WASCLA Policy Research and Analysis: Language Access in Washington Healthcare Services

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About WASCLA

- *WASCLA's mission is to eliminate language barriers that prevent individuals from accessing essential services and seek to build collaborative efforts.
- We promote equity in communication so that immigrants, refugees, and individuals who are Deaf or Hard-of-Hearing, grounded in our commitments as a state and nation where all are welcome and can thrive, by:
 - Promoting policies that increase awareness of language access rights
 - Educating government and private sector organizations on responsibilities
 - Hosting public discussions
 - Creating and sharing best practices for serving community needs

Website: www.wascla.org



What WASCLA Does

- Language Access Update calls for discussions & sharing
 - ☐ Next call: June 26, 202411 am 1 pm on Zoom
- Bimonthly newsletter
- Online resource library
- Interpreter & Translator Directory

- Convenings:
 - Community Conversations
 - □ Summits 2005-2019
- Policy analysis, public advocacy
- Consultation and training

Contact us at: info@wascla.org

Visit our website and join our mailing list https://www.wascla.org/



Our Approach

- Core language access questions:
 - Equitable access to services?
 - How are people being served?
 - Are the services effective?
- Methods
 - Education
 - Collaborations
 - Research + Analysis
 - Dissemination of findings
 - Action steps





Language Access Rights and Responsibilities

- * Federal and state laws require all recipients of federal funds (called "covered entities") to provide language services during all hours of operation and at all points of service.
- *The laws apply to all the programs and services of public and private covered entities, including hospitals, clinics, government health agencies, insurance companies, pharmacies, research centers, and other healthcare providers.



Civil Rights Act of 1964, Title VI

No person shall "on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance."

Title VI, 42 U.S.C. 2000d

- Regulations require recipients of Federal financial assistance
 - To "ensure meaningful access to their programs and activities by persons with limited English proficiency."

28 CFR 42.104 (b)(2)

Forbids recipients from "utilizing criteria or methods of administration which have the effect of subjecting individuals to discrimination because of their race, color, or national origin..."

28 CFR 42.104(b)(2)





SCOTUS: Language as an Aspect of National Origin

Language Rights are Civil Rights



Lau v. Nichols, 414 U.S. 563 (1974)

- Established that conduct by programs/activities receiving federal funding that have a disparate impact on people with Limited English Speaking (LEP) constitutes national origin discrimination under Title VI.
- "The failure of the San Francisco school system to provide English language instruction to approximately 1,800 students of Chinese ancestry who do not speak English, or to provide them with other adequate instructional procedures, denies them ameaningful opportunity to participate in the public educational program and thus violates 601 of the Civil Rights Act of 1964, which bans discrimination based 'on the ground of race, color, or national origin,' in 'any program or activity receiving Federal financial assistance.""



Source: U.S. Department of Education, 2015

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What do We Know about Healthcare Language Services in WA?

- ….Interpretation of Title VI of the Civil Rights Act of 1964 and subsequent mandates require federally funded health care institutions, including hospitals, to provide language services to patients with limited English proficiency. …. Nonetheless, the offering of language services remains inconsistent: Fewer than two out of three US hospitals provided language services to patients living in their service areas in 2013.
 Schiaffino MK, Nara A, Mao L. Language Services In Hospitals Vary By Ownership And Location. Health Aff (Millwood). 2016 Aug 1;35(8):1399-403. https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2015.0955
- Almost 10 years later, with a few notable exceptions, information about language services provided by public and private health programs, hospitals, health systems, and clinics is limited



Washington by the Numbers

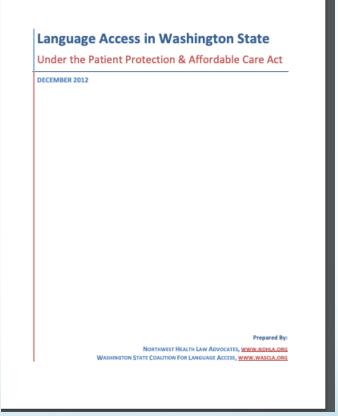
- ❖ WA population 2022: 7,785, 786
 - ❖1 in 7 residents are immigrant or refugees 14% of the population or 1,090, 010 people
 - ❖1 in 5 or residents over age 5 report speaking a language other than English (LOTE) at home 20% of the population or 1,579,778 people.
 - ❖Of people who speak an LOTE at home, at least 8% of residents, or more than 580,000 people report having limited ability to speak English
 - ❖Over 200 different languages or dialects are spoken, with the languages spoken varying by locale.
- ❖ Data from Census and American Community Survey are considered a very conservative estimates, and not a sole resource about community language access needs



