

## LANGUAGE: BOTH A BRIDGE AND A BARRIER

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Language can be both a bridge and a barrier; while connecting distinct communities, with respect to healthcare access, it can be limiting and stigmatizing to speak a language other than English. One problem often overlooked or oversimplified is language barriers; when paired with socioeconomic and naturalization challenges, health disparities catapult. The importance of healthcare accessibility cannot be overstated, as in Latinx communities, the obstacles of language frequently conceal the critical need for medical care. This obstacle extends beyond mere fluency in English or Spanish; it delves into a deeper issue of miscommunication and misunderstanding. Research in scholarly journals such as the *Journal of General Internal Medicine* and the *National Library of Medicine* emphasizes the role that language barriers play in misdiagnoses—in some cases even delaying diagnosis—, incorrect treatments, and a general reluctance to seek medical care. During COVID-19, it was found that patients who spoke English as a second language experienced decreased anxiety and fear surrounding the pandemic due to lack of comprehension.

The Centers for Disease Control and Prevention (CDC) stress how critical it is to overcome these language barriers to close the larger public health gaps in Latinx communities, as well as for individual health outcomes. The lack of resources for Spanish-speaking patients is a national issue. In a study that surveyed patients at a public health clinic with limited English proficiency, 25% reported difficulty scheduling appointments and 29% of Spanish-speaking patients did not report resolution of their medical needs after their appointment. In another analysis of outpatient clinic conversations between patients and clinicians, Spanish-speaking patients were less likely to mention symptoms, feelings, expectations, and thoughts when compared to English-speaking patients. These issues are not isolated to the clinic, however. Diabetes plagues the Latinx community at a much higher rate than white Americans. Research has shown that patients in the Latinx community with limited English proficiency are associated with lower oral diabetic medications and insulin adherence. In this same study, adding a language coordinator helped patients achieve improved glycemic and lipid control. This is because Spanish-speaking patients often experience communication with medical professionals without any professional interpretation.

Apart from language barriers, one of the biggest roadblocks that lead to health disparities is access to affordable and quality healthcare plans; the uninsured rates among the Latinx community are among the highest at around 17.7%. On top of existing language barriers, debt and the inadequate scope of public coverage directly contribute to the high uninsured rate. When analyzing the racial breakdown of immigrants in the United States, it is found that 44% are Latinx, larger than any other racial group. Subsequently, lower rates of higher education can be attributed to fewer jobs with healthcare benefits or packages. People who are undocumented in the United States and are seeking employment, such as Latinx, share one thing in common: work permits. Reapplying for work permits in advance, high fees, and the time processing work permits leave undocumented Latinx without income for indefinite periods.

Lower socioeconomic status often places families in low-income neighborhoods—many of which are food deserts—and working blue-collar or service industry jobs with unhealthy working conditions. This is especially true for people who find employment without work permits. With a foundation set, the future entails addressing such socioeconomic and political barriers to healthcare.

Part of understanding this issue involves grasping the experiences of healthcare workers in serving diverse and disadvantaged communities. Dr. Shin, a pediatrician for a Sea Mar clinic—healthcare centers

**WEEKLY QUESTION:** How does immigration status affect the health outcomes and access to healthcare services among Hispanic, Latino/a/x, and Mexican American individuals?

that see many Latinx patients—gave some insight. Most importantly, Dr. Shin stresses that working at a place such as Sea Mar “...can be so rewarding and challenging...” The challenging part can be underlying barriers patients have to access healthcare: “Lack of reliable transportation, parents with financial and work insecurity and lack of child care...” to name a few.

Addressing such barriers is the path forward to eliminating health disparities for the Latinx community. While language barriers are evident, many socioeconomic factors create a variety of barriers to simply accessing healthcare. Dr. Shin listed potential barriers, however, that doesn’t mean every healthcare provider has a similar foundation of knowledge. An obvious solution involves legislation and healthcare policy. However, ensuring that healthcare providers receive training to understand medical racism and biases is a significant and achievable step forward.

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## EVENTS THIS WEEK

Speaker **Edgar Longoria**, Executive Director of Entre Hermanos:

*Latinx Cultural and Community Healing Realtime*

Wednesday

12:00PM

ZOOM

**Prize from Emails**

Announced every Friday!

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