Language Access Toolkit

2022

Yamhill Community Care

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Introduction

1 in 10 U.S adults has limited English proficiency (LEP) (Eneriz-Wiemer et al. 2014). Individuals with LEP or other communication needs who aren't given the necessary language accommodations can experience a multitude of potential issues such as miscommunication or frustration, which can cause disease mismanagement or worsened health outcomes. Individuals with LEP are more likely to forgo needed medical care and less likely to see a doctor (Shi et al. 2009). There are a variety of federal rules, contract regulations, and civil laws which require providers to ensure adequate and free language services to those who need them.

The **main points** of this document are:

- Providing meaningful language access is essential to increasing health equity and overall health outcomes.
- This toolkit is meant to be a guide to best practices and a source of information about language assistance services.

Importance of Language Access

Who is impacted by language access limitations?

- **Limited English Proficiency:** refers to an individual who, due to place of birth or culture, speaks a language other than English, and does not speak English with adequate ability to communicate effectively.
- **Hard of Hearing:** hearing loss ranging from mild, moderate, severe, or profound. Individuals usually communicate through spoken language and can use hearing aids, cochlear implants, captioning, and other methods. It can be more difficult to identify people who are hard of hearing, as they themselves may not know.
- People who are **Deaf** have profound hearing loss, where they have little or no hearing. Sign language is their most common communication method.
  - American Sign Language and other signed languages are their own languages, not English with signed gestures.
- **Limited vision or blindness:** a person whose vision is impaired even with correction, or they have a limited field of vision.
- **Limited Health Literacy:** those with limited capacity to obtain, process, communicate, and understand basic health information and services needed to make health decisions.

What are the different accommodations for language limitations?

A **Health Care Interpreter** (HCI) refers to an individual who is readily able to:

- Communicate between a person with limited English proficiency and others who are speaking English
- Sight translate written documents into spoken or sign language

A **Traditional Health Worker** (THW) works in a clinical or community setting to support and advocate for individuals' health needs. THWs may be bilingual but are not Health Care Interpreters unless they are separately certified as HCIs.

Written language accommodations can include printing materials in different languages, large print, Braille, utilizing icons and imagery, and modifying documents' reading levels.

This guide will support you in understanding your patients' language needs, accessing the right services, and complying with federal and state requirements.

How do language limitations affect an individuals access to care?

People with limited English proficiency or who communicate in sign language are often unable to interact effectively with healthcare providers. This population of people face barriers to care. They may:

- be excluded from health care services,
- experience delays or denial of services,
- or receive services based on information that is inaccurate or incomplete.

Furthermore, a lack of competent healthcare interpreters among providers hinders the communication of clear and accurate information between providers and patients, and patients may mismanage their own health care when they do not understand diagnoses, prescriptions, or instructions.

How Language Affects Quality of Care

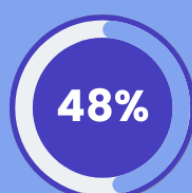
People with limited English proficiency are:

- more likely to forgo needed medical care
- less likely to see a doctor

"1 in 10 US adults has limited English proficiency (LEP)."

People with both LEP/low health literacy reported the highest prevalence of poor health, followed by limited English proficiency.

People who could hear were almost **2x** more likely to get doctor's appointments than patients who were deaf.



For patients who were deaf, 48% of appointments were associated with a request for interpretation.

2 in **5** people who were Deaf or Hard of Hearing had difficulty understanding a medical situation due to lack of accommodation.

1. Shi L., Lebrun L. A & Tsai J. (2009) The influence of English proficiency on access to care, Ethnicity & Health, 14:6, 625-642.
2. Eneriz-Wiemer, M., Sanders, L. M., Barr, D. A., & Mendoza, F. S. (2014). Parental limited English proficiency and health outcomes for children with special health Care needs: A systematic review. Academic Pediatrics, 14(2), 128-136.
3. Sentell, T., and Braun K. L. (2012) Low Health Literacy, Limited English proficiency, and health status in Asians, Latinos, and other racial/ethnic Groups in California, Journal of Health Communication, 17:sup3, 82-99.
4. Schniedewind E, Lindsay RP, Snow S. (2021) Comparison of access to primary care medical and dental appointments between simulated patients who were deaf and patients who could hear. Jama Netw Open. 4(1):e2032207.

Why offer quality language services?

The National Center for Cultural Competence identifies the following reasons for why offering culturally and linguistically appropriate services is necessary:

1. To respond to current and projected demographic changes
2. To eliminate long standing disparities in the health status of people from diverse racial, ethnic, and cultural backgrounds
3. To improve quality of services provided and primary care outcomes
4. To meet legislative, regulatory and accreditation mandates
5. To gain competitive edge in the marketplace
6. To decrease the amount of liability/malpractice claims

Research shows that trained, qualified interpreters can:

- Reduce medical (and other) errors
- Enhance quality of care and service
- Improve patient and client satisfaction
- Reduce costs
- Enhance understanding of written communications
- Lower the rate of hospital readmissions

Health Equity and Civil Laws

Listed below are the Health Equity and Civil Laws requiring adequate language access.

Civil Rights Act

Title VI of the Civil Rights Act and the ACA prohibits discrimination in programs and activities receiving Federal financial assistance.

- Any entity receiving federal financial assistance such as Medicaid dollars has an obligation to provide meaningful access to care.
- This requirement extends to all parts of a recipient's operations, even if only one part of the recipient receives the federal assistance. See HHS LEP Guidance Document.[1]

[1] A guidance document from the Department of Health and Human Services (HHS) regarding Limited English Proficiency.

Americans with Disabilities Act (ADA)

The ADA requires all health care providers to make reasonable modifications in policies, practices and procedures when necessary to serve or provide accommodations to people with disabilities.

- OAR 410-141-3515(12)(e) requires CCOs and DCOs to comply with ADA requirements in providing access to covered services and arrange for services to be provided by non-participating providers when necessary
- OAR 410-141-3810(4)(e)(A) requires CCOs and DCOs to ensure that providers and staff are educated about making disability accommodations
- OAR 410-120-1380(1)(c)(A)(III) requires all providers and subcontractors to ensure compliance with ADA requirements when providing health care services to OHP members.

