

Re-framing Language as an Opportunity to Improve Health Equity

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Learning objectives

Propose

Propose an equity-minded framework for conceptualizing non-English language preferences and skills as assets

Discuss

Discuss practical implications and resources for operationalizing language equity

Limited
English
Proficiency
(LEP)
construct

- Affects the **data** collected in a health system
- By focusing on LEP, solutions have largely focused only on interpreting and **ignored language-concordant care**
- Has impacts on **patients**

People Who Speak a Language Other Than English at Home

21.7 percent

Source: Latest ACS 5-Year Estimates
Data Profiles/Social Characteristics

People Who Speak English Less Than Very Well

8.2 percent

Source: Latest ACS 5-Year Estimates
Data Profiles/Social Characteristics

<https://www.census.gov/acs/www/about/why-we-ask-each-question/language/>

How LEP impacts patients

LIMITED PROFICIENCY

Fixed label

I am not sure how to describe my language skills and I fear discrimination.

Limitations

I feel blamed and guilty that I am not able to communicate.

Barrier

I feel isolated and am more likely to delay or avoid healthcare.

Do Professional Interpreters Improve Clinical Care for Patients with Limited English Proficiency? A Systematic Review of the Literature

Leah S. Karliner, Elizabeth A. Jacobs, Alice Hm Chen, and Sunita Mutha

Health Serv Res.
2007;42(2):727-754.

YES! They improve:

- ✓ Communication (errors and comprehension)
- ✓ Utilization
- ✓ Clinical outcomes
- ✓ Satisfaction with care

A Systematic Review of the Impact of Patient–Physician Non-English Language Concordance on Quality of Care and Outcomes

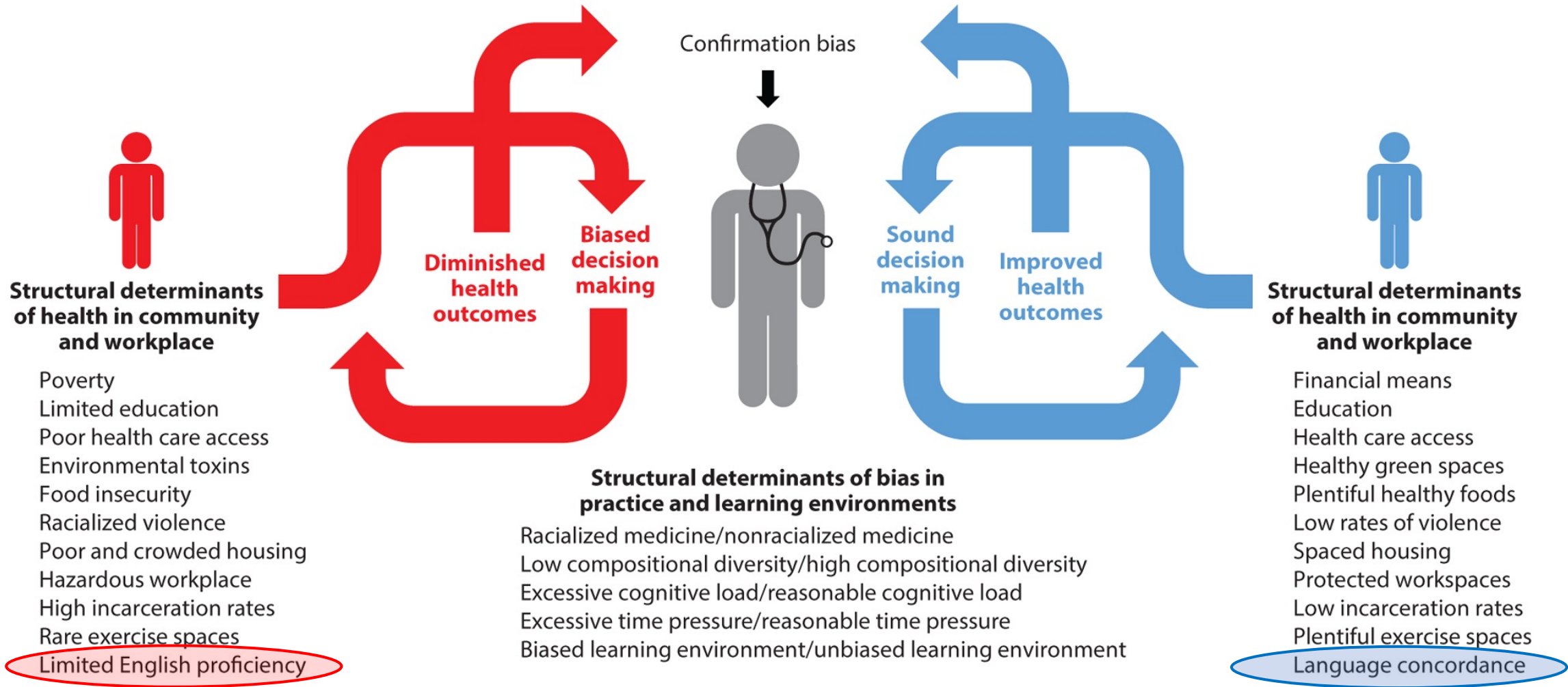
Lisa Diamond, MD MPH¹, Karen Izquierdo, BS², Dana Canfield, MD³, Konstantina Matsoukas, MLIS¹, and Francesca Gany, MD MS¹

