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INITIAL FINDINGS OF ACCESS TO HEALTH CARE STUDY SHOW BARRIERS IN ACCESS FOR ENGLISH LANGUAGE LEARNERS IN THE D.C.

Washington, D.C, November 13, 2009 - The DC Language Access Coalition (DCLAC) recently released a study (<http://www.dclanguageaccess.org/cm/files/DCLACHealthReport.pdf>) that exposes the continued barriers facing English language learning (ELL) community members when trying to access essential medical services. Surveys and patient interviews find that although some efforts are being made by primary care providers to assist ELL individuals in their preferred language, inadequate language service provision is common and leads to communications barriers that result in decreased access to primary health care.

DCLAC's volunteer research team collected information and stories from 78 ELL community participants through patient interviews, focus groups, and short surveys of adult learners at an ESL school in D.C. as well as six interviews with community advocates that work directly with D.C.'s immigrant communities. All participants expressed the great value and importance of receiving an interpreter. One of the participants, whose husband received interpretation through a bilingual staff member at a hospital, emphasized that if she had not received interpretation she and her husband would not have known how to prepare for her husband's surgery in the correct way, which may have jeopardized her husband's life.

Twenty of the stories collected of ELL participants discussed medical encounters that took place without an interpreter. Patients resorted to using hand signals to try to get their points across. In some cases, the patients felt discriminated against. As one man put it, "My wife doesn't speak any English and when they went to get a prescription exam, they just made fun of her." In five of the stories, the interviewee suffered negative health outcomes as a result of not being able to get quality medical attention through an interpreter. One young woman, Daniela, had a particularly troubling experience:

I was 8 weeks pregnant and began to bleed. I went to the ER because I was afraid I was miscarrying. None of the staff there spoke Spanish and I was not checked. They just prescribed me medicine for Chlamydia and sent me away. I didn't know what to do. Everything moved so fast.

Sometimes individuals had to resort to using young children, other family or friends as interpreters. One such story is of a 9 year-old girl interpreting for her grandmother:

The grandmother was receiving electric shock treatment as part of the therapy and the girl was scared because she knew her grandmother was in pain. She decided on her own to tell the therapist that the voltage was too high.

Two other issues identified were long wait times and canceled appointments. These participants were all certain that their limited English capabilities were the main reason they were “left for last,” as they could see other patients who arrived after them being provided care before them while they waited.

DCLAC also conducted a survey of D.C. hospitals which revealed that although hospitals utilize a combination of interpreters, bilingual staff, and telephonic interpretation services to provide on-site oral interpretation, ELL patients are still slipping through the cracks. DCLAC’s volunteer researchers made phone calls to hospitals in Spanish, Amharic and French, only to have one in ten of these inquiries successfully answered by hospital staff. In many cases, the hospital simply hung up the phone instead of providing access to health services. The patient’s interviewed also indicated that they avoid certain hospitals because they do not expect to receive interpretation services, instead opting for community clinics that provide them with linguistically appropriate services. Although nearly two-thirds of the hospitals surveyed offered vital documents such as consent forms and policy information in Spanish, only one in five offered any of these documents in any other language and just two in five posted notices of interpretation services in languages other than English and Spanish.

“People are still falling through the cracks,” said Isabel Van Isschot, Director of the Interpreter Services Department at La Clínica del Pueblo. “Many of the problems seem to be the result of insufficient coordination and a lack of awareness. Both of these aspects need to be improved to ensure that language access is second nature and occurs quickly and easily in medical facilities.”

Patrick Coonan, Deputy Director & Health Organizer for DCLAC, noted that “providers have already taken the initial steps. Now we want to help ensure that they fulfill their legal and ethical obligations to provide quality and equal access to health care to the members of our communities regardless of their English language ability.”

It is horrific that pregnant women and grandmothers can’t receive access to relevant medical care in D.C., especially if we take into consideration the fact that all federally funded agencies must comply with Executive Order 13166 and Title VI of the 1964 Civil Rights Act and that all locally funded agencies must be in compliance with the 2004 D.C. Language Access Act,” states Jennifer Deng-Pickett of the DCLAC.

The 2005 – 2007 American Community Survey of the U.S. Census Bureau indicates that nearly 15% of the District’s population speaks a language other than English in the household and over 30,000 people self identify as speaking English less than very well. Outside of English, the most commonly spoken languages in D.C. are Spanish, French, Amharic, Chinese, Vietnamese and Korean. The DCLAC, an alliance of over 30 community-based organizations that advocate for language access in D.C., organized a team of volunteer health researchers who completed

the survey of D.C.'s hospitals and health clinics and interviewed ELL patients' about their experiences accessing basic health care.

DCLAC has received continued support from the Consumer Health Foundation to continue their effort to bring ELL community-members' stories to light and to promote dialogue between providers and patients to actions to improve language access in the District's hospitals and health clinics. For more information, please contact Patrick Coonan at the D.C. Language Access Coalition at 202-739-1315 or patrick.coonan@dclanguageaccess.org.

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