

Culturally and Linguistically Appropriate Care



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On September 23, 2023, the U.S. Department of Health and Human Services (HHS) announced \$8 million investment to train primary care medical students, physician assistant students, and medical residents to provide culturally and linguistically appropriate care for individuals with limited English proficiency (LEP) and individuals with physical or intellectual and developmental disabilities.¹ The allocation is intended to provide equitable access to healthcare for these historically underserved communities.

A 2022 study cited in the HHS press release highlighted the barriers people with disabilities face when accessing health services. Out of the 714 physicians surveyed (primary and sub-specialty) only 41% of respondents reported that they were “very confident” about their ability to provide the same quality of care to people with disabilities as those without, and 57% strongly agreed that they welcomed people with disabilities into their practices.² 22.6% (standard error = 2.2) attempted to regularly weigh people with disabilities³; and only 40% always or usually used accessible exam tables or chairs. The study also revealed notable gaps in knowledge about requirements of the ADA: 36% reported knowing “little or nothing” about their legal responsibilities under the ADA, and nearly 70% reported that they were at risk for ADA-related lawsuits.⁴ The survey results suggest that physicians’ attitudes and behaviors relating to care for people with disabilities is substantially lacking and in need of further training.

Similar to individuals with disability, individuals with limited English proficiency (LEP) are disproportionately impacted by inequitable access to healthcare leading to healthcare disparities. LEPs are defined as individuals who do not speak English as their primary language and who have a limited ability to read, speak, write, or understand English. These individuals are entitled to language assistance when seeking services, benefits, or encounters.⁵ Around 25.7 million or 8% of people ages five or older living in the United States are estimated to have limited English proficiency⁶. Individuals with limited English proficiency experience increased medical errors⁷, adverse events⁸, longer hospital stays⁹ and are at a higher risk of a return visit for emergency admission¹⁰ which indicates reduced quality of healthcare.

The Biden-Harris Administration is taking steps nationally to tackle structural and policy inequalities. Physicians practicing in WA can be agents of change and address the needs of patients with physical and/or intellectual disabilities and limited English proficiency by

implementing strategies that strive to reduce physical and language barriers.

Increase the accessibility of your medical practice by implementing the following strategies:

- Select care locations that have [universal designs](#) (ramps, elevators, and wide doors ways) to accommodate individuals with physical disabilities as well as people throughout the lifespan.
- Replacing furniture and equipment with adjustable and accessible diagnostic equipment can help to ensure your practice is inclusive of all individuals. Explore [Standards for Accessible Diagnostic Medical Equipment](#) for the proposed rule by the Architectural and Transportation Barriers Compliance Board.
- Familiarize yourself with assistive listening devices (ALDs) for patients with speech and other impairments. The [National Institute on Deafness and Other Communication Disorders](#) has detailed information.
- Utilize professional interpreters either in person or remotely to facilitate effective communication with patients with limited English proficiency. In WA state, the Health Care Authority (HCA) uses [Universal Language Services](#) to coordinate spoken language in-person, over-the-phone interpreting (OPI), and video remote interpreting (VRI) requests. For providers who have patients utilizing Washington Apple Health (Medicaid), [Sign Language Interpreter Request Form](#) can be used to secure interpretation. Community Plan of Washington Medicare Advantage and most other insurance providers reimburse for language services.
- Ensure that written materials such as consent forms and patient education materials are available in multiple languages.
- Partake in educational opportunities that centralize cultural competence of communities around WA. Select opportunities that are presented from the perspectives of people with physical disabilities and those that have limited English proficiency. WA Department of Health (DOH) has resources for healthcare professionals who are new to the cultural competency training journey. DOH recommends several foundational [training courses](#) free of charge.

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- Engage with community organizations and support groups that focus on the needs of individuals with physical disabilities and linguistic diversity to strengthen your overall understanding of the barriers faced by the community.
- Provide health information in accessible formats such as braille, large print, or audio for patients with visual or reading impairments. Washington State School for the Blind has [several services](#) for braille production and technology assistance.
- Strive for individualized care that centers on collaboration between healthcare providers, language support services and rehabilitation specialists to comprehensive care for patients with physical disabilities and language barriers.
- Implement quality improvement or patient feedback mechanisms to understand the accessibility of your practice and evaluate the effectiveness of accommodations to continuously work on improvement.

Figure 1: 37 languages spoken by LEP in WA – utilizing 2016 Office of Financial Services Data¹¹ Languages are spoken by at least 5% of the state population or 1,000 people.

