

EDITOR'S CHOICE



“In Spanish”: Advancing Public Health

In 2014, for every scientific article in Spanish indexed by the US National Library of Medicine, 125 English articles were indexed. Although it is estimated that Spanish is the language with the second most number of speakers globally, the unequal availability of scientific literature in this language is clear. Could this deficiency affect the achievement of public health objectives?

There are benefits of adopting a single language, English, to communicate the advances in health sciences. Given its reach in the media and its influence on global commerce, English allows faster dissemination of information to those who can access it.

However, the hegemony of English in the scientific literature has adverse public health consequences. Adams and Fleck (“Bridging the Language Divide in Health.” *Bull World Health Organ.* 2015;93:365–366) speak of a “linguistic disconnect” between those who produce and those who need the information. In countries where Spanish is the native language, such as Latin American countries, and where a significant percentage of people do not speak English, this disconnect may have contributed to the creation of barriers to the adoption of innovations in public health. A larger critical mass with access to the existing knowledge within the many fields in the health sciences could then increase the likelihood of implementing programs and actions in Spanish-speaking countries based on this information.

In the United States, there are also implications. The centrality of the English language tends to exclude Spanish-speaking communities from the discussion of public health issues. An example of this trend is the disproportion between Spanish-speaking health care personnel and the number of clients who speak Spanish. Between 1980 and 2010, the rate of Spanish-speaking physicians decreased from 135 to 105 per 100 000 Spanish-speaking inhabitants despite the increase in the Hispanic population. By 2050, the Hispanic population is projected to become 30% of the US population.

In addition, the hegemony of the English language facilitates the persistence of a model where the flow of ideas and knowledge moves unidirectionally from north to south. How

many times do literature reviews provide information of articles in Spanish or other languages? The systematic exclusion of this material limits the opportunity to integrate novel experiences and valuable innovations. A model of linguistic diversification would imply the enrichment of the global debate on the priorities in public health. For this to occur, more online tools enabling the dissemination of information and discussion in Spanish are needed.

Some developments point in this direction. The Cochrane Library started translating their Web site and documents from English to other languages with the goal of achieving a greater impact among non-English-speaking countries. LILACS, the index of scientific and technical health literature, is a leader in the aggregation of articles in Spanish in Latin America and the Caribbean. Although only select articles have been produced thus far, the American Public Health Association and the Pan American Health Organization began some years ago to translate *AJPH* articles into Spanish. Other dissemination mechanisms that favor more diversification include the *AJPH* podcasts, and our own initiative to create a blog in Spanish on Global Public Health. These efforts, along with the World Health Organization’s endeavor of translating official texts into six languages, continue to propel the movement toward changing the current paradigm.

Linguistic diversity in the scientific literature will contribute to improve access to information, enrich the global discussion, and favor the implementation of new knowledge to advance public health, but only with increased support. ■

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