- OAR 943-005-0060(1)(c) requires all OHA contractors and subcontractors to establish non-discrimination and reasonable modification policies. Section 5 of this rule also requires timely and meaningful notification to individuals about these policies.
- Title II of the ADA applies to public hospitals, clinics and health care services operated by state and local governments.
- Title III of the ADA applies to privately-owned and operated hospitals, clinics, and health care providers.

National Standards for Culturally and Linguistically Appropriate Services (CLAS)

Oregon Administrative Rule (OAR) 410-141-3515(12)(d) requires managed care entities (CCOs and DCOs) to ensure all services are provided according to National CLAS Standards.

This means all health services, including telemedicine services:

- **Are culturally responsive:** By providing 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. Providers must demonstrate awareness of cultural differences and similarities, and the effects on members' care.
- **Provide meaningful access to language services** as required by Title VI of the Civil Rights Act, the ADA, Section 1557 of the Affordable Care Act, and corresponding regulations 45 CFR Part 92 (Section 1557).
- **Are provided in an equitable and inclusive manner**, without regard to race, color, religion, national origin, sex, age, disability, English proficiency, or economic status. See the U.S. Department of Health and Human Services (HHS) Office of Civil Rights Action Bulletin.

There are **15 CLAS standards** which provide a guideline on how to provide equitable health care.

More information is available on page 25.

Meaningful Language Access

In accordance with the **Civil Rights Act – Title VI & ACA 1557, Oregon Administrative Rule (OAR) 410-141-3515(12)(d), and the ADA**, Providers, CCOs, and DCOs must ensure all services, including telehealth/telemedicine services, preserve meaningful access to language services.

Interpreter services must be free, timely, and protect the privacy and independence of the individual with LEP. The interpreter must be a certified or qualified HCI who can be:

- An interpreter on OHA's HCI registry or
- Any other interpreter that meets the qualification required by the state and federal law

How can my program report that I am meeting Language Access requirements?

Report language services that are provided by qualified or certified HCIs by using the **HCPCS Code T1013** or **CDT Code D9990** for dental visits.

Using these codes helps to document or demonstrate the provision of care that meets meaningful language access requirements.

Best Practices

Written Materials

Printed materials should follow a similar standard to ensure readability and accessibility.

They should be written:

- At a **6th grade reading level or lower**
  - **Microsoft Word's Flesh Kincaid** provides information about the reading level and readability scores
- At **12-point font or larger**, especially for people who have weaker vision
- In **Sans Serif fonts** such as **Arial** or **Calibri**

Did you know? Oregon Statute 689.561 requires pharmacies to offer an audio prescription reader to patients, and ORS 689.564 requires pharmacies dispense prescription drugs with a label in English and another requested language.

Check with patients that they understand their drug instructions!

Organizations should also reflect the most used languages in their service area in their signs, materials, and multimedia resources.

Refer to page 32 for more detail about **CLAS standard 8.**

CLAS standard 8 provides some strategies for providing easy-to-understand materials and signage:

- Create a best practices document for clear communication and formalized process for translating materials
- Train staff to create and identify easy-to-understand materials with processes to re-evaluate and update materials
- Create forms that are easy to fill out and offer assistance in completing them
- Develop materials in alternative formats for people with communication needs

Here are additional resources and information about Language Assistance services and translation guides for clear and effective materials.

Training Staff

Staff who are the initial point of contact for individuals with LEP should be fully aware and trained in the use of language services, policies, and procedures.

- **Develop workflows** to ensure patients with language needs are flagged in the Electronic Health Record or can be identified in chart review before appointments
- **Information on how to contact and schedule** an interpreter should be easily available for staff to reference[2]
- Consider providing **a script** for staff to ensure they inform individuals about language services
  - Provide a list of "**I Speak**" cards that can be clearly viewed to help patients notify staff of their language needs

For example, front staff or appointers may say, "You can have language support or other assistance during your appointment today. Do you need an interpreter to speak in a language other than English, or any other accommodations today?"

[2] Refer to our **vendor guide** on page 15 or see our printable 1 page **Provider Guidance**.

Preferred Language Cards

Staff who are the initial point of contact for individuals with LEP should be fully aware and trained in the use of language services, policies, and procedures.

Communication and Accommodation Card

Oregon Health Authority | Office of Equity & Inclusion

OHA 8135 Communication and Accommodation Card (rev 2/2018)

I am Deaf, Deaf-Blind or Hard of Hearing

I need effective communication and accommodation services:

- ☐ American Sign Language (ASL) Interpreter
- ☐ Deaf Interpreter for DeafBlind and Deaf with additional barriers
- ☐ Communication Access Realtime Translation (CART)
- ☐ Assistive Listening Devices (ALDs)
- ☐ Other: ______________________

Please note this language in my permanent records.

This is an example of an "I Speak" card for an individual who is Deaf, Deaf-Blind, or Hard of Hearing.

OHA has created Language Card templates that are business-sized cards that can be carried in an individual's wallet. Here is the list of templates and printing instructions.

Language Access Requirements

Providers can ensure that telehealth/telemedicine modalities preserve the quality of interpretation services by:

- Working with qualified and certified HCIs
- Adhering to standard practices for choosing and working with interpreters on the phone
- Verifying that the quality of all video remote interpretation services is in compliance with American Sign Language (ASL) Video Remote Interpreting (VRI) requirements

Documentation

YCCO records and documents Language Access data quarterly and annually to OHA including:

- Submission of an annual Language Access Report
- Collection and reporting of language access and interpreter services quarterly
- Reviews of Grievances and Appeals related to communication and access

Providers should collect the following information to help data collection:

- Submits an annual Language Access Assessment
- Whether members refused interpetation services
- Use of language assistance services (i.e interpreters and translators)
- Reviews Grievance and Appeals related to communication and access
- Number of bilingual and sign language staff/providers'
- Cost of interpreter services
- Cost of translation of materials
- Policies regarding language service use
- Training for staff and providers on language services, LEP individuals, cultural competency, and accessibility

Working with an Interpreter

Interpretation vs. Translation

Interpreters communicate culturally accurate **spoken ideas** from one language to another, while translators communicate culturally accurate **written ideas** from one language to another.

