

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

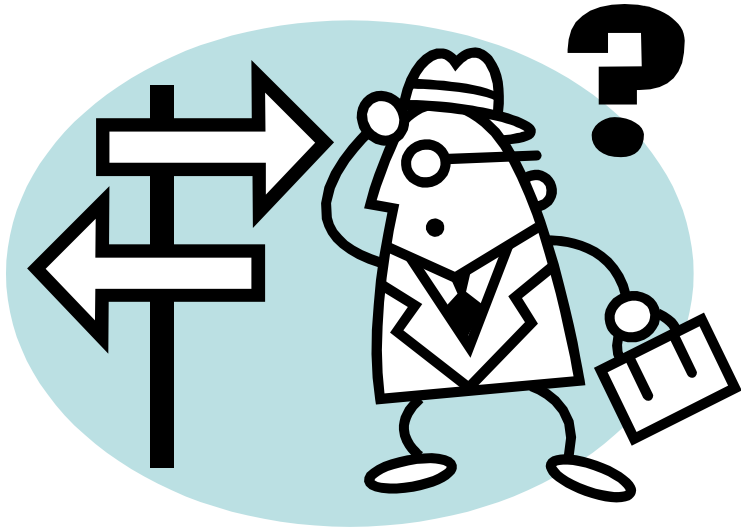
Barriers to Care & Cross-Cultural Initiatives

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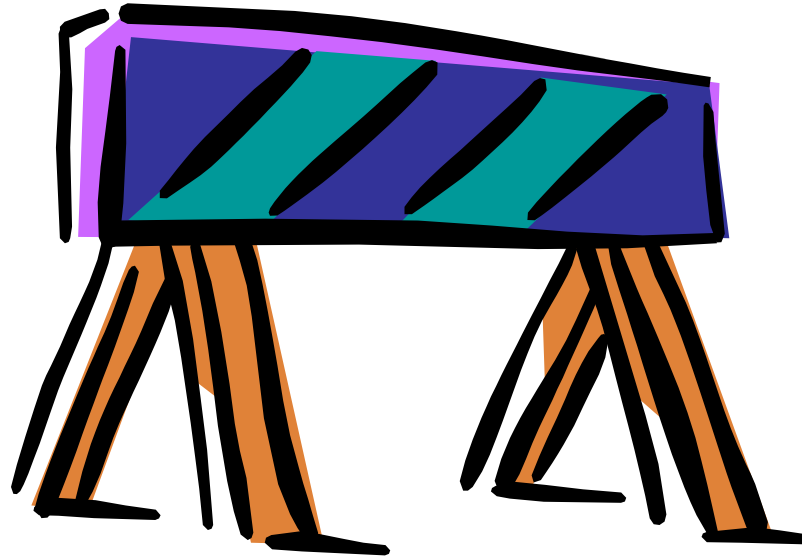


Barriers to Communication



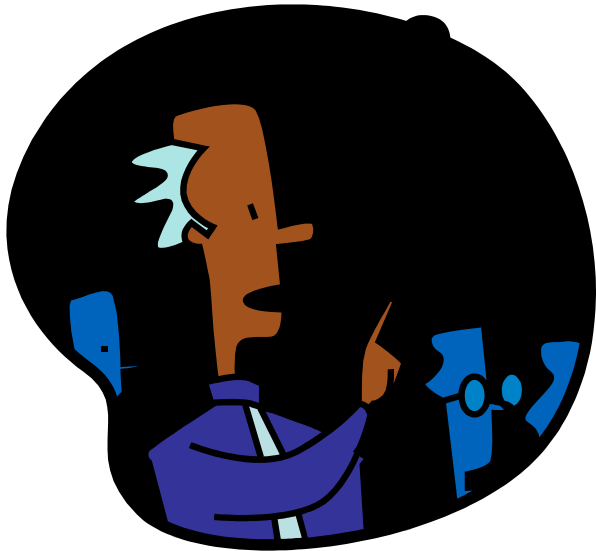
- * Linguistic barriers
- * Barriers of register and experience with health care concepts and procedures
- * Cultural barriers
- * Systemic barriers

