

# A Hidden Barrier to Reinforcing a Health Policy for Non-English Speaking Populations in the US: A Community-Initiated Medical Interpreter Program



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# OBJECTIVES



- **To discuss Title VI of the Civil Rights Act for non-English speaking minority patients**
- **To list barriers to and facilitators for implementing a medical interpreter program for non-English speaking minority patients**

## PREMISES



- **Health care is a basic human right, not a privilege.**
- **The most important indicator of a mature society is societal assurance of access to and quality of health care for EVERYONE.**

# LIMITED ENGLISH PROFICIENCY



- Based on the 2000 census, over 26 million individuals speak Spanish and almost 7 million individuals speak an Asian or Pacific Island language AT HOME.
- Over 70% of Korean Americans, most of whom are first-generation immigrants, are limited English proficient, or "LEP."

# OVERVIEW OF TITLE VI



## **Title VI of the Civil Rights Act: Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons**

- “No person shall be subjected to discrimination on the basis of race, color, or national origin under any program or activity that receives federal financial assistance.”
- “Recipient entities must establish and implement policies and procedures for providing language assistance sufficient to fulfill their Title VI responsibilities and provide persons with limited English proficiency (LEP) with meaningful access to their programs and activities.”

## ISSUES WITH TITLE VI



- Recipients of federal assistance have considerable flexibility in determining precisely how to fulfill this obligation.
- It does not constitute a regulation subject to the rulemaking requirements of the Administrative Procedure Act, 5 U.S.C. 553.
- This guidance is not subject to the requirements of Executive Order 12866.

KBK1 UNITED STATES CODE  
TITLE 5 - GOVERNMENT ORGANIZATION AND EMPLOYEES  
PART I - THE AGENCIES GENERALLY  
CHAPTER 5 - ADMINISTRATIVE PROCEDURE  
SUBCHAPTER II - ADMINISTRATIVE PROCEDURE

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§ 553. Rule making

(a) This section applies, according to the provisions thereof, except to the extent that there is involved -

- (1) a military or foreign affairs function of the United States; or
- (2) a matter relating to agency management or personnel or to public property, loans, grants, benefits, or contracts.

(b) General notice of proposed rule making shall be published in the Federal Register, unless persons subject thereto are named and either personally served or otherwise have actual notice thereof in accordance with law. The notice shall include -

- (1) a statement of the time, place, and nature of public rule making proceedings;
- (2) reference to the legal authority under which the rule is proposed; and
- (3) either the terms or substance of the proposed rule or a description of the subjects and issues involved.

Except when notice or hearing is required by statute, this subsection does not apply -

- (A) to interpretative rules, general statements of policy, or rules of agency organization, procedure, or practice; or
- (B) when the agency for good cause finds (and incorporates the finding and a brief statement of reasons therefor in the rules issued) that notice and public procedure thereon are impracticable, unnecessary, or contrary to the public interest.

(c) After notice required by this section, the agency shall give interested persons an opportunity to participate in the rule making through submission of written data, views, or arguments with or without opportunity for oral presentation. After consideration of the relevant matter presented, the agency shall incorporate in the rules adopted a concise general statement of their basis and purpose. When rules are required by statute to be made on the record after opportunity for an agency hearing, sections 556 and 557 of this title apply instead of this subsection.

(d) The required publication or service of a substantive rule shall be made not less than 30 days before its effective date, except -

- (1) a substantive rule which grants or recognizes an exemption or relieves a restriction;
- (2) interpretative rules and statements of policy; or

(3) as otherwise provided by the agency for good cause found and published with the rule.

(e) Each agency shall give an interested person the right to petition for the issuance, amendment, or repeal of a rule.

\* Last Modified: 6/14/01

Kim Kim, 11/4/2007

KBK2

UNITED STATES CODE  
TITLE 5 - GOVERNMENT ORGANIZATION AND EMPLOYEES  
PART I - THE AGENCIES GENERALLY  
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# Major Barriers to Adequate Health Care



## Individual

- **Health Literacy**
- Transportation
- Fear or being intimidated by main health care system

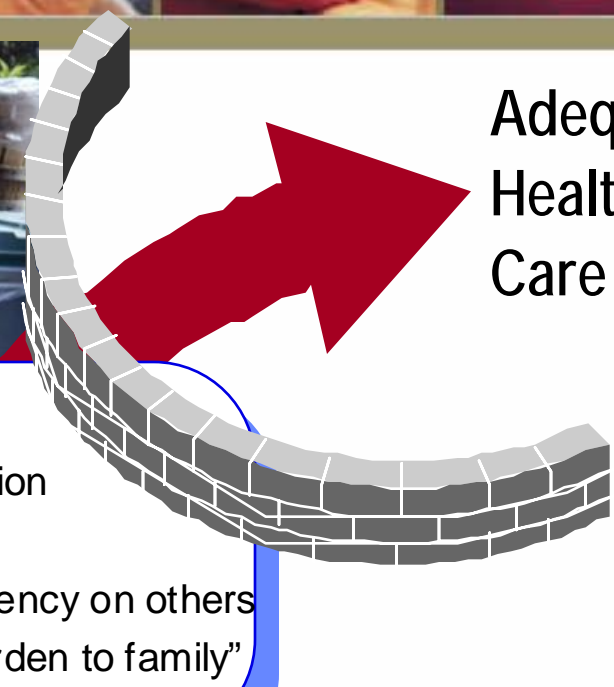


## Psychological

- Feeling of marginalization
- Loss of self-confidence
- Role conflict r/t dependency on others
- "Do not want to be a burden to family"
- Depression



