

National Minority Health Month
WEEKLY OPED BY EXPLORERS HS INTERNS
MULTILINGUAL PRACTICES IN HEALTH CARE
BY ANDY M, AALIYAH B, AND LALITHA C

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While Minority Health Month is a time to acknowledge systemic barriers and distinct health outcomes for each community, it is vital to stress the reasons and root causes of such outcomes. For the Latinx/Hispanic community, English literacy is a major divider between a person and quality access to healthcare. The classification of language in the United States is a key to unlocking doors and healthcare access for the Hispanic population. Although English is the predominant language spoken in the United States, no single language gets the "official language" title. The United States is in the top 10 countries with the highest Spanish-speaking population, so it should adopt multilingual practices for patients with Limited English Proficiency (LEP), such as increasing access to bilingual medical professionals or information in various translated languages.

Limited English Proficiency creates most disparities shown by statistics from various accredited sources. Oftentimes, young family members are left as language brokers to fill the language gap. Language brokering is the informal translation between a dominant language user and a family member. Critical, sensitive information between a patient and their healthcare provider is usually diminished. It creates a bubble of insecurity and fear of judgment for patients. A study (Himmelstien, 2018) saw that mean per capita healthcare expenditures or dollars spent were 35% lower for Hispanic adults with limited English proficiency than for Hispanic adults with adequate English proficiency. This means that those will lower expenditures saw lower outpatient visits, inpatient days, and prescription medications.

Furthermore, language barriers also play a major role in Latinx/Hispanic health disparities regarding employment, poverty, and housing instability. Health is affected by four prominent dimensions of housing: stability, quality and safety, affordability and accessibility, and neighborhood environment. These remain critical social determinants of health and should be considered in evaluating prevention efforts to reduce and eliminate racial or ethnic socioeconomic disparities. Almost 19% of the Latinx/Hispanic people in the United States live in poverty, and many can't afford medical care or therapy. Medicare's guaranteed health care coverage is crucial for Hispanic or Latinx Americans but usually doesn't cover the full cost of prescription drugs and other health care services. 18% of Latinx/Hispanic people in the United States don't have health insurance, and out-of-pocket costs are a burden for these low-income families with various healthcare needs. Job insecurity is created by the prominent job requirement of English proficiency and correlates to the number of Latinx/Hispanic people struggling to find a job to afford healthcare services and housing in a hygienic or safe neighborhood.

The impact of mental illnesses among the Latinx/Hispanic community is commonly overlooked. In the United States, 18.3% of the population is estimated to be Hispanic, of whom nearly 10 million people report having a mental illness. Research shows that older adults and youth are more susceptible to mental distress relating to anxiety from immigration, school, or the community. What's more surprising is that more than half of the young adults and adults between the ages of 18-25 do not receive treatment. Only 35.1% of Latinx/Hispanic people with mental illnesses receive treatment each year compared to the average for American people being 46.2%.

For the Latinx/Hispanic community, mental illnesses are often stigmatized resulting in prolonged periods of silence. Language barriers are one of the largest reasons Latinx/Hispanic people face difficulty in receiving healthcare treatment. As most Latinos speak Spanish, or other Latin American languages, communicating with providers is hard or even impossible when a person seeks counseling for sensitive or personal issues. A large portion of the Hispanic community, especially older adults, is not fluent in English, disrupting them from clarifying the issues they are facing. This has led people to become unwilling to speak up in public about their mental health, as they either feel unheard of or misunderstood. Besides mental health, there are several health issues that are prevalent within Latinx/Hispanic communities due to multiple adverse factors. Northwestern Medicine states that about 40% of Hispanic Americans within the United States are expected to develop type 2 diabetes. Nearly 1 in 4 Hispanics have high blood pressure which leads to common cardiovascular diseases. Despite these very real disparities, the future looks bright for the Latinx/Hispanic community.

Question: Other than being bilingual and translating medical terms what should health organizations strive to provide?

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The Latinx/Hispanic community still incessantly faces challenges that alter their quality of access to healthcare. Despite grueling disparities, the Latinx/Hispanic community sees hope with potential solutions becoming clearer and forthcoming. A common goal when addressing and encompassing minority communities and their "health disparities" is going further than statistics, and getting involved not to reduce minorities to health disparities and challenges. An important issue being combatted is poverty and housing instability within minoritized groups such as the Latinx/Hispanic community. Latinx/Hispanic immigrants usually face barriers in accessing proper healthcare due to unemployment, caused by the long bureaucratic process that is work permits. An active step everyone can take is becoming more involved in local politics. Bills in Washington include HB 1095 and SB 5109 which attend to unemployed persons such as immigrants awaiting work permits that otherwise are not represented under unemployment insurance. It is impossible to dismantle biases embedded in the healthcare system within months or even years. While combatting poverty is a major step to fixing inequities, creating bills and legislation is at the forefront of our solution for Latinx/Hispanic patients. The goal is to have adequate multilingual practices in any part of the United States, not just in highly dense populations of Latinx and Hispanic people. For example, the formation of the Hispanic Transplant team dedicated to Spanish-speaking patients in need of a transplant which has more than 20 bilingual employees. On the other hand, actively editing our schemas of who and how healthcare benefits certain communities and patients is one key to encompassing and fixing the Latinx/Hispanic community's inequitable healthcare.

