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## Assessing Access to Healthcare for Limited English Proficient Patients

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ASSESSING ACCESS TO HEALTHCARE FOR LIMITED ENGLISH PROFICIENT  
PATIENTS

A Capstone Project Presented in Partial Fulfillment  
of the Requirements for the Degree Bachelor of Science  
with Mahurin Honors College Graduate Distinction at  
Western Kentucky University

By

Hannah E. Bergamini

May 2020

\*\*\*\*\*

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## ABSTRACT

Patients with limited English skills often face additional struggles when accessing medical care. These patients, referred to as limited English proficient (LEP) patients, are unable to communicate directly with their physician. This lack of direct communication typically results in unique challenges for the patient and provider. Due to these challenges, LEP patients often have poorer health statuses and experience poorer health outcomes. However, when provided with access to qualified medical interpreters, many of these challenges facing LEP patients can be ameliorated. Therefore, using qualified interpreters is an important component in improving the access to healthcare for LEP patients. To determine the level of access to healthcare for LEP patients in Bowling Green, LEP patients were invited to participate in a survey about their past experiences using medical interpreters at a local health fair. The results from the surveys showed that 85% of patients had used a family member to interpret for them in a medical setting, and 38% reported being denied an interpreter when requested. These results show that the frequency of use of qualified interpreters needs to be improved.

I dedicate this thesis to my parents, David and Tammy Bergamini, who always encouraged me to chase my dreams. I also dedicate this work to my sister Sarah - thank you for being a constant source of support and encouragement. You all inspire me everyday.

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## INTRODUCTION

Patients with limited English skills often face additional struggles when accessing medical care. These patients, often referred to as limited English proficient (LEP) patients, are unable to communicate directly with their physician. This lack of direct communication between patient and provider typically results in increased difficulty making an accurate diagnosis; meaning that more expensive diagnostic tests must often be used (Gany et. al, 2007). Due to these challenges, LEP patients often have poorer health statuses and experience poorer health outcomes (Green & Nze, 2017). However, when provided with access to qualified medical interpreters, many of these challenges facing LEP patients can be ameliorated. In fact, in a study done by Karliner, Jacobs, Chen and Mutha, they found that “professional interpreters appear to raise the quality of clinical care for LEP patients to approach or equal that for patients without language barriers” (2007, para. 4).

In many cases, bilingual family members of the patient may be asked to interpret for healthcare providers. While this may seem to be a logical solution to bridge the language barrier between patient and provider, using untrained interpreters can create additional issues and increase the level of risk (Jacobs et. al., 2001). For example, there are many ethical issues that can arise when allowing a family member to interpret, such as a lack of privacy and the inability to ensure confidentiality. Additionally, it can be uncomfortable for patients to share their medical issues with members of their family. Furthermore, using children to interpret for their parents can create many additional issues

and raises further ethical questions (Gray, Hider, & Donaldson, 2011). In addition to the ethical issues that can arise, there is also a question of linguistic competence. Family members are typically untrained in interpretation; therefore, they often leave out vital information which can result in higher incidences of misdiagnoses and mistreatments (Seidelman & Bachner, 2010). Furthermore, medical terminology is highly specific, and requires a high level of understanding in both languages. Therefore, medical interpreters should undergo training before beginning to interpret, as medical interpretation goes beyond just being proficient in two or more languages (Brandl & Schreiter, 2020). Due to the importance of using qualified interpreters when treating LEP patients, the American Medical Association lists using trained interpreters as a part of their best practice guidelines (Basu, 2017).

Ensuring that LEP patients receive access to trained medical interpreters is especially important in the city of Bowling Green, Kentucky. Overall, Kentucky ranks fifth in the nation for the highest number of refugees resettled annually (Krogstad, 2019). In Bowling Green, 13.7% of the population is foreign born, and many of them have limited English proficiency. Furthermore, 16.6% of families in Bowling Green speak a language other than English at home (United States Census Bureau, 2018). These percentages continue to increase due to the work of organizations such as the International Center of Kentucky, which, along with other organizations, has helped resettle 2,682 new refugees and immigrants in Bowling Green over the past four years (Kentucky Office for Refugees, 2020). Therefore, due to the high proportion of LEP patients present in Bowling Green, it is imperative that they receive the language assistance services that they need. Thus, the

aim of this study to was to determine the frequency of usage of medical interpretative services to improve access to healthcare for LEP patients in Bowling Green.

## METHODS

The aim of the research proposal was to assess access to healthcare for limited English proficient (LEP) patients by surveying their past experiences using interpreters in a healthcare setting. To accomplish this, an eight question survey was developed by the researcher to determine how well versed the local international community is in regards to their right to medical interpretation services as stated by Title VI of the Civil Rights Act of 1964, as well as to ask about their previous experiences when accessing healthcare (Civil Rights Act, 1964). Participants were asked to self assess their English proficiency in a normal setting and in a medical setting. They were also asked whether or not they had used a family member as an interpreter, if they had ever used a professional interpreter, and if using an interpreter helped them to feel more comfortable when meeting with their healthcare provider. Finally, the survey asked if they had ever been refused medical interpretation services, and if they were aware that they had a right to said services per United States law. The survey was translated into Burmese, Spanish, and French, and each survey was administered anonymously by a trained medical interpreter. After receiving IRB approval through Western Kentucky University, patients were invited to voluntarily participate at the Warren County Services Fair. The Warren County Services Fair was designed to provide access to healthcare for the local refugee and immigrant population. On average, more than two-hundred individuals participate in the fair annually, and in 2020 there were 249 attendees. (Yacovone, 2020). Informed

consent was obtained through use of professional medical interpreters who were trained to administer the survey, and a total of thirty-four responses were recorded.