J Gen Intern Med. 2019
Aug;34(8):1591-1606

Vela et al. Eliminating Explicit and Implicit Biases in Health Care: Evidence and Research Needs. *Annu Rev Public Health*. 2022

Vicious cycle of diminished health care

Virtuous cycle of improved health care



Language equity in health care

Everyone has a fair and just opportunity to receive health care and information in the language/s that permit them to be as healthy as possible.

(Modified from Robert Wood Johnson Foundation definition of health equity: <https://www.rwjf.org/en/insights/our-research/2017/05/what-is-health-equity-.html>)

Gaps

The nuances of language acquisition and real-life multilingualism

The complexities of health care communication & decision-making

The role of language in identity

The unassessed skills of health professionals

Language

a new construct for healthcare communication

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PREFERENCES & SKILLS

Context

We speak several languages, some better than others, depending on many factors.

Strengths

Language helps improve my health and my patients' health.

Opportunity

I feel motivated and empowered to enhance my skills and resources for health communication.

Original Article | Open Access |

Non-English Language Preference Associated with Lower Rheumatology Telehealth Use During the COVID-19 Pandemic

Viewpoint

Non-English Language Preference as a Social Determinant of Health in Cardiovascular Disease: Addressing the Unseen

A growing number of scholars are shifting to language preference

Patient-centered care outcomes for patients in the emergency department with a non-English language preference: A scoping review

Rebecca J. Schwei^{a,b,*}, Ly Hoang^{a,b}, Paije Wilson^c, Madelyne Z. Greene^d, Maichou Lor^d, Michael N. Ghahramani^{a,b,e,f}, Michael S. Paltrow^{a,b,g}

Surgery

Homepage: www.elsevier.com/locate/surg

EDITORIAL · Volume 32, Issue 7, P790-791, July 2024

Download Full Issue

Commentary: Illuminating the Role of Non-English Language Preference in Healthcare Disparities for Older Adults With Cognitive Impairment

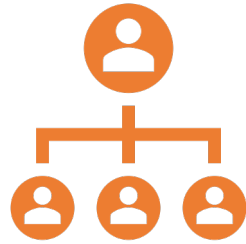
[Ladson Hinton, M.D.](#)



Language Preference with Postoperative Pain Management in Older Adult Enrollees

Michael S. Paltrow, MD, PhD^d,
Ladson Hinton, MD, MPH, MS^e,
Michael S. Paltrow, MD, MSHS^{a,b,f}

Non-English Language Preference



Centers language as an **asset**



Embraces the **dynamic** and **contextual** nature of real-world language practices

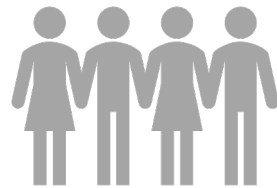


Shifts the focus to **systemic** and **clinician factors** that can be part of the solution

