Bridging The Language Gap, Providing Equitable Healthcare

Teoman Toprak[1], Gentry King[#] and Michelle Sobremonte-King[#]

[1]University of Washington, Seattle, USA
[#]Advisor

ABSTRACT

With the changing demographics of the United States Census and advancements in healthcare, there is also an increasing need for Diversity, Equity, and Inclusion (DEI). This aims to create a non-discriminatory environment which gives each patient an equal chance to receive the best medical care possible, regardless of their background. As efforts are made to provide equity of care, it becomes essential to consider problems such as language barriers to ensure the utmost quality of care. Studies show that millions of Americans are unable to speak English well and that this negatively impacts their care and leads to decreased patient satisfaction. As a result, medical interpreters are necessary in many areas to reduce these risks. Without the proper reimbursement for these professional medical interpreters, however, many hospitals do not provide these services. Ad hoc interpreters, or untrained interpreters like family or friends, are sometimes used as replacements but prompt more issues like erroneous interpretation for the patient. Considering this evidence, we aim to summarize the literature and understand the benefits of including medical interpreters as an option for Americans who struggle with English, while raising awareness for an increase for equity of care.

Introduction

The lack of professional medical interpreters stems from a lack of proper funding and the uncertainty of the true benefits of patient care with interpreters over care without. There are approximately 25 million Americans that struggle with speaking English and more than 60 million that speak other languages at home besides English (1). These Americans are much less likely to seek care, get the quality of regular care or even be satisfied with their care compared to those with English proficiency (2). Without language-concordant care, professional medical interpreters can act as a pillar of support for the patients with Limited English Proficiency (LEP) to improve clinician-patient communication. By doing so, it allows for patients to feel more comfortable with the care from the clinician, understand treatments more comprehensively, and add to their satisfaction with care from the healthcare system (3).

As of July 2023, federal law including Title VI of the Civil Rights Act of 1964 (4), Affordable Care Act (ACA)(5), Executive order 13166 (6) prohibits discrimination on the basis of color, race, or national origin in programs and activities receiving federal financial assistance and requires providers to provide optimal care through offering language assistance services to patients. With these laws, federal agencies are also required to develop systems to improve access to their programs and services for people with LEP. The Department of Health and Human Services (HHS) published guidance about how to meet the provision of the executive order (7, 8). Although this is a step in the right direction for equity in the healthcare system, there are still visible signs of discrimination against patients with LEP that must be addressed. Patients with LEP not only report lower satisfaction with quality of care, but also higher risks of hospitalizations due to communication barriers between clinician and patient (9). Furthermore, these patients are less likely to return to the emergency department for care once any complications arise (9). Addressing these systemic barriers to quality care for all Americans will allow for greater equity within the healthcare system.

A qualified interpreter for an individual with LEP is one who “(1) adheres to generally accepted interpreter ethics principles, including client confidentiality; (2) has demonstrated proficiency in speaking and understanding

both spoken English and at least one other spoken language; and (3) is able to interpret effectively, accurately, and impartially, both receptively and expressly, to and from such language(s) and English, using any necessary specialized vocabulary, terminology and phraseology (8, 10). Federal regulations and guidance do not require interpreters to be licensed or certified (10). Use of certified interpreters is required only in some states although HHS considers certification helpful to establish competency (11).

A large share of interpretation is done by bilingual providers or volunteers at no cost (12). Due to cost concerns and lack of necessary funding, many health care providers do not wish to use additional spending on interpreters (2). However, this does not weigh the cost vs. benefit analysis for these families with poor English proficiency. According to a 2-year study, patients were placed into an interpreter service group and in a comparison group (2). The majority of the interpreter service group patients spoke Spanish. The results found that the interpreter service group had increases in the percentage of the recommended preventive services received, number of office visits, and number of prescriptions. The estimated total cost per person in the interpreter services group was $279. Overall, when comparing this expenditure of $279 per person per year for interpreter services to the overall expenditures of the healthcare providers, the cost is reasonable for the benefits it provides. Not only did those patients with interpreter services receive a better quality of care, an increase in follow-up visits, and more prescriptions, but it also reduced the risk of costly complications that stem from lack of proper communication. The data also suggests that improving language access for patients with LEP through interpreter funding can also lower the cost of care in the long-term (2). Assuming many of these patients experience discrimination and feel distrust in the healthcare setting (13), increasing quality of care has the potential to strengthen trust of the healthcare system over time and most likely allow for a greater access of healthcare to more of the American population.