However, interpreters and translators have distinct skill sets and require specific training to be considered healthcare interpreters and translators. Being Bilingual does not make one proficient in either translation or interpretation.

A **Health Care Interpreter** (HCI) refers to an individual who is readily able to:

- Communicate between a person with limited English proficiency (LEP)
- Accurately interpret the oral statements of a person with LEP, or the statements of a person who communicates in sign language, into English;
- Sight translate documents from a person with LEP;
- Sight translate documents in English into the language of the person with LEP.
  - "Sight translate" means to translate a written document into spoken or sign language; usually sight translation is used with shorter documents.

Role of the Interpreter

The main role of an interpreter is to communicate and ensure that the patient can communicate with a 3rd party in their language. Other roles they have are:

- To **clarify** information that has been relayed, and
- Being a "**cultural broker**", which is a lesser but key role as communication can break down quickly if there is an unknown cultural factor

Types of Interpretation

There are **4 types of interpretation:**

1. In-person
2. Video Remote (VRI)
3. Sight Translation
4. Phone

1. **In-person Interpretation** is the best method when there is a lot of interaction and a need for high quality of service.
2. **Video Remote Interpreting (VRI)** is the second-best method as the patient can get nonverbal feedback and when access to an interpreter is not locally available. It has the same structure as in person but is different as it requires slightly more organization such as working equipment and an established agency or vendor who can provide those services.
3. **Sight Translation** conveys the content of a written document into one language orally in a different language.
4. **Phone Interpreting** is more limited but still effective for immediate access.
   - Reminder: American Sign Language (ASL) is a visual language, therefore Virtual Relay Interpreting does not work well with people who are Deaf, as eye contact and body language are important factors they use to communicate.

Telehealth Interpretation

Providers can ensure that telehealth/telemedicine modalities preserve the quality of interpretation services by:

- Working with qualified and certified HCIs
- Adhering to standard practices for choosing and working with interpreters on the phone
- Verifying that the quality for all video remote interpretation services comply with ASL VRI requirements

Applying CLAS Standards to Health Care Services

Examples of situations that may not be appropriate for a telehealth/telemedicine appointment include when:

- There is a need to discuss complex diagnoses or sensitive or emotionally charged topics
- The patient has difficulty with using telemedicine technology
- The patient needs another person in the room to manage the technology

Quality Interpretation Language Service Providers

The following vendor has Certified and Qualified Interpreters that YCCO contracts with. Call and provide day and time for interpretation, YCCO member ID, language need, and background information.

Passport to Languages

Try to schedule in advance

On-demand video available

503-297-2707, (800-297-2707)
Fax: 503-297-1703

erik@passporttolanguages.com
https://www.passporttolanguages.com/

Have additional questions? Contact: providerrelations@yamhillcco.org or call 971-261-1907

Types of Interpretation

There are two styles of interpreting:

1. Consecutive

This is the most common style where the speaker relays ideas and pauses while the interpreter conveys those ideas, and vice versa. This method is best for:

- One-on-one or with small groups
- Session is highly interactive
- Conveying sensitive or highly impacting information

2. Simultaneous

This style is when the speaker continuously speaks while the interpreter continues to communicate ideas without pausing. Two or more interpreters are usually present to allow breaks for one another during a long session. This method is best for:

- Targeting large groups
- Limited interaction with the audience
- Limited times for quantities of information

How to work with an Interpreter

This section will provide an overview on how interpreters should plan and work with an interpreter. The information below is referenced from this [Mindlink video].

Before a session

Providers should consider and plan a few things before meeting with a patient. Staff or providers should, as part of a chart review:

- Determine in advance if an interpreter is needed, as they are scarce and can be far (especially in rural areas)
- Determine if the topic being discussed during the appointment is extremely technical or involves potentially emotionally charged information or diagnoses
- Provide interpreters with as much information as possible such as any relevant documents, diagnoses, background information, etc.

When meeting with the interpreter, providers should provide an introduction:

- State your role in relation to the session, and
- Share any changes to planned activities or information

Additionally, provide a summary:

- Of goals you wish to achieve this session so the interpreter knows what the session will be about
- Share any information or concerns that may impact the flow of communication, such as any emotionally charged news so the interpreter can make mental preparation

Here are a few guidelines for the pre-session interview

1. Ensure confidentiality

Including any information shared and notes taken. Some interpreters take notes to help them remember ideas. They will discreetly dispose of these after the session, either at the site if allowed or on their own. They are part of the patient team, so they will ensure confidentiality just like the provider.

2. Speak directly to the patient

The interpreter will speak on behalf of the patient, as if the subject were speaking and refer to themselves in 3rd person.

For example, if the patient says that “My tooth hurts.”, the interpreter will also say “My tooth hurts” instead of, “The patient says their tooth hurts.” The provider should also address the patient directly instead of stating, “Tell them…”.

Furthermore, when speaking, refrain from using acronyms the provider may only know and idioms to decrease confusion.

3. To ensure flow of the conversation

Speak one at a time and in short ideas (around 1 to 7)

- This allows the interpreter to speak to the patient and to maintain accuracy in their interpretation.

The interpreter will raise their hand to ask for clarification or make a suggestion

- The interpreter, as a cultural broker, may notice a question as culturally inappropriate and suggest the provider ask a different one or provide guidance on how to ask about that subject. The interpreter will not demand but their role is always to suggest the best approach in communicating.

Be patient in communicating ideas, especially regarding the patient's culture.

