

Some Key Concepts In Language Access

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[this is a placeholder for a major extended thesis based on empirical qualitative organizational and process language access research conducted between 2001-2006; it will be available in Spring 2007]

- Creating language access at the system level requires more than the introduction of a single new practice. Comprehensive, permanent, and self-sustaining advances require multiple, linked, inter-dependent, and mutually-supportive advances throughout the parts of an institutional system. A gap anywhere in the system can erode or even eliminate the return on investments in language access made elsewhere in the system.
- Like other continuous quality improvement advances, providing language access requires that every part of a health care delivery institutional system be participant in a creating pervasive change. Medicine, nursing, pharmacy, laboratory, admissions, transportation, food service, discharge planning, social services, human resources, training and continuing education, executive administration, finance, quality assurance, provider relations, contracting, audit, utilization review, information services, community relations, and other functions are all key players in ensuring the continuity and ubiquity of needed services.
- Health care organizations are negotiative structures, in which introduced changes must be negotiated within and among departments, functions, disciplines, priorities, budgets, policies and procedures, industry partners and other constituents, marketplace considerations, and external institutions/agencies and communities of interest.
- Those whose organizational roles are to consider, design, implement, and monitor significant system changes operate within rules and customs characterizing their organizational culture and structure. How they perceive strengths, weaknesses, opportunities, and threats and the processes they use to guide advances through these attributes constitute the processes of change. Thus, the processes through which the introduction of thorough language access initiatives succeed or fail must be understood and widely disseminated if other institutions are to confidently act on behalf of their patients/members.