Professional medical interpreters, despite their slightly higher costs for patient treatment, are worth the investment for the benefit of DEI advocacy, increasing trust in the healthcare system, and improving healthcare for millions of people in America.

Effects on Quality of Patient Care and Health Complications

Maximizing the quality of care for all patients should be the goal in every healthcare setting. However, there are disparities between patients and specifically patients with LEP. This language barrier puts individuals and their communities at risk by negatively affecting their ability to access proper care and poor communication with clinicians (14).

Giving each and every person, regardless of their background, equal access to care is important to reduce disparities and to advocate for Equity. In addition, avoiding miscommunication between the patient and the clinician can also provide cost benefits to the healthcare institution by preventing hospital readmissions, prolonged hospital stays, or unnecessary procedures (15). Since many of these patients with LEP experience discrimination and distrust in their healthcare (13), slowly rebuilding their trust has the potential to rebuild trust in their communities as well. A study that conducted a review of literature on medical interpreters found that there was a positive impact of professional interpreters on clinical care for patients with language barriers. Additionally, the use of trained medical interpreters was associated with a decrease in disparities between patients with a language barrier as compared with patients receiving care from language concordant clinicians (14). This indicates that even if the clinician understands the language, using a professional interpreter can prove to be more effective. Without medical interpretation, patients with LEP are at higher risk of adverse outcomes such as decreased patient satisfaction leading to distrust in the healthcare system and drug adverse effects and related complications (15) which can cause these patients to have prolonged hospital stays and only harm their quality of care.

Despite provider-patient communication being crucial for the best patient care, language discordance can create a barrier that negatively affects the community and their health outcomes (16). Meeting the needs of this community urges clinical settings to invest in adequate staffing of interpreters, infrastructure and workflow improvements, and the hiring and training of polylingual providers. Cooke et al. (16) reported that in-person medical interpreters

proved to be the best practice in facilitating successful interactions and fostering a better atmosphere in the primary care setting. In addition, team building activities between interpreters and providers could also prove to be useful in improving healthcare provision for patients with LEP (16).

In a cohort of patients undergoing orthopedic surgery and comparing care processes and treatment outcomes with English proficiency (17), LEP was associated with increased hospitalization costs and was consistently associated with increased hospital length of stay and nonhome discharge, but not hospital returns. For care processes related to patient engagement, LEP was consistently associated with decreased patient portal use and decreased completion of patient-reported outcome measures per adjusted estimates. There were mixed findings regarding associations with increased complications and worse postoperative patient-reported outcome measure scores. (17).

How Does LEP Affect Patients with Chronic Diseases, The Pediatric Population and Beyond?

Besides the healthy population of people with LEP, interpretation can be beneficial to those with chronic diseases, especially in the pediatric population (18-20). In a pilot study conducted regarding the influence of medical interpretation on patients with LEP and type 2 diabetes, quality medical interpretation contributed to more optimal health outcomes. Both in-person and virtual interpreters was shown to be effective in providing care for patients with LEP, especially for chronic disease management in a primary care setting (18).

In a study analyzing the healthcare communication experience of Hispanic parents with childhood cancer survivor families, and medical providers, it was found that the Hispanic/Latino immigrant community reported ongoing effectiveness and value in medical and non-medical communication (20). In this study, caregivers participated in and responded to numerous non-medical communications, and the challenges of some of these conversations suggested the crucial role that the healthcare team can play in supporting the efforts of the caregivers regarding misinformation, social support, and the provision of hope for cancer care (20). It was concluded that communication between patient and providers can be essential for managing cancer care and potentially maximizing survival rate. In a similar fashion, Spanish speaking patients with LEP have been noted to have higher rates of unfavorable pediatric neurosurgical outcomes which was attributed to the language-discordant setting. Compared with English-speaking parents, providers noted that Spanish-speaking parents expressed a desire to better understand their child's future medical needs, care, and development. Optimizing communication may help lessen the disparities experienced by LEP Hispanic/Latino individuals when receiving neurosurgical care (19).

