Improving Care for Immigrants

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Rae Million never liked going to the doctor's office. As an Eastern European immigrant, she worked hard on her language skills, but she was often embarrassed by her broken English. Because so many of her family members had been killed in the Holocaust, she was uncomfortable when the physician asked about her family's health history. She didn't know the answer.

Although today's immigrants come from all over the world, they are not unlike my late grandmother. Many immigrants—unable to understand a physician's instructions, lacking insurance because their employer does not provide coverage, and confused about the inner workings of the health care delivery system—are unable to access needed health and medical services. To make things worse, immigrants from authoritarian countries often fear that health care professionals will report them and therefore seek "backroom" health care from unlicensed providers.

Nearly one third of today's U.S. population identifies itself as belonging to a racial or ethnic minority. Members of racial or ethnic minority groups are more likely to be uninsured—and less likely to see a physician or receive other health care services—than whites.[1]

Immigrants Face Many Barriers

Immigrant families face multiple barriers in accessing health care in the United States, including those involving language, culture, law, and economics. One of the most universal barriers is unfamiliarity with the health care system. "Regardless of socioeconomic status, English-language proficiency, circumstances of migration, or country of origin, immigrants are more likely than not to be baffled by the administration and delivery of health care," according to the Center for Immigrant Health at New York University School of Medicine. "Managed care, at best, is an alien concept for immigrants. Consequently, immigrant communities are at-risk for poor access to health care services, and are frequently unaware of essential health-related information."[2]

"I would tell the doctor 'okay,' but I didn't understand anything," noted one of 4,000 people interviewed for a 2002 survey of the uninsured.[3] That study, conducted by The Access Project, at Brandeis University, Boston, called attention to the importance of interpreters in a medical setting. The survey found that a significant portion of respondents who needed an interpreter, but did not get one, reported leaving the hospital without understanding how to take prescribed medications. "The patients in our survey who could not speak English are sending a strong message: failure to communicate effectively may cost patients their health—and may be bad business for doctors and hospitals," said the report's lead writer, Dennis Andrulis, PhD, research professor at the State University of New York's Downstate Medical Center, Brooklyn, NY.[4]

These survey results suggest that having an interpreter may help non-English-speaking patients better understand their health care issues, thereby reducing or eliminating misdiagnosis and negative health outcomes, in addition to helping them receive information concerning financial assistance available to pay for medical care. Of those respondents who needed but did not receive interpreters, more than half said they were never asked if they needed help in paying for medical care (as compared to just over a third of those who needed and received an interpreter and were asked if they needed help in paying for care). The survey cited a Hispanic man in Virginia who was prescribed three medicines and mistakenly assumed he should take all three at once. He wound up in the emergency room with a severe reaction. Another respondent said, "I didn't buy my medicines because I didn't understand the instructions."[5]

The Access Project report also cited the fact that about 44 million people in the United States speak a language other than English at home. In five states—California, New York, Texas, Hawaii, and New Mexico—more than 10 percent of the population has limited English proficiency.[6]

According to an Institute of Medicine report, some minorities believe they would receive better health care if they were of a different race or eth-

nicity.[7] That report, *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care,* presents compelling evidence supporting these perceptions. Minorities tend to receive lower-quality health care than whites do, even when insurance status, income, age, and severity of conditions are comparable, say the authors. A Hispanic physician, speaking of colleagues' perceptions of minority patients, is quoted as saying, "As soon as they look at the patient and see he's an African-American or Latino, they assume automatically that he doesn't have insurance at all."[8] Similar assumptions are found even in Catholic organizations, which have a commitment to the poor in most of their mission statements.

Improving Care for Immigrants

Catholic Charities USA and Catholic hospitals and health care organizations are leaders in providing health and social services for immigrants. All Catholic health organizations offer some type of services to help America's most needy. These organizations are joined by thousands of physicians, health professionals, and grass roots organizations trying to meet the burgeoning needs of immigrants.

To improve access, communications, and the health care of immigrant populations, leaders of Catholic organizations should ask themselves the following questions:

- Do you subconsciously treat people differently, depending on their ethnicity?
- Do you seek qualified interpreters who can assist non-English-speaking patients and their families face-to-face or, if appropriate, by telephone?
- Does your organization associate itself with health plans that provide special services for those who speak little or no English?
- Does your organization's physician referral list include the languages spoken by the doctor and his or her staff members?
- Are your staff members trained in cross-cultural aspects of health care; that is, do they understand the cultural nuances, superstitions, and other aspects of immigrant populations?
- Has your organization analyzed the cultural and linguistic needs of the community as part of its annual community benefits assessment?
- Does your organization have hospital and medical staff committees that address cultural and linguistic issues?
- Is your board racially and ethnically diverse?
- Does it represent the community your organization serves?

Catholic health care organizations can make a difference.

- Is your organization's signage in English only?
- Does your organization have policies on the proper treatment of patients and visitors with limited English language skills? How do you handle complaints in this area?
- Are your organization's communications materials written in languages spoken by members of your community?
- Are your organization's patient education and information materials (i.e., discharge orders, fact sheets, prescription descriptions, and others) printed in languages spoken by the community?
- Does your organization's website offer information in different languages?
- Does your community have newspapers, radio stations, magazines, or television stations that target non-English-speaking audiences?
- Are you working with your local and state hospital, physician, and health associations in developing health-related materials for diverse audiences?
- Is your organization in partnership with public health organizations, schools, and community organizations that serve immigrant communities?

Catholic health care organizations can make a difference in the health and wellness of immigrant populations through partnering with community and government groups and associations, understanding immigrant needs, and sensitizing our organizations to them. □

NOTES

1. Leighton Ku and Timothy Waldmann, *How Race/Ethnicity, Immigration Status and Language Affect Health Insurance Coverage, Access to Care and Quality of Care among the Low-Income Population,* Kaiser Family Foundation, Menlo Park, CA, 2003, p. 1.
2. "Background & Mission," Center for Immigrant Health, New York University School of Medicine, New York City, available at http:// www.med.nyu.edu/cih/insurance.
3. The Access Project, *What a Difference an Interpreter Can Make: Health Care Experiences of Uninsured with Limited English Proficiency,* Boston, 2002, p. 1, available at www.accessproject.org/downloads/c_LEPreportENG.pdf.
4. The Access Project, press release announcing the report, April 2002.
5. The Access Project, *What a Difference,* p. 2.
6. The Access Project, *What a Difference,* p. 3.
7. Brian D. Smedley, Adrienne Y. Stith, and Alan R. Nelson, eds., *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care,* National Academies Press, Washington, DC, 2003.
8. The Hispanic physician is quoted in an IOM press release for *Unequal Treatment;* the release can be found at www.national academies.org/onpi/webextra.nsf/web/minority?OpenDocument.

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