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Language Access for ACA Implementation in WA

- The three parts to this brief offer tools for Washington State to undertake this work:
 - Part I: Describes why shifting demographic trends mean that strong language services will be critical to successful ACA implementation in Washington State.
 - Part II: Outlines the language access standards in the ACA and accompanying regulatory guidance, offering recommendations for how the state could comply with these federal laws.
 - Part III: Suggests additional steps the state should take to meet and improve these standards to ensure meaningful access for residents with LEP.



https://apps.wascla.org/embedded-library/item.456370-Language_Access_in_Washington_under_the_Patient_Protection_Affordable_Care

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Education on Language Access Rights and Provider Responsibilities





Know Your Rights Flyer

30 written languages

ISpeak Cards

Represent 31 spoken languages

I speak Spanish and need the help of an interpreter to talk with you.

Hablo español y necesito la ayuda de un intérprete para comunicarme con usted.

Washington State Coalition for Language Access www.wascla.org

Front

You can get an interpreter at no cost to talk to the doctor and staff at hospitals, clinics, and medical offices.

An interpreter speaks English and [name of language] fluently and is trained in medical words to make sure that you and your doctor get the right information.

Back



Language Services in the WA Medicaid Program

- Healthcare Authority Interpreter Services Data Dashboard https://www.hca.wa.gov/about-hca/data-and-reports/interpreter-services-data-dashboard
 - Shows interpreter requests and status after an interpreter is assigned to scheduled appointment
 - Understanding the data dashboard from a public health perspective:
 - Not all WA providers register & participate in the HCA interpreter services (IS) program
 - Registered providers may utilize the program only for certain languages due to limited scope of languages available in the interpreter pool: 48 of 200+ languages in WA
 - No information on if or how interpreters are provided when requests are unfilled or not completed
 - No data on patient ages, types of care/ services provided, or sites of service other than county



Policy Research > New Collaborations

Seeking more information, WASCLA conducted literature review on health outcomes for clients of WA Medicaid whose primary language is not English, led to connecting with research group.

Researchers found that among WA children who had suffered traumatic brain injuries and were covered by WA Medicaid, Latino patients were not recovering as well as their White counterparts with the same diagnoses and insurance. Seeking reasons, their study learned that less than 20% of providers of rehabilitation-related services would accept patients from Spanish-speaking families who needed interpreter services.

Moore, M.et.al. Availability of Outpatient Rehabilitation Services for Children After Traumatic Brain Injury: Differences by Language and Insurance Status. Am J Phys Med Rehabil. 2016 Mar;95(3):204-13. https://pubmed.ncbi.nlm.nih.gov/26259055/

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Language Access Research for Community Health

LARCH: Addressing the Links between Language Access and Health in Washington State



Collaborative effort between investigators at WSU, UW, the Interpreter Services
 Department at Harborview Medical Center and WASCLA











- Two grants from Latino Center for Health, University of of Washington
- Conference presentations: WASCLA Summits. 2016-2019, American Public Health Association 2020
- Research and publications

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Notices of Language Services on Hospital Websites

- A 2019 survey WA hospitals websites revealed that only 20% had language services information on their homepages, and almost only in English. Finding any information about language services often required navigation through multiple pages in English. Only 10 hospitals had any portion of their website translated, and only in 4 languages: Spanish, Japanese, Korean, Russian.
 - Graves, JM; Moore, M; Gonzalez, C; Ramos, J; Nguyen, L; Vavilala, MS. (2020) Too Little Information: Accessibility of Information About Language Services on Hospital Websites. J Immigrant Minority Health.