Non-English Language Skills



First step in creating a **standard** for determining clinician readiness for patient care in non-English languages

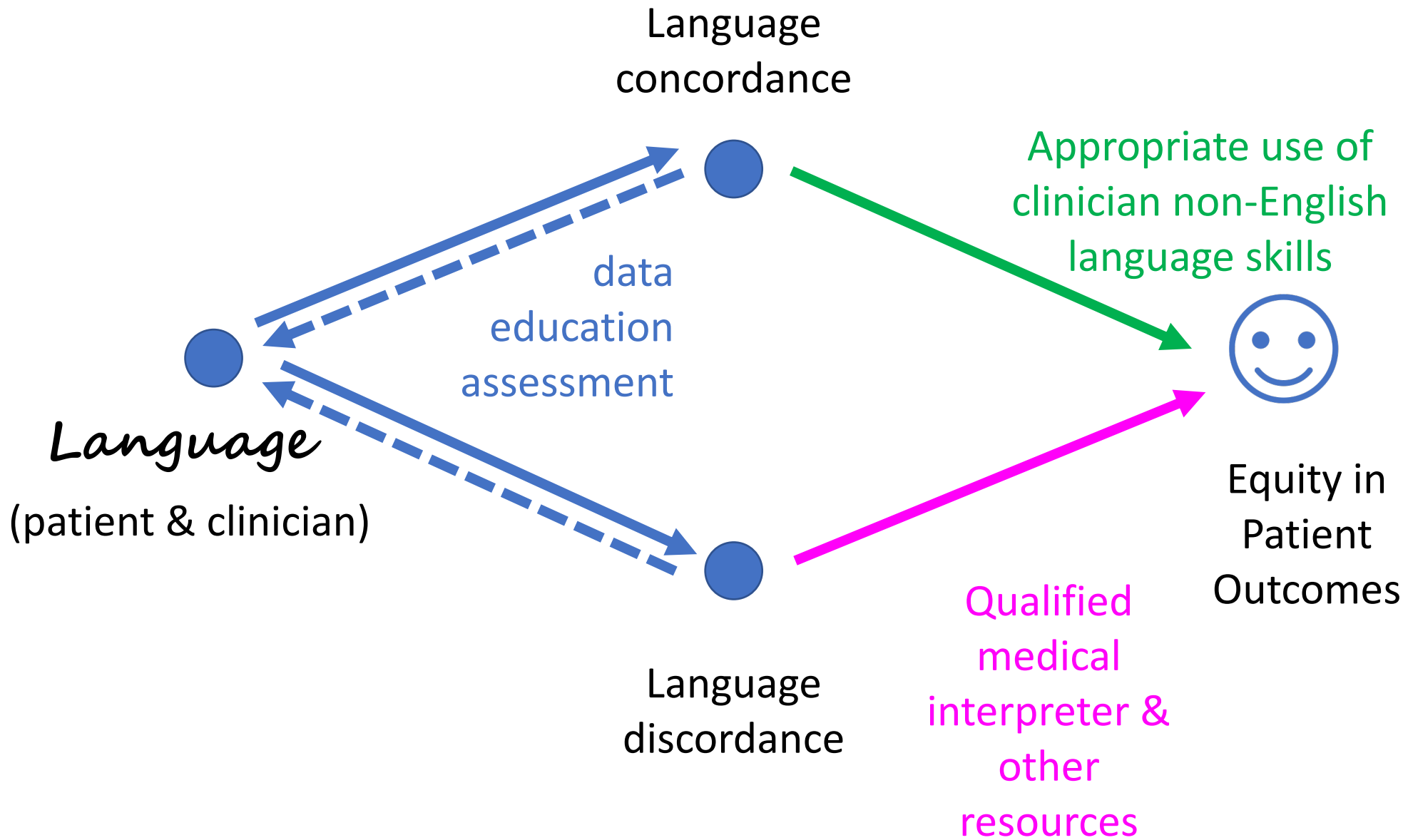


Enables **collaboration** of clinicians and interpreters



Supports and incentivizes multilingualism among clinicians and learners

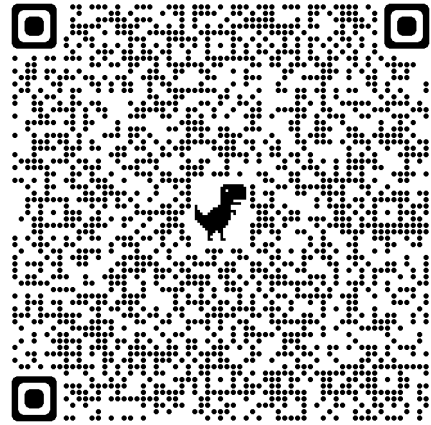
Practical considerations, action items, and key questions





