

Rural Hospitals and Spanish Speaking Patients with Limited English Proficiency



At the Heart of Public Health Policy

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Executive Summary

There are more than 40 million Latinos in the United States, 14.2% of the population. Many of these individuals have limited English proficiency (LEP), which can lead to poor health outcomes in the absence of effective medical interpretation or translation services.

Our study explored how rural hospitals are meeting the needs of LEP patients, reflecting the Federal standards for culturally and linguistically appropriate services (CLAS standards). We identified hospitals in two types of rural counties: those with substantial growth in the Latino population between the 1990 and 2000 Censuses, and counties with large and stable Latino populations. We contacted 319 rural hospitals, most of which had fewer than 100 beds (67.4%) and were located in counties with large, stable Hispanic populations (68.0%). About half (54.5%) were located near metropolitan areas, with potential competition from other larger hospitals.

Findings:

- Seventy-eight percent of hospitals reported having a written policy related to language assistance and 91.7% reported having tools for patients to communicate their language needs, yet only 40% reported language assistance advertisements in Spanish.
- While almost every hospital (98.7%) reported providing oral interpretation to Spanish-speaking patients, only 19.6% used staff interpreters or those employees whose primary workforce responsibility is interpretation. A large percentage of hospitals (85.6%) reported having documents or materials available in Spanish.
- Hospitals in counties with newly growing Hispanic populations were more likely to report “high” or “very high” demand for Spanish interpretation in the emergency department (ED), outpatient (OP), and inpatient (IP) than those in counties with stable Hispanic populations. Hospitals in high-growth counties were also more likely to report having tools for patients to communicate their language needs and documents or materials in Spanish.
- Rural hospitals adjacent to a metropolitan area were more likely to report “high or very high numbers” of visits by Hispanic patients in need of interpretation services in the ED, OP, and IP and the highest demand for Spanish interpretation was in the ED.
- Lack of state agency resources (65.6%) and the lack of hospital funding for interpretation or translation (65.3%) were most often noted as potential barriers to effective language assistance. Hospitals that voluntarily reported sample or model programs stressed the importance of training interpreters in-house or collaborating with colleges and universities that offer nationally recognized programs.

PRACTICE IMPLICATIONS

The hospitals participating in our study indicate that rural hospitals with LEP Spanish-speaking patients are using a variety of methods to provide linguistically appropriate care and the findings support the following practice implications for the provision of linguistically and culturally appropriate care.

Patient Safety and CLAS Compliance

- Hospital administrators should increase employer knowledge of language assistance programs, resources, and hospital policies pertaining to language assistance so that LEP patients can be identified quickly and directed to the appropriate services to improve access and outcomes.
- Efforts should be made to increase the availability of translated documents, especially in counties with an emergent Hispanic population. Although hospitals reported having educational materials in Spanish, few hospitals reported having documents such as complaint forms or applications to participate in a program or activity translated into Spanish. The language assistance policies should include an effort to translate all documents readily available in English into Spanish as well.
- In addition to the federal CLAS standards, several organizations have provided valuable guidance on how best to implement and maintain language assistance programs. The Joint Commission on Accreditation of Healthcare Organizations and the UCHCAN Ohio Language Task Force provide standards and practical recommendations for language assistance programs.

Staffing and Development Issues

- Hospital administrators in emergent Hispanic population counties should actively recruit and train quality medical interpreters; especially departments with high/very high demand, such as the emergency department.

RECOMMENDATIONS FOR FUTURE RESEARCH

- Given that a large number of rural hospitals are using bilingual employees whose primary role is not interpretation, further research is needed to evaluate the quality of their interpretation services. The research should focus on the correlation, if any, between untrained interpreter quality and the primary workforce role (clerical, front desk staff) and quality of care.
- Some studies have suggested that the lack of language assistance programs in hospitals leads to unnecessary clinical tests and complications. Further research should perform costs analyses of language line interpretation programs and patient outcomes to determine their efficacy.