Language Services Survey of WA Healthcare Providers

Summary of Findings

3,033 practicing medical providers in Washington State



1,458 MDs/NPs



981 Pharmacists



594 Dentists

Patient languages

- 89% of providers have seen LEP patients in the last month
- Top 5 languages:

 Korean, Spanish,

 Amharic, Vietnamese,
 Tagalog

Language assistance techniques

- 76% use patients' family/friends to interpret
- 62% use children of patients
- 64% use bilingual staff
- ~50% use professional interpreting services
- 35% use a digital tool to communicate w/LEP patients

Provider demographics

- 62% female
- 71% White; 18% Asian
- 42% bilingual
- Top 5 languages: Spanish, French, German, Mandarin, Vietnamese

Gonzalez, C, Graves, J, Ramos, J, Vavilala, M, Moore, M. (2024):

Language access research for community health: provider perspectives on language access techniques and the role of communication technology, *Journal of Communication in Healthcare*, DOI: 10.1080/17538068.2023.2237351

Lessons from the Pandemic Community Level Data is Essential



During the COVID-19 pandemic, once accompanying persons were not permitted at patient appointments in Yakima's hospital system, there was a 300% increase in requests for

Spanish interpreters. Requests often went unfilled due to a lack of qualified interpreters.

Ochoa, S. Spanish interpretation services are a critical part of health care in the Yakima Valley. Yakima Herald, April 16, 2023. https://www.yakimaherald.com/news/local/spanish-interpretation-services-are-a-critical-part-of-health-care-in-the-yakima-

valley/article 04158b08-c76f-11ed-bcc8-973f4d2be93d.html

WASCLA and Northwest Regional Telehealth Resource Center, Language Access and Telehealth in Washington:Lessons from the Pandemic Webinar #1. February 2021.

❖ In current Census reports, over 52% of Yakima County residents identified as Hispanic/Latino and 41% reported speaking Spanish at home, of whom 16% reported speaking English "less than well". At least 45% of Yakima County residents, or some 100,000 people are enrolled in Medicaid.

*2022 Community Health Needs Assessment, Multicare Yakima Memorial Hospital 2022 Community https://www.multicare.org/wp-content/uploads/2024/05/yakima-chna-2022.pdf.

Eastern Washington University, EWU Community Indicators Project: Medicaid, EWU Community Indicators Project https://yakimavalleytrends.org/graph.cfm?cat_id=7&sub_cat_id=4&ind_id=5#:~:text=During%202022%2C%20the%20total%2 Oestimated,increasing%20from%2025.9%25%20in%202010.

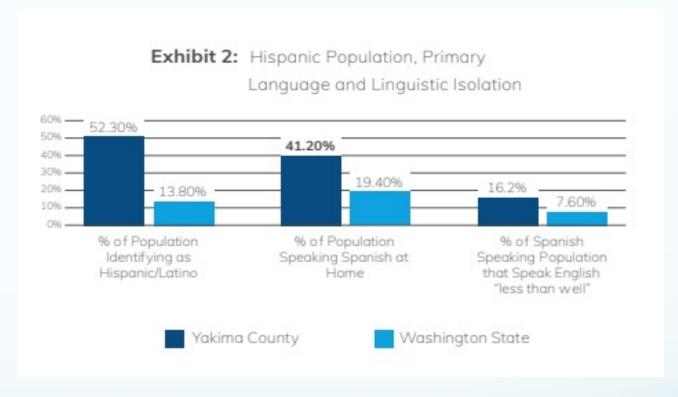




Yakima County Language Data



https://en.wikipedia.org/wiki/Yakima_County,_Washingt on



2022 Community Health Needs Assessment MultiCare Yakima

https://www.multicare.org/wp-content/uploads/2024/05/yakima-chna-2022.pdf

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New Approaches Needed to Meet Challenges

- A study to identify barriers to care and other needs in advance of new state health insurance plans for uninsured residents starting in July 2024, found that for low-income undocumented respondents, besides major concerns about the costs of care, > half reported that no interpreters were available when they sought medical care.
 - Latino Community Fund and Northwest Health Law Advocates. <u>Landscape Scan of Barriers to Obtaining Health Coverage among Latino Immigrants</u>, 2023. https://nohla.org/wordpress/wp-content/uploads/2023/02/LCF Landscape Scan HBE 2023.pdf
- After DSHS stopped testing of medical interpreters in 2022, it has become more difficult for individuals to obtain DSHS interpreting credentials through national testing. But despite the need to grow our interpreter pool and a 2023 workgroup convened on the issue, to date there has been no resolution to the situation.
- Considering a statewide Office of Language Access for Washington



Thank you!

Questions? jramos@wascla.org

Contact WASCLA: info@wascla.org

Join us for the next WASCLA Language Access Update call on Weds. June 26 from 11 am – 1 pm. Register at:

https://us02web.zoom.us/meeting/register/tZwsduqqpz8rGdeb7zokHfrxK7tmJiGT8 FmM?mc_cid=4b0b8de106&mc_eid=155280241a#/registration

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