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## Remote interpreting services are essential for people with limited English – during COVID-19 and beyond

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## Remote interpreting services are essential for people with limited English – during COVID-19 and beyond

### Abstract

According to 2016 Census data, 3.5% of Australians have limited English proficiency. When they're receiving health care, it's essential these Australians have access to interpreters. Research has shown professional interpreters facilitate effective communication between the patient and clinician, boost the quality of care, and improve the patient's health outcomes. With COVID-19, we've seen a shift towards interpreting services being delivered remotely. These remote services are important for vulnerable groups during the pandemic. They should also pave the way for improved care for people with limited English in the future.

### Keywords

beyond, covid-19, during, –, english, remote, limited, interpreting, people, essential, services

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# Remote interpreting services are essential for people with limited English — during COVID-19 and beyond

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When they're receiving health care, it's essential these Australians have access to interpreters. Research has shown [professional interpreters](#) facilitate effective communication between the patient and clinician, boost the quality of care, and improve the patient's health outcomes.

With COVID-19, we've seen a shift towards interpreting services being delivered remotely.

These remote services are important for vulnerable groups during the pandemic. They should also pave the way for improved care for people with limited English in the future.

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## Disclosure statement

Darcy Morris, Senior Administrative Officer at the University of Wollongong, contributed significantly to this article.

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***Read more: [Nearly 1 in 4 of us aren't native English speakers. In a health-care setting, interpreters are essential](#)***

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## The importance of interpreters during COVID-19

Certain groups of people are at increased risk of serious illness from COVID-19. These include people aged 70 and over (or 65 and over with a chronic medical condition), Aboriginal and Torres Strait Islander people aged 50 and over with a chronic condition, and people with compromised immune systems.

Vulnerability to COVID-19 can also relate to factors like homelessness or insecure housing and socioeconomic status.

Many people with limited English proficiency will fit into these vulnerable groups.

People with limited English may also be at increased risk of COVID-19 because they don't have the language and literacy skills to understand and respond to pandemic-related information.



People with limited English proficiency can have trouble understanding general public health messaging. Shutterstock

While data on language and COVID-19 cases is regrettably lacking in Australia, evidence from overseas suggests people from non-English-speaking backgrounds may be faring worse.

In the United States, for example, communities with large numbers of

people with limited English account for a high percentage of COVID-19 hospitalisations and deaths, disproportionate to the general population.

So as well as providing suitable health messaging to multilingual communities, providing interpreting services is vitally important at this time.

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***Read more: [Multilingual Australia is missing out on vital COVID-19 information. No wonder local councils and businesses are stepping in](#)***

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## **Interpreters are underused across health care**

Independent of the pandemic, evidence suggests interpreters are underused in health-care settings in Australia.

In acute care, for example, [one recent study](#) found 54% of hospital patients who required an interpreter received one. But this rate is considerably higher than those reported in [other studies](#).

Professional interpreters are also underused in [emergency care](#) and [primary care](#) settings in Australia.

We don't know how often interpreters are used in [aged care](#), but there's clearly a need there too.

COVID-19 gives us an opportunity to improve the use of interpreters in these areas.

## **A shift to remote delivery**

Before the pandemic, professional interpreting services in health care were delivered through a combination of face-to-face and remote services (via telephone or video conferencing).

In Australia, these services are made available through a range of private and government-funded services. For example, in New South Wales there are five [health-care interpreting services](#). Nationally, the Department of Home Affairs funds the Translating and Interpreting Service (TIS), which offers free interpreting for eligible health organisations and clinicians.

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***Read more: [We asked multicultural communities how best to communicate COVID-19 advice. Here's what they told us](#)***

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There are no data from before COVID-19 to tell us what proportion of

interpreting services were delivered face-to-face, rather than remotely. But during the pandemic, consistent with the sharp increase in telehealth, we've seen a sudden shift to remote delivery of interpreting services across Australia.