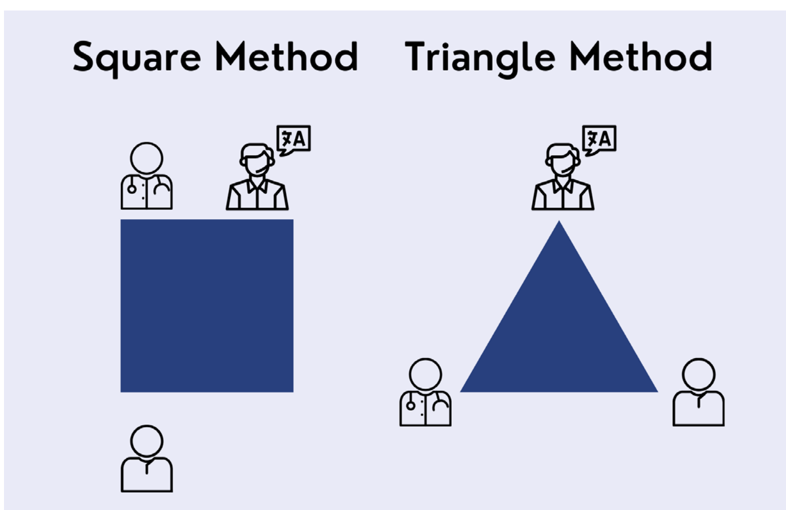
- The patient may not understand what is being communicated immediately.
- For example, it may take a few moments to clarify that the provider is not trying to change the patient's lifestyle but to establish healthy habits.

4. Accuracy and completeness

- Any message will be interpreted accurately to reflect tone and register, the interpreter will try to use slang if the patient uses it too.
- All communication spoken within the room will be interpreted, even if the provider is speaking to themselves.

5. Recommended interpreter positioning

The interpreter should be in a position that does not bring attention to themselves and promotes communication between two audiences.



The best position is the **square method** where the interpreter is next to one party, this can be either the provider or the patient.

The **triangle method** can also be used where the interpreter is off to the side.

Avoid using a line where the patient is positioned in the middle of the provider and interpreter as this can disturb flow from the patient looking back and forth.

During a session

Keep in mind to:

- Speak to the other party and not the interpreter
- Maintain eye contact but if the interpreter is taking notes, they may not look at you
- Allow the interpreter to complete interpreting before continuing
- Refrain from having side conversations, as the interpreter's role is to interpret them as well
- Be aware that the interpreter may bring your attention to any culturally sensitive information

After a session

Providers can:

- Ask the interpreter if they could have done anything differently
- Give constructive review; if the interpreter did well, let them know!
- Ask the interpreter to stay longer if needed, although they usually have a tight schedule

Cancelled Appointments

Many HCIs are not paid when appointments are cancelled. The direct and indirect costs to interpreters when this happens, especially for appointments cancelled within 24 hours, creates significant financial pressure and little time to schedule replacement appointments.

Interpreter agencies generally do not receive payments for cancelled appointments. Therefore, paying interpreters for at least one hour of work for such instances is important. Consider instituting a two-hour minimum payment as most interpreters are required to prepare or travel before their appointments; preparation can be as long as the appointment itself.

Certified/Qualified Health Care Interpreters (HCI)

What is a Certified/Qualified Health Care Interpreter?

Certification and qualification are standards for HCIs set by the Oregon Health Authority (OHA). Their purpose is to ensure quality interpretation services for individuals with limited English proficiency (LEP) and to be recognized as a HCI as an essential part of the medical team.

The main differences between Certification and Qualification are:

- **Certification** requires a written and spoken exam while **Qualification** does not
- Certification is only available in Oregon in certain spoken languages, while Qualification can be done for any language. Certifiable languages are: Spanish, Russian, Arabic, Cantonese, Mandarin, Vietnamese, Korean, and Sign Language.

An individual can choose to become qualified for a certifiable language however, at the four-year renewal mark, they will be required to transition to certification (except Vietnamese).

Importance of a Certified/Qualified Interpreter Vs. Family/Friend

Some LEP persons may feel more comfortable when a trusted family member or friend acts as an interpreter. However, the LEP person should be made aware that they have the option of having an interpreter with no charge or using their own interpreter.

Family members (especially children) or friends are not competent to provide quality and accurate healthcare interpretation. Family members or friends are not recommended as interpreters because of:

- Potential issues regarding confidentiality, privacy, or conflict of interest
- Medical terms and knowledge that could lead to incorrect treatment
- Inaccurate interpretation
- Heavy or complex topics such as surgery can be hard for children to convey

Do you have bilingual staff?

Many providers use bilingual staff to meet interpreting needs. However, most bilingual staff have either not completed HCI proficiency training or have not met the language proficiency requirements which can lead to potential risks and consequences.

57% of providers said their bilingual staff performed health care interpreting. Only **40%** of providers said their bilingual staff had not received the required OHA training, and **28%** said they were unsure (Wilson, n.d.).

Therefore, bilingual staff should be encouraged to become qualified or certified interpreters. This is beneficial to the provider by:

- Decreasing the time needed to find or request a HCI
- Quick availability of a HCI for in-person appointments
- Decreasing travel distance for a HCI if the provider or patient is in a more rural location
- Ensuring quality of interpretation services and meeting health equity and civil laws

Additionally, some of the benefits of certification or qualification are:

- More opportunity to receive work offers as HCI are in high demand
- Higher compensation rate
- Provide higher quality care to the LEP community

Refer to this video on how to become a HCI for more information.

A few ways to encourage bilingual staff are:

- To encourage training during work hours or offer pay on off hours
- To provide differential pay for their language skills and interpretation services
- To connect with other providers to get interpreter training in more rural areas
- To provide resources on financial assistance for training*

*Information about financial assistance is available in the next section 'How to Become a Certified/Qualified HCI'

How to Become a Certified/Qualified HCI

Meet the Requirements

Here is a list of Health Care Interpreter Requirements.

