



A campaign to ensure that New Yorkers have equitable access to linguistically and culturally competent healthcare services

Language Access

There are estimated to be over 800 languages in New York City, and those who speak any of the low-incident languages outside of those included in the top 10 citywide are often left lost in translation when seeking healthcare services and coverage.

Healthcare settings in New York State are required to provide language assistance to individuals with limited English proficiency (LEP). LEP individuals are unable to communicate effectively in English because their primary language is not English and they have not developed fluency in the English language. Yet, with over 70 laws addressing language access in healthcare settings currently on the books on both the local and federal levels, there is still an observable deficit in accessibility to language assistance in essential healthcare settings--especially for those LEP individuals who belong to Asian Pacific American communities. There have been a number of hearings and oversight meetings on the monitoring and implementation of these laws, and each has shown a dire need for the City and State to live up to the requirements they themselves established in previous legislation. Stories like that of an individual asking for a Japanese interpreter and being connected to one who speaks Mandarin seem to be universal in community based organizations (CBOs). ***In order to achieve full health equity, robust language assistance must be available and accessible to all members of a community.***

- APAs have the **highest rate of linguistic isolation of any group** in New York City at 42%, meaning that no one over the age of 14 in the household speaks English well or at all ¹
- Half of the most spoken non-English languages are APA languages ²

Our partners and community members have noticed that there appears to be two key barriers to the full and equal implementation of language access regulations in the healthcare setting: a lack of proper or sufficient reimbursement and a lack of an ability to leverage technology.

¹ U.S. Census Bureau, 2016 American Community Survey.

² 2013-2017 American Community Survey 5-Year Estimates.

Cultural Competence

A culturally competent health care system is one that acknowledges the importance of culture, incorporates the assessment of cross-cultural relations, recognizes the potential impact of cultural differences, expands cultural knowledge, and adapts services to meet culturally unique needs.

Often cultural competence and language access are conflated to be the same thing in healthcare settings. This is far from the truth, however, as language access is merely a single facet of cultural competence.

Ultimately, cultural competency is recognized as an essential means of reducing racial and ethnic disparities in health care. A culturally competent health care system can help improve health outcomes and quality of care, and can contribute to the elimination of racial and ethnic health disparities. Examples of strategies to move the health care system towards these goals include providing relevant training on cultural competence and cross-cultural issues to health professionals and creating policies that reduce administrative and linguistic barriers to patient care.

Ways in which a healthcare setting may be able to improve their cultural competence:

- Collect race, ethnicity and language preference data.
- Identify and report disparities.
- Provide culturally and linguistically competent care.
- Develop culturally competent disease management programs.
- Increase diversity and minority workforce pipelines.
- Involve the community.
- Make cultural competency an institutional priority.

Priority Ask: Support the passage of **S06767** which requires cultural awareness and competence training for all medical professionals as part of their licensing requirements and a community health improvement plan for its region for the purpose of promoting the delivery of healthcare services in the region, improving the quality and accessibility of care, including cultural competency, respectively.