Linguistic Barriers



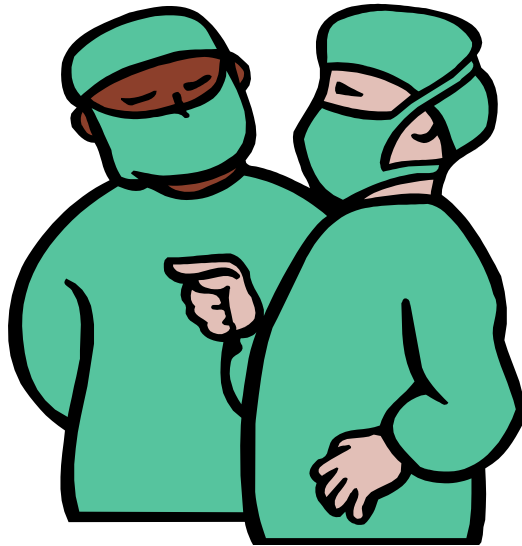
- * Linguistic barriers are differences in spoken language.

Barriers of Register and Experience with Health Care Concepts and Procedures



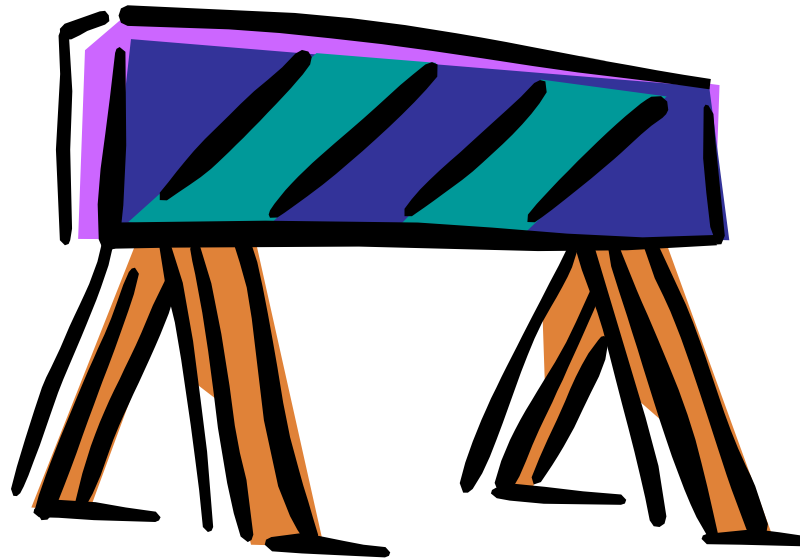
- * Some providers use very complex language (high register) which might be understood only by those with an advanced education.

Barriers of Register and Experience with Health Care Concepts and Procedures



- * 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



- * 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 + INTERPRETING
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