These include:

1. Completing **60 hours of health care interpreter training** that is approved by Oregon Health Authority (OHA), which include a minimum of:
   - 52 hours of integrated medical terminology, anatomy and physiology, introductory health care interpreting concepts and modes; and
   - 8 hours of Health Care Interpreting Ethics

   a) Here is a list of approved testing centers and programs

   b) Financial assistance is available! HCIs can apply for federal funding from a WorkSource Oregon center to pay for tuition and potentially other costs.[3]

[3] Click the links below to:
i) Find a **WorkSource** location
ii) Fill out a **scholarship application for OHCIA**

2. **Proof of proficiency in English and target language.**

   Language proficiency can be proven by:
   - Using a proficiency test over the phone at Language Line or Language International

3. **Provide High School Diploma or Higher Education** in languages you will be interpreting in

4. **Proof of Interpreting Experience**
   - Qualification: at least 15 hours
   - Certification: at least 30 hours

5. For Certification: pass the National Certification Exam

- There are two options:
    1. National Board of Certification for Medical Interpreters (NBCMI)
    2. Certification Commission for Healthcare Interpreters (CCHI)
- If an applicant needs accommodations because of a disability, they may apply to the testing center for accommodations

Choosing a Certification Exam

You have a choice of completing your certification exam at either the National Board of Certification for Medical Interpreters (MBCMI) or the Certification Commission for Healthcare Interpreters (CCHI). They both have comparable exam content and pricing with individual benefits in offered languages, testing locations, etc.

For more information, visit their websites:

National Board of Certification for Medical Interpreters
Certification Commission for Healthcare Interpreters

OHCIA complied fact sheets regarding each exam:

NBCMI Exam Costs and Process
CCHI Exam Costs and Process
NBCMI/CCHI Comparison

After Meeting the Requirements

1. Complete the Background Check Process after submitting your application
2. Send your Initial Application to:

Health Care Interpreter Program
Office of Equity and Inclusion
421 SW Oak St. Suite 750
Portland, Oregon 97204

Fax: 971-673-3378
Email: HCI.program@dhsoha.state.or.us

Steps for Renewal

All Oregon State approved HCI letters (Certified or Qualified) are valid for 4 years before interpreters must renew them.

You can refer to this page for Health Care Interpreter Renewal

National CLAS Standards

The Blueprint

The Blueprint for Advancing and Sustaining CLAS Policy and Practice is an implementation guide to help individuals and health care organizations to better understand the CLAS standards and how to incorporate them into their services. All 15 Standards are necessary components in advancing health equity, improving quality, and helping to eliminate health care disparities. Therefore, ensuring that all 15 Standards are implemented in health and health care organizations is strongly recommended.

Below is a list of possible implementation strategies for the 15 standards:

1. **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 methods.

   The ultimate aim in adopting the rest of the Standards is to achieve Standard 1. If Standards 2 through 15 are achieved and maintained, then organizations will be better positioned to achieve the desired goal of the Principal Standard.

2. **Advance and Sustain Governance and Leadership that Promotes CLAS and Health Equity** through policy, practices, and allocated resources.

Strategies for Implementation:

The following are possible implementation strategies for advancing and sustaining governance and leadership that promotes CLAS and health equity:

From the National Quality Forum (2009):

- Create and sustain an environment of cultural competency through establishing leadership structures and systems or embedding them into existing structures and systems.
- Identify and develop informed and committed champions of cultural competency throughout the organization in order to focus efforts around providing culturally competent care.
- Ensure that a commitment to culturally competent care is reflected in the vision, goals, and mission of the organization and couple this with an actionable plan.
- Implement strategies to recruit, retain, and promote at all levels of the organization a diverse leadership that reflects the demographic characteristics of the populations in the service area.
- Ensure that the necessary fiscal and human resources, tools, skills, and knowledge to support and improve culturally competent policies and practices in the organization are available.
- Commit to cultural competency through system-wide approaches that are articulated through written policies, practices, procedures, and programs.
- Actively seek strategies to improve the knowledge and skills that are needed to address cultural competency in the organization.

From the Joint Commission:

- Provide internal multidisciplinary dialogues about language and culture issues.
- Create financial incentives to promote, develop, and maintain accessibility to qualified health care interpreters.

3. **Recruit, Promote and Support a Diverse Governance, Leadership, and Workforce** that are responsive to the population in the service area.

Strategies for Implementation:

The following are possible implementation strategies for the recruitment, promotion, and support of a diverse governance, leadership, and workforce:

Recruitment:

- Advertise job opportunities in targeted foreign language and minority health professional associations' job boards, publications, and other media (e.g., social media networks, professional organizations' email Listservs, etc.), and post information in multiple languages.
- Develop relationships with local schools, training programs, and faith-based organizations to expand recruitment base.
- Recruit at minority health fairs.
- Collaborate with businesses, public school systems, and other stakeholders to build potential workforce capacities and recruit diverse staff. Linkages between academic and service settings can help identify potential recruits already in the educational "pipeline" and provide them with additional academic support and resources necessary to meet job requirements.
- Assess the language and communication proficiency of staff to determine fluency and appropriateness for serving as interpreters.

Promotion and Support:

- Create a work environment that respects and accommodates the cultural diversity of the local workforce.
- Develop, maintain, and promote continuing education and career development opportunities so all staff members may progress within the organization.
- Cultivate relationships with organizations and institutions that offer health and human service career training to establish volunteer, work-study, and internship programs.

Other Strategies:

- Promote mentoring opportunities.
- Conduct regular, explicit assessments of hiring and retention data, current workforce demographics, promotion demographics, and community demographics.
- Monitor work assignments and hire sufficient personnel to ensure a manageable and appropriate workload for bilingual/bicultural staff members.
- Use nonclinical support staff in cultural broker positions only after providing sufficient training and recognition (e.g., compensation, job title, or description).
- Promote diverse staff members into administrative or managerial positions where their cultural and linguistic capabilities can make unique contributions to planning, policy, and decision-making.
- Foster an environment in which differences are respected and that is responsive to the challenges a culturally and linguistically diverse staff brings into the workplace.

4. **Educate and Train Governance, Leadership, and Workforce in CLAS,** policies, and practices on an ongoing basis.

