

Impact of Language Barriers

Although research has been slow to assess the impact of language barriers on health, the last decade has witnessed a sudden increase in the number of studies addressing the issue. One recent review of the literature cites evidence that, compared to native speakers, patients speaking limited English:

- Receive less than optimal health care.
- Receive less preventive care.
- Have less timely eye, dental and physical examinations.
- Are at increased risk of experiencing medical errors.
- Have fewer physician visits.
- Are less likely to return for follow-up visits after trips to the emergency room (ER).
- Are less satisfied with their health care.

In addition, the evidence reported that Spanish-speaking Latinos are:

- Less satisfied with their communication with health providers.
- Less satisfied with the care they receive.
- More likely to report overall problems with care.

Research is also demonstrating the negative effects of using untrained interpreters such as family members (including minor children) or friends of clients in health care. The review of the literature cited above goes on to address the following consequences of using such interpreters:

- Inaccurate communication.
- Misdiagnosis.
- Inadequate/inaccurate treatment.
- Reduced quality of care.
- Breach of patient confidentiality.
- Reduced trust in physicians.

Not surprisingly, the research is also beginning to demonstrate how improving language access also improves outcomes, by increasing patients':

- Compliance with requests and instructions.
- Understanding of their disease.
- Self-reported well being and function.
- Access to primary care and preventive services.

Finally, quality of interpretation appears to correlate with patient understanding and satisfaction with the encounter.

Language barriers also appear to result in greater health care costs, specifically, an increase in diagnostic tests and time spent with physicians.

A large survey released by the Robert Wood Johnson Foundation (RWJF) in 2001 offers a snapshot of the language barriers that face the foreign born. Although the survey focused on Spanish-speaking Latinos and their service providers, other evidence suggests that the results would hold true for other language groups.

- Sixty-eight percent of providers surveyed said they found it a top or important priority to help primarily Spanish-speaking health care consumers better use and benefit from the health care system.
- Due to a language barrier, 19 percent of Spanish-speaking respondents have not sought care when needed.
- Sixty-five percent of Spanish-speaking respondents have concerns about using an interpreter.

Altogether, this body of research clearly shows the dangers of failure to use professionally trained bilingual staff or interpreters and the need to overcome language barriers to ensure health and well being. The consequences of failure to address language barriers can be devastating and even fatal.

Impact of Cultural Barriers

Unfortunately, very little academic research currently exists documenting the impact of cultural barriers on health and well-being. Nonetheless, community-based organizations serving immigrants and refugees across the nation do perceive the impact of such barriers, particularly in health encounters, and report their concerns regularly in meetings and coalitions.

In recent years, quite a number of reports on individual cultures intended to assist health providers have emerged, many available on the Internet. While not strictly research based, they illustrate a number of cultural barriers common to various cultures:

- Discomfort with/refusal to see health providers of the opposite gender.
- Failure to understand or seek preventive care.
- Failure to take prescribed medicine correctly—or at all.
- Reliance on one family member who makes medical decisions for the family.
- Respect for authority leading to docility.
- Respect for authority leading to nodding or saying yes without comprehension.
- Lack of information on dental care, contraception, vaccinations and sexually transmitted diseases (STDs), among other basic health issues.
- Lifelong lack of dental care in the home countries of many immigrants.
- Isolation of some women.
- Reliance on folk remedies (some of which may assist healing, promote a placebo effect, reassure the patient or have a neutral effect, while some may actively interfere with western medical treatment).
- Lack of understanding of the U.S. health care system.
- Inability to navigate that system due to a variety of cultural barriers.
- Lack of refrigeration in the home (which affects some medications).

Such barriers can be tragic. One of the most famous (and highly readable) books on the subject, *The Spirit Catches You and You Fall Down*, documents the disastrous collision of Hmong culture and U.S. medicine in the case of a refugee family from Laos over the care of a Hmong child diagnosed with severe epilepsy.

Some specialists, including those at the Cross-Cultural Health Care Program (a nonprofit organization in Seattle, Washington that has emerged as a national leader in overcoming language and cultural barriers to health care), recommend that health providers exhibit great sensitivity in the area of traditional remedies. It may even be advisable to support patients who seek these remedies, where appropriate, since folk healers may provide great psychological comfort. In itself, such comfort may promote the patient's healing.

Latino surname confusion...

Latin Americans, like in most cultures, value their families very much within their society. Many times, however, we become confused when we come across people with un-hyphenated two last names (surnames) and we instinctively are quick to use the last surname when filling out their paperwork. This is not always a good idea, since in Latino protocol the *last* surname is usually the person's maternal surname and therefore secondary when it comes to the "legality" of a person's identity. I will try to explain better with some examples below.

Please *ask* the patient how *they* want their names to appear on forms and legal documents, or how *they* want to be addressed. Many times they will answer to anything you call them simply because they don't want to appear impolite in correcting you or simply because they don't have enough knowledge or command of the English language to explain to you how they want their name to read. If a patient cannot explain how he/she wants his/her name to appear on FMH forms and consents due to a language barrier, staff should call an interpreter for clarification.

EXAMPLES OF THE DIFFERENT WAYS LATINO NAMES MAY APPEAR:

Maria Carmen López González

López is her **father's** surname and **González** is her **mother's** surname. So, for legal purposes, **López** should be the principal surname on important paperwork, but preferably **BOTH should be used if it's what the patient wants.**

Carlos Eduardo Rojas Escobar

The same applies to male names also. **Rojas** is his paternal surname and **Escobar** is his maternal surname.

Maria Elena Ruiz Calero and her husband **Juan Ignacio Murillo Guerrero** have a baby girl. She will more than likely be named **Baby Girl Murillo Ruiz**. As you can see, **Murillo is the paternal** surname and **Ruiz will be her maternal surname**. For legal purposes and if you can *only* choose one name for the baby girl, always use **Murillo**, the paternal surname.

Ana Graciela Cuadra Zapata and her boyfriend **Jose Aguirre Solórzano** have a baby boy. They are not married so the baby's name can go either way:

If father recognizes the baby as his son and wants baby to have his name, then baby will be **Baby Boy Aguirre Cuadra**.

If mother only wants *her* name on the baby's birth records and she is single, the baby will be **Baby Boy Cuadra Zapata**.

(Over...)

Lucrecia Pérez or

Fernando Gutiérrez

Obviously, in these cases, use only the one surname.

Teresa Mejía Godoy de García

Mejía and **Godoy** are the paternal and maternal surnames, which she has chosen to keep, but now has married and has added the surname of her husband, **García**.

If Teresa and her husband have a child; he/she will be Baby **García Mejía**.

- Many Latinas keep all their surnames and do not go by their husband's surnames. It is culturally acceptable.
- Many Latinas drop one or both their family surnames and adopt their husband's surname only.
- Many Latinas not only keep their family surnames but in social circles will introduce themselves as Mrs. "paternal surname" + "maternal surname" *of* "husband's paternal name". i.e. Mrs. Mejía Godoy **de** García.

It is vital to record a patient's name correctly from the moment they walk into the Hospital or any other FMH office. Many patients have lost or been denied medical assistance insurance coverage due to discrepancies in their names or the incorrect spelling of their name. Please take advantage of our on-line telephone interpreters and/or our Spanish language staff interpreter at ext. 4350 if you need assistance in establishing a patient's name.