Hispanic Patients Face Language Barriers in Emergency Care

An estimated 14 million people living in the United States have limited English proficiency, according to the 1990 U.S. census. Language barriers are particularly apparent in regions with large Spanish-speaking populations, such as in the southwestern United States and in cities such as New York, Chicago and Miami.

David W. Baker, assistant professor of general medicine in the Department of Medicine, and researchers from the Emory School of Medicine and Harbor-UCLA Medical Center in Torrance, Calif., explored language barriers faced by Hispanic patients in the health care setting. "Latinos are the fastest growing minority group in the United States, and many have limited English proficiency," the authors wrote in their study, which was published in the March issue of the Journal of the American Medical Association. "Communication is further impaired by differences in culture, communication styles and low educational attainment.

"These individuals must often rely on interpreters to communicate with health care providers," they said. "Professional interpreters are mandated in federal courts for defendants with poor English skills, and the Department of Health and Human Services' Office for Civil Rights views inadequate interpretation in the health care setting as a form of discrimination."

"In addition to documenting that interpreters are often not used even when large language barriers exist between patients and providers, we also found that non-English-speaking patients without access to an interpreter are less likely to report adequate understanding of their diagnosis and treatment," said Baker, who was first author of the paper. "And when interpreters are used, they usually are family members or other health care workers, not trained interpreters."

The research was conducted among 467 Spanish-speaking and 63 English-speaking Latino patients who sought care for not urgent medical problems at the Emergency Department of Harbor-UCLA Medical Center. Spanish is the native language for about 40 percent of the patients treated at Harbor-UCLA. To gauge how well patients understood their diagnosis and the treatment plan as described by the health care provider, investigators compared patients' medical charts with the patients' own appraisals of the visit.

"When both the provider's Spanish and the patient's English were poor, an interpreter was not called one-third of the time," the authors reported. "Under these circumstances, 87 percent of patients thought an interpreter should have been called."

Only 38 percent of patients who did not have an interpreter when one was thought necessary had a solid understanding of their condition, the authors wrote.
Furthermore, "...providers may think they speak Spanish well enough to communicate adequately, but patients' perceptions appear quite different," the authors wrote.

The researchers offer several suggestions for reducing language barriers, including the following:

* Teach health care providers Spanish: The authors said that "...native English-speakers planning to practice in areas of the United States where Spanish is commonly spoken should be encouraged to learn Spanish."

* Direct patients to Spanish-speaking providers: This was described by the authors as "the simplest and most cost-effective way to reduce language barriers."

* Use volunteers: The researchers advise health care organizations to establish a network of volunteers specially training in correct interpretation.

* Schedule Spanish-speaking clinic hours: Advertising days or times when providers fluent in other languages and/or interpreters are available would better serve patients.

* Teach patients English: "The least realistic policy, but perhaps the most widely espoused, is to require patients to learn English," the authors wrote. However, most patients who do not speak English also have poor reading skills, Baker said.

* Don't rely on written instructions: Due to the high prevalence of illiteracy, "attempts to overcome language barriers by providing written instructions will not be successful," the authors wrote.

"If we look critically at the quality of care for the millions of Americans with limited English proficiency," the authors concluded, "we cannot ignore the fundamental importance of language barriers."

Rationale

This document is talking about language barriers. We chose this document because it talks about how Mexican and Latino people were treated differently than other people when going to the hospital for emergency care. This is related to the topic question, *What are the biggest obstacles faced by people when assimilating into a new culture*, because they would not work their hardest when they need help. They would treat them different for other normal Americans and it just is not right.

Questions

1. Why are people treated differently because of their race or religion?
2. What do volunteers do at the hospital when they have a patient that does not speak English?
3. Why do the volunteers at the hospital want their patients to learn English?

Answers

1. People think that if you don’t look like them, you won’t get the same respect as others.
2. The researchers advise health care organizations to establish a network of volunteers specially training in correct interpretation.
3. So that they can help patients who don’t know how to speak English. They want to satisfy their needs.