Strategies for Implementation:

The following are possible implementation strategies for educating and training governance, leadership, and workforce on CLAS:

- Engage staff in dialogues about meeting the needs of diverse populations.
- Provide ongoing in-service training on ways to meet the unique needs of the population, including regular in-services on how and when to access language services for individuals with limited English proficiency.
- Take advantage of internal and external resources available to educate governance, leadership, and workforce on cultural beliefs they may encounter.
- Allocate resources to train current staff in cultural competency or as medical interpreters if they speak a second language, have completed language assessments, and show an interest in interpretation.
- Incorporate cultural competency and CLAS into staff evaluations.
- Provide opportunities for CLAS training that include regular in-services, brown-bag lunch series, orientation materials for new staff, and annual update meetings.

- Encourage staff to volunteer in the community and to learn about community members and other cultures and work with community leaders and cultural brokers to create opportunities for such interactions.
- Evaluate education and training (see Standard 10)
- Take advantage of live and Web-based health disparities and cultural competency continuing education programs for clinicians and practitioners.

5. **Offer Communication and Language Assistance** to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.

Strategies for Implementation:

The following are possible implementation strategies for offering communication and language assistance:

- Ensure that staff is fully aware of, and trained in, the use of language assistance services, policies, and procedures (see Standard 4)
- Develop processes for identifying the language(s) an individual speaks (e.g., language identification flash cards or "I speak" cards) and for adding this information to that person's health record
- Use qualified and trained interpreters to facilitate communication, including ensuring the quality of the language skills of self-reported bilingual staff who use their non-English language skills during patient encounters
- Establish contracts with interpreter services for in-person, over-the-phone, and video remote interpreting
- Use cultural brokers when an individual's cultural beliefs impact care communication
- Provide resources onsite to facilitate communication for individuals who experience impairment due to a changing medical condition or status (e.g., augmentative, and alternative communication resources or auxiliary aids and services)

6. Inform Individuals of Availability of Language Assistance clearly and in their preferred language, verbally, and in writing.

Strategies for Implementation:

The following are possible implementation strategies for informing individuals of the availability of language assistance:

1. Determine the content and language notice

   Organizations should consider:

   - Notification should describe what communication and language assistance is available, in what languages the assistance is available, and to whom they are available. It should clearly state that communication and language assistance is provided by the organization free of charge to individuals
   - Notification should be easy to understand at a low literacy level

2. Decide how to communicate or provide notice to individuals

   Organizations should consider:

   - **Signage, Materials, and Multimedia:** Organizations should reflect the languages regularly encountered in the service area in their signs, materials, and multimedia resources. For those who may not be literate, information can be conveyed orally or through signage using symbols or pictures.
   - **Cultural Mediation:** Another method for quality communication is the development of a cultural mediation program. A cultural mediator can act as a liaison between the culture of the organization and culture of the individual. Additionally, promoting a health promotion program that includes bilingual staff who train community members to share health and resource information with other community members.
   - **Community Outreach:** Providing notification throughout the community is important for those who may be unaware of the organization or what services they provide. Consider sending notification through local health departments, community-based organizations, faith-based organizations, schools, or other stakeholders.
   - **Initial Point of Contact:** Organizations are recommended to standardize procedures for staff who serve as the initial point of contact for individuals.
     - Can provide staff with a script to ensure that they inform individuals of the availability of language assistance and to inquire if they will need them

    - Multilingual phone trees and voice mail should also be used to inform individuals of language services and how to access them.
- **Non-English Media:** Language assistance services should be publicized availability in local foreign language media such as radio, newspapers, and television

3. Decide where to provide notice to individuals about the availability of assistance

   Organizations should consider:
   - Points of entry or intake, including:
     - Registration desks, front desks, waiting rooms, financial screening rooms, pharmacy reception
     - Areas where clinical work is performed, such as triage and medical exam rooms

7. **Ensure the Competence of Individuals Providing Language Assistance,** recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.

Strategies for Implementation:

The following are possible implementation strategies for ensuring the competence of individuals providing language assistance:

- Assess the individual’s language ability. There exist many options for testing an individual’s ability to communicate in a foreign language. 2 language proficiency scale: the American Council on the Teaching of Foreign Languages scale (ACTFL) and the Interagency Language Roundtable.
- Assess the individual’s language ability. There exist many options for testing an individual’s ability to communicate in a foreign language. 2 language proficiency scale: the American Council on the Teaching of Foreign Languages scale (ACTFL) and the Interagency Language Roundtable.
- Employ a “multifaceted model” of language assistance.
  - Variety of models including bilingual staff or dedicated language assistance (e.g., a contract interpreter or video remote interpreting)
  - Under a multifaceted model, for example, telephonic interpreting will supplement the language assistance provided by bilingual staff to always ensure that language assistance is being provided by competent individuals

8. **Provide Easy-to-Understand Materials and Signage** in the languages commonly used by the populations in the service area.

Strategies for Implementation:

The following are possible implementation strategies for providing easy-to-understand materials and signage:

- Issue plain language guidance and create documents that demonstrate best practices in clear communication and information design.
- Create forms that are easy to fill out and offer assistance in completing forms.
- Train staff to develop and identify easy-to-understand materials and establish processes for periodically re-evaluating and updating materials.
- Formalize processes for translating materials into languages other than English and for evaluating the quality of these translations.
- Develop materials in alternative formats for individuals with communication needs, including those with sensory, developmental, and/or cognitive impairments.
- Test materials with target audiences. For example, focus group discussions with members of the target population can identify content in the material that might be embarrassing or offensive, suggest cultural practices that provide more appropriate examples, and assess whether graphics reflect the diversity of the target community. Organizations should consider providing financial compensation or in-kind services to community members who help translate and review materials.

9. Infuse CLAS Goals, Policies, and Management Accountability Throughout the Organization's Planning and Operations

Strategies for Implementation:

The following are possible implementation strategies for infusing CLAS:

- Engage the support of governance and leadership and encourage the allocation of resources to support the development, implementation, and maintenance of culturally and linguistically appropriate services.
- Encourage governance and leadership to establish education and training requirements relating to culturally and linguistically appropriate services for all individuals in the organization, including themselves.
- Identify champions within and outside the organization to advocate for CLAS,

to emphasize the business case and rationale for CLAS, and encourage full-scale implementation.

