operator did not speak Spanish; looked for someone and was transferred several times, after over 5 minute wait on hold no one answered transferred to voice mail in Spanish
CA	Los Angeles area	California Hospital Med Center	no	yes		
CA	Los Angeles area	Cedar-Sinai	no	yes		
CA	Los Angeles area	Centennial Hospital Medical Center	no	yes		
CA	Los Angeles area	Century City Hospital	no	no	no	no translators generally available, except in ER Spanish option on the recorded greeting which then transferred to a recording in English operator hung up on caller
CA	Los Angeles area	Del Amo Hospital	no	no		
CA	Los Angeles area	Dr. Paul Memorial Medical Center	no	yes		
CA	Los Angeles area	East Lost Angeles	no	yes		only person reached spoke poor Spanish
CA	Los Angeles area	Fountain Gardens	no	yes		
CA	Los Angeles area	Garfield Medical Center	no	yes		
CA	Los Angeles area	Glendale Memorial	no	yes		
CA	Los Angeles area	Good Samaritan Hospital, LA	no	no	yes	would only produce translator by appointment; appointment must be made with English-speaking staff, third time got transferred to a Spanish speaker
CA	Los Angeles area	Guardian Rehabilitation Hospital -	no	no	no	no translation, person said "I can't understand you"
CA	Los Angeles area	Los Alamitos Medical Center	no	yes		operator hung up on Spanish speaking caller
CA	Los Angeles area	Midway Hospital Medical Center	no	yes		
CA	Los Angeles area	Orthopedic Hospital	no	yes		
CA	Los Angeles area	RFK Medical Center	no	yes		got recording with Spanish option, connected to a live person who said "there is no one who speaks Spanish"
CA	Los Angeles area	San Vicente Hospital	yes	yes		
CA	Los Angeles area	Temple Community Hospital	no	yes		

						operator spoke Spanish, provide translators with appointment; no guarantee of availability in all cases
CA	Los Angeles area	White Memorial Med Center	yes	yes		
CT	Hartford	Hartford Hospital	yes	yes		
CT	Hartford	New Britain General	yes	no		
CT	Hartford	St. Francis Hospital	no	no		
CT	Hartford	UCONN Health Center	no	yes		
DC	DC	Greater Southeast Community Hospital	no	yes		
DC	DC	Howard University Hospital	yes			they have on call translators
DC	DC	Georgetown on Reservoir	yes	yes		
DC	DC	Georgetown on Wisconsin	yes	no		
DC	DC	George Washington University	no	yes		
DC	DC	Children's National Medical Center	yes	yes		had to go through a answering machine in English to find the pager of the Spanish speaker said most departments had Spanish speakers
FL	Tampa	Town & Country Hospital	yes	no		
FL	Tampa	Tampa General Hospital	no	yes		
FL	Tampa	St. Joseph's Women's Hosp	yes	yes		
FL	Tampa	Memorial Hospital	no	yes		
PA	Philadelphia	Jefferson Hospital	no	yes		told they often use electronic translating device
PA	Philadelphia	University of Pennsylvania Hospital	no	yes		said they bring speakers in as necessary
PA	Philadelphia	Hahhemann University Hospital	no	no		Drs use translating device said bring in the Spanish speaker and they would find someone
PA	Philadelphia	Temple University	yes	no		only available 9 am to 4:30 pm
VA	Alexandria	Inova Alexandria Hospital	yes	yes	no	has people in theory from 9 am to 7 pm, but Edith couldn't get on the phone
VA	Alexandria	Inova Mount Vernon Hospital	no	no	yes	nighttime call for interpreter if needed, some around only 9 am to 6:30 pm
VA	Fairfax	Inova Fairfax Hospital	yes	no	no	daytime people only
VA	Fairfax	Inova Fair Oaks Hospital	yes	no	no	translation has to be requested from nurse on floor
VA	Fairfax	Inova Hospital for Children	no	yes	no	they do have an AT&T service
VA	Manassas	Prince William Hospital	no	no	no	
VA	Woodbridge	Potomac Hospital	no	yes	NA	

PHONE SURVEY RESULTS
Rhode Island ACORN
November and December 2003

Name of Hospital	Department/ Number called	# of calls made	# of times person who answered spoke Spanish	# of times person to whom the call was transferred spoke Spanish	# no answer	# where an answering machine in English was reached	# other (unsuccessful)	Total calls answered in Spanish	% of calls where a Spanish speaker was NOT reached
Roger Williams Hospital	General Number	12	1	4	3	1	3	5	58%
Rhode Island Hospital	Admissions	12		1		2	9	1	92%
Rhode Island Hospital	Emergency	12		2		1	8	2	83%
St. Joseph's Hospital	Admissions	12	8	3			1	11	8%
St. Joseph's Hospital	Clinic	12	4			1	7	4	67%

IN PERSON VISIT RESULTS

State	City or Metro Area	Hospital	Did the tester find someone who spoke Spanish?	Were there signs in Spanish	Notes
CA	Northern California	Mt. Diablo Medical Center	Yes	no	
CA	Northern California	Contra Costa Regional Medical Center	Yes	yes	
CA	Northern California	John Muir Medical Center/Mount Diablo	No		
CA	Northern California	Sutter Delta Medical Center	Yes	yes	interpreters not medically trained
CA	San Diego	Scipps General	No		
CA	San Diego	UCSD	Yes		
DC	DC	Georgetown on Reservoir	Yes	no	translators from 8 am to 6 pm
DC	DC	George Washington University	No	no	by-stander translated and said some doctors speak Spanish
PA	Philadelphia	Jefferson Hospital	Yes	no	
PA	Philadelphia	University of Pennsylvania Hospital	No	no	tester told to find his own translator
PA	Philadelphia	Hahhemann University Hospital	Yes	no	
PA	Philadelphia	Temple University	Yes	no	
RI	Providence	Roger Williams Hospital	No	yes	told to try later
RI	Providence	Roger Williams Hospital	No		
RI	Providence	Roger Williams Hospital	Yes		nurse came by
RI	Providence	Roger Williams Hospital	No		was told to wait
RI	Providence	Roger Williams Hospital	No		was asked if her child could translate
RI	Providence	Rhode Island Hospital	No		another patient said that there was a phone translation process
RI	Providence	Rhode Island Hospital	Yes		told to wait 2 hours
RI	Providence	Rhode Island Hospital	No		another patient offered to translate
RI	Providence	Rhode Island Hospital	No		
RI	Providence	Rhode Island Hospital	No		was asked in English if the child could translate
RI	Providence	St. Joseph's Hospital	No		was asked to wait
RI	Providence	St. Joseph's Hospital	No		was asked if a relative could speak English
RI	Providence	St. Joseph's Hospital	Yes		a Spanish speaking nurse helped her
RI	Providence	St. Joseph's Hospital	No		told to try back later
RI	Providence	St. Joseph's Hospital	No		