

**Limited English Proficiency (LEP) Patients
and
Their Experience with Healthcare Disparities**

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Abstract

Background: Translation Assistance with Non-English-speaking patients in the Healthcare Industry

Objective: This study aims to understand the reasoning for healthcare disparities among the LEP patient population and how to utilize the information gained to allow for quality healthcare outcomes.

Design and Methods: The research method is based on current literature and qualitative interview processes. The methods involve research analysis and evaluation of peer conversations, surveys, focus groups, peer-reviewed articles, and scholarly articles. Groups, organizations, and scholarly articles were chosen for this analysis were selected as they contained similar and contrary ideas of support regarding the research questions. The research question is: *How the delivery of healthcare information to limited English proficiency patients affects their healthcare outcomes?*

Results: The significance of this study is that the barriers which result in healthcare disparities for the LEP patient population require justice and accomplices not only from the legal mandates. Not-for-profit organizations, private and community hospitals, and community organizations need to partake in bipartisan teamwork for solutions.

Conclusions: Healthcare disparities are high among the LEP patient population. The inequality in care and health outcomes do not discriminate between age nor gender. Healthcare disparities are of many disparities the LEP patient population face in The United States. They are all connected and will require many organizations from different finance and business world sectors to attempt to create solutions.

Keywords: *LEP- Limited English Proficiency, Medical Interpreting, Medical Translation, Healthcare Interpreters, Healthcare Disparities.*

Chapter 1

Introduction

The past decade in The United States has produced many record-setting social and political changes for American society, especially in the healthcare world. Legislation such as the Affordable Care Act (ACA) of 2010, enacted by President Obama, was viewed as an advancement in medical rights for all. The Affordable Care Act included specific protections for the rights of limited English proficiency (LEP) persons within the medical arena (Strategic Language Access Plan (LAP) 2014). However, with the lack of enforcement by individual state governments and lack of standardization policies from hospitals and primary care medical offices, the LEP population has quickly faced many challenges with multiple disparities and inequalities in their medical care.

When it comes to healthcare in the United States, the ability for a patient to speak English plays a dramatic role in their access to care and health outcomes. The United States is more linguistically diverse than ever. As of 2015, 350 languages were identified as spoken in U.S. households (Tavarez, 2020). The research used by Tavarez resulted that one in five people living in the U.S. speaks a language other than English at home. Research studies have also shown that people with LEP face health disparities such as decreased access to healthcare, reduced quality of care, and decreased satisfaction with their healthcare (Editor, 2018).

The primary source of the challenges was identified as medical translation and interpretation services in the healthcare industry. This paper examines

RQ1: *How healthcare information delivery to limited English proficiency patients affects their healthcare outcomes?*

The following review will be organized with subtopics of the legal mandates, translation services, and quality of care to study the relationship of indicators with LEP patients. The qualitative method was used to investigate how healthcare information delivery to LEP patients affects their healthcare outcomes. The keywords that produced the most valuable and informative results were medical translation, healthcare inequalities, healthcare disparities, and healthcare literacy.

The literature will affirm the claim that there are significant healthcare inequalities with LEP patients rooted in medical translation disparities in the medical journey of patient-centered care. The research studied will validate the claim that a language barrier is a treatment barrier in medical care. The findings examined will determine if the medical translation piece is a required part of the standard algorithm of patient care. If medical translation should be a standard of patient care, then will specific barriers be addressed, leading to possible better health outcomes for the LEP patients. The research will also investigate potential solutions to closing the gap of inequalities with patient care with LEP patients. The literature review is organized with subtopics of the legal mandates, translation services, and quality of care to study the relationship of indicators with LEP patients.

