Neglected or Uninformed?:
Addressing the Language Barrier Between Hispanic American Patients and Proper Medical Care

September 23, 2010 marked a transition point in our country’s healthcare policy. President Obama passed the Affordable Care Act to “begin to bring to an end some of the worst abuses of the insurance industry” (“Affordable Care” 1). This act aims to provide more coverage, rights, and benefits to a greater population of citizens. Such changes will occur in all new Health Care plans, and to some current plans. For example, “new benefits of the law have already taken effect, including rebate checks for seniors in the Medicare donut hole and tax credits for small businesses” (“Affordable Care” 1). However, not everyone is experiencing such immediate relief in this department. Minorities like African Americans, Hispanic Americans, Native Americans, Alaskan Natives, Native Hawaiians and Pacific Islanders, and rural Appalachians face Health Care disparities like underrepresentation “in basic science, clinical, biomedical or behavioral health research,” significantly decreasing the quality and availability of care (Minority Health 1). Due to the fact that Hispanic Americans comprise of the largest uninsured demographic group in the country, and the Affordable Care Act aims to expand healthcare coverage as a whole, such significant changes in today’s healthcare policy will have a profound effect on the Hispanic American population. Thus, the demands for diverse resources, including those that fulfill the needs of Spanish-speaking Hispanics, are imperative in our medical facilities.

As society reaches such high levels of diversity, the need for diverse resources is essential to all citizens to ensure equal opportunity regardless of culture or language. Specifically, the Hispanic population in America is increasing at a rapid rate. Since 1970,
the Hispanic population in the United States grew from 9.6 million to 47.8 million people. In fact, population growth trends predict a population of 102.6 million Hispanic people in the US by 2050, comprising of 24.4 percent of the total population in 2050. (Hispanics US 3). Medical professionals have legal responsibility to provide resources funded by the federal government to limited English proficient (LEP) individuals in order to facilitate patient-provider communication. However, there still exists allegations of neglect and mistreatment of patients in regards to Health Care. What can explain this phenomenon? If it is no longer a question of laws and legal responsibilities enforced by the government, is the dissatisfaction of patients a reflection of the Health Care provider itself? There remain certain trends regarding the lack of resources available to Spanish-speaking Hispanic patients as opposed to patients of other ethnicities. I readily recognized this situation during my experience volunteering in the ER, making me question the principles and overall correctness of today’s Health Care system. Why are there not sufficient Health Care resources available to America’s solely Spanish-speaking Hispanic population? Laws must be mandated, resources must be provided, and a significant change in the mindset of today’s Health Care system must be made in order to accommodate Spanish-speaking patients and eliminate the language barrier separating them from the equal care they deserve.

When I wasn’t transporting patients around the hospital, assisting the doctors and nurses, or taking tests down to the pathology lab during my four years volunteering in the Emergency Room, I was stationed at the front desk, as the first person patients came in contact with upon arrival. On the desk were two different colored forms, one white, and one blue, each asking for the same information: Name, Birthday, Symptoms, Insurance
Coverage. Yet the white forms, found in about five stacks around the front desk were written in English, while the sole stack of blue forms were written in Spanish. Yet there was one serious problem, the hospital employed no translators or bilingual front desk employees for instances in which a Spanish speaking individual needed care. As if solely Spanish-speaking patients were not overwhelmed enough having to seek medical attention, they now had to face the obstacle of trying to express their symptoms, most worthy of immediate care, to non-Spanish speaking individuals. As I looked at the disparity in the way the Spanish-speaking patients pointed to the area of pain and tried to sound out broken English words to express their symptoms, I came face to face with the bias flooding throughout our hospital. Yet, not to my surprise, this unequal treatment was not only prevalent in the hospital I volunteered in, but it also seemed to plague medical facilities all over the country. In a cross-sectional analysis conducted in two HIV care sites in the United States, researchers explored differences in patient–provider communication among HIV-infected Hispanic patients and non-Hispanic white patients. The results showed that after receiving treatment, the meetings between Hispanic patients and their doctor compared to meetings between white patients and their doctor “were less patient-centered (0.75 vs. 0.90, p = 0.009), with less psychosocial talk (80 vs. 118 statements, p < 0.001)” (Beach et al 1). This observation illustrates the cultural bias in medical care facilities as a result of the blatant discrepancy in patient-provider communication. Yet the inequity of care deepens as one considers language barriers, which present real communication discrepancies aside from negligence.

Thus, with hopes of lessening the language barrier in our hospital, I chose to take action and volunteer myself as an aid to these Spanish-speaking patients. Although I was
in no way fluent in the language, I had a few years of Spanish classes under my belt, and
told myself that the help I could provide these Hispanic patients would be better than no
help at all. From freshman year Spanish II Honors course, through senior year Spanish V
AP course, I deemed myself the official Spanish translator of Riverview Hospital’s ER.
Yet within the four years I volunteered in the ER, not a single translator was hired.

Instead, the future care of hundreds of Hispanic patients who walked through those glass
doors was in the hands of a teenager with little experience in the Spanish language. Is that
how America should treat their own citizens who are in need of medical care? In a study
examining health status and access to care in the United States, “Spanish-speaking
Hispanics reported far worse health status and access to care than did English-speaking
Hispanics (39% vs 17% in fair or poor health, 55% vs 23% uninsured, and 58% vs 29%
without a personal doctor) and received less preventive care” (Dubard and Gizlice 3).
These results prove the inadequacy of patient treatment and access to care within medical
facilities to Hispanics who do not speak English, making it clear that those who simply
cannot speak English automatically have a higher chance of reporting a poor health
status. The lack of resources available to Hispanic patients directly reflects the language
barrier standing in the way of equality in the medical system.