POLOM

PHYSICIAN ORAL LANGUAGE OBSERVATION MATRIX



**Ortega et al.
JGIM 2023**



Language Equity Toolkit

This course addresses the critical need for language equity in healthcare settings, particularly focusing on improving communication and care outcomes for patients with non-English language preferences (NELP). Research indicates that multilingual physicians often underutilize professional interpreters, leading to miscommunication and adverse events for NELP patients. This toolkit, developed as part of ACGME Equity Matters® toolkit, aims to provide educational content and resources to enhance language equity in healthcare and graduate medical education.



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🕒 Learning Path Runs: Feb 8th 2024

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Within the toolkit, users will:

- **Define language equity** and explain its impact on health care and medical education
- **Apply tools** to assess clinician and learner **language proficiency** and determine when and how to safely use non-English languages in patient care
- **Partner effectively** with qualified medical interpreters



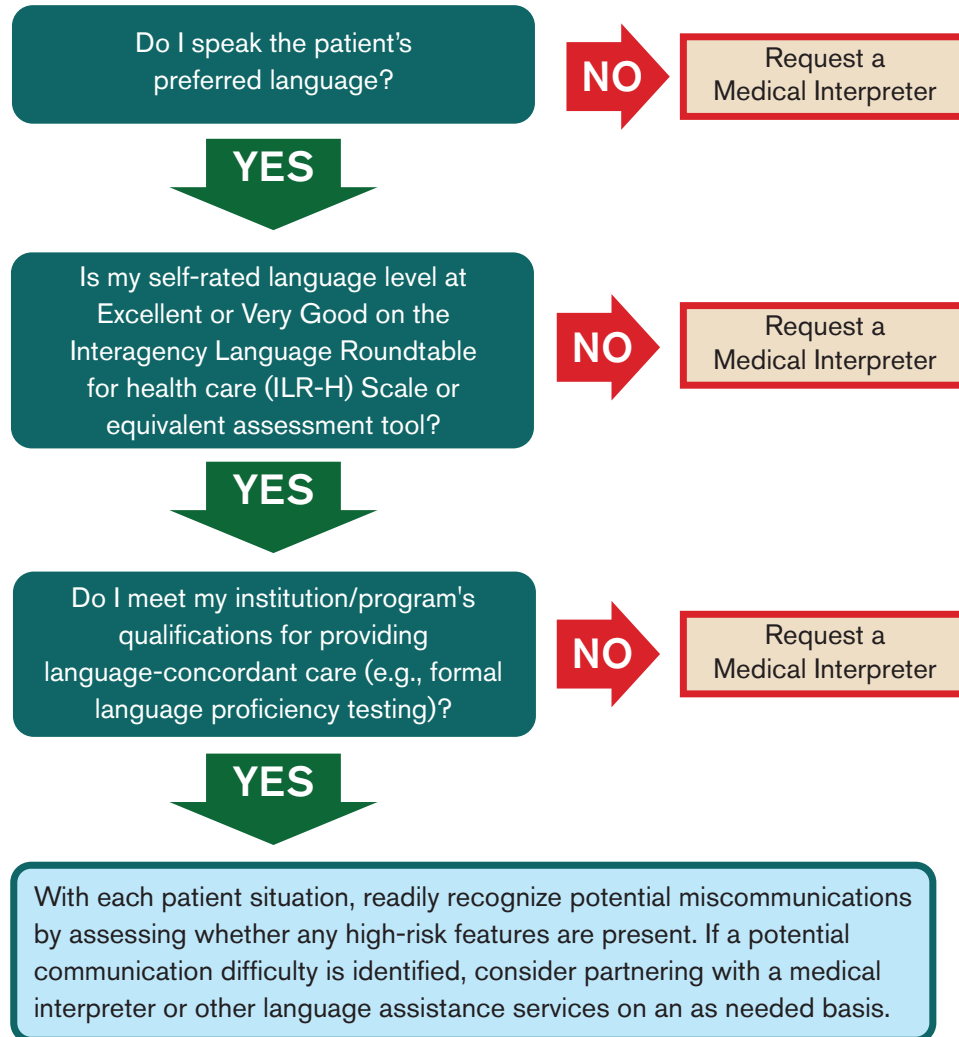
Impact on clinician & learner well-being