Chapter 2

Literature Review

Legal Mandates

It has been recognized that limited English proficiency (LEP) patients experience many inequalities in their medical care, resulting in worse clinical outcomes and low quality of care. Green and Nze (2017) studied the implementation of language protected assistance with the enactment of the 1964 Civil Rights Act. Additional legal changes implemented in the current day society have added protections for LEP patient's communities. The study identifies that other than the most recent federal legal mandate with the Affordable Care Act (ACT) of 2010, no current standardizations have been created nor implemented. Using the qualitative study approach, the authors analyzed data that showed weak legal mandates, lack of medical translation standardizations, and lack of enforcement of laws and standardizations. The findings demonstrated how barriers for the LEP patient population were created, which has catapulted them to the most vulnerable medical population in the world. The study also notes that limited English proficient patients have less understanding of treatment plans, disease processes, and a higher incidence of medical errors. The study identifies that the quality of care is directly related to the inequalities in healthcare among the LEP patient base and produces a financial burden to all roles in the healthcare industry. The study asserts a clear recommendation from the findings. The authors recommended that the healthcare policies and legal mandates of interpretation aid processes need to be enforced for changes to begin.

Translation Services

A study funded by the Health Research and Educational Trust highlighted the essential need for medical interpreter services to give equal, high standard quality of care for the LEP

patient population. The study notes that over forty-seven million people in the US in the year 2000 spoke another language other than English fluently (Karlner et al., 2006). The study used analytic techniques to extract data from twenty-one additional peer-reviewed studies. Datum results reiterated the tone of the survey mentioned above regarding the enforcement of the federally mandated laws in the US. Furthermore, the authors recommended the utilization of specific professional medical translation services instead of ad hoc interpreters. The authors noted that a small number of peer-reviewed studies in regard to the cost-benefit ratio analysis could be found. However, in using patient satisfaction scores and indicators combined with a lower percentage of use with ambulatory and emergency care services by the LEP patient population, the authors established recommendations. The study recommended professional medical translation services to lower disparities and inequalities amongst the LEP patient population community to provide equal quality healthcare.

Quality of Care

The team of authors Sarkar et al. (2010), doctors, researchers, and professors at participating hospitals and universities, completed a validation study of patients specifically selected by indicator guidelines to determine the healthcare literacy role in the quality-of-care aspect of limited English proficiency (LEP) patients. The selection process contained rigid guidelines that allowed the authors to examine the data in multiple forms—using indicators such as over 296 patients and 48% of patients from the LEP population allowed for a specified look at precise demographics. The study highlighted specificities that focused on the inadequacies of the healthcare literacy of the patient. The Test of Functional Health Literacy in Adults (TOFHLA) was performed to evaluate the marginal literacy of the patients.

The findings intensely echoed the secondary and tertiary recommendations of the previously mentioned studies. An investigative-like method, which includes a more personal one-to-one interview rather than a form completion method, needs to be completed at the start of patient care. What's more, this assessment was found to result in more authentic answers if completed by a clinician connected to the patient-centered care process rather than an administrative person. The findings were apparent in the many variations that were found in the datum. Overall, the findings point out that healthcare literacy proves to be a portion of the quality of care of LEP patients, which in turn results in better healthcare delivery and outcomes for patients and lowers the percentage of healthcare barriers and inequalities.

Evaluations

Every study discussed in this literature review demonstrated the variety of secondary and tertiary influences and caused the disparities and inequalities among the LEP patient population. The survey by Sarkar et al. (2010) used a more interdisciplinary approach, not typically utilized outside the finance formula related to the quality of care, in identifying links and pathways connecting to healthcare outcomes of LEP patients. The study identified the vital value of the detail-specific initial evaluation of LEP patients at the beginning of their healthcare journey. The authors can connect how and why measuring health literacy in LEP patients affects their patient care's remaining delivery and medical outcomes.

The findings of studies combined with categorizing the "why's and how's" of healthcare disparities with the delivery of healthcare to the LEP patient population, allow for a clear path of mapping to link correctly factors such as quality of care, previously not established as an essential piece of the healthcare journey. The pathways highlighted demonstrate the multiple

causes of the inequalities and link the consequences of the LEP patient population when missing portions of standardized patient care are omitted from their healthcare visits.

