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Increasing Language Access In Oregon: Learning Modules



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Chapter 1: Increasing Organizational Capacity for Language Services

Chapter 1

Highlights various approaches to providing language access in clinical settings

Chapter 1. Increasing Organizational Capacity for Language Services

There is no one-size-fits-all approach for helping patients with different language and communication needs. What works well for one organization, provider, or setting might not work for another. Most health care organizations will need to work with a combination of approaches, such as language service companies, in-house interpreters, bilingual staff and in-language providers, to meet all patient needs.

In this chapter, we will look at how providers and health care organizations can offer language services across different settings. We will compare different approaches to providing language access over another, depending on the setting. You can ensure high-quality interpretation services by using the following approaches:

Who provides language access services?

Health care organizations can offer language access services in many ways. Who is available and what systems are in place can only be used in emergency situations. In general, four types of individuals can provide language access services:

1. **Providers** who speak the same language as the patient's language of choice.
2. **Bilingual staff**, who perform clinical duties and serve as interpreters.
3. **Health care interpreters**, who are employed by the organization as an in-house interpreter or by a language service company.
4. **Friends and family**, who are used when language differences exist, but no other interpreter is available.

The table below outlines the types of language access services, along with the advantages and disadvantages in clinical care settings.

Table 1. Individuals Who May Provide Language Access Services

Individual and Definition	Advantage	Disadvantage
In-language provider* Provider ¹ (as defined in OAR 950-050-0010) who provides care in the patient's preferred language and has demonstrated proficiency in the patient's preferred language (as defined in OAR 950-050-0160).	• Providers with demonstrated language proficiency improve communication and trust while reducing barriers and costs. • Can be particularly useful in certain settings, such as oral health visits or behavioral health therapy sessions.	• Limited language coverage.
Bilingual staff Organizational staff who have other roles in addition to interpretation.	• Offer consistent support and build stronger trust with patients and staff. • Can be helpful when interpretation needs do not fill a full-time role. • Pair well with staff roles related to coordination of care and education (for example, traditional and community health workers).	• Limited language coverage. • Can be difficult for certain staff, such as certified nursing and medical assistants, with a high volume of other administrative and health care duties.

Chapter 1 Details

- Highlights approaches to providing language access in health care settings
 - Describes options for meeting patient language needs through in-language provider, bilingual staff and health care interpreters
 - Compares on-site and remote interpretation methods, emphasizing when each approach is most effective
- Describes how to balance patient needs with available resources
 - Notes there is no one-size-fits all approach and most organizations will need a mix of approaches
 - Emphasizes aligning language access strategies with available funding, staffing capacity, and care-delivery settings (e.g., rural or on-demand situations)

Language Service Providers

Health care organizations can offer language services in different ways, depending on who is available and what systems their organization uses. In general, four types individuals provide language services in the health care setting:

1. **Providers**, who speak the same language as patients and provide services in the patient's language of choice.
2. **Bilingual staff**, who perform clinical and non-clinical tasks and can sometimes serve as interpreters.
3. **Health care interpreters**, who may be employed directly by a health care organization as an in-house interpreter, work as contracted staff, or be employed by a language service company.
4. **Friends and family**, who are sometimes asked to help with communication when language differences exist, but whose use is discouraged and should only be used when no other interpreter is available and care cannot wait.

In-language Provider

Definition	Advantage	Disadvantage
Provider (as defined in OAR 950-050-0010) who provides care in the patient's preferred language and has demonstrated proficiency in the patient's preferred language (as defined in OAR 950-050-0160).	Providers with demonstrated language proficiency improve communication and trust while reducing barriers and costs. Can be particularly useful in certain settings, such as oral health visits or behavioral health therapy sessions	Limited language coverage.

Bilingual Staff

Definition	Advantage	Disadvantage
Organizational staff who have other roles in addition to interpretation.	Offer consistent support and build stronger trust with patients and staff. Can be helpful when interpretation needs do not fill a full-time role. Pair well with staff roles related to coordination of care and education (for example, traditional and community health workers).	Limited language coverage. Can be difficult for certain staff, such as certified nursing and medical assistants, with a high volume of other administrative and health care duties.

In-house or Staff Interpreter

Definition	Advantage	Disadvantage
Organizational staff whose only role is to interpret.	Offer consistent support and build stronger trust with patients and staff. Organization knows who will see patients and can provide direct feedback on quality. Easier to minimize no shows.	May not have interpreters for every language needed or shift.

Contracted Interpreter

Definition	Advantage	Disadvantage
Professional interpreter who works independently and helps patients and providers communicate while the patient receives care.	Ensure clear communication between patient and provider. Organization able to decide which interpreter sees patients and can provide direct quality feedback.	Dependence on availability and capacity can cause delays or missed appointments.

Language Service Company Interpreter

Definition	Advantage	Disadvantage
A professional interpreter from an outside agency who helps patients and providers communicate while the patient receives care.	Provide quick access to interpreters in many languages. Ensure interpreters meet professional and ethical standards.	Less continuity since patients see a different interpreter each visit. More likely to be video and telephonic interpretation.

Untrained Individual

Individual and Definition	Advantage	Disadvantage
Friends, family members, or other untrained individuals who provide interpretation.	Can be used when care cannot wait and no other interpretation is available.	Reliance on untrained interpreters is discouraged, as it can lead to inaccurate, incomplete communication, and serious medical errors.

On-Site vs. Remote Interpretation

Language services can be provided through different modalities, as well:

On-Site Interpreters

- Employed directly by an organization or contracted on an as-needed basis.
- Preferred by both providers and patients and considered the gold standard for interpretation.

Remote Interpreters

- Provided by language service companies to help ensure interpreters are available on short notice in a wide variety of languages or dialects.
- May be necessary for organizations and providers who serve patients who speak many different languages or for less commonly spoken languages.

Patient Needs vs. Available Resources

- Health care organizations vary in size, staffing, and the populations they serve.
- The best approach to providing language access may depend on various factors, including:
 - Number of patients who communicate in a language other than English
 - Range of language spoken in the community
 - Available resources (e.g., time, staff, technology)
 - Care delivery context (e.g., rural or on demand settings)

Matching Needs to Available Resources

Most organizations use a blend of approaches, selecting methods that fit patient needs, staffing, and care setting.

- **High number of patients with language needs (1-2 languages)**
 - In-language providers
 - In-house or staff interpreters
 - Credentialed bilingual staff
- **High number of patients with multiple language needs**
 - Language service company
 - Contracted credentialed interpreter
 - Credentialed bilingual staff
- **Fewer patients with language needs (1-2 languages)**
 - Credentialed bilingual staff
 - Contracted credentialed interpreter
 - Language service company
- **Fewer patients with multiple language needs**
 - Contracted interpreter
 - Language service company

Thank You!

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