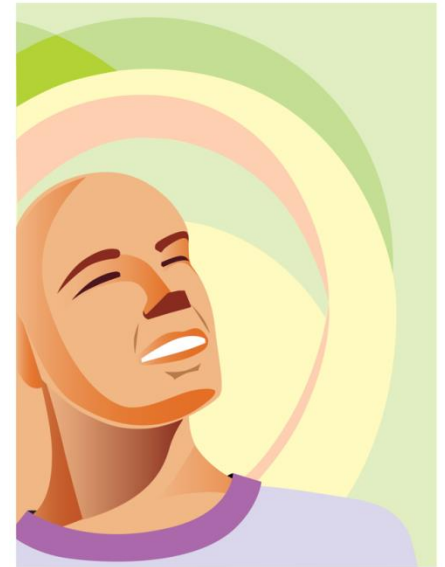
Stress



Boston Public Health Commission
Massachusetts Health Disparities Council

Language Access Improves Health Care

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



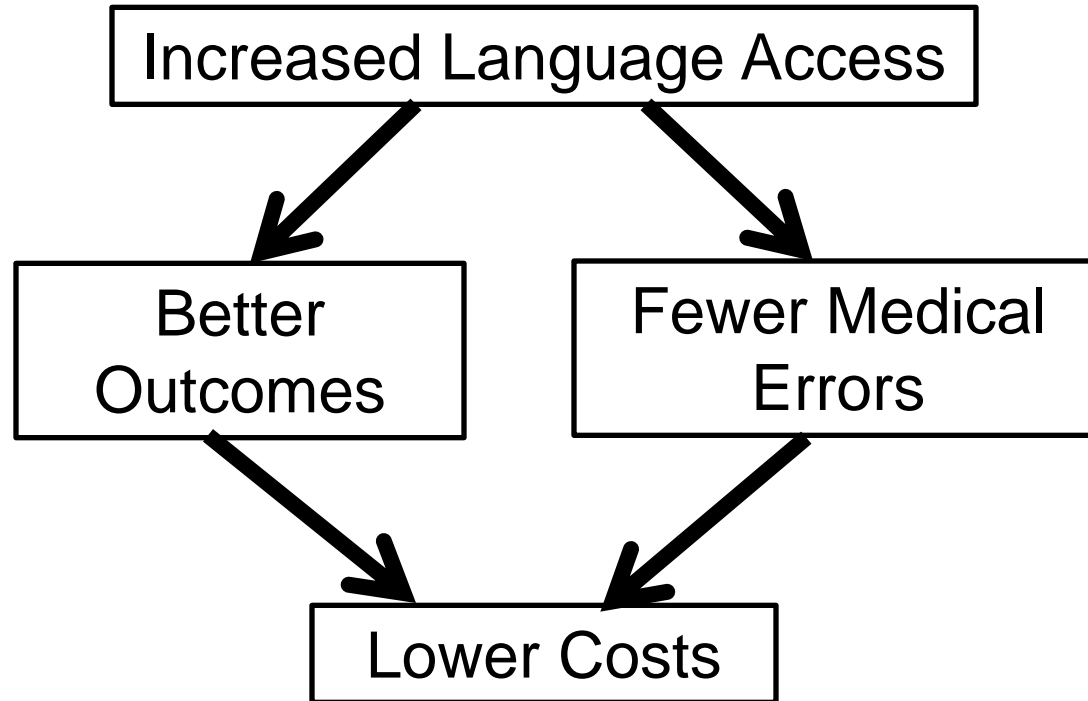
Karliner LS et. al. Do Professional Interpreters Improve Clinical Care for Patients with Limited English Proficiency? A Systematic Review of the Literature. Health Serv Res 2007 Apr; 42(2): 727-54.



Health Reform

- Expansions in coverage
- Strengthened anti-discrimination laws and standards
- Patient-centeredness
- **Payment reform**

Theory: Language Access Decreases Overall Costs



Karliner LS et. al. Do Professional Interpreters Improve Clinical Care for Patients with Limited English Proficiency? A Systematic Review of the Literature. Health Serv Res 2007 Apr; 42(2): 727-54.

Andel 2012. Andel et. al. The Economics of Health Care Quality and Medical Errors. Journal of Health Care Finance Vol. 39 No. 1 (Fall 2012)

Reduced payments for poor quality care

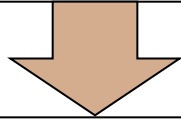
- Medicare/MassHealth and “never events”
- Medicare and MassHealth now penalize hospitals for readmissions



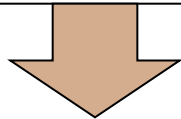
Alternative Payments

Fee-For Service Payment

Better Quality Care



Fewer Services Needed

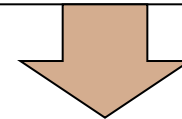


Provider generally gets paid LESS

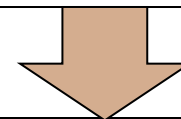


Alternative Payments

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!

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