

Answers to the research questions that people are asking about Latinos' health and interactions with the health care system

QUESTION 10: How does patient-provider communication affect the quality of Latinos' health care?

ANSWER: Communication barriers between health care providers and Latino¹ patients, especially language barriers, can threaten health outcomes by increasing risk of medical error and making it more difficult for patients to understand their medical situation or to adhere to their medical regimen.⁵

REDUCED PATIENT COMPREHENSION

Latinos, particularly those whose primary language is Spanish, are more likely to report that their providers do not sufficiently explain their medical situations.

- About one in eight Hispanics (12.1%) report that their health care provider sometimes or never explains their medical situations in a way that they can understand, compared to about one in 13 non-Hispanic Whites (7.3%).² This disparity persists even when controlling for educational attainment and is widest among those who have at least some college education, suggesting that communication barriers are unrelated to health literacy levels.³
- One study found that Latinos who primarily speak Spanish are much more likely than English-dominant Latinos to describe elements of communication with their health care providers as “fair,” “poor,” or “very poor”⁴ (see Table 1). Even when no language barriers are present, English-dominant Latinos are more likely than English-speaking non-Hispanic Whites to report fair or poor assessments of patient-provider communication.⁵

DECREASED PATIENT COMPLIANCE

When they do not receive linguistically appropriate health care, limited-English-proficient (LEP) Latinos are less likely to understand their provider's instructions, thereby limiting their ability to adhere to their prescribed medical regimens.

- One study found that 27% of LEP patients who need but do not receive a professional interpreter in a medical setting report not understanding their medication instructions, compared with only 2% of patients who either do not need an interpreter or who need and receive one.⁶
- Another study concluded that when treated by providers who do not speak their primary language, LEP patients are nine times less likely than English-proficient patients to understand their medical situations; they are also four times less likely to understand their medicine labels and four times more likely to suffer a bad reaction to medication as a result of problems understanding instructions⁷ (see Table 2).
- However, when LEP patients are treated by providers who speak to them in their primary language, these disparities significantly narrow or disappear.⁸

INCREASED RISK OF MEDICAL ERROR

Research suggests that LEP Latinos may be more vulnerable to medical errors that result in real harm.

- A study conducted by The Joint Commission found that LEP patients are much more likely (49.1%) than English-proficient patients (29.5%) to suffer an adverse event in which the provider's action or lack of action causes unintentional harm to the patient⁹ (see Figure 1).
- LEP patients are more likely (52.4%) than English-proficient patients (35.9%) to suffer adverse events that are a result of communication errors.¹⁰
- Of patients who experience physical harm, nearly half (46.8%) of LEP patients experience harm that ranges from temporary to fatal, compared to about one-quarter (24.4%) of English-proficient patients.¹¹

Table 1:

Adults Reporting Selected Interactions with Health Care Providers as "Fair," "Poor," or "Very Poor"				
	Listened to What Patient Had to Say	Answered Patient's Questions	Explained Prescribed Medicines	Explained Medical Procedures / Test Results
English-Dominant Whites	13%	12%	14%	17%
English-Dominant Latinos	17%	16%	19%	21%
Spanish-Dominant Latinos	29%	27%	22%	36%

Source: Leo S. Morales et al., “Are Latinos Less Satisfied with Communication by Health Care Providers?” *Journal of General Internal Medicine* 14, no. 7 (July 1999).

Table 2:

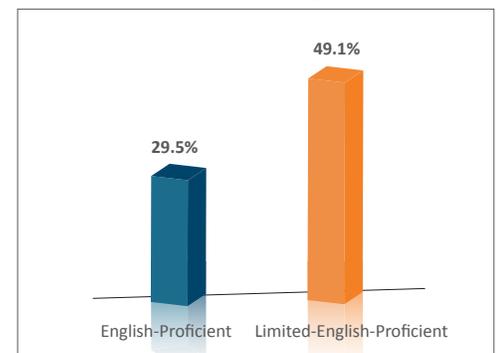
Impact of Language Barriers on Patient Comprehension		
Patient Problem	Ratio of LEP Patients Experiencing Poor Outcomes to English-Proficient Patients Experiencing Poor Outcomes*	
	Provider Communicated in Patient's Primary Language	Provider Did Not Communicate in Patient's Primary Language
Difficulty Understanding Medical Situation	2.19	9.35
Confused About How to Use Medication	0.98	2.03
Trouble Understanding Medication Labels	0.95	4.24
Medication Reaction Due to Problems Understanding Instructions	1.32	4.1

* A ratio of 1.0 indicates that the rates for LEP and English-proficient patients are equal. In this case, higher values indicate that LEP patients had a higher probability than English-proficient patients of reporting a problem comprehending their medical instructions.

Source: Elizabeth Wilson et al., “Effects of Limited English Proficiency and Physician Language on Health Care Comprehension,” *Journal of General Internal Medicine* 20, no. 9 (2005): 800–806.

Figure 1:

Patients Suffering Adverse Event Causing Some Physical Harm, by English Proficiency



Source: Chandrika Divi et al., “Language Proficiency and Adverse Events in U.S. Hospitals: A Pilot Study,” *International Journal for Quality in Health Care* 19, no. 2 (2007): 60–67.

Endnotes

¹ The terms “Hispanic” and “Latino” are used interchangeably by the U.S. Census Bureau and throughout this document to refer to persons of Mexican, Puerto Rican, Cuban, Central and South American, Dominican, Spanish, and other Hispanic descent; they may be of any race. Furthermore, unless otherwise noted, estimates in this document do not include the 3.9 million residents of Puerto Rico.

² Agency for Healthcare Research and Quality (AHRQ), *2007 National Health Disparities Report* (Rockville, MD: U.S. Department of Health and Human Services, 2008), Table 193C_b, http://nhdrnet.ahrq.gov/nhdr/jsp/nhdr.jsp?catId=207250&detailId=207193&sheetCode=2&genTable_flg=Y&tableYearId=2071933200 (accessed April 2009)

³ Ibid.

⁴ Leo S. Morales et al., “Are Latinos Less Satisfied with Communication by Health Care Providers?” *Journal of General Internal Medicine* 14, no. 7 (July 1999): 409–417, <http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=1496614> (accessed April 2009).

⁵ Ibid.

⁶ Dennis Andrulis, Nanette Goodman, and Carol Pryor, *What a Difference an Interpreter Can Make: Health Care Experiences of Uninsured with Limited English Proficiency* (Boston, MA: The Access Project, 2002).

⁷ Elizabeth Wilson et al., “Effects of Limited English Proficiency and Physician Language on Health Care Comprehension,” *Journal of General Internal Medicine* 20, no. 9 (2005): 800–806.

⁸ Ibid.

⁹ Chandrika Divi et al., “Language Proficiency and Adverse Events in U.S. Hospitals: A Pilot Study,” *International Journal for Quality in Health Care* 19, no. 2 (2007): 60–67.

¹⁰ Ibid.

¹¹ Ibid.