- Hold organizational retreats to identify goals, objectives, and timelines to provide culturally and linguistically appropriate services.
- Establish accountability mechanisms throughout the organization, including staff evaluations, individuals' satisfaction measures, and quality improvement measures.
- Utilize the data gathered based on Standards 10, 11, and 12 to guide plan development
- In accordance with Standard 13, involve the populations in the service area in the implementation of CLAS through the strategic plan.

10. **Conduct Organizational Assessments** of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.

Strategies for Implementation:

The following are possible implementation strategies for conducting organizational assessments:

- Conduct an organizational assessment or a cultural audit using existing cultural and linguistic competency assessment tools to inventory structural policies, procedures, and practices. These tools can provide guidance to determine whether the core structures and processes (e.g., management, governance, delivery systems, and customer relation functions) necessary for providing CLAS are in place.
- Use results from assessments to identify assets (e.g., bilingual staff members who could be used as interpreters, existing relationships with community-based ethnic organizations), weaknesses (e.g., no translated signage or cultural competency training), and opportunities to improve the organization's structural framework and capacity to address cultural and linguistic competence in care (e.g., revise mission statement, recruit people from diverse cultures into policy and management positions).

- Following the assessment, prepare adequate plans for developing CLAS (see Standard 9). Subsequent ongoing assessment helps organizations to monitor their progress in implementing the enhanced National CLAS Standards and to refine their strategic plans.

Integrating CLAS-related measures into measurement and continuous quality improvement activities strategies:

- Implement ongoing organizational assessment of CLAS-related activities.
- Provide individuals with CLAS-oriented feedback forms and include self-addressed, stamped envelopes to improve receipt of feedback.
- Conduct focus groups with individuals to monitor progress and identify barriers to full-scale CLAS implementation.
- Assess the standard of care provided for various chronic conditions to determine whether services are uniformly provided across cultural groups.
- Add CLAS-related questions to staff orientation materials and yearly reviews
- Develop a system of reviewing and incorporating feedback and suggestions received and for monitoring their effect on CLAS implementation and outcomes.
- Identify outcome goals, including metrics, regarding cultural and linguistic competency and assess at regular intervals.

11. **Collect and Maintain Demographic Data** to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.

Refer to this document for strategies to collect and maintain demographic data:

When?	Ask for data early — ideally, during admission or registration
Who?	Properly trained admissions or reception staff could collect data
What will you tell individuals?	Before obtaining information, develop a script to communicate that: o This information is important. o It will be used to improve care and services and to prevent discrimination. o This information will be kept confidential. In addition, address any concerns up front and clearly.
How?	Individual self-report — select their own race, ethnicity, language, etc.
What information will you collect? (Individual Data)	o Race o Ethnicity o Nationality o Nativity o Ability to speak English o Language(s) other than English spoken o Preferred spoken/written languages or other mode of communication o Age o Gender o Sexual orientation o Gender identity o Income o Education o Informed of right to interpreter services o Request for, and/or use of, interpreter services o Treatment history o Medical history o Outcome data (service type, utilization, length of stay) o Client satisfaction See also aforementioned HHS Data Collection Standards
What information will you collect? (Staff Data)	o Race o Ethnicity o Nationality o Nativity o Primary/preferred language o Gender o Records of cultural and linguistic competency training participation and evaluations
Tools to collect and store data	Use standard collection instruments. Store data in a standard electronic format.
Training	Provide ongoing data training and evaluation to staff

12. **Conduct Assessments of Community Health Assets** and Needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.

Strategies for Implementation:

The following are possible implementation strategies for assessing community health assets and needs:

- Partner with other organizations to negotiate a data sharing agreement, which could facilitate the linking of different types of data.
- Collaborate with other organizations and stakeholders in data collection, analysis, and reporting efforts to increase data reliability and validity.
- Conduct focus groups with individuals in the community.
- Review demographic data collected with local health and health care organizations.
- Use multiple sources in the community to collect data, including faith-based organizations, social workers, and managed care organizations.

An additional outline for assessment can be found on the CLAS Standards Blueprint page 120.

13. **Partner with the Community** to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.

Strategies for Implementation:

The following are possible implementation strategies for partnering with the community:

- Partner with local culturally diverse media to promote better understanding of available care and services and of appropriate routes for accessing services among all comm members.
- Build coalitions with community partners to increase reach and impact in identifying and creating solutions. For example:
    - Work on joint steering committees and coalitions.
    - Sponsor or participate in health fairs, cultural festivals, and celebrations.
    - Offer education and training opportunities.
- Convene town hall meetings, hold community forums, and/or conduct focus groups.
- Develop opportunities for capacity building initiatives, action research, involvement in service development, and other activities to empower the community.
- Collaborate to reach more people, to share information and learn, and to improve services. Work with partners to advertise job openings, identify interpreting resources, and organize health promotion activities. Successful partnerships benefit all.

The following professionals and volunteers may facilitate communication between an organization and the community it serves:

- Cultural brokers are individuals from the community who can serve as a bridge between an organization and people of different cultural backgrounds. Cultural brokers should be familiar with the health system and with the community in which they live and/or from where they originated. They can become a valuable source of cultural information and serve as mediators in conflicts and as agents for change.
- Promotores de salud/community health workers are volunteer community members and paid front-line public health workers who are trusted members of the community served or have an unusually close understanding of that community.

14. **Create Conflict and Grievance Resolution Processes** that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.

Strategies for Implementation:

The following are possible implementation strategies for creating conflict and grievance resolution processes:

- Provide cross-cultural communication training, including how to work with an interpreter, and conflict resolution training to staff who handle conflicts, complaints, and feedback.
- Provide notice in signage, translated materials, and other media about the right of everyone to provide feedback, including the right to file a complaint or grievance.
- Develop a clear process to address instances of conflict and grievance that includes follow-up and ensures that the individual is contacted with a resolution and next steps.
- Obtain feedback via focus groups, community council or town hall meetings, meetings with community leaders, suggestion and comment systems, open houses, and/or listening sessions.
- Hire patient advocates or ombudspersons.
- Include oversight of conflict and grievance resolution processes to ensure their cultural and linguistic appropriateness as part of the organization's overall quality assurance program.

