Providing Appropriate Language Interpretation Services in a Health Care Setting

Clear communication is important to ensure that all patients receive safe and quality health care. For people with limited English proficiency (LEP), communication barriers can lead to serious misunderstandings with medical staff around treatment and diagnosis. Fortunately, there are several ways health centers can help overcome barriers to communication.

Title VI of the Civil Rights Act of 1964 requires any health care provider receiving federal funding to ensure that LEP patients have "meaningful access to their health services". This means that patients should be able to communicate with health service providers. One way to ensure meaningful access to health care services is to translate written documents and signs in the health center. Another way is to use a bilingual staff member or an interpreter when communicating with LEP patients.

The Department of Health and Human Services provides recommendations and the pros and cons of using different kinds of interpreters. The most recommended type of interpretation is through a bilingual staff member that speaks directly with patients in their preferred language. If this type of staff member is not available, a contracted medical interpreter, telephone interpreter, or trained community members can provide interpretation services. Family members, friends, and other non-staff members are not ideal interpreters because of confidentiality, privacy and potential conflicts of interest. Furthermore, these individuals may not have adequate knowledge or vocabulary to communicate accurately about medical issues. In particular, staff should avoid using children and members of the opposite sex as interpreters.

No one type of interpretation is perfect: one study of medical interpretation in pediatric encounters found that mistakes in medical interpretation take place on average 31 times for every encounter. Most of the errors had possible clinical consequences. The study showed that interpreters such as family or friends were much more likely to make mistakes with clinical consequences. Above all, it is important that staff provide all available options to a patient and ultimately respect a patient's choice of interpreter.

Here are a few tips for interpreting or for using an interpreter:

Interpreters should encourage providers to speak directly to the patient. The patient will then know that the provider is speaking to them, and not about them.

Avoid technical language and abbreviations unless it is clear that the patient understands and uses them. For example, instead of "PPD" or "meds", try using "tuberculosis skin test" or "medicines".

For better accuracy, use shorter units of speech. Avoid longer groups of sentences.

Make sure that important information is repeated. Check to see if the patient understands by asking simple questions that require more than a yes or no answer.

To learn more about how your organization can improve communication and interpretation practices, please contact Health Outreach Partners.