Chapter 3

Methods

Many record-setting political and social changes have happened in the U.S. over the past decade. The devastating year 2020 with Covid-19 had many detrimental consequences and forced many people to reflect upon many things. I work at a hospital and closely with surrounding community health partners. I began noticing more instances of inequalities among the limited English proficiency (LEP) patient population. The cases of discrimination seemed to stem from a language barrier and the lack of medical translation provided. I decided to research this problem. Phase I was a systematic literature search. Phase II was the conversations with multiple organizations, agencies, and persons involved in LEP patients' patient-centered care journey. I used the qualitative method to investigate how healthcare information delivery to limited English proficient patients affects their healthcare outcomes.

Phase I

The keywords that produced the most valuable and informative results were medical translation, healthcare inequalities, healthcare disparities, and healthcare literacy. The various method tools and resources depended on the method of data collection and tools that are outlined in the chart below.

Phase II

Phase II consisted of documentary conversations with professionals within the medical industry, limited English proficient patients, and peer-reviewed scholarly articles. I utilized timed iPhone conversations in which I spoke Spanish if that was the preferred language. I used The Cancer Service Program of the Hudson Valley statistics, Survey Monkey, Zoom, iPhone facetime or voice call, and WhatsApp to converse with the interviewees. From there, I analyzed

the responses to the questions I asked them. Conversations were chosen because it is a great way to gain information on healthcare disparities from speaking to individuals or organizations who have had personal experience with the barrier, either as a patient or organization. The same conversation question was presented to all interviewees.

Q1: What do you feel is the main reason why there are such differences in healthcare and outcomes with patients who have limited English proficiency?

Method Data Collection & Tools	Network Mapping	Research Analysis & Evaluation	Method Tools & Resource
<p>Monthly Phone Meetings: 15-30mins discussion sessions</p>	<p>Focus Group: Limited English Proficiency (LEP) patients who live in Westchester County, NY</p>	<p>Gauge the impact of zero or non-professional translation services in the patients' healthcare journey and examine the outcomes</p>	<p>iPhone conversations only to abide by the HIPAA Regulations</p>
<p>Peer Conversations and Surveys: Statistically reviewed and transcribe</p>	<p>Focus Groups: Hospital and Community Medical Organizations that work with LEP patients and their medical needs. Non-For Profit Community organizations locally connected to the hospital</p>	<p>Evaluating both the comparative and competitive benefits/detriments of using ad hoc team members or a professional organization for translation service needs of LEP patients</p>	<p>The Cancer Service Program of the Hudson Valley statistics, Survey Monkey, Zoom, iPhone facetime or voice call, WhatsApp</p>

<p>Case Studies, Journals & Articles:</p>	<p>Peer-Reviewed Scholarly Articles:</p> <p>Centered around LEP patients and healthcare disparities</p>	<p>Examining the approach that creates the inequalities of care with LEP patients and the documented outcomes.</p>	<p>Purchase College Library Database, Healthaffaris Database, National Library of Medicine, Google Scholarly Database</p>
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Chapter 4

Results

Using the Research Analysis & Evaluation indicators combined with the question presented to the interviewees, the answer varied. Data and statistics were used to review the solutions from the participants to comprehend the responses from a non-bias point of view. Below I will detail the results from the focus groups studied. Although I did not put together the focus groups from random selection, I was part of the focus groups from a workplace selection.

FG1:

The Limited English Proficiency (LEP) patients who live in Westchester County, NY, carried a unified response. They identified that a language barrier was the first challenge always presented. The patients (4) questioned stated they endure additional fear and embarrassment that stem from the language barrier. In most cases, the patients noted that the fear and shame “get the best of their logical thinking,” and they either no-show to the appt needed or forgo emergent medical care.

