

Study finds language barriers may play role in health care disparities

September 28 2010

(PhysOrg.com) -- Researchers from Boston Medical Center (BMC) and Boston University School of Public Health (BUSPH) have found that individuals who do not speak English at home are less likely to receive colorectal cancer screenings (CRC) as compared to those who do speak English at home. The findings, which currently appear on-line in the Journal of General Internal Medicine, suggest that patient-provider language barriers play a role in health-care disparities, and that providers should promote the importance of CRC screening to non-English speaking patients.

The United States has tremendous ethnic and [linguistic diversity](#). According to the 2005-2007 American Community Survey, minorities comprise 26 percent of the population, and nearly 20 percent of Americans speak a language other than English at home. By 2050, it is projected that minorities will comprise about half of the US population, with a similar increase in individuals speaking a language other than English at home.

The researchers performed a [retrospective study](#) of individuals age 50 years and older who were categorized as English-concordant (spoke English at home); other Language-Concordant (did not speak English at home but someone at their provider's office spoke their language); or other Language-Discordant (did not speak English at home and no one at their provider's spoke their language). Compared to [English speakers](#), non-English speakers had lower rates of CRC screening. Compared to the English-Concordant group, the Other Language-Discordant group

had similar screening levels, while the Other Language-Concordant group had lower screening levels.

“Our initial findings are consistent with other reports. However, in our adjusted model, we found that those who did not speak English at home but who had someone at their provider’s office who spoke their preferred language, had the lowest rate of CRC screening and this was unexpected,” said lead author Amy Linsky, MD, a fellow in general internal medicine at BMC.

“Our results suggest that providers should especially promote the importance of CRC screenings to non-English speaking patients, but that patient-provider [language barriers](#) do not fully account for lower CRC screening in patients who do not speak English at home,” added co-investigator Nathalie McIntosh, a doctoral student in health Policy and Management at BUSPH.

According to the researchers, these findings may be related to unmeasured differences between the two cohorts, including patient characteristics, provider cultural competence, patient acculturation, the quality of patient-provider communication, and the level of patient health literacy including obtaining colorectal [cancer screening](#).

“Professional interpreters and language-concordant providers may be necessary, but not sufficient to mitigate these disparities,” added Linsky.

Provided by Boston University

Citation: Study finds language barriers may play role in health care disparities (2010, September 28) retrieved 15 July 2023 from

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