

Healthcare Disparities Among Spanish Speakers in the United States

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Introduction

Healthcare disparities among Spanish speakers in the United States are extremely prevalent. According to a study in the Journal of the National Medical Association, while only 7% of English speakers have less than adequate functional health literacy (FHL), 74% of Spanish speakers face this challenge (Brice et al., 2008). Health literacy significantly impacts a patient's capacity to comprehend informed-consent forms, medical instructions, medication labels, and other critical health-related documents (Brice et al., 2008). Those with insufficient or poor functional health literacy (FHL) were associated with lower adherence to emergency department discharge instructions and increased return visits to emergency departments (Hälleberg Nyman et al., 2018; Brice et al., 2008). This disparity represents just one of the numerous challenges faced by Spanish-speaking individuals seeking healthcare in the United States, including issues related to access to care, quality of care, and lack of qualified interpreters.

Research Question: How does the language barrier affect Spanish speakers in health care in the United States?

Thesis Statement: Language barriers impede the ability of Spanish-speaking patients in the United States to access high-quality and satisfactory medical care.

Methodology: This research project, "Healthcare Disparities Among Spanish-Speakers in the United States," utilized qualitative and quantitative methods in addition to secondary data to gather information. Secondary peer-reviewed information was collected using searches on Google Scholar and the National Library of Medicine to locate scholarly studies, surveys, and articles primarily published in medical journals. The keywords utilized in the search included "Spanish speakers," "Spanish-speaking," "LEP," "FHL," "interpreters," "quality of care," "access to care," "United States," and "healthcare." Studies, surveys, and articles were chosen as they offer perspectives on the issue and provide insights into the experiences and effects of the obstacles faced by Spanish speakers.

Background

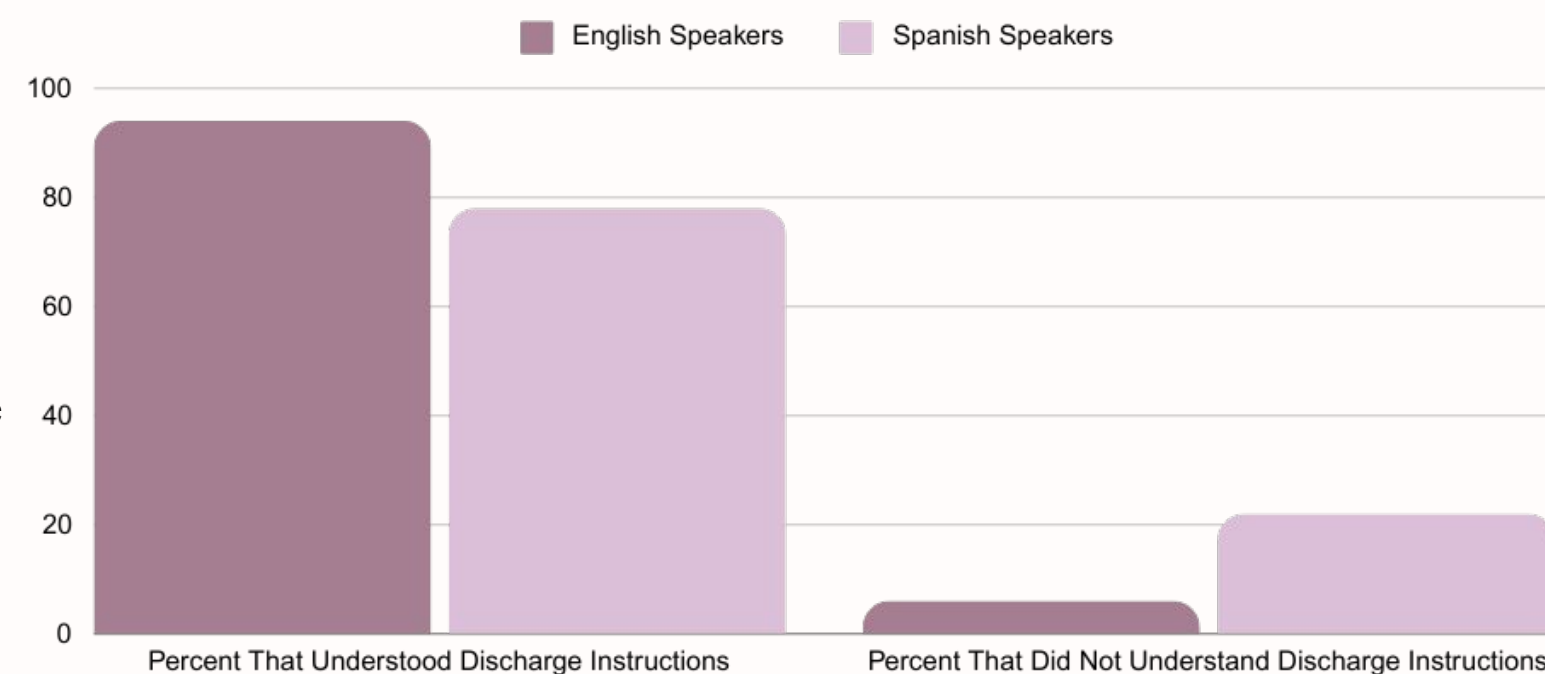
One of the barriers Spanish speakers face is the lack of access to care, which refers to the ability to obtain medical services ("Health Care Access"). These barriers include non-functional health literacy (FHL)—the difficulty in understanding informed consent forms, medical instructions, medication labels, and critical health-related documents—and the lack of services in the patient's primary language at the healthcare facility (Brice et al., 2015; "Health Care Access").