1. Spanish	11. Chinese (simplified)	21. Romanian	31. German
2. Vietnamese	12. Chinese (traditional)	22. Tigrinya	32. Pilipino/Filipino
3. Russian	13. Marshallese	23. Farsi	33. Burmese
4. Ukrainian	14. Samoan	24. Tamil	34. Thai
5. Tagalog	15. Hindi	25. French	35. Oromo
6. Somali	16. Amharic	26. Nepali	36. Karen
7. Korean	17. Japanese	27. Hmong	37. Portuguese
8. Arabic	18. Telugu	28. Chuukese	
9. Punjabi	19. Urdu	29. Mixteco	
10. Cambodian	20. Lao	30. Swahili	

Figure 2: Most commonly spoken languages in WA among Medicare beneficiaries with Limited English Proficiency¹²

Language	Percentage	Number
Spanish	25.78	17,758
Vietnamese	12.04	8,292
Korean	9.05	6,232
Tagalog	7.25	4,992
Chinese	6.75	4,653
Russian	6.35	4,372
Japanese	5.69	3,917
Cantonese	3.83	2,638
Panjabi	2.31	1,591
Ukrainian	2.19	1,509
Total	81.24	55,954

Providers are required to facilitate spoken and sign language access according to [Title VI of the Civil Rights Act of 1964](#) and the [Americans with Disabilities Act \(ADA\)](#).

Healthcare providers need to take a comprehensive and inclusive approach to meet the needs of patients with physical disabilities and limited English proficiency. Considering these factors in practice can help create a more accessible healthcare environment that caters to the diverse needs of all patients. Implementing best practice strategies that take patient-centered approach improves communication, understanding, and overall health outcomes for most vulnerable populations.

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Endnotes

- 1 U.S. Department of Health and Human Services (HHS) September 23, 2023 Press Release <https://www.hhs.gov/about/news/2023/01/25/hhs-invests-8-million-improve-health-care-access-training-new-physicians-care-individuals-disabilities-individuals-limited-english-proficiency.html>
- 2 Lagu, T., Haywood, C., Reimold, K., DeJong, C., Walker Sterling, R., & Iezzoni, L. I. (2022). 'I Am Not The Doctor For You': Physicians' Attitudes About Caring For People With Disabilities. *Health affairs (Project Hope)*, 41(10), 1387–1395. <https://doi.org/10.1377/hlthaff.2022.00475>
- 3 Iezzoni, L. I., Rao, S. R., Ressler, J., Bolcic-Jankovic, D., Donelan, K., Agaronnik, N., Lagu, T., & Campbell, E. G. (2021). Use of Accessible Weight Scales and Examination Tables/Chairs for Patients with Significant Mobility Limitations by Physicians Nationwide. *Joint Commission journal on quality and patient safety*, 47(10), 615–626. <https://doi.org/10.1016/j.jcjq.2021.06.005>
- 4 Iezzoni LI, Rao SR, Ressler J, Bolcic-Jankovic D, Agaronnik ND, Lagu Tet al. US physicians' knowledge about the Americans with Disabilities Act and accommodation of patients with disability. *Health Aff (Millwood)*. 2022;41(1):96–104 <https://www.healthaffairs.org/doi/10.1377/hlthaff.2021.01136>
- 5 Limited English Proficiency Federal Coordination and Compliance Section https://www.lep.gov/sites/lep/files/media/document/2020-03/042511_QA_LEP_General_o.pdf
- 6 KFF 2023 Overview of Health Coverage and Care for Individuals with Limited English Proficiency (LEP) <https://www.kff.org/racial-equity-and-health-policy/issue-brief/overview-of-health-coverage-and-care-for-individuals-with-limited-english-proficiency/#footnote-592615-1>
- 7 Cohen, A. L., Rivara, F., Marcuse, E. K., McPhillips, H., & Davis, R. (2005). Are language barriers associated with serious medical events in hospitalized pediatric patients?. *Pediatrics*, 116(3), 575–579. <https://doi.org/10.1542/peds.2005-0521>
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- 10 Gallagher, R. A., Porter, S., Monuteaux, M. C., & Stack, A. M. (2013). Unscheduled return visits to the emergency department: the impact of language. *Pediatric emergency care*, 29(5), 579–583. <https://doi.org/10.1097/PEC.0b013e31828e62f4>
- 11 Department of Health Language Access Plan https://doh.wa.gov/sites/default/files/2022-04/37_Most_Spoken_Languages_in_WA_State.pdf
- 12 Centers for Medicare & Medicaid Services (CMS) Understanding Communication and Language Needs of Medicare Beneficiaries <https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/Issue-Briefs-Understanding-Communication-and-Language-Needs-of-Medicare-Beneficiaries.pdf>