

PUBLIC POLICY AND ADVOCACY
Legislative Update

APA Cosponsors Congressional Briefing to Highlight Unmet Health Care Needs of Limited English Proficient Individuals

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As a member of the newly founded Language Access Coalition, APA cosponsored a congressional briefing entitled: *Quality of Care and Patient Centered Communication for Limited English Proficient Individuals* (LEP), on December 9, 2004. Speakers included patients and family members whose health care had been adversely affected by the lack of access to language services in hospitals throughout the United States. One such speaker offered a particularly poignant example of a young Puerto Rican man with serious mental illness who has been involuntarily hospitalized for the past 25 years. The lack of Spanish language services has impeded appropriate assessment and intervention, contributing to the deterioration of his condition. Other speakers were hospital administrators, physicians, and community advocates. From a public hospital administrator's perspective, the main challenges include addressing the complexities of the immigrant population, which is mostly poor and uninsured, and the disparity between the rapid growth of this population and the slower expansion of the health care system. The physician's perspective highlighted the linguistic and cultural complexities involved in communicating with LEP patients, as well as the barriers involved in credentialing refugees to offer language services for those who speak languages that are either uncommon in the United States or do not have written traditions.

The speakers also addressed the issue of initiatives currently being implemented to incorporate language service in hospitals and community health centers. These include: hiring full-time interpreter staff; having telephone translation assistance for uncommon languages, and for evening and weekend services; conducting language specific multi-disciplinary clinics; having clinic signage in multiple languages; and hiring interpreter staff in acute care settings on a shift basis instead of a patient-by-patient basis for areas with large numbers of LEP walk-ins. Additionally, collaborations through creating citywide health consortia allow for translated materials to be shared. Another collaborative effort is exemplified by the creation of an Immigrant Health Task Force by the Minnesota Department of Health. Finally, the development of language specific videotapes to address the needs of LEP patients with low literacy, along with incentives for staff to take language training, has also proven useful.

The speakers also made recommendations for initiatives that would be helpful to implement in the future. One of these includes training medical students in how to work with interpreters. They also suggested compensation for interpreter fees through Medicaid, and addressed the time constraints on Medicaid visits for LEP patients.

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This briefing highlighted an important issue for the health and well being of ethnic minority communities and was the first of many advocacy efforts by the Coalition, in which APA's Public Interest Policy staff will continue to be actively involved. The Coalition is currently comprised of 16 national health, language, and advocacy organizations.