Addressing Health Inequities for Limited English Proficiency Patients: Interpreter Use and Beyond

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The limited English proficiency (LEP) status of parents is associated with poor health care outcomes in children.[1–3] The use of professional interpretation has been associated with improvement in communication errors, patient comprehension, health care use, clinical outcomes, and patient satisfaction.[4,5] Yet, professional interpretation continues to be underused.[6,7]

In this issue of *Pediatrics,* Lion et al[8] aim to understand interpreter underuse, with a deeper look into factors associated with interpreter use among health care providers in the pediatric emergency department. They found that physicians and nurse practitioners used interpreters more often than registered nurses and that interpreters were used more frequently for detailed history taking and discharge, in comparison with medication delivery and procedures.

In the study, the researchers add to the growing literature questioning how we define and collect data related to medical interpretation. The study reveals how dichotomous terms, such as "interpreter used" and "interpreter not used," do not accurately encapsulate interpreter use and frequently overestimate time spent with an interpreter. As a result, the benefits of professional interpretation may be even larger than reported because many events are measured as "interpreted," when, in reality, they are not or not to the extent desirable to achieve the full benefit.

Most notably, with the study's results, the researchers highlight how, even when health care providers recognize the need for an interpreter, they do not always use one. In the majority of encounters with Spanish LEP parents, a professional interpreter was used at least once. By looking at the individual "communication event level," the authors were able to show that interpreters were only used for only about one-third of the time for the entire encounter. Therefore, even when health care providers recognize the need for an interpreter, evidence bears that there continues to be gaps in their use.

Previous work has revealed that these lapses in interpreter services occur because of actual and perceived time constraints by providers and provider perceptions on interpreter quality and role and because families often prefer that a family member conducts the interpretation.[9] Although it is important to address these issues through adequate training for interpreters and education for providers on how to use interpreters appropriately and effectively, we must also look at the diversity of our own health care workforce to address these issues.

Patient–physician concordance, in which the patient and physician are fluent in the same language, has been shown to improve patient outcomes, including medical adherence, pain management, medical understanding, patient satisfaction, and mental

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DOI: https://doi.org/10.1542/peds.2020-032383

Accepted for publication Sep 23, 2020

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PEDIATRICS (ISSN Numbers: Print, 0031-4005; Online, 1098-4275).

FINANCIAL DISCLOSURE: The author has indicated she has no financial relationships relevant to this article to disclose.

FUNDING: No external funding.

POTENTIAL CONFLICT OF INTEREST: The author has indicated she has no potential conflicts of interest to disclose.

COMPANION PAPER: A companion to this article can be found online at www.pediatrics.org/cgi/doi/10.1542/peds.2019-3312.

To cite: Ju M. Addressing Health Inequities for Limited English Proficiency Patients: Interpreter Use and Beyond. *Pediatrics.* 2021;147(2):e2020032383

health.[10] Yet, there is a discrepancy between the languages physicians and patients speak[11] that, if left unaddressed, will continue to grow, as the percentage of LEP patients and families rises.[12] Increasing outreach to underrepresented-in-medicine students, dismantling systemic bias in recruitment, valuing multilingual skills,[13] and developing inclusive work environments can improve the diversity of our workforce. We must all work together to make sure health care providers can communicate directly with the patients they are caring for so that they are best able to provide high quality care to all, no matter what language they speak.

ABBREVIATION

LEP: limited English proficiency

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Pediatrics 2021;147;
DOI: 10.1542/peds.2020-032383 originally published online January 19, 2021;

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Pediatrics 2021;147;
DOI: 10.1542/peds.2020-032383 originally published online January 19, 2021;