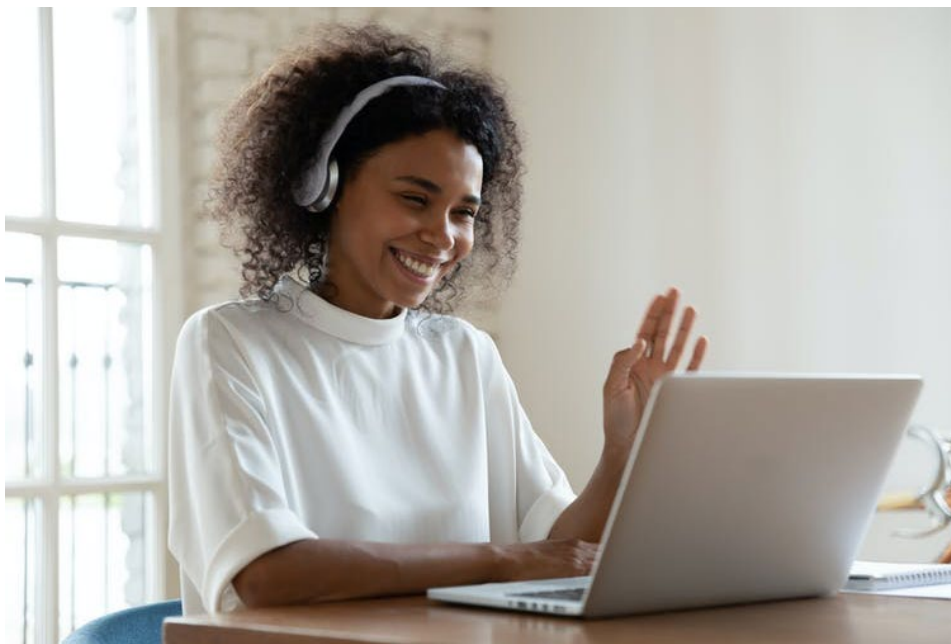
At the Royal Melbourne Hospital for example, video interpreting appointments have increased from 10-15 appointments per month before COVID-19 to 100-200 a month currently.

## **There are pros and cons**

Research shows remote interpreting is an acceptable and accurate alternative to face-to-face interpreting.

Importantly, it allows for continued access to services in a COVID-safe way (minimising physical contact between interpreters, health-care professionals and consumers).

Other benefits include rapid and increased access to interpreters in a wide range of languages, and improved efficiency. It allows interpreters to spend more time interpreting rather than commuting between sites.



During COVID-19, interpreters are increasingly working remotely. Shutterstock

But there are also some potential disadvantages. There's the absence of visual communication, especially associated with telephone interpreting. A person might offer cues via their body language, but a telephone consultation will miss these.

Drawbacks could also include technical problems such as poor video or audio quality, and issues related to digital literacy and participation more broadly, particularly for older Australians.

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***Read more: [Telehealth in lockdown meant 7 million fewer chances to transmit the coronavirus](#)***

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## **An opportunity to improve care**

The rapid transition in service delivery necessitated by COVID-19 presents an opportunity for systemic change to professional interpreting services.

To ensure safe, quality care is provided during the pandemic, and to capitalise on the opportunity COVID-19 has afforded for improved care into the future, we need to see several things happen:

- all health-care personnel providing services to people with limited English proficiency should take up appropriate remote interpreting services
- providers and staff should undergo training to increase familiarity with available technology and ensure its appropriate use
- health services' rates of remote interpreting uptake should be measured and reported as an indicator of access
- barriers to the use of remote interpreting services should be explored to ensure they're addressed and overcome
- cost and effectiveness of remote delivery should be further evaluated. This includes comparing modes (for example, telephone versus video) to inform best practice and policy.

[Language](#) [Coronavirus](#) [Health literacy](#) [Telehealth](#) [interpreters](#) [COVID-19](#)

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[The New Way to Assess the Lung - And How to Train a Mass Market?](#) Ñ Melbourne, Victoria

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