

A. Strengthening the Infrastructure: Language Access

More than a quarter of New Jerseyans do not report English as their primary language, according to 2000 US Census data. Among these, approximately 11 percent speak Spanish, and another 12 percent speak other Indo-European or Asian and Pacific Island languages. About 10 percent of those who speak another language report that they speak English less than very well. Between 1990 and 2000, the number of New Jerseyans speaking a language other than English at home grew from 1.4 million to 2 million. The number of New Jersey Spanish-speakers grew 56 percent.

Studies demonstrate a wide range of adverse effects that limited English proficiency (LEP) can have on health and use of health services, including:

- impaired health status;
- lower likelihood of having a regular physician;
- lower rates of mammograms, pap smears, and other preventive services;
- non-adherence with medications;
- greater likelihood of a diagnosis of more severe psychopathology;
- leaving the hospital against medical advice among psychiatric patients;
- lower likelihood of being given a follow-up appointment after an emergency department visit;
- increased risk of intubations among children with asthma;
- greater risk of hospital admissions among adults;
- increased risk of drug complications;
- longer medical visits;
- higher resource utilization for diagnostic testing;
- lower patient satisfaction; and
- impaired patient understanding of diagnoses, medications, and follow-up.

Also, recent research demonstrates that the use of untrained, non-professional interpreters, such as family members, is associated with a substantially higher risk of interpreter errors of potential or actual clinical consequence.ⁱⁱⁱ

Like many other states, NJ State law mandates a patient's right to receive the services of a translator or interpreter to facilitate communication between them and the health care provider.

Building on Success

New Jersey is a culturally diverse state with more than 100 languages spoken. OMMH commissioned a study to determine to what extent NJ hospitals are meeting the needs of the LEP population. The study 1) assessed the effectiveness of current interpreter services in New Jersey's hospital meeting the needs of LEP patients and, 2) made recommendations on how best to meet the needs of LEP patients in New Jersey.

- As a result of the Department-commissioned study, the New Jersey Hospital Association (NJHA) developed the NJHA Language Access Task Force that released an "Interpreter/Translation Services White Paper" in February 2007. This groundbreaking paper included a series of recommendations to increase access to medical interpreters and other language services in New Jersey hospitals.
- OMMH also conducted a focus group on language access throughout the Department. The group discussed various department programs, the communities they serve and their language access needs. The group also discussed the availability, or lack thereof, of interpretation and translation services. In addition, they suggested solutions about what is needed within the Department in order to meet the needs of those whose primary language is not English.
- OMMH now makes available through its website a limited number of hospital documents translated into four different languages (Spanish, Hindi, Haitian Creole, and Mandarin Chinese).

- The NJDHSS has made numerous health information documents available in Spanish as well as other languages frequently spoken in New Jersey. NJDHSS also has provided interpreters on some of its toll-free health information lines.

Goal: Increase access to translation and other language services for those who are more proficient in a language other than English.

Action Plan

Steps and Timeline:

FY 2007-2010

- Develop a website with translated health education materials.
- Pilot a demonstration project in partnership with the NJHA to train bilingual staff as medical interpreters.
- Pilot a demonstration project to train community based-organization bilingual staff as medical interpreters.
- Disseminate the “I Speak Poster” to New Jersey hospitals in partnership with NJHA to assist in interpretation.
- Increase the capacity of NJDHSS licensing staff that monitor health care facilities to assess language access services.
- Revise the discharge planning section of the licensing regulations to explicitly address language and cultural barriers.

Outcome Measures

- Increase by 100 percent materials posted on the OMMH “translated materials” webpage.
- Two eight-hour training sessions conducted in Atlantic County for hospital bilingual staff.
- Staff of eight to ten minority community-based organizations (CBOs) trained in medical interpretation, cultural competency and community health.

- All NJHA member hospitals receive the “I Speak” poster and interpretation assistance tool.
- Increased number of NJDHSS licensing staff members who are trained in monitoring language access services at regulated facilities.
- Review and amend the hospital discharge planning rules to incorporate specific elements related to language access.