Mes Nacional de Salud de las Minorías: Opinión: Multilingüe Prácticas en Asistencia Médica
Lalitha C, Aaliyah B, Andy M
(traducido por Andy Mejía)

Mientras Mes Nacional de Salud de las Minorías es un tiempo para reconocer barreras sistémicas y distintos resultados para cada comunidad, es importante poner énfasis a las razones y raíces de cada resultado y discrepancia. Para la comunidad Latine, alfabetización de inglés es un gran separador entre una persona y acceso a asistencia médica. Una llave a desbloquear puertas y asistencia médica para la población Latine¹ es la clasificación de idioma en los Estados Unidos. Aunque inglés es el idioma predominante hablado, ningún idioma agarra el título de "idioma oficial". Los Estados Unidos se incluye en los diez países con la población más grande de hispanohablantes, así que deberían adoptar prácticas multilingües para pacientes con Competencia Limitada de inglés, como aumentando acceso a médicos profesionales o información en varios idiomas traducidos.

Competencia Limitada de inglés genera la mayoría de las disparidades enseñada por estadísticas de fuentes acreditadas. Frecuentemente, miembros familiares jóvenes se quedan como corredor de idiomas a llenar el hueco de idioma. Corretaje de idiomas es la traducción informal entre el usuario de un idioma dominante y un miembro familiar. Información clave que es sensitivo entre un paciente y su proveedor de asistencia médica queda disminuido. Genera una burbuja de inseguridad y miedo al juicio para pacientes. Un estudio realizado (Himmelstien, 2018) vio que la media per cápita gastos de asistencia médica eran 35% menos para adultos latines con competencia limitada de inglés que por adultos latines con competencia adecuada de inglés. Esto tiene correlato con menos visitas ambulatorias, visitas de hospitalización, y medicina recetada para los latines con poca competencia de inglés. Más aún, barreras de idioma juegan la mayoría del rol en disparidades de asistencia médica para la comunidad Latine, cuando viene a empleo, pobreza e inestabilidad residencial. Salud es afectada por cuatro dimensiones prominentes, estabilidad, calidad, seguridad, asequibilidad, accesibilidad, y ambiente vecindario. Todas estas cosas quedan determinantes sociales críticas de salud y deben ser consideradas en evaluando esfuerzos de prevención para reducir y eliminar disparidades raciales, étnicas y socioeconómicas. Casi 19% de personas latines en los Estados Unidos viven en pobreza, y muchos de ellos no pueden permitirse acceso médico o terapia. El gasto prometido por Medicare es crucial para la comunidad Latine, pero no completamente cubre el gasto de un hospital, acceso a un doctor, medicamentos u otros servicios médicos. 18% de latines en los Estados Unidos no tienen cobertura médica,

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y gastos de bolsillo son un lastre para familias bajo ingreso con varias necesidades de asistencia médica. Inseguridad de empleo es creado por el predominante requisito de hablar solo inglés y correlaciona al número de latines luchando para encontrar un trabajo para ahorrar los gastos médicos y ahogar sanitario y en un vecindario seguro. El impacto de enfermedades mentales entre los latines es comúnmente pasado por alto. En los Estados Unidos, 18.3% de la población es estimada ser Latine, de que casi 10 millones de personas reportan tener una enfermedad mental. Estudios enseñan que adultos mayores y jóvenes son más susceptibles a estrés mental relacionado con ansiedad mental relacionado con ansiedad de inmigración, escuela y la comunidad. Lo que sorprende más es que más de la mitad de los adolescentes y adultos entre 18-25 no reciban tratamiento. Solo 35.1% de latines con enfermedades mentales reciben tratamiento comparado al promedio para estadounidenses siendo 46.2%