Moreover, efforts have been made over the years to facilitate the communication
between doctors and their patients, especially those of limited English proficiency, with
hopes of bettering the medical environment for Hispanic patients. As years progress, our
country becomes more and more diverse, specifically welcoming more Spanish
immigrants. Although immigrants have been learning English at a faster rate than ever
before, mastering the language takes time (Language Services 3). This proves detrimental
when faced with topics of great magnitude, like Health Care. Thus, the presence of
language services in Health Care facilities is critical in today’s society. In reality, there
are federal laws mandating Health Care officials to provide resources to Spanish speaking
patients. The Language Services Action Kit, a public source that provides facts about the
federal funding regulations and laws outlines specific dates and organized explanations of
the legal obligations of health care providers, “on August 31, 2000, the Health Care
Financing Administration stated that federal Medicaid and SCHIP funds can be used for
language activities and services” (Language Services 10). This demonstrates that since
the year 2000, the federal government has made an effort to provide funding necessary to
accommodate limited English proficient patients. Although these laws and guidelines aim
at providing a means of communication for limited English proficient patients, they
allowed too much flexibility to providers regarding fulfillment of the requirements
provide no additional resources other than this ambiguous funding. The indirect and
ubiquitous nature of these laws ultimately limits the potential for effectively addressing
the problem of language barriers in health care settings. According to Title VI of the 1964
Civil Rights Act,

No person in the United States shall, on the ground of race, color, or national
origin, be excluded from participation in, be denied the benefits of, or be
subjected to discrimination under any program or activity receiving federal
financial assistance (Title VI 1)

The Supreme Court has defined the term “national origin” to include individuals with
limited English proficiency, leaving the Health Care providers who are recipients of
federal funding liable for discrimination by failing to provide access to language services.
By simply refusing to acknowledge not only the right of patients regardless of race, but also the federal laws in place to facilitate patient-provider communication, Health Care providers worsen the language barrier that is present in today’s medical facilities. In addition to patient disregard on behalf of medical officials, the negligence of the federal government to mandate health care laws and reprimand such biased actions of Health Care providers accounts for the dissatisfaction and discontent of Hispanic patients.

Lastly, federal funding for resources focused on eliminating the language barrier between Health Care providers and patients offer an opportunity for Spanish speaking citizens to receive the equal care they deserve. So, why are there still reported discrepancies in patient provider communication? Vanessa Grubbs MD, Andrew B. Bindman MD, Eric Vittinghoff PhD, and Alicia Fernandez MD, doctors at esteemed medical schools, explored the effect of laws in the healthcare industry. They looked into the federal laws that mandate language access to LEP individuals who cannot communicate with their provider. Specifically, the researchers explored whether LEP individual awareness of this law improved language access through interpreter/translator utilization. Their findings illustrate how policies lacking rigorous guidelines, enforcement, and resources often fail to adequately address the problems prompting their creation, and emphasizes the need for effective advocacy for LEP individuals (Grubbs et al 1). The doctors concluded that current awareness obedience of the language laws is simply not sufficient to eliminate language barriers within medical facilities. Yet, when LEP populations become aware of and understand the language laws, there is a significant improvement on patient comprehension because LEP patients are more likely to report interpreter utilization in the health care setting (Grubbs et al 1). There is still
much room for raising awareness in LEP populations of their right to specific language resources, and this can be done if the federal government creates laws with strict guidelines that are not malleable and cannot be maneuvered around. Such advances are a crucial step towards eliminating language barriers in the Health Care field.

In conclusion, as the first person patients came in contact with upon arrival, I have come face to face with countless individuals who relied on me to ensure their wellbeing. I have looked into the eyes of people of all races and nationalities, many of whom only spoke Spanish and required my translation. With every glance into the eyes of a patient, I knew I took away a fraction of their discomfort by ensuring my utmost respect and care, whether I was recording symptoms and complaints at the front desk, translating for Spanish speaking patients, or transporting a patient to a room where I provided specific necessities including emotional comfort. The feeling of taking away an individual’s pain, even if it was temporary, is indescribable, which ultimately fueled my passion for equality in the Health Care industry. Yet inexperienced volunteers are not a sufficient source of assistance and care for the millions of Spanish-speaking Hispanics who comprise the largest minority demographic in America. In fact, according to a study on health care availability in the US to Immigrant Latino adolescents, conducted by University of Minnesota assistant professor Carolyn Garcia and associate professor Laura Duckett, “The most frequently recommended improvement related to their health care experiences involved the language barrier” (2). This is echoing the needs of our own American citizens who are put at a disadvantage in the Health Care industry because of their spoken language. Considering the recent changes in today’s healthcare policy, resources providing equal opportunity for Spanish-speaking Hispanic patients to receive
the medical care they deserve are imperative in medical facilities. Thus, health care providers and a support staff with knowledge in both the Spanish and English languages are fundamental resources for future practices in order to optimally satisfy the needs of non-English speaking patient populations. This could require medical institutions to prepare future health care providers for the communication aspect of the health care field by incorporating language studies into the curriculum. Emphasizing the importance of acquiring bilingual abilities before entering the medical field will open doors and circulate change throughout the corrupt structure of today’s Health Care system. Yet, for now, a combination of increased patient awareness of language laws and full regard from providers for the federal government and patients’ rights are the key to eliminating the language barrier and making a change in today’s health care facilities.
Bibliography


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