LANGUAGE BARRIERS AND THE PATIENT ENCOUNTER

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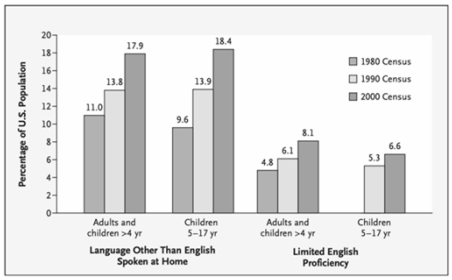
NHOC

LEARNING OBJECTIVES

- 1. Identify challenges posed by language barriers
- 2. Discuss how medical errors may arise due to language barriers
- 3. Explore tools available to address barriers
- 4. Understand the benefit of patient communication

TRENDS

- 49.6 mil (18.7%) Americans speak a language other than English at home
- 22.3 mil (8.4%) have limited English proficiency
  - Self rated as less than "very well"
- Between 1990 and 2000, there was an increase by 15.1 mil Americans (47% increase) who spoke a language other than English at home
  - 7.3 mil of those had limited English proficiency



Percentages of Americans Who Speak a Language Other Than English at Home or Who Have Limited English Proficiency.

Data are from the U.S. Census Bureau, which examines language proficiency in school-age children but not in those under five years of age. Data on the proportion of children with limited English proficiency were not collected in the 1980 Census.

HISPANIC AMERICANS

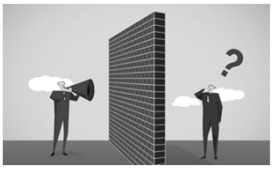
- The most populous minority group in the US - grown from 9% of population in 1990 to 12.5% in 2000
- The group "Hispanic American" is heterogenous
  - Many racial, ethnic, and cultural entities, sharing a common language of Spanish
- Sometimes also referred to as Latinos, 5 subgroups, based on country of origin
  - Mexican (the largest subgroup), Puerto Rican, Cuban, Central or South American, and "other" Hispanic

HISPANIC AMERICANS HEALTH RISKS

- At particular risk for
  - Diabetes mellitus
  - Tuberculosis
  - Hypertension
  - HIV/AIDS
  - Alcoholism
  - Cirrhosis
  - Cancer
  - Death from violence

SOCIOECONOMIC FACTORS

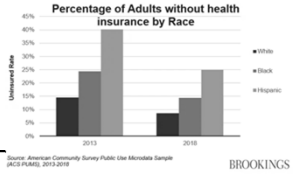
- Language problems
- Cultural differences
- Poverty
- Lack of health insurance
- Transportation difficulties
- Long waiting times



- All become barriers to adequate medical care

INSURANCE COVERAGE

- Hispanic Americans have a lower rate of insurance coverage than black and white people, regardless of income level
  - 35% Hispanic Americans lack health insurance
  - 21% Blacks lack health insurance
  - 14% Whites lack health insurance



Source: American Community Survey Public Use Microdata Sample (ACS-PUMS), 2013-2018

BROOKINGS

SEEKING HEALTHCARE

- Less likely to visit a doctor's office
- Highest rate of no physician contact
- National Longitudinal Mortality Study reported that 24% and 34% of Hispanic American men and women, respectively, earned <$10,000 per year
  - Compared with 12% and 18% of white males and females, respectively

SOME CULTURAL DIFFERENCES

- Mexican Americans tend to use folk remedies rather than conventional medical care
- Survey of Mexican American families in western Texas revealed that folk medicine was used by half of the families

SO WE KNOW THE DISPARITIES IN HEALTH AND HEALTH CARE

- Language problems
- Cultural differences
- Poverty
- Lack of health insurance
- Transportation difficulties
- Long waiting times

- Shouldn't language barriers be a low hanging fruta?

WHERE'S THE INTERPRETER?

- In 46% of ED cases involving patients with limited English proficiency, no interpreter was used
- Few clinicians receive training in working with interpreters
  - 23% of US teaching hospitals provide any such training, optional
- Data collection on primary language and English proficiency is frequently inadequate
  - No federal statutes require collection of this info, no statute prohibits it however

LANGUAGE BARRIERS' ILL EFFECTS

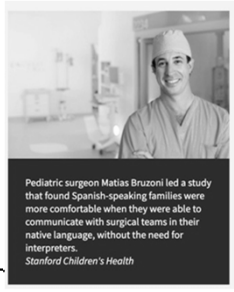
- Patients who face language barriers less likely to have a usual source of medical care
  - Receive preventive services at reduced rates
  - Increased risk of non adherence to medication

PATIENTS WITH LANGUAGE BARRIERS

- With psychiatric conditions -> more likely to receive diagnosis of severe psychopathology
  - More likely to leave hospital AMA
- With asthma -> increased risk of intubation
- Less likely to return for follow-up appointments after visiting ED
- Higher rates or hospitalization and drug complications

COST AND EFFECT

- Greater resources are used in the care of patients with language barriers
- BUT lower levels of patient satisfaction



Pediatric surgeon Matias Bruzoni led a study that found Spanish-speaking families were more comfortable when they were able to communicate with surgical teams in their native language, without the need for interpreters.
Stanford Children's Health

ACTUAL EXAMPLES

One interpreter, mistranslating for a nurse practitioner, told the moth- er of a seven-year-old girl with otitis media to put (oral) amoxi- cillin "in the ears."