- Sometimes I feel I'm doing a disservice.
- I'm usually asked to use my language skills not for my own patients but to interpret for others on the team.
- Despite how often I use them, my language skills have never been mentioned on evaluations.



WHEN TO USE A MEDICAL INTERPRETER



- Situations with High Risk for Communication Difficulties**
- End-of-Life/Advance Care Planning
 - Genetic Counseling
 - Mental Health
 - Physical or Sexual Trauma
 - Substance Abuse
 - Teams-Based Encounters



STEPS TO SUPPORTING LANGUAGE-CONCORDANT CARE

1 Capture Patient Language Preference

Teach learners, faculty members, and staff members to ask patients in what language they would like to receive their care during each visit.



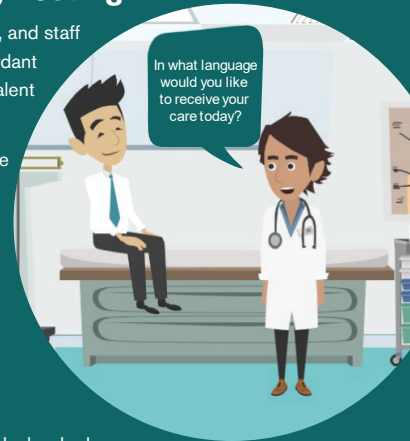
2 Capture Learner and Faculty and Staff Member Language Proficiency

Capture learner, faculty member, and staff member language skills. Ask them to report what languages they speak. For each language, ask them to indicate their proficiency level using a validated self-reporting tool, such as the Interagency Language Roundtable for health care (ILR-H) Scale.

3 Offer Formal Language Proficiency Testing

Offer medical language proficiency testing for learners, faculty, and staff members who indicate a desire for providing language-concordant care and self-rate Very Good or higher on the ILR-H (or equivalent if using a different tool). Consider these questions:

- Does the test have adequate validity evidence to indicate that it is actually testing medical language proficiency?
- Does the test suit the needs (languages, roles) of the individuals being tested?
- What are the institutional/program and individual costs (financial, human resources [e.g., raters], and time commitment for test-takers)?
- Are training options available for individuals who are not currently ready but may want to be tested in the future?
- Will you offer incentives (financial or otherwise) to individuals who become qualified to provide language-concordant care in a non-English language?



4 Communicate Your Institutional Policy

Clearly communicate the language policy that addresses qualifications for multilingual learners, faculty, and staff members. Explicitly indicate that qualifying as a language-concordant clinician is not equivalent to being certified or trained as a medical interpreter.

Action item #1 and key questions

Shift to the inclusive, equity-aligned and person- centered concept of **language preference**

- How can language preference be incorporated into data collection?
- Are there opportunities to update terminology to more inclusive, asset-focused terms as opposed to deficit-focused terms?

Action item #2 and key questions

Offer opportunities for clinicians to report their **language skills** and test their clinical proficiency

- Is there an opportunity for CLAS to incorporate clinical language proficiency testing options in explaining how to identify who is a “qualified multilingual provider”?
- How can we disentangle the pervasive confusion between being a “qualified interpreter” and being a “qualified multilingual provider”?

Action item #3 and key questions

Increase **funding & partnership** opportunities related to enhancing and assessing clinician language skills

- How can we increase research opportunities that focus on language-concordant care?
- How can language-concordant patient-clinician matching be achieved?

¡Gracias!
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