

LOST IN TRANSLATION: THE ASSOCIATION BETWEEN LIMITED ENGLISH PROFICIENCY, HEALTHCARE ACCESS, AND COMMUNICATION WITH PROVIDERS AMONG HISPANIC ADULTS IN THE U.S.

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INTRODUCTION

By 2060, the Hispanic/Latino population is projected to increase to 111.2 million, or 28% of the U.S. population (UCLA). Approximately 15% of people who are Hispanic or Latino in the US do not speak English or report not speaking English well, thus are Limited English Proficient (LEP) (Integrated Public Use Microdata Series). Speaking English as a second language or not knowing English is associated with poor access to medical care (Showstack, et. al. 2019 ; Benda et. al., 2019). Many times, persons who are considered LEP and have difficulty accessing healthcare are immigrants and refugees. The primary aim of this research is to: 1) Assess the relationship between LEP and health care availability; 2) Assess the relationship between LEP and communication with physicians among the Hispanic adult population; & 3) Highlight the need for resources and proper access for our LEP immigrants, refugees, friends, neighbors and community members

METHODOLOGY

- Used the Medical Expenditure Survey Household Component (MEPS-HC) available through IPUMS for 2016 and 2017
- Used coding methods within STATA Statistical Software and Excel for graphs.
- The survey was administered in English and Spanish.
- The sample (N=4,054) is limited to adults who identify as Latino or Hispanic.

Dependent variable: unmet need for medical care and communication variables: how well the doctor listened, explained things, showed respect, spent enough time.

Independent variable: English level proficiency.

➤ Speaks English: Very Well, Well, Not Well, Not at All

Control variables: gender, age, race, poverty level, nativity (birthplace in or out of the US) and health.

RESULTS

- Female= 58% & mean age=43 years
- 72% spoke Spanish at home as their main language but 69% took the survey in English
- 52% were born in the US
- 21% reported health as “Fair/Poor” & 45 % as Excellent/Very Good
- 28% had a High School Graduate Degree or GED & 30% had a College Degree or more
- 79% visited the doctor 1-3 times
- 23% of the Hispanic/Latino adult population report that they either do not speak English or do not speak it well.
- Majority of Hispanic adults in this study reported that their providers usually or always listened, respected them, explained medical information, and spent enough time with them
- 2.2 % reported unmet need for medical care; Unmet need did not significantly vary by LEP status.
- Health status, insurance coverage, poverty level, number of visits to the doctor, and reporting a physical limitation all predicted unmet need for medical care at p<0.05.
- For physician communication, persons who spoke English not well had lower odds of reporting that their physician did not listen or explain things compared to respondents who reported speaking English well.

PERCENT OF HISPANIC ADULTS WITH ENGLISH LANGUAGE PROFICIENCY (LEP)