Another disparity faced by Spanish speakers in the healthcare system is the quality of care they receive. One study in the Journal of Pediatric Nursing found that the quality of the healthcare received by patients is affected by the ability to communicate with doctors or medical professionals (Stephen and Zoucha, 2020). This barrier is highlighted by Spanish-speaking patients with limited English proficiency (LEP), which refers to a person whose first language is not English and who has limited ability to read, write, speak, or understand English (Escobedo et al., 2023). It is also intensified by language-discordant staff-to-patient interactions that occur when a healthcare professional and patients don't speak a common language.

When staff and patients do not share a common language, the use of an interpreter becomes essential. However, not all interpreters are formally trained or qualified, leading to potential misunderstandings and miscommunications, and interpreters are often not utilized when needed (Ortega et al., 2021). The American Journal of Psychiatry Residents Journal found that these communication gaps can significantly impact the quality of care, potentially leading to errors in diagnosis, treatment, and patient satisfaction (Tonkin, 2017). Due to these factors, Spanish speakers face barriers to accessing quality healthcare.

Data Analysis

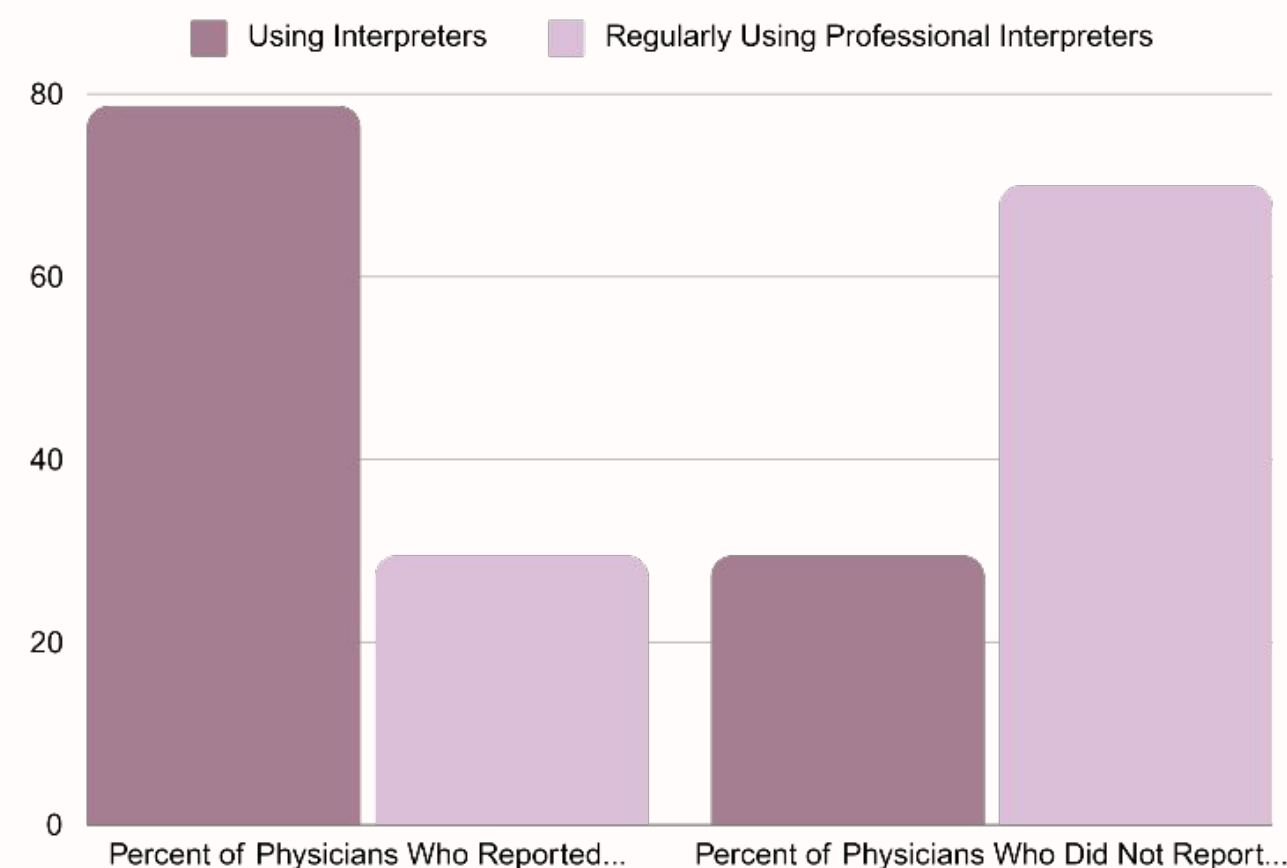
After Being Discharged From The ED



Source: Smith et al., Journal of the National Medical Association, 2012

This graph represents that Spanish-speaking patients after being discharged from the ED are more likely to lack understanding of the discharge instructions. This is a result of Spanish-speaking patients having insufficient FHL. Additionally, not understanding discharge instructions was the primary reason for nonadherence (Smith et al., 2012).

When Working With Patients With LEP



Source: Schulson and Anderson, Journal of General Internal Medicine, 2020

This graph represents that while 78.7% of the surveyed physicians used an interpreter while working with patients with LEP, only 29.5% of the physicians reported regularly using professional interpreters. This means that the physicians may be using family members or multilingual medical staff that are untrained (Ortega et al., 2021).

Results

Access to Care:

Spanish-speaking patients have a harder time accessing healthcare due to difficulties in making and following up on appointments and lower rates of healthcare insurance coverage. A study by the University of Massachusetts Chan Medical School found people with LEP were "less likely to have a regular healthcare provider[s]" and "have fewer physician visits." Additionally, one public health department clinic survey reported "25% of patients with LEP reported difficulty scheduling appointments" (Escobedo et al., 2023). Another study based on Latinos with LEP in North Carolina found that 65% of the respondents had a hard time registering for care due to the language barrier (Calo et al., 2015). The language barriers for Spanish speakers in the United States create a nationwide challenge accessing care.