Many providers lack robust training in racial/ethnic minority health training and sexual health, and these gaps can result in uncertainty toward providing equitable healthcare to certain minoritized groups (21). Additionally, many providers reported relying mostly on population-level health disparities data to inform their communication and care with minoritized patients. However, using population-level disparities data to guide sexual health communication and care with individual minoritized patients can undermine engagement in person-centered practices that promote patient autonomy, health, and well-being (21). Language barriers and related challenges within the healthcare system also reflect to inequitable abortion care. Establishing interpreter services and considering new opportunities for improved care for patients with LEP will allow healthcare professionals to provide a more comprehensive healthcare for those seeking abortion services (22).

Considering the success in the education system and population health, school nurses can provide essential services and can be very influential (23). Though, for this to be possible, school nurses must be able to communicate with students and their families who depend on them to support students' health and well-being. Communication barriers can become an obstacle if students or their families do not speak or understand the same language as the school nurse. Schools have a responsibility to ensure effective communication by implementing language access plans and policies that include language screening and interpretation services, translation of essential documents, and bilingual interpreter training. These services can be available in-person, telephone, or video methods. Overcoming

language barriers in schools is crucial for promoting equity in the U.S. education system while identifying and addressing health barriers affecting learning. By doing so, LEP individuals will have the same learning opportunities as everyone else (23).

Even in the medical training field, interpreters can be important for the training of pediatric residents. Pediatric residents provide care to many families with LEP, and a lack of interpreters can result in decreased understanding of medical information and risk of medical error for these patients. A study found that residents identify that the use of an interpreter somewhat improves their abilities to perform clinical duties and build rapport with families who speak other languages (24). This finding highlights the need for residency training programs to educate residents about safe and equitable care and provide the opportunity for families to have easily accessible forms of translation services that can be used in all areas of the hospital. By including medically trained interpreters to work alongside pediatric residents in their training, residents can learn and understand how to provide care for patients with LEP more effectively (24).

The Substantial Need for Medical Interpreters in Medical Research

In the clinical research field, there are large inequalities in recruitment with Social Determinants of Health (SDoH) being influential on clinical research participation. By utilizing targeted interventions and fostering inclusivity, a more effective and equitable research environment can be created that can cater to the needs of all patients with an emphasis on more marginalized individuals within clinical research (25). Inadequate resources for patients with LEP make them underrepresented in clinical trials and impedes their recruitment. There is a need to reduce these recruitment barriers to ensure equitable access to these trials by incorporating trained translators and catering to their native languages (26). Since clinical research affects the quality of care for all patients, more equitable and inclusive recruitment that caters to individuals of all backgrounds – especially those in marginalized groups – is necessary so that the data produced from research for clinical care can benefit a larger diversity of people.

Potential Solutions to Overcome Language Barriers

Despite these problems surrounding the lack of interpreter services and the shortage of interpreters themselves, there are options of utilizing in-person face-to-face interpreters, telephone interpreters or video remote interpreters which are well defined by the HHS (11). Beyond this there is also research that artificial intelligence can be a potential solution to streamline the process and allow clinicians to use interpreters (13, 27). A study testing the effectiveness of artificial intelligence using a human operator in the language services process found that an ever-developing machine learning software could eventually learn to identify patients with more complex care needs and provide effective in-person interpreter services (13, 27, 28).

Conclusion

More effective clinical-patient communication for patients with LEP is associated with longer time spent with an interpreter (3). Policymakers should consider reimbursing health care organizations for the time interpreters spend providing patient navigation and helping improve care for those without English proficiency. Incorporating trained medical interpreters as a norm in the healthcare setting will greatly benefit millions of patients in terms of better communication between clinician and patient, increasing trust, and providing more effective and comprehensive care. Because language discordant care is so prominent currently, investing in interpreter services and promoting health equity will contribute to a more inclusive and effective healthcare environment. Overall, having healthcare settings properly reimburse for these services will allow for millions of Americans with LEP to receive an equal chance at the best possible care while providing more equitable and inclusive health care.

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