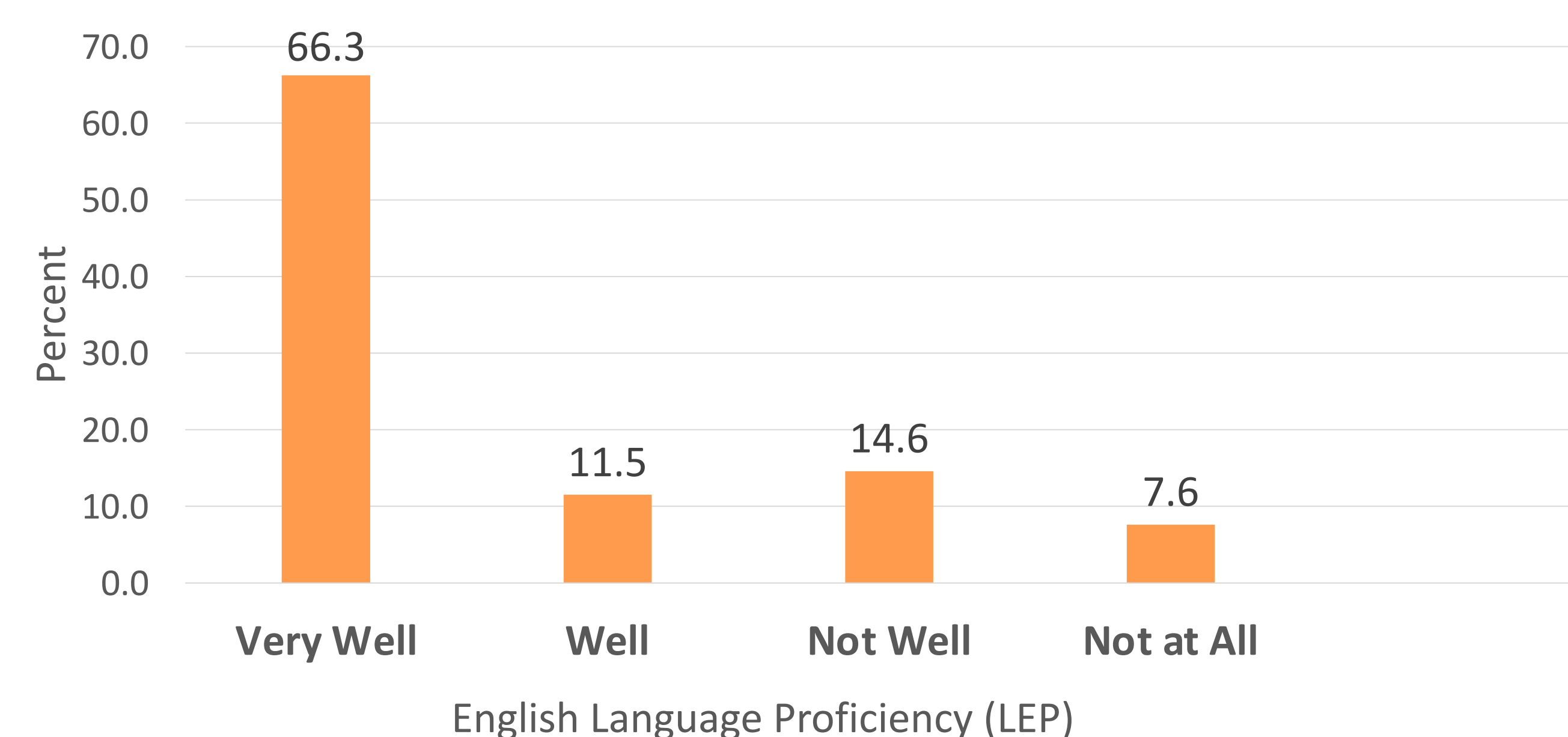


Figure 2 Displays population percent totals of Hispanic adults with inability to get needed medical care divided among the different levels of limited English proficiency (LEP).

