

Patients with Limited English Proficiency: Results from a National Survey

Whether large or small, urban or rural, hospitals and health systems are encountering more and more patients with limited English proficiency (LEP). In a recent national survey, 63% of hospitals reported that they treat LEP patients either daily or weekly. An additional 17% reported seeing LEP patients at least monthly. (Figure 1)

FIGURE 1

Encounters with LEP Patients by Hospital Characteristics

	Number of hospitals	% Hospitals that encounter LEP patients daily	% Hospitals that encounter LEP patients weekly	% Hospitals that encounter LEP patients monthly	% Total
Total	858	43	20	17	80
Size					
Small	328	23	20	21	64
Medium	395	50	23	17	90
Large	135	79	11	6	96
Status					
Rural	410	21	22	23	66
Urban	448	59	18	12	89

Source: HRET, 2006.

Quality and Safety Concerns

Being sick makes any person feel vulnerable, but for people with LEP, the language barrier makes it even more difficult. According to the Institute of Medicine (2003), communication barriers contribute to reduced quality, adverse health outcomes, and health disparities. Solid evidence also shows that language barriers between a patient and provider may result in increased use of expensive diagnostic tests, increased use of emergency services and decreased use of primary care services, and poor or no patient follow-up when follow-up is indicated.

Hospitals and health systems work to deliver safe, high-quality medical care to all patients, and they are in the best position to assess language needs. But hospitals and systems across the country report that language difficulties and inadequate funding of language services are major barriers to LEP individuals' access to health care and a serious threat to the quality of care that these patients receive.

Changing Demographics

Almost 52 million people, or over 19% of the U.S. population, speak a language other than English at home. The Census Bureau's 2005 American Community Survey data document that over 29% of all Spanish speakers, about 22% of Asian and Pacific Island language speakers, and 13% of Indo-European language speakers speak English "not well" or "not at all." Estimates of the number of people with LEP range from a low of about 12 million—those who speak English "not well" or "not at all"—to over 23 million people—including those who speak English less than "very well."

Language Needs of Patients Served and How Hospitals Meet These Needs

Hospitals and health systems encounter patients who speak a wide variety of languages—from Spanish and Chinese to Vietnamese and Arabic. (Figure 2)

Hospitals and systems must first assess the language needs of their own community and then provide language services to meet these needs. They use resources such as staff interpreters (82%), telephonic services (77%), and bilingual clinical staff (77%) to provide language services. Of the hospitals surveyed, 88% provide language services 24 hours a day, 7 days per week.

FIGURE 2

Languages That 20 Percent or More of the Hospitals Indicated They Encountered Frequently

Spanish	93%
Chinese	47%
Vietnamese	39%
Japanese	37%
Korean	37%
Russian	37%
German	36%
French	31%
Arabic	26%
Italian	26%
Laotian	23%
Hindi	22%
Polish	22%
Tagalog	21%
Thai	20%

Source: HRET, 2006.

Limited Reimbursement for Language Services

Title VI requires most hospitals and health systems to provide language services free of charge. Most hospitals and systems pay for language services from their own budgets. Only 3% of hospitals and systems receive direct reimbursement for providing such services. Of this very small number, 78% indicated they receive reimbursement from Medicaid. (Figure 3)

Other Barriers

Reimbursement and cost concerns are among the major barriers that hospitals and systems cite as impeding their efforts to provide adequate language services to patients. Other barriers include the inability to identify patients who need language services before they arrive at the hospital and lack of tools and training resources. (Figure 4)

Tools and Training Resources Needed

Hospitals and systems identified the need for tools and training that would be useful for providing language services. These resources include packaged in-service training programs (58% of the hospitals), model approaches/ promising practices (50%), self-assessment tools (44%), and sample case studies (30%). Cultural competency training was identified as a need by 77% of the hospitals, as well as training on how to respond to patients or family members who do not speak English (79%), how to collect primary language data from patients (42%), and how to use these data (45%).

