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Issue 6

Strategies to Decrease Health Disparities among Individuals with Limited English Proficiency (LEP)

Problem:

Significant health disparities exist among individuals with limited English proficiency (LEP). Compared with English-proficient individuals, those with LEP

- ❖ have higher rates of medication complications,
- ❖ are less likely to have a regular source of health care,
- ❖ are less likely to access mental health services,
- ❖ are less likely to adhere to treatment,
- ❖ are less satisfied with the consumer-provider relationship, and
- ❖ show less understanding of medical diagnoses.

Strategies to Decrease Health Disparities among LEP Individuals: Do's and Don'ts of Working with LEP Consumers

Numerous strategies have been identified to decrease health disparities among LEP individuals. The following list of Do's and Don'ts highlight strategies that can reduce such disparities as well as practices to avoid when working with LEP consumers.

DOs

- When available, **provide LEP individuals with the option to meet with language-concordant providers**. LEP patients with access to bilingual providers report better physical functioning and psychological well-being, increased rates of treatment adherence, and higher levels of satisfaction.
- When medical interpretation is necessary, **use trained professional interpreters to communicate with LEP consumers**. The use of professional interpreters is associated with increased service use, satisfaction with services, and improved treatment outcomes for LEP individuals.
- If face-to-face interpretation is not feasible, **consider remote interpretation via telephone or videoconference**. Remote interpretation has the potential to increase access to interpreters for individuals in remote areas, such as rural and border towns, and for those who speak less prevalent languages. Videoconferencing provides additional benefits in mental health settings as it facilitates non-verbal communication and assessment, an important component of mental health diagnosis and treatment.
- In order to facilitate cross-cultural understanding, **use cultural brokers**. Cultural brokers not only interpret but also act as a cultural bridge, providing cultural explanations and context in order to facilitate cross-cultural understanding between consumer and provider. Understanding the cultural and social meaning of mental health symptoms can provide critical insight into a consumer's experience and facilitate accurate mental health diagnosis and treatment.

References:

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DON'TS

The following strategies should be avoided when working with LEP consumers.

- **DON'T use ad hoc interpreters** (family, friends, etc) to communicate with LEP consumers. The use of ad hoc interpreters violates national language access standards and compromises confidentiality and quality of care.
- **DON'T use acronyms or jargon** when speaking with LEP consumers and interpreters. It is critical that consumers and interpreters understand what is being communicated. Use short sentences and questions and be sure to allow sufficient time for interpreters to interpret.
- **DON'T assume that an interpreter and consumer share an ethnic or cultural background** because they share the same language.

Future research directions

The Center of Excellence for Cultural Competence at the NY State Psychiatric Institute is committed to decreasing health disparities among LEP individuals and is currently conducting research to improve the quality of care of LEP consumers receiving mental health services. Topics in need of further research in this area include:

- ❖ Developing step-by-step guidelines for integrating cultural brokering into routine interpreter practice
- ❖ Clarifying the training and experience requirements for certification as a mental health interpreter and cultural broker
- ❖ Testing the cost-effectiveness of interpreter-assisted care vs. language-discordant care