UNMET NEED FOR MEDICAL CARE AND PHYSICIAN COMMUNICATION BY LIMITED ENGLISH PROFICIENCY OF HISPANIC ADULTS

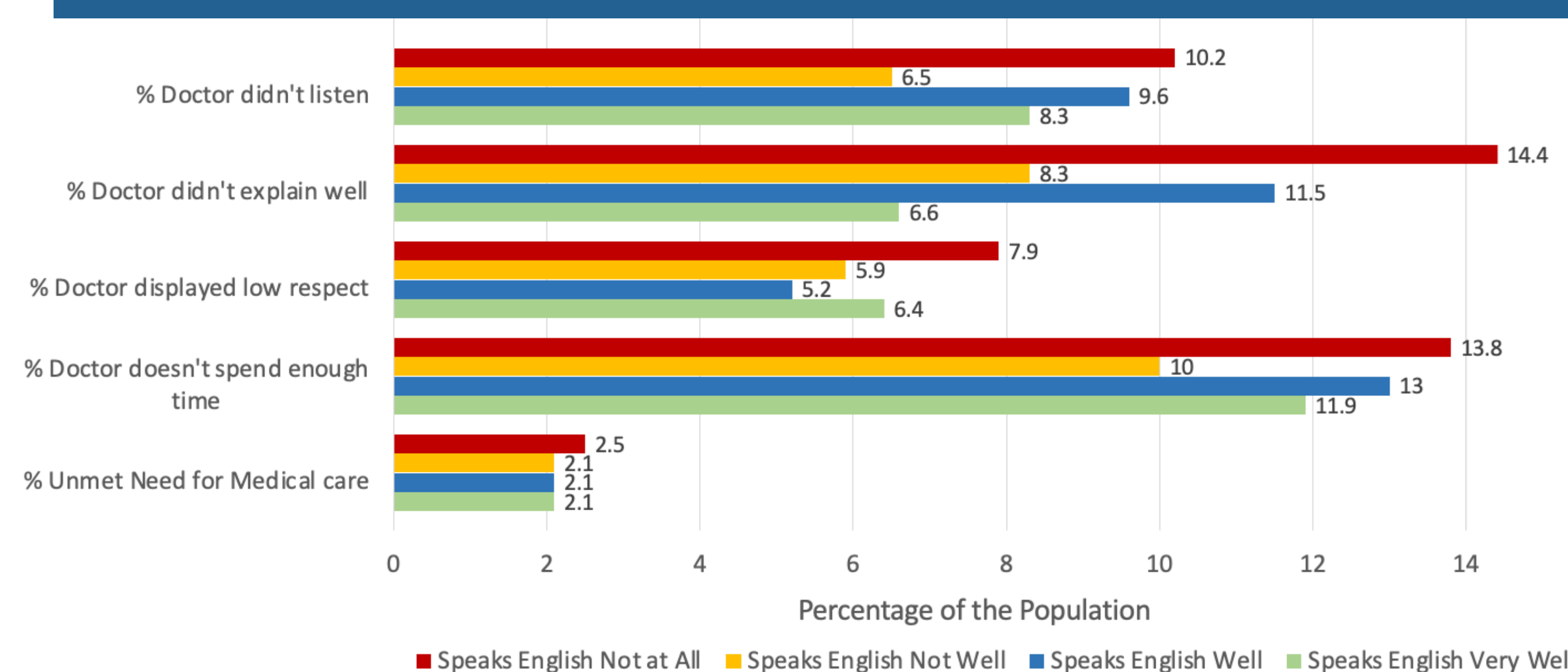


Figure 3. Showcases the impact LEP had on predicting Hispanic adult patient's inability to attain medical care, doctor displaying respect never/sometimes, listening, never/sometimes, spending enough time never/sometimes, and explaining never/sometimes.

FOREST PLOTS SHOWING ODDS RATIOS FOR THE ASSOCIATIONS BETWEEN ENGLISH LANGUAGE PROFICIENCY (LEP) AND UNMET NEED FOR MEDICAL CARE AND PHYSICIAN COMMUNICATION (SPEAKS ENGLISH WELL IS REFERENCE CATEGORY)

