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Changes in research on language barriers in health care since 2003: A cross-sectional review study☆

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ABSTRACT

Background: Understanding how to mitigate language barriers is becoming increasingly important for health care providers around the world. Language barriers adversely affect patients in their access to health services; comprehension and adherence; quality of care; and patient and provider satisfaction. In 2003, the United States (US) government made a major change in national policy guidance that significantly affected limited English proficient patients' ability to access language services.

Objective: The objectives of this paper are to describe the state of the language barriers literature inside and outside the US since 2003 and to compare the research that was conducted before and after a national policy change occurred in the US. We hypothesize that language barrier research would increase inside and outside the US but that the increase in research would be larger inside the US in response to this national policy change.

Methods: We reviewed the research literature on language barriers in health care and conducted a cross sectional analysis by tabulating frequencies for geographic location, language group, methodology, research focus and specialty and compared the literature before and after 2003.

Results: Our sample included 136 studies prior to 2003 and 426 studies from 2003 to 2010. In the 2003–2010 time period there was a new interest in studying the providers' perspective instead of or in addition to the patients' perspective. The methods remained similar between periods with greater than 60% of studies being descriptive and 12% being interventions.

☆ For the Policy and Research Committee of the National Council on Interpreting in Health Care (NCIHC).

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Conclusions: There was an increase in research on language barriers inside and outside the US and we believe this was larger due to the change in the national policy. We suggest that researchers worldwide should move away from simply documenting the existence of language barriers and should begin to focus their research on documenting how language concordant care influences patient outcomes, providing evidence for interventions that mitigate language barriers, and evaluating the cost effectiveness of providing language concordant care to patients with language barriers. We think this is possible if funding agencies around the world begin to request proposals for these types of research studies. Together, we can begin document meaningful ways to provide high quality health care to patients with language barriers.

What is already known about the topic?

- Language barriers are affecting a growing portion of the population around the world.
- Language barriers significantly affect quality of care in the health care system

What this paper adds?

- There has been an overall increase in language barrier research since 2003 both inside the United States and worldwide, but there was a larger increase in research in the United States.
- Research on language barriers since 2003 has continued to be mostly descriptive in nature.
- Research has begun to focus on how health care providers think language barriers impact patients in health care.
- More research is needed that document show language concordant care influences patient outcomes, provides evidence for interventions that mitigate language barriers, and evaluates the cost effectiveness of providing language concordant care to patients with language barriers.

1. Introduction

There is a law in the United States, Title VI of the Civil Rights Act of 1964, that requires all federally funded programs to provide meaningful access to care for limited English proficient (LEP) individuals (Lau et al. 1974). Despite the federal right to meaningful access to language services for LEP patients in federally funded programs, the reality is that many health care providers are not providing adequate services to their LEP populations (Chen et al., 2007). This is because it is not widely enforced and health care providers have little understanding of how to comply with it. To increase awareness of the law and to provide explicit guidance as to how health care organizations could comply with the law, President Clinton issued Executive Order (EO) 13166 in August, 2000, *Improving Access to Services for Persons with Limited English Proficiency* (August 16, 2000). Some health care providers and professional organizations took issue with this guidance, calling it an "unfunded mandate" (Neighborhood Health Plan of Rhode Island, in press), and in response, the Bush Administration revised and reissued the Policy Guidance soon after taking office (August 8, 2003). This reversal in provision of explicit guidance by the Bush Administration brought publicity to the issue of language barriers in health care and the impact they potentially have on care (Meyers et al., 2009; National Council on Interpreting in Health Care, 2011). We hypothesized that this policy debate and the surrounding publicity galvanized the research community in the US to increase their investigation of language barriers in health care, how to overcome them, how they impact care, and interventions to reduce them, and that this increase would not occur to the same degree outside the US. We undertook this study to describe the state of language barriers research inside and outside the US from 2003 to 2010 and to descriptively compare the research that occurred before and after this national policy change.

1.1. Language barriers in health care are a global problem

Countries around the globe welcome and/or absorb immigrants. In Europe, Canada, and Australia, for example, there have been growing numbers of immigrants and patients who do not speak the language(s) used in their health care systems (Australian Government, 2011; Diez Guardia and Pichelman, 2006; Somerville, 2009; Taylor, 2012; Young, 2013). Over the last decade in the UK, there have been growing numbers of immigrants, and they are coming from more diverse backgrounds than ever before (Somerville, 2009). In Canada, although the number of immigrants has remained relatively constant; the countries they come from have shifted (Government of Canada, 2011). Currently, the largest percentage of immigrants come from Asia (including the Middle East) as compared to European immigrants which made up the majority of Canadian immigrants up until the 1970s (Government of Canada, 2011). In Australia, migration continues to be the major component of population growth with almost half of Australia's population either born overseas or with a migrant parent (Australian Government).

1.2. Language barriers impact health around the globe

Language barriers significantly affect quality of care in the health care system around the world (Fassaert et al., 2010; Murray et al., 2010; Ou et al., 2010; Ponce et al., 2006; Poureslami et al., 2010; Puthussery et al., 2010; Sokal, 2010; Timmins, 2002). Research suggests that language barriers adversely affect patients in their access to health services (Jacobs et al., 2006; Pippins et al., 2007; Robert Wood Johnson Foundation, 2001); comprehension