A 12-year-old Latino boy arrived at a Boston emergency department with dizziness and a headache. The patient, whom I'll call Raul, had limited proficiency in English; his mother spoke no English, and the attending physician spoke little Spanish. No medical interpreter was available, so Raul acted as his own interpreter. His mother described his symptoms:

"*La semana pasada a el le dio mucho mareo y no tenía fiebre ni nada, y la familia por parte de papá todos padecen de diabetes.*" (Last week, he had a lot of dizziness, and he didn't have fever or anything, and his dad's family all suffer from diabetes.)

"Uh hum," replied the physician.

The mother went on. "*A mí me da miedo porque el lo que estaba mareado, mareado, mareado y no tenía fiebre ni nada.*" (I'm scared because he's dizzy, dizzy, dizzy, and he didn't have fever or anything.)

Turning to Raul, the physician asked, "OK, so she's saying you look kind of yellow, is that what she's saying?"

Raul interpreted for his mother: "*Es que si me vi amarillo?*" (Is it that I looked yellow?)

"*Estaba como mareado, como pálido*" (You were like dizzy, like pale), his mother replied.

Raul turned back to the doctor. "Like I was like paralyzed, something like that," he said.

If Raul received inappropriate care owing to his misinterpretation, he would not be alone. One interpreter, mistranslating for a nurse practitioner, told the mother of a seven-year-old girl with otitis media to put (oral) amoxicillin "in the ears."[1] In another case, a Spanish-speaking woman told a resident that her two-year-old had "hit herself" when she fell off her tricycle; the resident misinterpreted two words, understood the fracture to have resulted from abuse, and contacted the Department of Social Services (DSS). DSS sent a worker who, without an interpreter present, had the mother sign over custody of her two children.[2] Clearly, catastrophes can and do result from such miscommunication.

1998

- Office for Civil Rights of Dept of Health and Human Services issued memorandum under Title VI of Civil Rights Act of 1964
  - Prohibited against the discrimination on basis of national origin -> affects persons with limited English proficiency
  - Denial or delay of medical care due to language barriers constitutes discrimination -> requires that recipients of Medicaid/Medicare funds provide adequate language assistance

2000

- Presidential executive order issued on improving persons' access to services
- A number of states provide 3rd party reimbursement for interpreter services
  - Via Medicaid and State Children's Health Insurance Program
  - Most states containing the largest numbers of patients with limited English proficiency do not, citing costs concerns

2003

- Office for Civil Rights issued guidelines to allow health care facilities to opt out of providing language services if costs were too burdensome
  - Title VI of Civil Rights act made no exemption

AD HOC INTERPRETERS

- Family members
- Friends
- Untrained members of supports staff
- Strangers found in waiting rooms or on the street

AND…

- Ad hoc interpreters are more likely than professional interpreters to commit errors that may have adverse clinical consequences
- Unlikely to have training in medical terminology and confidentiality
- Priorities sometimes conflict with those of patients
- Their presence may inhibit discussions regarding sensitive issues such as domestic violence, substance abuse, psychiatric illness, and sexually transmitted infections

single word led to a patient's delayed care and preventable quadriplegia.[1] A Spanish-speaking 18-year-old had stumbled into his girlfriend's home, told her he was "intoxicado," and collapsed. When the girlfriend and her mother repeated the term, the non–Spanish-speaking paramedics took it to mean "intoxicated"; the intended meaning was "nauseated." After more than 36 hours in the hospital being worked up for a drug overdose, the comatose patient was reevaluated and given a diagnosis of intracerebellar hematoma with brain-stem compression and a subdural hematoma secondary to a ruptured artery. (The hospital ended up paying a $71 million malpractice settlement.)

CHILDREN INTERPRETERS?

- Especially risky
- They are unlikely to have full command of 2 languages or of medical terminology
- Frequently make error of clinical consequence
- Likely to avoid sensitive issues
- The 2003 guidance from Office for Civil Rights states that such use "may be appropriate", however

IF COSTS TOO MUCH, THEN WHAT?

- Payers could be required to reimburse providers for interpreter services
- Adequate language services results in optimal communication, patient satisfaction, outcomes, resource use, and patient safety
- 2002 report from the Office of Management and Budget estimated $4.04 (0.5%) more per physician visit to provide all U.S. patients who have limited English proficiency with appropriate language services for E.D., inpt, outpt, and dental visits

BREAKING BARRIERS LEADS TO CULTURAL COMPETENCY

- Cultural competency - a set of academic, interpersonal, and clinical skills developed to help increase understanding of differences and similarities within, among and between groups
- Physician is culturally competent when patient is satisfied that a collaborative partnership is established between provider and patient
  - Facilitates successful and satisfactory delivery of medical care

CULTURAL COMPETENCY PRINCIPLES

- Accomplished when physician makes efforts to overcome language barriers
  - When interacting with patients with limited English proficiency
- Learns to appreciated cultural differences between them and the patient
- Develops a trusting relationship with the patient
- *Most minority patients are treated by physicians from the majority group, so maintaining these principles is extremely important*

CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES (CLAS) STANDARDS

- The Office of Minority Health developed a set of 14 principles called the CLAS standards
  - These target health care organizations primarily
- Mandated for all health care organizations that receive federal funds
- Emphasis is placed on providing linguistic services and information to patients in their own languages via brochures, interpreters, and other means
- Some states require doctors to pass cultural competency tests as a requirement of medical license renewal

HEALTH EQUITY TIMELINE

- https://thinkculturalhealth.hhs.gov/clas/health-equity-timeline

REFERENCES

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