15. **Communicate the Organization's Progress in Implementing and Sustaining CLAS** to all stakeholders, constituents, and the general public.

Strategies for Implementation:

The following are possible implementation strategies for being accountable to the community by presenting to the public progress in implementing culturally and linguistically appropriate services.

Items on which to report may include:

- Demographic data
- Utilization and availability stats related to int and translated materials
- Level of staff training in cult/ling competency
- CLAS-related expenditures and cost benefit data
- Assessment results based on activities suggested from Standard 10, community data collected in accordance with Standard 12, and the number of complaints and their resolution as collected pursuant to Standard 14
- Results from performance measures, satisfaction rating, quality improvement and clinical outcome data analyses, and cost-effectiveness analyses

Strategies for presenting CLAS-related progress include:

- Draft and distribute materials that demonstrate efforts to be culturally and linguistically responsive. Refer to Standard 8
- Partner with community organizations to lead discussions about the services provided and progress made; see also Standard 13
- Create advisory boards to consult with community partners on issues affecting diverse populations and how best to serve and reach them
- Engage community-based workers to help craft and deliver messages and implications of data.
- Convene educational forums. Agencies may consider partnering with well-respected and trusted community-based organizations to host regional educational forums, inviting local community representatives to participate

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Title VI of the Civil Rights Act (page 9) - https://www.justice.gov/crt/fcs/TitleVI-Overview

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National CLAS Standards (page 10, 28, 39) - https://thinkculturalhealth.hhs.gov/clas

Language Assistance services and translation guides (page 12) - https://www.lep.gov/translation%23toc-language-identification-and-i-speak-cards

List of templates and printing instructions (page 13) - https://www.oregon.gov/oha/OEI/Pages/HCI-Resources-Events-Policy-Laws.aspx

Working with interpreters on the phone (page 17) - https://www.lep.gov/sites/lep/files/media/document/2020-03/TIPS_Telephone_Interpreters_0.pdf

ASL VRI requirements (page 17) - https://nwadacenter.org/factsheet/effective-communication-healthcare

Mindlink video (page 19) - https://academy.mindlinkresources.com/courses/working-with-interpreters/

video on how to become a HCI (page 24) - https://www.youtube.com/watch?v=51uMFFNP0Ns

Health Care Interpreter Requirements (page 25) - https://www.oregon.gov/oha/OEI/Documents/Oregon%20Health%20Care%20Interpreter%20Program%20Requirements_.pdf

Approved testing centers and programs (page 25) -https://www.oregon.gov/oha/oei/Pages/hci-training.aspx

Find a WorkSource location (page 25) - https://www.google.com/search?bih=896&biw=1680&ei=RAglYbefEqmm0PEPz4exqAM&gs_l=psy-ab.3..0i22i30k1.3839.4597.0.4873.7.7.0.0.0.0.139.766.4j3.7.0....0...1c.1.64.psy-ab..0.7.764...0i512i457k1j0i402k-

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Fill out a scholarship application for OHCIA (page 25) - https://ohcia.formstack.com/forms/ceuscholarships

Language Line (page 25) - https://www.languageline.com/s/LanguageProficiency

Language International (page 25) - https://www.languageinternational.com/

National Board of Certification for Medical Interpreters (page 26) - https://www.certifiedmedicalinterpreters.org/

Certification Commission for Healthcare Interpreters (page 26) - https://cchicertification.org/

NBCMI Exam Costs and Process (page 26) - https://static1.squarespace.com/static/55810da1e4b040cf35c0222c/t/568eb5515a56686a378afe7c/1452193105665/NBCMI+Resource+Page.pdf

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Background Check Process (page 26) - https://www.oregon.gov/oha/OEI/Documents/HCI-Background-Check.pdf

Yamhill COMMUNITY CARE

Provider Language Assistance Guidance

Research shows that qualified Health Care Interpreters can:

- Reduce medical (and other) errors
- Enhance quality of care and service
- Improve patient and client satisfaction
- Enhance understanding of written communications
- Reduce costs
- Lower hospital readmissions rates

Equity and Civil Laws

According to the **Civil Rights Act – Title VI & ACA 1557, Oregon Administrative Rule (OAR) 410-141-3515(12)(d), and the ADA,** Providers, CCOs, and DCOs must ensure all services preserve meaningful language access.

Reporting

Report language services that are provided by Qualified or Certified HCIs by using:

- **HCPCS Code T1013** or **CDT Code D9990** for dental visits

CLAS Standards

- Provide effective and equitable quality care and services that are responsive to cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.
- Promote and sustain CLAS with a diverse leadership and workforce that are trained in culturally and linguistically appropriate policies.
- Inform and offer language assistance to individuals with limited English proficiency at no cost, and ensure the competence of those providing language assistance.
- Establish and integrate CLAS throughout an organization and conduct regular assessments and community health assets and needs.

Working with a Health Care Interpreter (HCI)

Before a Session:

Providers should consider and plan a few things before meeting with a patient (client).

- Determine in advance if an interpreter is needed
- Determine if topic discussed is extremely technical or involves potentially emotionally-charged information
- Provide interpreters with as much information as possible in advance

During a Session:

Keep in mind to:

- Speak to the other party and not the interpreter
- Maintain eye contact when possible
- Allow the HCI to complete interpreting before continuing
- Refrain from having side conversations as the HCI's role is to interpret that

The following vendor uses Certified and Qualified Health Care Interpreters (HCIs) and provide onsite interpreting (Consecutive and Simultaneous), telephonic, video, and translation services.

Provide day and time, YCCO member ID, language need, and any background information.

Passport to Languages

Please try to schedule in advance | **On-demand video available**

503-297-2707, (800-297-2707)
Fax: 503-297-1703

erik@passporttolanguages.com
https://www.passporttolanguages.com/

Have additional questions? Contact: providerrelations@yamhillcco.org or call 971-261-1907