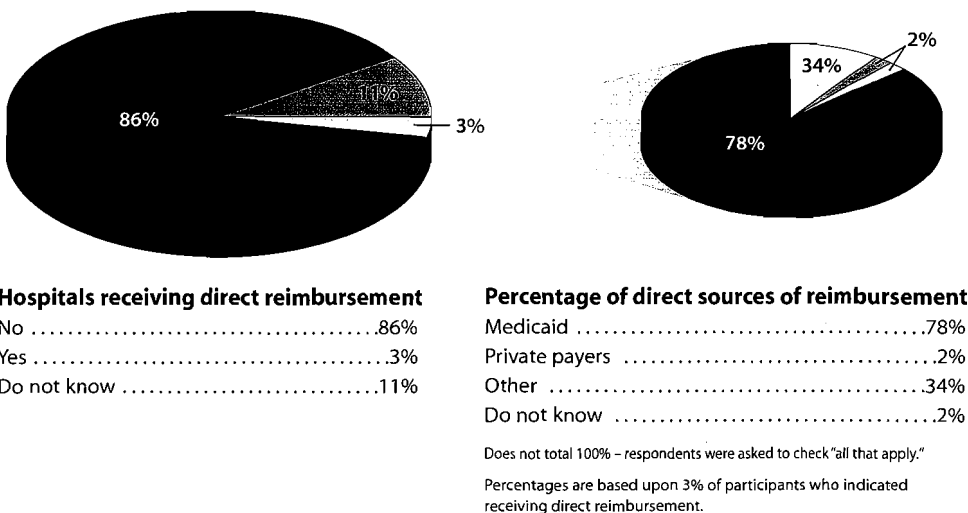
Next Steps

As the need to provide language services to patients increases, the cost of providing services also grows. No provider should have to cover all costs. Hospitals and systems need payment assistance from government programs for the costs of providing language services. Further, the government should assist providers by centralizing resources, such as standardized translated forms, promising practices, and training materials.

With a centralized source for forms and practices, reimbursement for services, help using census and language data, and other training, hospitals and health systems can provide language services and safe, high-quality medical care to all LEP patients.

FIGURE 3

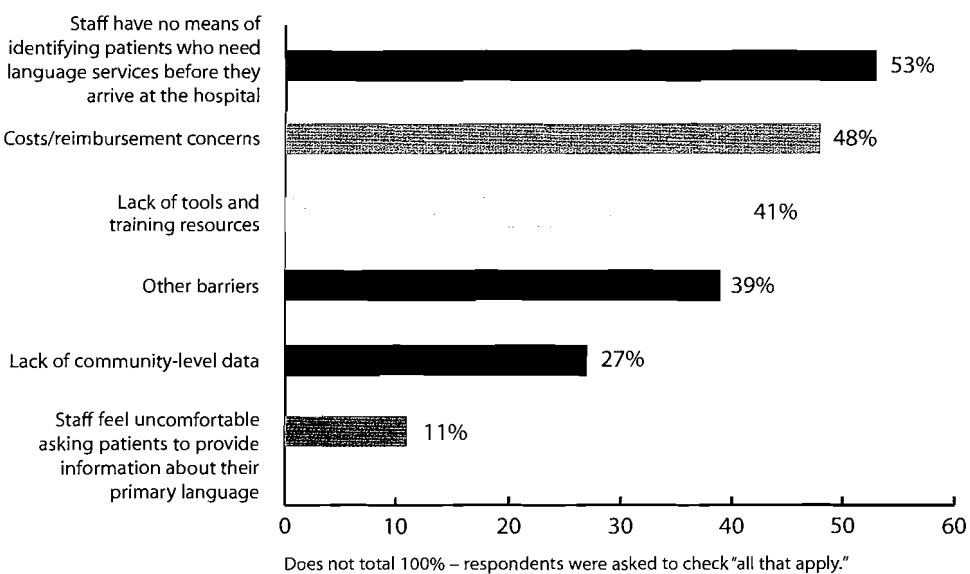
Limited Reimbursement for Language Services



Source: HRET, 2006.

FIGURE 4

Barriers That Hospitals Face in Providing Language Services



Source: HRET, 2006.

To read the complete report, *Hospital Language Services for Patients with Limited English Proficiency: Results from a National Survey*, go to www.hret.org/languageservices.

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