Collecting Language Data: The Law, The Need & Promising Practices

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Treating LEP Patients

- 80% of hospitals encounter LEP patients frequently – 63% daily/weekly; 17% monthly
- 81% of general internal physicians treat LEP patients frequently – 54% at least once a day or a few times a week; 27% a few times per month
- 84% of FQHCs provide clinical services daily to LEP patients – 45% see more than ten patients a day; 39% see from one to 10 LEP patients a day.

Source: Reports commissioned by NHeLP from AHA/HRET, ACP, NACHC; available at www.healthlaw.org
Title VI of the Civil Rights Act of 1964

• “No person in the United States 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.” 42 U.S.C. § 2000d

• “National origin” includes individuals with limited English proficiency (LEP)
CLAS Standards

• OMH issued Culturally and Linguistically Appropriate Services Standards (2001)
  Standards 4-7 address language access
  Standard 10 addresses data collection

• Health care organizations should ensure that data on the individual patient's/consumer's race, ethnicity, and spoken and written language are collected in health records, integrated into the organization's management information systems, and periodically updated.
State Laws

- NHeLP 50 state survey of statutes/regulations related to language access and health care

- All states have at least 2 language access laws
  - comprehensive
  - targeted (e.g. emergency room, hospital)

- Difficult to comply with these laws without data collection for planning purposes

Source: http://www.healthlaw.org/library/item.174993-Summary_of_State_Law_Requirements_Addressing_Language_Needs_in_Health_
Accrediting Organizations

  - Endorsed HRET Toolkit for collecting language data
  - Maintain data to accurately plan for and implement services
  - Apply a quality improvement framework to improve cultural competency and address disparities using the primary written and spoken language data collected

- The Joint Commission – requires medical record to contain language and communication needs

- NCQA – proposed standards would require collection of health plan members’ language data, assessment of language needs, effective communication
Examples of Collecting Data

• L.A. Care Health Plan – physicians and clinics receive small, brightly colored stickers to affix to the patient’s medical record to identify language needs and document that interpreter services have been accepted or declined.

• Women’s Health and Education Center (IA) notes clients’ language needs in its schedule and computer data system to ensure interpreters are available for each visit.

• Kids Connection (CO) – database tracks the families’ primary language, nationality, interpretation needs, and interpretation history.
Examples of Collecting Data—State/Local Agencies

- AZ – database does not allow a staff member inputting eligibility to proceed past certain fields without noting the client’s language needs; collected during initial application and renewals

- LA – collects language information at initial eligibility and renewals, uses data for snapshot reports of language needs and services that are then distributed to division heads, eligibility offices, and the community advisory board

- WA – requires noting the client’s primary language in its computer system and a field for “interpreter needed;” interpreter’s name is also fed into the computer system
Examples of Collecting Data—State/Local Agencies

• KY – collects language information and specifics on each encounter using language services
  
  Online LEP interaction form allows the agency to monitor the frequency of LEP contacts, languages served, interpreter resources used, and programs with the greatest LEP clientele
  
  Collects information on language spoken, services requested, how language services were provided (staff interpreter, external interpreter, community partner, or telephone language services), how much time was spent assisting the LEP individual, and the cost (if any)

• ID – includes a field to record a client’s primary language—20 languages are listed; system estimates number of LEP contacts with an interpreter, number of LEP persons served, number of interpreter or bilingual hours provided to clients, and the number of translated documents available at the department
Arizona

- Department of Economic Security – database does not proceed past certain fields without noting the client’s language needs.

Clients are asked their primary language at initial and renewal interviews.

Includes 68 language choices plus an open-ended option.
Los Angeles County

- Department of Public Social Services collects language information at initial eligibility and renewals
- County compiles a report to show the number of LEP individuals in the Medicaid caseload, by language spoken, served by each eligibility office during the month
Conclusions

• Language data is essential for legal compliance, risk management, service planning and QI

• Many federal, state and accrediting requirements already require data collection

• Should collect not only patient language data (preferred methods for both spoken & written communication) but provider data and track utilization of language services