Ten Things You Should Know About Language Access Advocacy for Older Adults

SEPTEMBER, 2015

1. Approximately 5 million of America’s older adults are limited English proficient (“LEP”).¹
   This means that these individuals do not speak English as their primary language or have a limited ability to read, speak, write, or understand English.

2. A significant number of LEP seniors are low-income.
   In 2015, 43.8% of low-income SSI applicants who were 65 and over asked to be interviewed in a language other than English.² These individuals may be legally entitled to language assistance with respect to a particular service, benefit, or encounter.

3. LEP seniors are diverse and live throughout the U.S.
   Hailing from many different backgrounds and ethnicities, LEP seniors are not just in coastal centers or large metropolitan areas. Minnesota is home to many Somalis. Large Hmong communities reside in towns such as La Crosse, Wisconsin. Spanish-speaking elders, who comprise the largest single LEP group, are a significant presence in almost every state. LEP seniors also speak many different languages. The Social Security Administration’s Multilanguage Gateway contains Social Security information in 18 languages and includes specific instructions in all 18 languages on how to request free interpreter services.

4. Many LEP seniors are unable to attain full fluency in English.
   Due to age and physical barriers it is unrealistic to expect many LEP seniors to attain full proficiency. These barriers often combine with other factors to prevent seniors from attaining fluency through the typical methods such as working, going to school, or raising children. In addition, across the country, waitlists for English as a Second Language (ESL) classes number in the thousands.

5. Language access is a protected civil right.
   Federal law prohibits discrimination based on national origin, including discrimination on the basis of language. These civil rights protections have become well-established through an Executive Order by President Clinton in 2000 and various federal regulations. Any recipient of federal funds is required to take reasonable steps to ensure meaningful access to programs by LEP individuals. Many states and localities also have enacted additional specific requirements for language services for LEP individuals. For example, California has 12 threshold languages for its Medicaid program, and, depending on the county, the state and its contractors must provide written translation of beneficiary notices and materials.

6. Language assistance, including translation and interpretation, and cultural competency is vital to assist LEP seniors in navigating aging network services.
Cultural competence, or the ability to interact effectively with persons of different cultures, is also a key component of effective communication with LEP individuals. Although it is vital that in-language interpretation and translation services are provided, cultural competency demands more: a grasp of one’s own cultural worldview, holistic knowledge of different cultural practices and worldviews, and cross-cultural communication skills.” (Note: “translation” refers to written materials, and interpretation is oral assistance).

7. Many organizations serving LEP clients use professional “language line” services – telephonic services available in hundreds of languages on demand.
Such services may also be able to provide “oral translation,” or simultaneous spoken communication about the contents of a document written in English. Such services can be extremely effective, but must not take the place of hiring bilingual staff and providing written translations.

8. To be effective, language services must meet certain qualitative standards, particularly when a client’s legal rights, health, or well-being is at stake.
Trained professionals familiar with appropriate concepts and specialized vocabulary can be extremely important to avoid dangerous or detrimental outcomes. Children and family members, especially minor grandchildren, are not ideal interpreters. Untrained laypersons often are unfamiliar with legal or medical terms and can make serious mistakes, and individuals may be deterred from fully sharing symptoms or other important personal details in the presence of a family member.

9. As required by federal law, organizations serving LEP populations should endeavor to undergo regular assessment, planning, and monitoring of LEP outreach and the delivery of services.
Achieving progress in gaining individual and institutional cultural competence should be seen as a dynamic, ongoing process. Look to CLAS standards for blueprints of culturally and linguistically appropriate services: www.thinkculturalhealth.hhs.gov.

10. Justice in Aging has long fought for improved language access policies on behalf of low-income older adults.
For more resources and information on serving LEP older adults from Justice in Aging and our partners, please visit our LEP resource page.