4-4-2014

Addressing Health Disparities in LEP Communities through Language Access

Rachel Gershon
University of Massachusetts Medical School

Lisa Morris
University of Massachusetts Medical School

Medha Makhlouf
University of Massachusetts Medical School

See next page for additional authors

Follow this and additional works at: https://escholarship.umassmed.edu/commed_pubs

Part of the Health Economics Commons, Health Law and Policy Commons, Health Policy Commons, Health Services Administration Commons, and the Health Services Research Commons

Repository Citation
Gershon, Rachel; Morris, Lisa; Makhlouf, Medha; and Elrington, Shena, 'Addressing Health Disparities in LEP Communities through Language Access' (2014). Commonwealth Medicine Publications. 95.
https://escholarship.umassmed.edu/commed_pubs/95

This material is brought to you by eScholarship@UMMS. It has been accepted for inclusion in Commonwealth Medicine Publications by an authorized administrator of eScholarship@UMMS. For more information, please contact Lisa.Palmer@umassmed.edu.
Addressing Health Disparities in LEP Communities through Language Access

Authors
Rachel Gershon, Lisa Morris, Medha Makhlouf, and Shena Elrington

Keywords
limited English proficiency, health disparities, language, interpreters, health care access

Comments
Presented at the Language Access Coalition's Building Bridges Conference.

This presentation is available at eScholarship@UMMS: https://escholarship.umassmed.edu/commed_pubs/95
Addressing Health Disparities in LEP Communities through Language Access

Moderator - Valerie Zolezzi-Wyndham
• Community Perspective on Health Disparities LEP Communities Face – Medha Makhlouf
• Barriers to Care and Cross-Cultural Initiatives – Lisa Morris
• Language Barriers and Medication – Shena Elrington
• Payment Reform and Language Access in Health Care – Rachel Gershon
Community Perspective on Health Disparities LEP Communities Face – Medha Makhlouf
Barriers to Care & Cross-Cultural Initiatives

Lisa M. Morris, MSTD
Lisa.Morris@umassmed.edu
Barriers to Communication

* Linguistic barriers
* Barriers of register and experience with health care concepts and procedures
* Cultural barriers
* Systemic barriers
Linguistic Barriers

* Linguistic barriers are differences in spoken language.
Barriers of Register and Experience with Health Care Concepts and Procedures

* Some providers use very complex language (high register) which might be understood only by those with an advanced education.
In addition, providers may refer to body systems, health care problems, and procedures that may be familiar to those with experience in Western bio-medicine, but not familiar to those without this experience.
* Systemic barriers refer to the complexity of the health care system and systemic problems, such as racism, that create barriers to effective care.
Issues of Cultural Competency

- Within *macro cultures* - national, ethnic, or racial groups - are *micro cultures* - gender, age, religious beliefs - in which members share a belief in certain roles, rules, values, behaviors.
- Both macro and micro cultural factors must be considered in healthcare interpreting.
Issues of Cultural Competency

CULTURAL COMPETENCY + LINGUISTIC ABILITY + INTERPRETATING SKILL
= HIGH QUALITY MEDICAL INTERPRETING
Culture-Specific Examples

- Consent forms unknown to some cultures
  - In Vietnamese culture, patients very trusting and prefer to leave decision-making to doctors
  - In Korean culture, patients do not trust doctors and will not sign forms without family present
  - In Arabic culture, any small degree of risk of death on consent form signifies death itself
  - In Portuguese culture, doctors trusted more, depending on manner in which form presented
More cultural examples

- Communication differences
  - In Mandarin culture, questions may be answered indirectly - “Are you pregnant?” will be answered by “I’m not married yet.”
  - In Middle Eastern and Hispanic cultures, less specific terminology used to refer to genitalia - males only say the “lower part of the body”
  - In African cultures, trust can be developed by postponing direct questions about symptoms
Gender-Specific Issues

- Some cultures prohibit certain interactions with the opposite sex
  - Ethiopians and Muslims prefer same gender providers and interpreters
  - Hispanic culture disapproves of women being alone and exposed in front of male providers
  - Muslim males are protective of female modesty
    - Arabic male insisted on being present for wife’s C-section because male anesthesiologist was present
Life and Death Issues

• In Hindu culture
  * Viewing blood and semen as life forces leads to reluctance to submit to testing
  * Concept of rebirth means acceptance of natural death and rejection of life-prolonging technology

• In Islamic culture
  * Right to die not recognized in Islam
  * Somalis don’t understand preventive medicine
Religious Concerns

- In Middle Eastern cultures
  * Asking a young girl if she is pregnant may be taboo for religious reasons

- In Hispanic cultures
  * Greater tendency to accept God’s will
  * Indigenous women may be especially resistant to some surgical procedures
Perceptions of Interpreting

Common perceptions of interpreting often do not take into account the skill set interpreters must have to discern the subtleties of vocal inflection and non-verbal communication through the practice of professionally trained observation skills required by interpreters to effectively interpret.
Best Practices in Medical/Mental Health Interpreting

• Providing cultural context
  When providers OR patients are not aware of the cultural context of the other party, it becomes increasingly difficult to understand each other. Interpreting language alone is not enough to facilitate communication.
Benefits of Medical/Mental Health Interpreter Service

- Enhanced communication provider/patient (LEP = limited English Proficiency)
- Reduced misdiagnosis
- Increased provider/patient satisfaction
- Better access to and utilization of services
- Improved health outcomes
- Reduced legal risks
- Bottom Line: reduced costs
Language Barriers and Medication – Shena Elrington
Payment Reform and Language Access in Health Care

Building Bridges through Language Access Advocacy and Collaboration

Rachel Gershon
Center for Health Law and Economics
April 4, 2014
Health Care Inequalities

Chronic conditions
Birth weight
Stress

Boston Public Health Commission
Massachusetts Health Disparities Council
Language Access Improves Health Care

- Fewer medical errors
- Improved communication
- Better outcomes
- Greater patient satisfaction

Health Reform

• Expansions in coverage
• Strengthened anti-discrimination laws and standards
• Patient-centeredness
• Payment reform
Theory: Language Access Decreases Overall Costs

Increased Language Access

Better Outcomes

Fewer Medical Errors

Lower Costs


Reduced payments for poor quality care

- Medicare/MassHealth and “never events”
- Medicare and MassHealth now penalize hospitals for readmissions
**Alternative Payments**

**Fee-For Service Payment**
- Better Quality Care
- Fewer Services Needed
- Provider generally gets paid LESS

**Alternative Payments**
- Better Quality Care
- Fewer Services Needed
- Provider shares in the savings
Alternative Payments in MA

• Blue Cross’ Alternative Quality Contract
• Accountable Care Organizations
• MassHealth initiatives
Advocacy Opportunities (1/2)

- Research – language access and costs
  - For payer
  - For provider
- Collaborate – law, medicine, health policy, interpretation
- Educate providers
Advocacy Opportunities (2/2)

• Build language services into payment
  Direct Payment
  Risk Adjustment
• Monitor for under-utilization
  Quality measures
  Other data collection by payer
• Others?
Thank you!

Rachel Gershon

Rachel.Gershon@umassmed.edu