Adequate  
Health  
Care



## Environmental/Financial

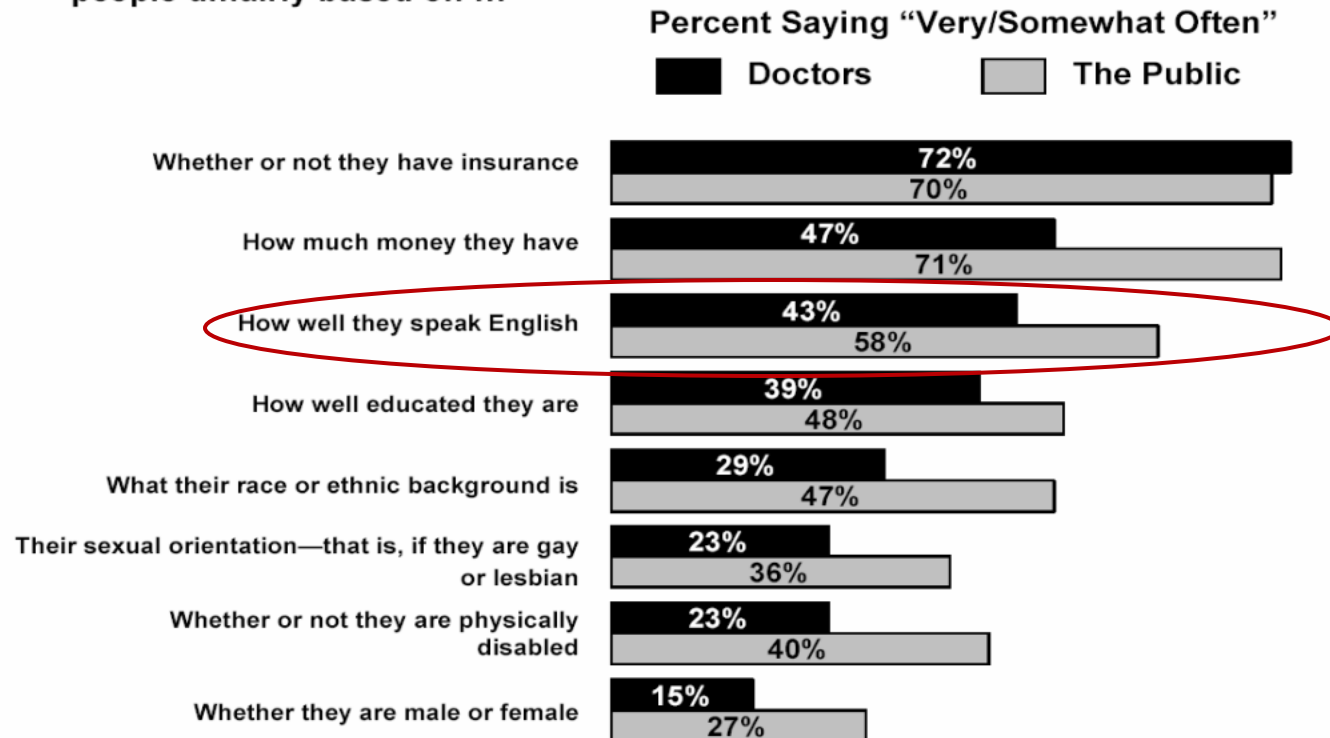
- Safety
- Cost of medication
- Access to health care

# TWO DIFFERENT VIEWS



## Disparities in Health Care System

Generally speaking, how often do you think our health care system treats people unfairly based on ...



Source: Kaiser Family Foundation, *National Survey of Physicians*, March 2002 (conducted March-October 2001); Kaiser Family Foundation, *Survey of Race, Ethnicity and Medical Care: Public Perceptions and Experiences*, October 1999 (Conducted July-Sept. 1999)



코리아안리소스센터  
Korean Resource Center



## Mission

To promote the health status and quality of life and to reduce the health disparities in underserved ethnic/linguistic minority Korean Americans



# KRC-Programs



## **CBPR**

Study site of clinical trials (hypertension, diabetes, cancer screening) in partnership with research institutions

## **Community Education**

Education partner with hospitals, local health departments, and foundations (smoking cessation, cancer prevention and screening)

## **Services**

CHW training, home health aide training, medical interpreter training, Medicare enrollment, MedBank

# Medical Interpreter Training Program



## Participants

Since 2004, KRC has trained 12 volunteers

## Training (by JHU SON team)

A total of 24 hours

- 1) Code of ethics
- 2) Principles of medical interpretation
- 3) Medical terminology
- 4) Cultural competency

# Medical Interpreter Training Program



## Operations

- Upon request from a hospital, KRC sends a MI among the pool;
- The service is charged to the requesting hospital;
- The MI gets paid for the service (+ mileage);
- KRC works as a matching agency (without charge for its overhead)



# Ongoing Program Evaluation



- 5 mainstream healthcare agencies have sporadically utilized the service.
- Most agencies still rely on traditional approaches of translation using untrained Korean staff or Korean American family members
- Interviews with healthcare providers revealed that the major barrier to implementing this interpreter program is no financial incentives given to the provider who utilizes trained medical interpreters.



# Barriers to Medical Interpreter Program



- Lack of funding for training
- Limited demands – relative to court interpreters
- Free services by volunteers (e.g., hospital staffs, interns, service workers)
- Commercially available remote interpreter service (telephone, internet-based) – may be preferred for its anonymity

# The Road Ahead

**Collaboration**

**Medical  
Reimbursement  
System**

**Communication**

**Infrastructure**

**Rules**

**Tools**