Para la comunidad Latine, enfermedades mentales frecuentemente quedan estigmatizados resultando en prolongados lapsos de silencio. Barreras de idiomas siendo una de las más grandes a través de recibiendo tratamiento médico. Como la mayoría de Los Latines hablan español u otros idiomas de Latinoamérica, comunicándose con médicos es difícil o imposible cuando una persona busca ayuda profesional u orientación para problemas personales o sensitivas. Una gran porción de la comunidad Latine, especialmente adultos mayores, no son fluente en inglés, interrumpiendo que clarifiquen los problemas que enfrentan. Esto ha llevado a que personas a no estar dispuestas a hablar en público sobre su salud mental, como ellos se sienten inauditos o incomprendido. Además, salud mental, hay varias cuestiones de salud que son común en comunidades latines debido a varios factores adversos. Northwestern Medicine indica que (40%) de "Hispanoamericanos" dentro los Estados Unidos son proyectados a tener diabetes tipo 2. Casi 1 en 4 Hispanos tienen hipertensión que resulta en enfermedades cardiovasculares. A pesar de estas disparidades que son muy real, el futuro se ve iluminado para la comunidad Latine. La comunidad Latine continua incesantemente enfrentándose con desafíos que alteran su calidad de vida. A pesar de disparidades, la comunidad Latine ve esperanza con soluciones potenciales convirtiéndose más claras y venideros. Una meta común al abordar y abarcar comunidades minoritarias y sus disparidades respectivas es yendo más allá de estadísticas, e involucrándose para no reducir minorías a sus disparidades y desafíos. Un asunto importante siendo combatido es la pobreza e inestabilidad habitacional entre grupos minorizados como la comunidad Latine. Inmigrantes Latines se enfrentan con barreras en acceso de adecuada asistencia médica a través de desempleo, causado por el proceso burocrático largo que son permisos de empleo. Un paso activo que todos pueden tomar es por involucrándose en la política local. Proyecto de leyes en Washington incluyen HB 1095 y SB 5109 que asisten a personas sin empleo como inmigrantes esperando permisos de trabajo que de lo contrario no son representados debajo seguro de desempleo. Es imposible a dismantelar sesgos incorporados en el sistema de asistencia médica en semanas o años. Mientras combatiendo pobreza es un gran paso a componiendo desigualdades, creando proyecto de leyes y legislación son la vanguardia a nuestra solución para pacientes latines. La meta es tener prácticas multilingües adecuadas en cualquier parte de los Estados Unidos, no solo lugares que llevan poblaciones densas de latines. Por ejemplo, la formación de "Equipo Hispano de Trasplantes" dedicados a pacientes hispanohablantes en necesidad de trasplantes, ahora tiene más de 20 empleados bilingües. Por otro lado, editando activamente nuestros esquemas de quien y como el sistema beneficia a algunas comunidades y pacientes más que a otras es una clave para abarcar y arreglar la asistencia médica desigual de la comunidad Latine.

MLA Citations:

Aaliyah:

1. "Common Hispanic Health Issues." *Northwestern Medicine*. Northwestern Memorial Healthcare, 2023, <https://www.nm.org>.
2. "Hispanic or Latino People and Type 2 Diabetes." *Centers for Disease Control and Prevention*. Office of Public Health Scientific Services, 4 Apr. 2022, <https://www.cdc.gov>.
3. Aiken, Claudia. "Hispanic Households Face Systemic Barriers to Housing." *National Low Income Housing Coalition*. Tamarack Media Cooperative, 08 Nov. 2021, <https://nlihc.org>.

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Lalitha:

1. "Latinx/Hispanic Communities and Mental Health." *Mental Health America*, <https://www.mhanational.org/issues/latinxhispanic-communities-and-mental-health>. Accessed 19 Mar. 2023.
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3. Pinedo, M., et al. "A Qualitative View of Migration-Related Stressors on the Mental Health of Latinx Americans in the Current Sociopolitical Climate of Hostility Towards Migrants." *Journal of Immigrant and Minority Health*, vol. 23, no. 5, Oct. 2021, pp. 1053–64. *DOI.org (Crossref)*, <https://doi.org/10.1007/s10903-021-01207-6>.
4. "Why We Should Be Talking about Mental Health among Latinx Communities." *Urban Institute*, 22 Oct. 2020, <https://www.urban.org/urban-wire/why-we-should-be-talking-about-mental-health-among-latinx-communities>.

Andy:

1. Himmelstein, Jessica, et al. "Health Care Spending and Use among Hispanic Adults with and without Limited English Proficiency, 1999–2018." *Health Affairs*, vol. 40, no. 7, 2021, pp. 1126–1134., <https://doi.org/10.1377/hlthaff.2020.02510>.
2. "Office of Minority Health." *Hispanic/Latino - The Office of Minority Health*, <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=3&lvlid=64>.
3. Published by Teresa Romero, and Nov 10. "Countries with Most Spanish Speakers 2021." *Statista*, 10 Nov. 2021, <https://www.statista.com/statistics/991020/number-native-spanish-speakers-country-worldwide/>.

EVENTS THIS WEEK

Speaker Estela Ortega from El Centro de la Raza:

HEALTH JUSTICE

Wednesdays

12:00PM

Brave Space Discussions: continuation of speaker's themes

Thursdays

12:00PM

Prize from Emails

Announced every Friday

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