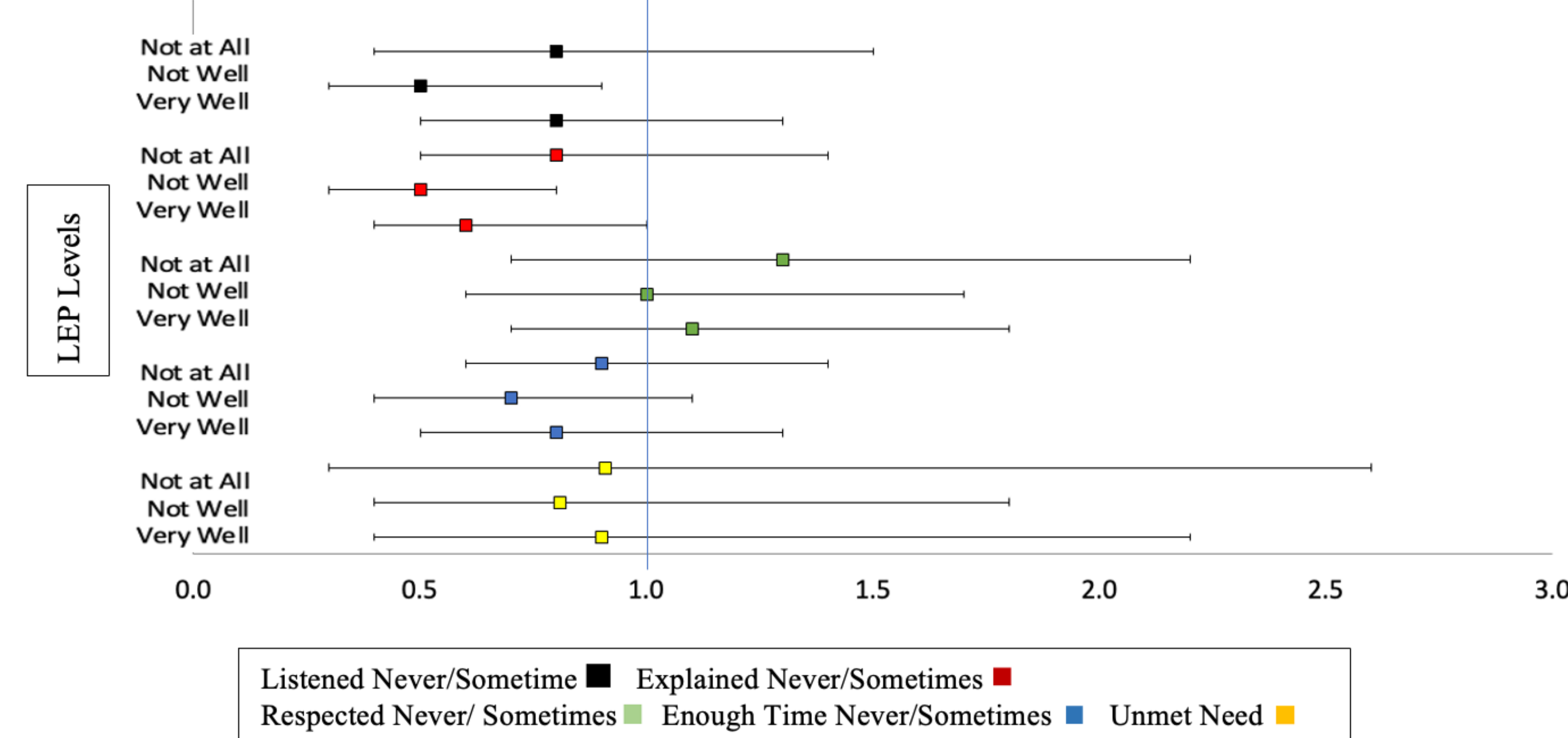


Figure 4. Presents adjusted odds ratio of LEP levels with English well as the reference group, to measure if doctors listened enough to their patients, explained enough to their patients, respected their patients enough, spent enough time with their patients, and if medical care was appropriately met by Hispanic adults.

CONCLUSIONS

- Explored the concerns surrounding if language is a barrier for receiving needed medical care—no, according to this research.
- Unmet need is very low and most individuals reported good communication with their doctors
- Still, health status, insurance coverage, poverty level, number of visits to the doctor, do predict greater unmet need
- Poor health and not having a usual source of care predict greater problems in communication with physicians



Image from <https://www.cnn.com/2021/10/03/us/latino-hispanic-demographics-diversity/index.html>

NEXT STEPS

- Include measures of interpreter services (outside of MEPS since MEPS does not have an interpreter variable), both in urban and rural settings, to better answer if the use of a qualified interpreter is associated with access to healthcare services
- Qualitative studies where LEP Hispanic individuals are interviewed to better understand their lived experiences within healthcare
- Look at differences within language barriers amongst immigrants in the Hispanic population

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