Quality of Care:

Spanish speakers encounter challenges and barriers when trying to receive quality healthcare. One study in the Journal of General Internal Medicine found that 29% of Spanish-speaking patients did not report the resolution of their medical conditions after a doctor's appointment, while only 10% of English speakers reported the same problem (Escobedo et al., 2023). FHL also plays a critical role in the healthcare setting, as low FHL is associated with hindered medical decision-making, understanding medical labels, and following medical instructions, leading to poorer healthcare outcomes due to nonadherence and communication issues (MacLeod et al., 2017; Brice et al., 2015; Smith et al., 2012; Stephen and Zoucha, 2020).

Use of Qualified Interpreters and Translated Material:

Although interpreters play an important role in patient communication, untrained interpreters such as family members, friends, and medical staff are still called to interpret even when professional interpreters are available (Ortega et al., 2021). A study in The Joint Commission Journal on Quality and Patient Safety found that this can cause communication errors and present risks to patient safety and privacy (Paradise et al., 2019). Another issue is the lack of quality translated material available for patients (Schulson and Anderson, 2020). An interpreter could meet with a patient and be handed material to translate in the moment; however, these documents may be extensive and difficult to translate on the spot, leading to misinformed patients and inaccurate communication.

Conclusion

The language barrier presents a challenge for Spanish speakers in accessing and receiving quality healthcare in the United States. It is imperative to coalesce efforts to address these disparities and improve healthcare access, quality, and communication for Spanish-speaking individuals, which are key to ensuring equitable healthcare outcomes. To address these issues, local organizations and communities need to create spaces for Spanish speakers to improve their FHL by creating opportunities for them to learn and gain a comprehension of medical terms and phrases. It is important to offer support for scheduling appointments with the help of qualified medical interpreters and to partner with local hospitals to provide accurate translations for medical documents and forms.