## RESULTS

At the Warren County Services Fair, a total of thirty-four patients agreed to participate. All patients were over the age of eighteen, and the majority of the surveys were conducted in Spanish and Burmese, which represented 58.8% and 35% of total respondents, respectively. The participants were each asked to write their preferred language, and this data is displayed in Table one.

Table 1: Preferred Language of Participants

Preferred Language	Number of Respondents
Spanish	18 (53%)
French	1 (3%)
Swahili	1 (3%)
Zo	7 (21%)
Zomi	4 (12%)
Karen	1 (3%)
Decline to respond	2 (6%)

Results of participants self-assessed English Proficiency are included in Table two. Out of the thirty-four respondents, 62% felt that they spoke English either somewhat well or not at all. When asked specifically about their proficiency speaking English in a

medical setting, 68% of respondents stated that they spoke English either somewhat well or not at all.

Table 2: Self-Assessed English Proficiency

Overall English Proficiency	Number of Respondents	Medical English Proficiency	Number of Respondents
Extremely well	1 (3%)	Extremely well	1 (3%)
Very well	3 (9%)	Very well	1 (9%)
Well	8 (24%)	Well	7 (21%)
Somewhat well	8 (24%)	Somewhat well	7 (21%)
Not at all	13 (38%)	Not at all	16 (47%)

Eighty-five percent of the total number of participants stated that they had used a family member as an interpreter in a medical setting, while 75% reported having used a professional medical interpreter at least once in order to communicate with a healthcare provider. Out of those who had used a professional medical interpreter, 100% stated that this caused them to feel more comfortable during their meeting with their healthcare provider. Thirty-eight percent of respondents reported being denied a professional interpreter when requested, with the highest percentage being Burmese speaking patients, where 100% of respondents had experienced being denied interpretative services. Finally, 85% of patients stated that they knew that they had a right to a medical interpreter per United States law.

## DISCUSSION

Initially, this project had two parts. The original aim was to not only survey the local international population, but also to survey several members of the medical community in order to give a more complete picture as to the current state of availability of language assistance services to improve access to healthcare for LEP patients. The goal was to survey the current state of language access at two hospitals and one community care clinic in Bowling Green: Tristar Greenview Regional Hospital, The Medical Center at Bowling Green, and Fairview Community Health Center. These locations were chosen as they are three of the primary community healthcare institutions in Bowling Green. The objective was to assess how well versed these healthcare facilities were in terms of use of language assistance services for LEP patients. The results from both the LEP survey and the practice manager surveys were initially to be used in suggesting possible ways to improve the availability of professional interpretation services. However, due to the COVID-19 pandemic that occurred midway through the research for this project, the second portion of the project had to be cancelled.

Overall, the results suggest that improvements on the availability and frequency of use of medical interpretation services are needed in the community. The majority of participants surveyed reported using a family member as an interpreter, which has many drawbacks and should be avoided when possible (Gray, Hider, & Donaldson, 2011). Every respondent agreed that using an interpreter made them feel more comfortable when communicating with their provider, and comfort and trust are crucial ensuring an effective patient-provider relationship. Furthermore, patient's self-assessed language level decreased when asked how well they spoke English in a medical setting as

compared to their general level of English proficiency. This decline demonstrates that even though patients may have a decent understanding of English in a general setting, their level of proficiency and understanding may change when in a medical setting, where the language becomes much more technical and complicated. Clear communication is an imperative part of healthcare, and it is important to keep this aspect of language proficiency in mind when speaking with LEP patients. Finally, an area of great concern is ensuring that patients are provided interpreters when they request them. Thirty-eight percent of respondents reported being denied a professional interpreter when requested, with the highest percentage being Burmese speaking patients, where 100% of respondents had experienced being denied interpretative services. Title VI of the Civil Rights Act of 1964 “prohibits discrimination on the basis of race, color, or national origin in any program or activity that receives federal funds or other federal financial assistance (Civil Rights Act, 1964, p.2).” Therefore, all healthcare providers that receive Federal funds have the obligation to provide language assistance services when requested (Jacobs, Ryan, Henrichs, & Weiss, 2018).

## FUTURE RESEARCH

In the future, it would be important to expand on the LEP surveys. The sample size for this study was very small, making it difficult to really have a full understanding of the current state of access to healthcare for LEP patients. Future research is needed with a larger sample size including surveys in additional languages. Also, it will be important to survey the local healthcare facilities in Bowling Green in order to gain a better understanding of their current language access plans. Once there is a more



complete picture of both sides – patient and provider – it will be easier to understand how to ensure that the LEP community in Bowling Green can receive the best care possible.

## CONCLUSION

Overall, much evidence exists to support the use of qualified medical interpreters. The results from this study indicate that there is room for improvement in regards to proper use of interpretation services in Bowling Green, given that 85% of patients surveyed reported using a family member as an interpreter in a medical setting and 38% reported being denied a professional interpreter when requested. However, additional surveys are needed to further evaluate the current language access plans of the different healthcare institutions in Bowling Green. Once there is a better understanding of the current state of language access, these results could be used to create educational materials for healthcare providers in order to develop awareness. It is important that the different healthcare institutions in Bowling Green are aware of the unique challenges facing the LEP population, and have plans in place to help mitigate the language barriers that they face.

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