FG2:

The hospital and community medical organizations that work with LEP patients and their medical needs identified language as a barrier. However, the hospital and medical office deemed the language issue less critical than the LEP patients did. For a concise survey, additional questioning was not used to avoid lingering other biases. The hospital and medical practices identified financial barriers as more important to the patient.

FG3:

The not-for-profit community organizations locally connected to the hospitals and medical offices placed a heavy emphasis on their response, with the language barrier as the most

important. The not-for-profit agency demonstrated a close connection to the LEP community. The relationship allowed for transparency of concerns and fears.

Discussion

Chapter 5

I chose this topic of LEP patients and their disparities within the healthcare journey because I can relate to the LEP community. I was once a limited English proficient speaker, and many of my friends and family today are. There are many disparities that the LEP community faces in everyday living within The United States. Many of the inequalities deal with financial hardships, food inequalities, housing inequalities, educational inequalities, and more. My research illuminated the connection between all the inequalities noted above. My study, combined with my surveyed conversations of focus groups, further highlighted my suspicions that many of the inequalities endured by the LEP population connect and depend significantly on healthcare disparities.

The disparities noted in the prior literature and surveys completed came from patient experiences, state and private funded hospitals, not-for-profit agencies, and government organizations. Traditionally, the LEP population manages challenges in literacy and socioeconomic inequalities. These factors do not allow for adequate data. The revelation of the deeply connected relationship of financial hardship with healthcare disparities related to translation assistance summarized a new finding. A further precise data collection method such as in-house or personal surveys completed by a surveyor with the patient real-time interviews in a neutral environment would better equate to meaningful abstract data.

While I did uncover several reasons identifying varieties of causes that all led to the mentioned disparities, I believe that there is a need for future research. For example, future research should include a more diverse array of data collection that consists of additional

nonprofit studies that are not local. A broader scope of research needs to be obtained to review geographic barriers combined with regional LEP population-based disparities.

Additional information obtained from the local hospital system resulted in shocking data. LanguageLine, (a third-party company that provides legal and medical interpretation and translation services) introduced data to the medical community within our focus groups. One out of every five of our neighbors speaks a language other than English at home (Solutions, 2020). Additionally, it was noted that North America is entering a period of unprecedented diversity. Immigration will make up nearly 90 percent of population growth over the next 40 years. By 2045, ethnic minorities will be the majority in the U.S. (Solutions, 2020).

The company used by the most prominent regional hospital within our surveyed focus group utilizes LanguageLine Solutions. LanguageLines aims to create a world in which language and cultural barriers no longer exist, especially healthcare disparities. The company provides translation services, medical translation services, video translation services in a medical environment and abides by all HIPPA related regulations associated with medical care. This company and its benefits seem to be the "holy grail" of solutions to the healthcare disparities barrier amongst the LEP community.

Summary

There are a few impactful takeaways from the studies examined. The Tavaréz study noted in the literature review mentioned that as of 2015, 350 languages have been identified as spoken in U.S. households (Tavaréz, 2020). Additionally, the Fiscella, K., Goodwin, M.A., & Strange, K. C. report noted that physicians' behavior of care in family practice settings relates to differences in healthcare disparities with patients. Also, the Regenstein, M., & Andres, E. study noted that when oral and written translation services are used in conjunction with contract

interpretation service companies, the data also produced positive results regarding patient quality of care.

These study results combined with the survey results demonstrate a need for private and public assistance and funding for the LEP patient population. A non for profit community organization can not alone solve the barriers created by the environment of the LEP community. Likewise, a large hospital or medical organization can not solely absorb the financial and moral responsibility of solving healthcare disparities for the LEP community. While the legal mandates have been in place for many years (regarding assistance with the LEP patient population), there has been little teamwork to resolve the inequalities. The actual enforcement and bipartisan unity of all parties involved ranging from private organizations to small community outreach programs, needs to occur. Only once this teamwork and unity have begun will the top layer of the endless caves of the "disparities family" crumble for a better tomorrow.

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