

# Language Access

## Overview of InfoGuide

This guide provides information related to language access for refugee populations resettling to the U.S. Refugees often speak one or more of the following: the language(s) and/or dialects native to their country of origin, the language(s) spoken in one or more country of asylum, and languages utilized in neighboring countries. Those who have attended secondary educational institutions may have additional languages, such as French, Arabic, and/or English, in which they are able to converse. Because of the wide range of languages refugees utilize, ensuring access to appropriate interpretation and translation services is vital to successful integration and overall mental health of refugees. This Information Guide compares and contrasts relevant laws and policies surrounding language access, identifies advocacy steps for refugee resettlement staff, and highlights available resources.

## Deaf and Hard of Hearing

In addition to interpreting spoken languages, refugee resettlement communities should also consider interpretation services for refugees who are deaf or hard of hearing. In addition to not being able to hear what is spoken, clients may not be literate in their own language, making written communication difficult. This can pose a challenge for resettlement staff and, if not addressed properly and timely, could cause isolation and mental health concerns for the client. Most refugees who are deaf will have an existing language they use with family members and friends; however, learning how to utilize a standard form of sign language is a useful way to bridge communication barriers and decrease isolating factors. Partnering with a local university or other group may be an option to introduce a common form of communication, such as American Sign Language. For those communities with existing programming for those who are deaf or hard of hearing, reach out to those programs to discuss how to best integrate refugee populations.

The Medical Interpreting Standards of Practice define an interpreter's role as ensuring

“the transformation of a message expressed in a source language into its equivalent in a target language, so that the interpreted message has the potential for eliciting the same response in the listener as the original message.”



The National Council on Interpreting in Health Care recommend the following qualifications for those providing language access services:

- 1) Basic Language Skills
- 2) Code of Ethics
- 3) Cultural Knowledge
- 4) Health Care Terminology
- 5) Integrated Interpretation Skills

### Inside this Information Guide

Mental Health Interpretation Series	1
Interpreter Qualifications	1
What does the law say about interpretation services?	2
Who is required to provide interpretation services?	2
Does Medicaid cover costs?	3
Steps to address language access challenges	3
Deaf and hard of hearing clients	4
Resources	4

# Overview of Federal Laws

## Title VI of the Civil Rights Act of 1964

**What does it say?**

“...prohibits discrimination on the basis of race, color, and national origin in programs and activities receiving federal financial assistance.”

**Who is required to comply?**

All public and private entities receiving federal financial assistance, including:

- 1) State, county, and local agencies (Medicaid, CHIP, etc.) hospitals, clinics, and clinicians’ offices
- 2) Refugee resettlement agencies
- 3) Mental health centers
- 4) All other entities receiving federal funds or under contract to those receiving federal funds

## Section 1557 of the Affordable Care Act (ACA) (regulation expansion of Title VI)

**What does it say?**

Includes same language from Title VI in addition to requiring the following entities to provide interpretation services:

- 1) Any health program or activity any part of which received funding from Health and Human Services (HHS)
- 2) Any health program or activity that HHS itself administers
- 3) Health Insurance Marketplaces and all plans offered by issuers that participate in those Marketplaces

**Who is required to comply?**

Includes the same entities from Title VI in addition to the following:

- Federally administered programs
- Medicare
- Federally Facilitated Marketplace
- Entities created under ACA Title I
- State Marketplaces
- Qualified Health Plans (also receive federal funds)

In addition to the above information, Section 1557 of the ACA also has specifications for interpreters, including prohibiting the use of minors, family members, and friends as the primary interpretation source (except in emergency situations). Those entities listed above who must comply with the most recent expansion are also required to include nondiscrimination notices in places of employment and post taglines of the top 15 languages in that state. See *Resources* for current available taglines.

Language Access: Understand and advocate for your clients’ right to interpretation services

# What Can I Do?

## **Know your state's Medicaid policies and implementation practices.**

There is no requirement that states reimburse Medicaid providers for interpretation services. Though healthcare, including mental health care, providers who receive federal funds are required to provide interpretation services, there is no additional funding attached to this mandate. Some states pay Medicaid providers separately, while others lump interpretation costs into the regular service payment. Keep this in mind as you approach community partners and healthcare clinics regarding interpretation services.



## **Discuss reasons for refusal and determine if community partners can help fill in any service gaps.**

As with all partner interactions, ensure you understand the current service gap. Ask questions to determine why clients are not receiving adequate interpretation or translation services. Reasons can revolve around funding, staff capacity, lack of local interpretation services, and/or unfamiliarity with refugee populations.



## **Ensure your agency is providing supportive services to help ease referral processes and healthcare appointments.**

One of the first steps in developing a healthy community partnership with a refugee resettlement agency is to build a referral system. Appoint an individual within each organization who can assist with communicating appointment times, reasons for the appointment, and what to expect. This will not only help alleviate frustrations among all parties, but also encourage open communication among all support systems.



## **Offer training to help educate the administration on legal requirements.**

With the new regulation expansion, some clinics and individual staff members may not be aware of the practical implications, such as when to provide interpretation services or where to display taglines.



## **Share "I Speak" cards with clients as a visual aid for service providers.**

Empowering clients by giving them the tools to seek help is a great way to enhance communication among partners and between clients and their healthcare providers.



## **Provide preventative health classes, in which refugee clients learn how to ask for interpretation services.**

The more information clients have about the healthcare system, the better they can contribute to their own healthcare and preventive measures. This step also helps refugees seek interpretation on their own and build direct relationships with their primary care physician.



## **Make a written complaint to the state health agency, the state refugee office, the Office of Refugee Resettlement, or the U.S. HHS Office for Civil Rights.**

In the event you have fully understood your state's reimbursement protocols for interpretation services, have completed all of the above steps, spoken with your supervisor and any other relevant staff, filing a written complaint may offer additional recourse.

# References and Resources

## References

- Department of Health and Human Services. Section 1557 of the Patient Protection and Affordable Care Act. Retrieved from <http://www.hhs.gov/civil-rights/for-individuals/section-1557/>
- Department of Justice. 2016. Title VI of the Civil Rights Act of 1964. Retrieved from <https://www.justice.gov/crt/fcs/TitleVI-Overview>
- International Medical Interpreters Association. 1995. Medical Interpreting Standards of Practice. Retrieved from <http://www.imiaweb.org/>
- National Council on Healthcare Interpreting. Information about providing language access. Retrieved from <http://www.ncihc.org/faqs-for-healthcare-professionals>
- World Health Organization. Deafness and Hearing Loss. Retrieved from <http://www.who.int/mediacentre/factsheets/fs300/en/>

## Resources

- [Migration Policy Institute](#)
- [Assess Effectiveness of Language Access Programs](#)
- [Tips for Testing and Certifying Multilingual Employees](#)
- [New England Translators Association](#)
- [National Health Law Program](#)
- [Massachusetts Legal Help](#)
- [Minnesota's Deaf Adult Basic Education \(ABE\)](#)
- [Translated Services for Covered Entities](#) (taglines)



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This information guide is based on an NPCT webinar on this topic presented by Mara Youdelman of the National Health Law Program and Teresita Ramos of the Massachusetts Law Reform Institute. The webinar is archived on our website, [www.gcjfcs.org/refugee](http://www.gcjfcs.org/refugee) under [Webinars](#). For more details about **working directly with interpreters and interpreter program infrastructure**, please see our webinars and information guides “Working with Interpreters: Service Provision with Torture Survivors” and “Mental Health Interpretation: Program Structures and Funding Challenges” on our website [gcjfcs.org/refugee](http://www.gcjfcs.org/refugee), under [Information Guides](#).